NHS
Health Education England

Delivering inpatient children and young people's mental health care: a multidisciplinary competence framework

Full list of competences

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About the documents

The supporting document to this competence framework contains important background information and discussion, and is intended to be read before using the competence framework. Both documents, including an online version of the competence framework, can be accessed on the UCL website.

On the next page, the first part of the map shows the ten domains of working with children and young people's inpatient mental health:


1. Attitudes, values and style of interaction embodied by practitioners and the whole team


2. Knowledge


3. Professional and legal issues


4. Engagement and communication


5. Team working


6. Working in partnership


7. Assessment and treatment planning


8. Structured care


9. Meta-competences for inpatient work with children/young people


10. Organisational competences to support the work of the team


The second part of the map shows the eleventh domain of competences, which rely on specialist training for their effective delivery while taking place in the context of the attitudes, knowledge and skills set out in the first part of the map. The competences are about 'Working with complexity', 'Managing specific challenges in the context of an inpatient setting' and 'Specialist assessments'.

Navigating the document

Framework map

You can click on each domain icon or subdomain in the framework map to take you to that page in this document.

Navigation bar

On the left margin of each page, there is a sidebar that can be used to navigate the document. It has links to each domain via the icons and a 'home' button to return to the map. When you click on an icon in the sidebar to go a particular domain, its subdomains are revealed in a drop-down list.

Information boxes

These are indicated with the information icon. They contain notes on the competences and links to additional information or resources.

1. Attitudes, values and style of interaction embodied by practitioners and the whole team

- Commitment to CYP human rights
- Relational skills and use of self
- Working with the whole person
- Maintaining compassionate understanding

2. Knowledge

- 2.1. Knowledge and understanding of mental health problems in CYP and adults
- 2.2. Knowledge of development in CYP and of family development and transition
- 2.3. Knowledge of attachment and mentalisation
- 2.4. Knowledge of autistic spectrum disorders
- 2.5. Knowledge of learning disability
- 2.6. Knowledge of looked-after children
- 2.7. Knowledge of the principles of trauma-informed care
- 2.8. Knowledge of human rights law and principles in inpatient context
- 2.9. Knowledge of physical health issues in CYP
- 2.10. Knowledge of psychopharmacology in work with CYP
- 2.11. Knowledge of potential risks associated with inpatient admission

3. Professional and legal issues

- 3.1. Knowledge of legal frameworks relating to working with CYP
- 3.2. Knowledge of, and ability to operate within, professional and ethical guidelines
- 3.3. Knowledge of, and ability to work with, issues of confidentiality, consent and capacity
- 3.4. Ability to work with difference (cultural competence)
- 3.5. Ability to recognise and respond to concerns about child protection
- 3.6. Ability to recognise and respond to concerns about safeguarding
- 3.7. Ability to make use of supervision

4. Engagement and communication

- 4.1. Communication skills
- 4.2. Ability to communicate with CYP of differing ages, developmental level and background
- 4.3. Ability to foster and maintain a good therapeutic relationship with service users and carers
- 4.4. Ability to understand and respond appropriately to high levels of distress
- 4.5. Communicating with CYP with cognitive and/or neurodevelopmental challenges

5. Team working

- 5.1. Ability to contribute to team working
- 5.2. Ability to sustain a therapeutic social environment (therapeutic milieu)
- 5.3. Ability to co-ordinate with other agencies and individuals
- 5.4. Ability to manage endings
- 5.5. Managing transitions in care within and across services
- 5.6. Leadership

5.1. and 5.2. are closely linked

6. Working in partnership

- 6.1. Working in partnership with parents/carers
- 6.2. Shared decision making
- 6.3. Co-production
- 6.4. Peer support

7. Assessment and treatment planning

- 7.1. Ability to undertake a comprehensive (biopsychosocial) assessment
- 7.2. Collaborative assessment of risk and need
- 7.3. Ability to undertake structured behavioural observations
- 7.4. Assessing the CYPs functioning within multiple systems
- 7.5. Mental State Examination
- 7.6. Ability to formulate
- 7.7. Communicating outcomes from assessment
- 7.8. Ability to make use of outcome measures
- 7.9. Ability to foster participation of the CYP and parents/carers in the admission plans
- 7.10. Observation of CYP at risk

8. Structured care

- 8.1. Psychoeducation
- 8.2. Problem solving
- 8.3. Articulating feelings and managing emotions
- 8.4. Staying well
- 8.5. Group-based interventions
- 8.6. Promoting valued activities
- 8.7. Managing interpersonal relationships
- 8.8. Motivational strategies

Domains 5 to 8 contribute to building a therapeutic milieu *(a collaborative environment that facilitates support and care)*

9. Meta-competences for inpatient work with children/young people

***CYP** = children and young people*

10. Organisational competences to support the work of the team

- 10.1. Supervision and training
- 10.2. Learning from incidents at an organisational level
- 10.3. Support for staff after a serious incident
- 10.4. Audit and quality monitoring

Note: The competences on this page take place in the context of the attitudes, knowledge and skills set out on Page 1 of the map, but rely on specialist training for their effective delivery

11. Competences requiring specialist training

Working with complexity

- 11.1. Working with complex needs in a CAMHS inpatient context
- 11.2. Knowledge of evidence-based interventions for specific conditions and relevant competence framework

Managing specific challenges in the context of an inpatient setting

- 11.3. Behavioural interventions for challenging behaviour
- 11.4. Positive behaviour support
- 11.5. Managing adverse peer influence ('contagion')

Specialist assessments

- 11.6. Structured cognitive, functional and neurodevelopmental assessments
- 11.7. Specific specialist assessments

1. Attitudes, values and style of interaction embodied by practitioners and the whole team

1.1. Attitudes, values and style of interaction

Attitudes towards children/young people and their families/carers

- An ability to work from a position that recognises that children/young people have human rights, and that decisions about their care should balance their safety (and possibly restriction) with autonomy, independence and agency in their life

- An ability to take a compassionate and respectful attitude that conveys a sense:
  - that behaviour that challenges is often a reflection of understandable ways of coping as a result of life experiences, including high levels of distress, exposure to trauma, ways of relating to people and self as a consequence of early experience, or adverse experiences within the healthcare system
  - that the child/young person's experience of distress is real
  - that psychological support and interventions should be offered, on the basis that there is evidence for their potential effectiveness
- An ability to work from a position that assumes that the difficulties experienced and expressed by children/young people can usually be understood in the context of:
  - their life experiences
  - their relational and attachment-related experiences
  - their cultural background, and experiences of stigma and difference
  - their beliefs, attitudes and values, and the way that these influence how they feel and interact with people

- An ability to work from a position that assumes that helping children/young people (and their families/carers) is best done by:
  - developing a shared understanding of their difficulties
  - developing a collaborative and participative working relationship that (as far as is possible) includes joint decision-making
  - ensuring that the person has as much sense of direction and control over their treatment as possible

- An ability to work from a position that assumes it is important to develop a shared language that captures the way children/young people understand their problems and concerns, e.g.:
  - holding in mind the fact that medical terms and diagnostic labels may be experienced as stigmatising if they are not congruent with the child/young person's own sense of what is happening to them
  - openly discussing any differences in the language used by the child/young person and by professionals involved in their care
  - recognising the ways that power imbalances between staff, children/young people and their families/carers might skew the language being used
  - recognising that children/young people and their families/carers bring expertise in their own lives and care

Practitioner values

- An ability to hold in mind the whole person, their context, their aspirations and values, and their individual cultural and spiritual preferences (not just focusing on their immediate presentation), and:
  - an ability to respect and value the diversity of each child/young person's experience and their background and cultural context

- An ability to recognise and value the strengths, resources and assets of the child/young person and their family/carers

- An ability for the practitioner to reflect on their beliefs, attributions and assumptions about the factors that contribute to reducing distress
- An ability for the practitioner to reflect on their reactions to the child/young person, and manage them in a way that delivers compassionate care, e.g. by reflecting on:
  - their emotional reactions
  - their beliefs about the person's difficulties
  - their beliefs about how much they can help the person

Style of interaction

- An ability to be yourself in interactions, as well as offering clinical expertise and holding professional boundaries, and:
  - an ability to form a connection by being honest, reliable, open, approachable, and by engaging in 'normal' activities and conversation

- An ability to interact in a way that the child/young person and their family/carers experience as their being understood, and which demonstrates that their perspective is being taken seriously
- An ability to hold in mind the risk of the child/young person feeling that they have no choice or control over the ways services intervene, and to address this by conveying a sense that all parties can respect and learn from each other's experience and expertise, assuming that:

	■ practitioners can learn from the experience of children/young people and their families/carers
	■ children/young people and their families/carers can learn from the expertise of practitioners (based on their training and experience)

■	An ability to convey a sense of hope and optimism

■	An ability to maintain a style that is likely to be experienced as helpful by being consistently open, responsive and receptive, e.g.:
	■ actively listening, to understand the child/young person's perspective and concerns
	■ acknowledging when something has been misunderstood or when an error has been made
	■ being willing to explain and discuss why an intervention or a course of action has been suggested
	■ being flexible (across time and people) in approach, yet persistent (even in the face of rejection) and reliable
■	An ability to maintain a professional and reflective relationship in the face of threats to its integrity or challenges to its boundaries, e.g. by:
	■ taking care not to jump to premature conclusions about the meaning of behaviour that challenges
	■ avoiding being drawn into an unhelpful, rejecting or punitive relationship, and maintaining a thoughtful perspective
	■ recognising when the response of practitioners might unintentionally perpetuate or worsen difficulties, understanding why this is occurring, and developing plans to respond in more helpful ways

2. Knowledge

2.1. Knowledge and understanding of mental health presentations in children/young people and adults

- An ability to draw on knowledge of the range of mental health and neurodevelopmental conditions usually seen in clinical services, and:
  - the ways these emerge and present in children/young people and adults
  - the potential impact they have on the child/young person and their family/carers
- An ability to draw on knowledge of the diagnostic criteria for child and adolescent mental health conditions specified in the main classification systems (the Diagnostic and Statistical Manual [DSM] or the International Classification of Diseases [ICD])
- An ability to draw on knowledge of the incidence and prevalence of mental health presentations, and their incidence and prevalence across different cultures, ethnicities and social classes
- An ability to draw on knowledge that the experience of trauma is part of the life story of many children/young people with mental health problems
- An ability to draw on knowledge of the influence of normal child development and developmental psychopathology on the ways in which mental health difficulties present
- An ability to draw on knowledge of the social, psychological, family and biological factors associated with the development and maintenance of mental health problems
- An ability to draw on knowledge of factors that promote wellbeing and emotional resilience (e.g. good physical health, high self-esteem, secure attachment to caregiver, higher levels of social support)
- An ability to draw on knowledge of problems that commonly co-occur with the mental health presentation
- An ability to draw on knowledge of the ways mental health problems can impact on functioning and development (e.g. maintaining intimate, family and social relationships, or the capacity to maintain employment and study), and:
  - an ability to draw on knowledge of the ways mental health problems of children/young people can impact on family functioning
- An ability to draw on knowledge of the ways that mental health problems can manifest interpersonally, so as to avoid escalating or compounding difficult or problematic behaviour that is directly attributable to the child/young person's mental health condition

2.2. Knowledge of development in children/young people, and of family development and transitions

Knowledge of child and adolescent development

- An ability to draw on knowledge of the needs of children/young people in relation to their physical, social, cognitive and emotional development (e.g. the need for attachment relationships, education, appropriate patterns of diet, sleep and exercise)
- An ability to draw on knowledge of normal child/young person development and its impact on behaviour, and:
  - an ability to draw on knowledge of theories of child/young person development, including:
    - physical development (including brain development in the first years of life), and the interaction of this development with affective experiences and deprivation; sensory and psychomotor development
    - cognitive development (intelligence, language and symbolisation, the Piagetian model, mentalisation, awareness of self and others)
    - social and emotional development (emotional intelligence, interpersonal competence, identity and moral development at adolescence, compassion and self-management, the impact of the social context)
  - an ability to draw on knowledge of age-appropriate and problematic behaviours
  - an ability to draw on concepts of developmental stages, including physical, affective and interpersonal, cognitive, language and social milestones
  - an ability to draw on knowledge of the effects of developmental transitions (e.g. onset of puberty)

Knowledge of the care environment and its interaction with child and adolescent development

Attachment

- An ability to draw on knowledge of attachment theory and its implications for:
  - the development of an 'internal working model' that shapes the child/young person's expectations and beliefs about themselves, and themselves in relation to others, and the degree to which they construe:
    - others to be trustworthy
    - themselves to be of value
    - themselves to be effective when interacting with others

	■ links between attachment status (i.e. secure versus insecure) and cognitive, emotional and social development
	■ the development of parent–child, sibling and peer relationships
	■ the development of emotional wellbeing, self-regulation and capacity for mentalisation, and mental health and vulnerability to mental health difficulties
	■ the development of resilience (i.e. the ability to cope with stressful and adverse experiences, including difficult interpersonal experiences)

Influence of parent/carer	
■	An ability to draw on knowledge of the impact of the prenatal and perinatal environment on infant and child development
■	An ability to draw on knowledge of parenting styles
■	An ability to draw on knowledge that the parent/carer's communication, interaction and stimulation of their child interacts with the child's development, attainment and developing mental health
■	An ability to draw on knowledge that effective forms of parental/carer engagement change as children/young people develop
■	An ability to draw on knowledge that the balance of influence from parents/carers, peers, authority figures and others alters as the child/young person develops
■	An ability to draw on knowledge of factors that make it harder for parents/carers to offer consistent or positive parenting (e.g. emotional and cognitive difficulties, mental health difficulties [particularly substance misuse], loss, abuse, social adversity or negative experience of parenting in their own lives)
■	An ability to draw on knowledge of the positive effects of parent/carer support on:
	■ attachment relationships
	■ child and adolescent development

Family development and transitions	
■	An ability to draw on knowledge that the child/young person and their family/carer need to be viewed in different contexts, including:
	■ other significant relationships
	■ their social and community setting
	■ the professional network(s) involved with them
	■ their cultural setting
	■ the sociopolitical environment
■	An ability to draw on knowledge of different family structures and compositions

■ An ability to draw on knowledge of the family lifecycle and how it varies across social contexts and cultures, to understand the developmental tasks of specific families
■ An ability to draw on knowledge of the potential impact of significant family transitions both on the child/young person and their family/carers (e.g. the birth of a new family member, separations, starting or leaving school, bereavement)
■ An ability to draw on knowledge of the potential impact on families of social adversity (loss, abuse, social change, socioeconomic disadvantage, health inequality)

2.3. Knowledge of attachment and mentalisation and their relevance in an inpatient context

- An ability to draw on basic knowledge of attachment theory, which describes:
  - the development of an 'internal working model' that shapes the child/young person's expectations and beliefs about themselves, and themselves in relation to others, and the degree to which they construe:
    - others to be trustworthy
    - themselves to be of value
    - themselves to be effective when interacting with others
  - links between attachment status (i.e. secure versus insecure) and cognitive, emotional and social development
  - the development of parent–child, sibling and peer relationships
  - the development of resilience (i.e. the ability to cope with stressful and adverse experiences, including difficult interpersonal experiences)

- An ability to draw on basic knowledge of mentalisation – a person's capacity to:
  - make sense of mental states, and so make sense of and interpret their own and others'
  - interpret behaviour in terms of intentional mental states (e.g. needs, desires, feelings, beliefs, goals, purposes and reasons)
- An ability to draw on knowledge that children learn to mentalise when their caregivers offer accurate and congruent feedback about their experience, which helps them:
  - experience a mind that has 'their mind in mind' (able to reflect on their intentions accurately without overwhelming them), and so help them:
  - learn how to pay attention to and understand what they are experiencing
  - reflect on and understand their own (and others') states of mind, and how these states of mind link to their behaviour

- An ability to draw on knowledge that developing a capacity to accurately observe mental states depends on a healthy and consistent emotional interaction between children and caregivers, which only occurs when secure attachment is present

- An ability to draw on knowledge that when mentalisation breaks down (e.g. because the person is overwhelmed by the intensity of their emotions), non-mentalising modes can come to the fore – e.g., where the person:
  - equates their internal experience with reality (e.g. making it hard to even consider alternative explanations or perspectives)
  - struggles to create a bridge between inner and outer reality, making it hard for them to make a meaningful emotional engagement with the external world
  - focuses on understanding others in terms of physical rather than mental actions (e.g. needing to be hugged in order to feel that the other person has positive feelings for them)

- An ability to draw on knowledge of the importance of a capacity for mentalisation for the development of emotional wellbeing and self-regulation
- An ability to draw on knowledge of the relationship between difficulty in mentalising and vulnerability to mental health difficulties

- An ability to draw on knowledge that attachment can be a helpful lens through which to consider children/young people's behaviour and reactions, towards staff and other children/young people in the unit, e.g.:
  - a child/young person who is very attentive to the time staff members spend with other children/young people, but rejects staff who try to make contact with them
- An ability to draw on knowledge of the importance of staff maintaining the unit as a 'safe' space, within which the development of relationships with others can be discussed thoughtfully with all parties

2.4. Knowledge of autism spectrum disorders (ASD)

- An ability to draw on knowledge that:
  - rates of ASD diagnosis have increased over time, probably due to better screening and broader diagnostic criteria, with increasing numbers of people with a normal-range IQ being recognised as autistic
  - ASD is a spectrum that encompasses individuals with a wide range of functioning, abilities and disabilities (many of which will not be obvious)
  - learning disability and ASD co-occur in about 30% of people with an ASD diagnosis (and most people on the autism spectrum have an IQ in the normal range)
  - girls and young women may be less likely to receive a diagnosis of ASD, perhaps reflecting a gender-specific presentation (which does not fit with the current male-based conceptualisation of ASD) and a greater capacity to camouflage or mask autistic characteristics

- An ability to draw on knowledge that ASD affects children/young people in different ways and to different extents, and that common features include:
  - difficulties with social communication, e.g.:
    - difficulty interpreting verbal and non-verbal language (e.g. gestures or tone of voice)
    - taking things literally and not understanding abstract concepts
    - needing extra time to process information or answer questions
    - speech that is unusually repetitive (e.g. echoing phrases they have heard)
    - speaking in a somewhat stereotyped manner (using stock phrases that are frequently repeated, often with the same intonation each time)
    - unusual intonation (e.g. talking with little variation in tone or pitch)
  - difficulties in social interaction e.g.:
    - problems with back-and-forth social relating (e.g. with two-sided conversation, initiating social interactions or responding to social approaches)
    - limited or unusual non-verbal communication (including limited or unusual gestures, facial expression, eye contact or body language)
    - struggling to adjust their behaviour to reflect their situation or who they are interacting with
    - difficulty reading other people's feelings and intentions
    - difficulty expressing their own emotions
    - appearing to be insensitive to others
    - seeking out time alone when overloaded by other people
    - finding it hard to gain comfort from other people

- behaving 'strangely' or in a way thought to be socially inappropriate
- finding it hard to form friendships

- reducing anxiety through repetitive and restrictive behaviour, e.g.:
  - adhering to routines (and resisting change) to reduce unpredictability, e.g.:
    - always travelling the same route to and from school or work
    - wearing the same clothes
    - eating the same food for meals
- over- or under-sensitivity to light, taste and sound, e.g.:
  - finding background sounds unbearably loud, distracting or overwhelming
  - avoiding everyday situations that expose them to sensitivity issues
- intense and highly focused interests

- An ability to draw on knowledge that co-occurring mental health problems are very common in children/young people with ASD, and that they:
  - will be very anxious in social situations or when facing change
  - will have difficulty recognising and recognising and regulating their emotions
  - may have serious mental health issues
  - may have ADHD and other neurodevelopmental difficulties, including motor problems and specific and general learning difficulties
  - may have difficulties with executive function (i.e. difficulty planning and organising their behaviour in pursuit of a goal)
- An ability to draw on knowledge that when overwhelmed, children/young people with ASD can:
  - temporarily lose behavioural control (verbally [e.g. shouting, screaming or crying], physically [e.g. kicking or lashing out] or both)
  - shut down (as a protective measure)

2.5. Knowledge of learning disability

- An ability to draw on knowledge that children/young people with a learning disability:
  - will have a reduced intellectual ability, so may have difficulty with everyday activities
  - will tend to take longer to learn and may need support to develop new skills
  - will have difficulty understanding new or complicated information
  - may have difficulty interacting with other people
- An ability to draw on knowledge that learning difficulties (e.g. dyslexia or attention deficit hyperactivity disorder) are not a learning disability because these conditions do not affect intellect

- An ability to draw on knowledge that a learning disability happens when brain damage occurs either before or during birth, or in early childhood (e.g. maternal illness during pregnancy, anoxia during birth, genetic factors, childhood injury or childhood illness)
- An ability to draw on knowledge of conditions that can co-occur with learning disability, e.g. Down syndrome, autism or cerebral palsy

- An ability to draw on knowledge that a learning disability can be mild, moderate, severe or profound, but in all cases is lifelong
- An ability to draw on knowledge that the level of support someone with a learning disability needs depends on the severity of the disability and the individual, e.g.:
  - a child/young person with a mild learning disability may only need minimal help with specific issues
  - a child/young person with a severe or profound learning disability may need full-time care and support with every aspect of their life, and may also have physical disabilities

- An ability to draw on knowledge that a mild learning disability may not be detected or responded to because the child/young person may mix well with others and cope with most everyday tasks, but may need support in specific areas of their life

Communicating with children/young people with a learning disability

- An ability to draw on knowledge that the linguistic and cognitive abilities of children/young people with a learning disability will vary considerably from person to person, but that they may have specific communication difficulties, e.g.:
  - difficulty understanding abstract concepts
  - unclear speech
  - a need for more time to process and retrieve information
  - a limited vocabulary

	■ be prone to suggestibility (they may change their answers in response to feedback)
	■ be prone to acquiescence (they may tend to answer 'yes' to questions)
	■ struggle to express themselves, and become frustrated by this
■	An ability to draw on knowledge that children/young people with learning disabilities may have acquired social strategies to help them 'mask' their difficulties understanding and following verbal communication

■	An ability to address any difficulties the child/young person has in communicating by making appropriate adjustments, e.g.:
	■ listening carefully and asking them to clarify or repeat information if necessary
	■ allowing time for them to respond
	■ using simple, straightforward language
	■ limiting the number of key concepts or ideas that are communicated in a sentence
	■ using concrete examples (rather than abstract ideas)
	■ asking short, simple 'either/or' questions (taking care to avoid leading questions)
	■ creating a context for comments (i.e. to orient the person to the reasons for comments or questions)
	■ regularly asking them to summarise or repeat what has been discussed (to check that it has been accurately understood)

2.6. Knowledge of looked-after children and young people

- An ability to draw on knowledge that looked-after children/young people are over-represented in the inpatient population

- An ability to draw on knowledge that a looked-after child is defined as a child/young person who:
  - has been in the care of their local authority for more than 24 hours
  - is living with foster parents, in a residential children's home or a residential setting (e.g. a school or secure unit)

- An ability to draw on knowledge that children/young people enter care for a number of reasons, e.g.:
  - with the agreement of parents (e.g. who are too unwell to look after their child, or if the child/young person needs respite care)
  - where services have intervened because they felt the child/young person was at significant risk of harm (and where the child/young person is usually the subject of a court order)
  - where the child/young person is an unaccompanied asylum seeker, with no responsible adult to care for them

- An ability to draw on knowledge that a child/young person stops being looked after when they are adopted, return home or are 18 years old (though local authorities are required to support young people leaving care at 18 until they are at least 21)

- An ability to draw on knowledge that:
  - most children/young people who become looked after do so because of abuse, neglect or family dysfunction
  - entry into care is often traumatic and accompanied by a significant sense of loss

- An ability to draw on knowledge that looked-after children/young people:
  - are between four and five times more likely to self-harm in adulthood
  - are five times more likely to be at risk of mental, emotional and behavioural problems
  - are six to seven times more likely to have conduct disorders

- An ability to draw on knowledge that children/young people who enter care because of violence, abuse and neglect:
  - will usually have complex emotional and mental health needs
  - may display behaviour that challenges
  - have problems forming secure and positive relationships with adults and peers
  - may not feel safe even in safe places, and so struggle to engage with support

Transitions in and out of care with looked-after children/young people

- An ability to draw on knowledge that there is a significant impact on emotional wellbeing and mental health when children/young people move repeatedly in and out of care and/or experience frequent placement breakdowns, and this will impact on their reactions to transitions into and from the inpatient context

- An ability to draw on knowledge that while returning home from care is often the best outcome, for some this can result in further abuse or neglect, and to a cycle of entering and leaving care; and an ability to assess:
  - the risks the family/carers could pose to the child/young person
  - how much the family/carers are able to change
- The family/carers' ability to protect the child/young person from harm, taking into account their history and current situation

- Where a return to home is possible, an ability to work with the child/young person and their family/carers to help strengthen their relationship
- An ability to agree with the parents/carers what needs to happen before and after the child/young person returns home

- An ability to liaise with relevant agencies and services, to:
  - share understanding and information
  - put in place support for the child/young person and their family/carers before and after the return home
  - return the child/young person home gradually, and plan for what will happen if the return is not going well
  - monitor how the child/young person and their family/carers are managing

2.7. Knowledge of the principles of trauma-informed care

- An ability to draw on knowledge that the experience of trauma is part of the life story of many children/young people with mental health problems

- An ability to draw on knowledge that trauma-informed care involves ensuring that people who use services can feel that:
  - their physical and emotional safety is being addressed
  - they have choice and control over their treatment
  - they are part of collaborative care (that decisions about their care are made jointly)
  - providers of care are trustworthy
  - each contact validates, affirms and empowers them as individuals

- An ability to draw on knowledge that people can be re-traumatised by negative experiences of services, e.g. giving them a sense that:
  - they are viewed only through the lens of a diagnosis or label
  - they have no choice over their treatment
  - things are done 'to' them rather than 'with' them
  - they do not have the opportunity to give feedback about their care
  - their trust has been violated
  - they have been subjected to coercive practices

- An ability to draw on knowledge that re-traumatisation can impact on a person's sense of self, their sense of others and their beliefs about the world, and these beliefs can directly impact on their ability or motivation to connect with and use services

- An ability to draw on knowledge that trauma-informed care involves developing and maintaining a relationship that helps children/young people feel safe to tell their story and engage in a narrative that centres on 'what has happened to me'

2.8. Knowledge of human rights law and principles in an inpatient context

- An ability to draw on knowledge that the Human Rights Act places a legal duty on people working in a public authority to act in compatibility with human rights and (as far as possible) apply all laws, policy and guidance in a way that respects these rights

- An ability to draw on knowledge that key human rights principles (e.g. fairness, respect, equality, dignity and autonomy) apply to everyone, regardless of their background or circumstances
- An ability to draw on knowledge that human rights principles should always inform decision making
- An ability to draw on knowledge that human rights legislation and principles should inform the procedures associated with admission, inpatient stay and discharge, and the type and quality of care available to people at each of these stages

- An ability to draw on knowledge that absolute human rights can never lawfully be restricted (e.g. the right to life or the right not to be subjected to degrading treatment)

- An ability to draw on knowledge of the proportionate restriction of non-absolute rights, usually to protect someone with mental health issues or protect others who may be affected by that person's actions or behaviour
- An ability to draw on knowledge that any restrictions on non-absolute human rights need to be:
  - a. lawful (based on a law which sanctions that action, e.g. the Mental Health Act or Mental Capacity Act)
  - b. legitimate (i.e. based on a decision that can be justified (e.g. to protect a person or others from harm)
  - c. proportionate (i.e. after due consideration there is no alternative action that can be taken)
- An ability to draw on knowledge that the legal basis for any decision must be given (in an accessible form) to the child/young person (or their family/carers or advocate, if capacity is an issue)

- An ability to draw on knowledge that where non-absolute rights are restricted, practitioners should be able to show that they have met the three-stage test (a–c, above), taken the child/young person's other rights into account, and that any restriction is:
  - kept to the minimum possible
  - in proportion to the circumstances
  - assessed and applied on an individual basis
- An ability to draw on knowledge that restrictive practices should not be adopted as a blanket approach that affects all service users

- An ability to draw on knowledge that decisions related to the Mental Health Act should be compatible with human rights
- An ability to draw on knowledge that because there are particular risks to fairness when people are compulsorily detained under the Mental Health Act, all service users should:
  - understand their rights and how to claim them
  - have an opportunity to challenge reports and other evidence which led to their detention
  - have the opportunity to be represented at a tribunal hearing
  - have the right to legal representation

- An ability to draw on knowledge that, based on human rights principles, all service users should:
  - receive care that respects their personal and cultural needs
  - be treated equally, without discrimination and with respect

2.9. Knowledge of physical health issues in an inpatient context

- An ability to draw on knowledge that children/young people admitted to inpatient units may have a higher incidence of physical health problems than their peers, e.g.:
  - being overweight or underweight
  - metabolic syndrome (a cluster of conditions which increases the long-term risk of heart disease or stroke, and includes the presence of at least three of the following: increased waist circumference, high triglycerides, low high-density lipoprotein, high blood pressure, insulin resistance or high blood sugars)
  - health problems related to behavioural factors, e.g.:
    - low rates of physical activity
    - high rates of sedentary behaviour
    - smoking, alcohol and drug use
    - poor diet (e.g. high rates of consumption of high-calorie/low-nutrient foods)
- An ability to draw on knowledge of factors that may reduce the likelihood of being active (e.g. low motivation, poor sleep, peer influence, lack of interest in activity, social anxiety and low confidence)
- An ability to draw on knowledge of the risk that inpatient settings can be obesogenic (encourage unhealthy weight gain) because of:
  - restrictions on movement
  - lack of access to outdoor space and community facilities
  - reduced opportunities to be active
  - less control over dietary intake
  - increased access to calorie dense foods
- An ability to draw on knowledge that some psychotropic medications have metabolic side effects, which can lead to weight gain
- An ability to draw on knowledge of common acute complications related to malnutrition associated with eating disorders, including:
  - bradycardia
  - postural hypotension
  - dehydration
  - electrolyte disturbance
  - hypothermia
  - haematoconcentration due to dehydration
  - gastrointestinal problems
  - endocrine problems

2.10. Knowledge of psychopharmacology in work with children and young people

Knowledge and skills in child and adolescent psychopharmacology required by the whole team

- An ability to carry out a diagnostic assessment (or get the appropriate help to carry it out) to identify children/young people with a condition where medication may be indicated
- An ability to draw on knowledge of the role of medication in the treatment of children/young people with mental health problems
- An ability to draw on knowledge that prescribing and monitoring medication may have varying intensity and duration, depending on the complexity, comorbidity and chronicity of the condition treated
- An ability to identify people in the team who have enough knowledge of child psychopharmacology to be able to refer on appropriately when necessary (usually to a child psychiatrist or other medical practitioner)
- An ability to refer to a child psychiatrist or other medical practitioner when medication may be indicated, or where there are concerns about the child/young person's progress that relate to psychotropic medication(s) that are currently being prescribed
- An ability to draw on knowledge of evidence for the benefits of medication alone and medication in combination with psychological interventions
- An ability to draw on knowledge of medications commonly prescribed in child and adolescent psychopharmacology, and the conditions they are prescribed for
- An ability to draw on knowledge that medications have benefits and risks

Implementing knowledge of psychopharmacology in child and adolescent work

- An ability to draw on knowledge of national guidance for treatment of child and adolescent disorders that include recommendations for medication (e.g. National Institute for Health and Care Excellence [NICE] or Scottish Intercollegiate Guidelines Network [SIGN] guidelines), and:
  - an ability to recognise that medication can be prescribed in the absence of specific NICE/SIGN guidance
  - an ability to draw on relevant evidence that indicates the basis for safe and effective prescribing, and that there are different levels of evidence
- An ability to draw on knowledge of disorders that present in child and adolescent mental health services, where medication potentially forms part of the intervention, e.g.:
  - attention deficit hyperactivity disorder
  - psychosis (schizophrenia and bipolar disorder)
  - anxiety disorders, including obsessive-compulsive disorder
  - depression

- An ability to draw on knowledge of the ways in which medication should be combined with psychological or other interventions to maximise its effectiveness
- An ability to draw on knowledge of disorders presenting in child and adolescent mental health services where there is no evidence base for using medication as a primary treatment, e.g.:
  - oppositional defiant disorder
  - conduct disorder
  - autism spectrum disorders
  - learning disability

- An ability to draw on knowledge of common concerns/controversies about prescribing psychotropic medication for children/young people, while keeping a balanced view of the utility of psychopharmacology with children/young people, e.g.:
  - the restricted number of randomised controlled trials with children/young people, and so the limited evidence base
  - the need to weigh-up benefits versus risks for each child/young person in the short and long term
  - that most medications prescribed for children are not specifically licensed for children

Working with clients

- An ability to discuss with children/young people and their families:
  - the potential role and benefits of medication in their treatment regimen
  - the potential side effects of medications
- An ability to recognise significant side effects and take appropriate action (e.g. refer to a child psychiatrist or medical practitioner)

Specialist knowledge and skills in child and adolescent psychopharmacology

- An ability (for appropriately qualified medical practitioners) to provide specialist assessment that includes the detection and diagnosis of conditions for which medication may be indicated

- An ability to prescribe medication, employing the knowledge and skills identified as underpinning this activity by the relevant professional body[a]
- An ability for child psychiatrists in a team to act as a resource to their colleagues (e.g. providing advice or consultation, or offering relevant training in child psychopharmacology)
- An ability to recognise that people involved in prescribing psychopharmacological treatments for children/young people require ongoing training, professional development and supervision

[a] In the UK, these competences have been specified in the approved specialty and sub-specialty curricula set out by the General Medical Council (A Competency Based Curriculum for Specialist Training in Psychiatry Specialist Module in Child and Adolescent Psychiatry: Specialist Module in Child and Adolescent Psychiatry, London: Royal College of Psychiatrists; 2013).

2.11. Knowledge of potential risks of inpatient admission

- An ability to draw on knowledge that, along with the potential benefits of an inpatient admission, there are also potential risks that can impact the child/young person and others in the 'system' around them (family/carers and significant others)
- An ability to draw on knowledge that an awareness of the potential risks of an admission can be used to mitigate their impact

- An ability to draw on knowledge of potential (and sometimes unavoidable) iatrogenic[b] impacts of an admission, and the importance of all members of a team being alert to (and attempting to mitigate) adverse outcomes, in relation to:
  - the ways services are organised and delivered (including clinical and systemic interventions and staff behaviours)
  - the experience of each child/young person and their family/carers

- An ability to draw on knowledge of the various ways that an inpatient admission can dislocate important areas of life and functioning, both for the child/young person and their family/carers, e.g.:
  - on admission and during an inpatient stay:
    - the child/young person and their family/carers experiencing the admission process itself as traumatic, especially if this is involuntary or unplanned (e.g. in response to an unexpected crisis)
    - threats to (and loss of) the child/young person's developing identity/sense of self, e.g.:
      - feeling burdened or shamed by a label of a serious mental health problem
      - developing an identity and sense of self as a 'patient'
    - the child/young person losing contact with their usual friendship group
    - the child/young person becoming disconnected with and from their education
    - the child/young person losing access to normal activities and unable to pursue usual interests/hobbies and ambitions
    - the child/young person being adversely influenced by other children/young people and peer group in the unit (e.g. unhelpful beliefs or behaviours)
    - a sense (from both the child/young person and their family/carers) of ordinary life being suspended
    - disrupted family relationships (e.g., threats to a sense of connectedness with family, a sense of rejection, difficulty maintaining contact)
    - family/carers feeling excluded from the child/young person's care

[b] Iatrogenic effects are negative outcomes (medical or psychological) caused by the system of care itself.

	▪ family/carers feeling disenfranchised and deskilled when not involved by the service
	▪ the child/young person and family/carers experiencing a rupture in their relationship, particularly when this relationship is already fragile
	▪ staff behaviours and clinical decisions that have unintended iatrogenic consequences (e.g. increases in restriction that are experienced as punishment for 'bad' behaviour)
	▪ increased risks of self-harm when the child/young person's usual coping strategies have been taken away
■ after admission:	
	▪ the child/young person finding it hard to reintegrate across a range of domains (e.g. difficulties settling back into family and home life, reconnecting with friends, resuming education)
	▪ the child/young person experiencing stigma or negative reactions from others as a consequence of the admission
	▪ the child/young person finding it hard to re-engage with a sense of agency, choice and independence
	▪ family/carers feeling ill-equipped and deskilled, and so anxious about taking back responsibility for the child/young person

■ An ability for all members of a team to recognise when iatrogenic harm is occurring and:	
	■ to have open conversations about how to mitigate their impact
	■ to challenge or report this where necessary
	■ to explore potential solutions

3. Professional and legal issues

3.1. Knowledge of legal frameworks relating to working with children and young people

- An ability to draw on knowledge that clinical work with children/young people is underpinned by legal frameworks
- An ability to draw on knowledge that the sources and details of law may vary across the four home nations of the UK, and:
  - an ability to draw on knowledge of the relevant legislation and policies that apply to the settings in which interventions take place

Mental health

- An ability to draw on knowledge of mental health legislation

Capacity and informed consent

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

Data protection

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

Equality

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

Education

- An ability to draw on knowledge of legislation and guidance that addresses the educational needs of children/young people who face barriers to their learning and who may therefore require additional support

Resources

All relevant legal Acts can be accessed in full at: www.legislation.gov.uk

Mental health legislation

- Mind, Mental Health Act 1983: an outline guide.
  Available at: www.mind.org.uk/media-a/2909/mha-1983-2018.pdf
- The Mental Health (Care and Treatment) (Scotland) Act 2003: easy read guide.
  Available at: www.gov.scot/publications/new-mental-health-act-easy-read-guide-2/

Capacity and consent

- The Mental Capacity Act 2005: overview and guide to how it affects people.
  Available at: www.mind.org.uk/information-support/legal-rights/mental-capacity-act-2005/overview/
- The Scottish Government, The New Mental Health Act: What's it all about – A Short Introduction (2005).
  Available at: www.webarchive.org.uk/wayback/archive/20150219150627/http://www.gov.scot/Publications/2005/07/22145851/58527
- Mental Welfare Commission for Scotland: About mental health law.
  Available at: www.mwcscot.org.uk/law-and-rights
- Age of Legal Capacity (Scotland) Act 1991.
  Available at: www.legislation.gov.uk/ukpga/1991/50/contents
- National Society for the Prevention of Cruelty to Children. Gillick competency and Fraser guidelines.
  Available at: https://learning.nspcc.org.uk/child-protection-system/gillick-competence-fraser-guidelines

Confidentiality

- Department of Health, Confidentiality: NHS Code of Practice, November 2003.
  Available at: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4069253

Data protection

- Data Protection Act 1998.
  Available at: www.legislation.gov.uk/ukpga/1998/29/contents

Equality

- The Equality Act 2010.
  Available at: www.legislation.gov.uk/ukpga/2010/15/contents

Human rights

- Human Rights Act 1998.
  Available at: www.legislation.gov.uk/ukpga/1998/42/contents

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

The standards of conduct in this document are expected of all practitioners. It applies to a wide range of professionals as well as those who do not have a core profession (but who would be expected to follow the internal operating procedures of their organisation).

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

Autonomy

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

Ability to identify and minimise the potential for harm

- An ability to respond promptly when there is evidence that the actions of a colleague put a user of services or another colleague, at risk of harm by:
  - acting immediately to address the situation (unless there are clear reasons why this is not possible)
  - reporting the incident to the relevant authorities
  - cooperating with internal and external investigators

[c] For more information on those policies, see the competences for 'Knowledge of legal frameworks relating to working with children and young people'.

- When supervising colleagues, an ability to take reasonable steps to ensure that they recognise the limits of their competence and do not attempt to practise beyond them
- An ability to consult or collaborate with other professionals when additional information or expertise is required

Ability to gain consent from users of services

- An ability to help users of services make an informed choice about a proposed intervention by setting out its benefits and risks, along with providing information about any alternative interventions
- An ability to ensure that the user of services grants explicit consent to proceeding with an intervention
- In the event of consent being declined or withdrawn, and where the nature of their presentation means intervention in the absence of consent is not warranted, an ability to respect the person's right to make this decision
- If a person withholds consent but the nature of their presentation warrants an immediate intervention:
  - an ability to evaluate the risk of the intervention and, where appropriate, proceed as required
  - an ability to attempt to obtain consent, although this may not be possible
  - an ability to ensure the person is fully safeguarded

Ability to manage confidentiality

- An ability to ensure that information about the user of services is treated as confidential and used only for the purposes for which it was provided
- When communicating with other parties, an ability:
  - to identify the parties with whom it is appropriate to communicate
  - to restrict information to that needed to act appropriately
- An ability to ensure that users of services are informed when and with whom their information may be shared
- An ability to restrict the use of personal data:
  - for the purpose of caring for the users of services
  - to those tasks for which permission has been given
- An ability to ensure that data is stored and managed in line with data protection legislation

Sharing information to maintain safety

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

Ability to maintain appropriate standards of conduct

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

Ability to maintain standards of competence

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

Documentation

- An ability to maintain a record for each user of services that:
  - is written promptly
  - is concise, legible and written in a style that is accessible to its intended readership
  - identifies the person who has entered the record (i.e. is signed and dated)
- An ability to ensure that records are maintained after each contact with users of services or with professionals connected with them
- An ability, where necessary, to update existing records in a clear manner that does not overwrite existing elements (e.g. to correct a factual error)
- An ability to ensure records are stored securely, in line with local and national policy and guidance

Ability to communicate

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

Ability appropriately to delegate tasks

- When delegating tasks, an ability to ensure that these are:
  - delegated to people with the necessary level of competence and experience to complete the task safely, effectively and to a satisfactory level
  - completed to the necessary standard by monitoring progress and outcome
- An ability to provide appropriate supervision to the person to whom the task has been delegated
- An ability to respect the decision of any person who feels they are unable to fulfil the delegated task through lack of skill or competence

Ability to advocate for users of services

- An ability to work with others to promote the health and wellbeing of users of services, their families/carers and significant others (if relevant) in the wider community, by, e.g.:
  - listening to their concerns
  - involving them in plans for any interventions
  - maintaining communication with colleagues involved in their care
- An ability to draw on knowledge of local services to advocate for users of services in relation to access to health and social care, information and services

- An ability to respond to complaints about care or treatment in a prompt, open and constructive fashion (including an ability to offer an explanation and, if appropriate, an apology, and/or to follow local complaints procedures)
  - an ability to ensure that any subsequent care is not delayed or adversely affected by the complaint or complaint procedure

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

All professional codes relating to confidentiality make it clear that where there is evidence of imminent risk of serious harm to self or others, confidentiality can be breached and relevant professionals and family members/carers informed.

This applies to children/young people who are at risk of suicide or self-harm.

Decisions about issues of confidentiality and consent may be influenced by judgments about the individual's capacity.

Knowledge of policies and legislation

- An ability to draw on knowledge of local and national policies on confidentiality and information sharing both within and between teams or agencies
- An ability to draw on knowledge of the application of relevant legislation relating to legal capacity

Knowledge of legal definitions of consent to an intervention

- An ability to draw on knowledge that valid legal consent to an intervention is composed of three elements:
  - the person being invited to give consent must be capable of consenting (legally competent)
  - the consent must be freely given
  - the person consenting must be suitably informed
- An ability to draw on knowledge that individuals have a right to withdraw or limit consent at any time

Knowledge of capacity[d]

- An ability to draw on knowledge relevant to the capacity of individuals to give consent to an intervention:
  - that young people age 16 or over are presumed to have capacity to give or withhold consent, unless there is evidence to the contrary
  - that a child under 16, who is able to understand and make their own decisions, is able to give or refuse consent
  - that the capacity to give consent is a 'functional test' and is not dependent on age, and:
    - that a child under 16 with sufficient capacity and intelligence to understand the nature and consequences of what is proposed is deemed competent to give consent

[d] Competences relevant to the assessment of capacity are detailed elsewhere in the relevant section of this framework.

Knowledge of parental rights and responsibilities

- An ability to draw on knowledge of the principles of legislation relating to:
  - parental/carer rights and responsibilities
  - working with children/young people who are subject to care orders (looked-after children)
- An ability to draw on knowledge that if a child/young person is judged to be unable to consent to an intervention, consent should be sought from a carer with parental responsibilities, and:
  - an ability to seek legal advice about specific circumstances when consent can be accepted from a person who has care or control of the child/young person, but who does not have parental rights or responsibilities

Ability to gain informed consent to an intervention from children/young people and their parents/carers

- An ability to give children/young people the information they need to decide whether to proceed with an intervention, e.g.:
  - what the intervention involves and who is offering it
  - the potential benefits and risks of the proposed intervention
  - what alternatives are available to them
- An ability to use an interpreter where the first language of the children/young person or their parents/carers is not that used by the practitioner and their language skills indicate that this is necessary
- Where children/young people have a disability, an ability to ensure that information is provided in an accessible form (e.g. using an interpreter for children/young people with hearing impairments)
- An ability to invite and to actively respond to questions about the intervention
- An ability to address any concerns or fears about the intervention

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

Ability to draw on knowledge of confidentiality

- An ability to draw on knowledge that a duty of confidentiality is owed:
  - to the person to whom the information relates
  - to any people who have provided relevant information on the understanding it is to be kept confidential
- An ability to draw on knowledge that confidence is breached where the sharing of confidential information is not authorised by the people who provided it or to whom it relates

- An ability to draw on knowledge that there is no breach of confidence if:
  - information was provided on the understanding that it would be shared with a limited range of people or for limited purposes, and information has been shared in accordance with that understanding
  - there is explicit consent to the sharing

Sharing information to maintain safety

- An ability to draw on knowledge that it is appropriate to breach confidentiality when withholding information could:
  - place a child/young person others (e.g. family/carers, significant others, professionals or a third party) at risk of significant harm
  - prejudice the prevention, detection or prosecution of a serious crime
  - lead to an unjustified delay in making enquiries about allegations of significant harm to others

- An ability to judge when it is in the best interest of the child/young person to disclose information, taking into account their wishes and views about sharing information, holding in mind:
  - that disclosure is appropriate if it prevents serious harm to a child/young person who lacks capacity
  - the immediacy of any risk of suicide or self-harm (e.g. the degree of planning, the type of suicide method planned or already attempted, circumstances such as being alone, refusing treatment, or drinking heavily or being under the influence of drugs)

- An ability to draw on knowledge that the duty of confidentiality does not preclude listening to the views of family members/carers and significant others, or providing them with non-person specific information about managing a crisis or seeking support
- An ability to judge when sharing information within and between agencies can help to manage suicide risk
- An ability to discuss concerns about disclosure with colleagues (e.g. by discussing the case without revealing the child/young person's identity)

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

- An ability to explain to all relevant parties (e.g. the child/young person, family/carers and other professionals) the limits of confidentiality and circumstances in which it may be breached (e.g. when a child/young person is considered to be at risk)
- An ability to inform all relevant parties about local service policy on how information will be shared, and to seek their consent to these procedures (e.g. the ways information about the assessment and intervention will be shared with referrers)

- An ability to revisit consent to share information if:
  - there is significant change in the way the information is to be used
  - there is a change in the relationship between the agency and the child/young person
  - there is a need for a referral to another agency who may provide further assessment or intervention
- An ability to draw on knowledge that safeguarding needs usually take precedence over issues of consent and confidentiality

Ability to assess the capacity to consent to information sharing[e]

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

Ability to share information appropriately and securely

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

[e] Competences relevant to the assessment of capacity are detailed elsewhere in the relevant section of this framework.

3.4. Ability to work with difference

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

Practitioners and the people they work with will vary in beliefs, practices and lifestyles. Some differences may not be immediately apparent, leading to a wrong assumption that they do not exist. Also, it is a person's sense of the impact of specific beliefs, practices and lifestyles that is important (the meaning these have for them) rather than the factors themselves. Almost any encounter requires the practitioner to consider carefully any potential issues relating to specific beliefs, practices and lifestyles, and their relevance to the intervention being offered.

Finally, it is worth bearing in mind that, because issues around specific beliefs, practices and lifestyles often relate to differences in power and inequalities, practitioners need to be able to reflect on the ways in which power dynamics play out, in the context of the service in which they work and when working with people.

Stance

- An ability to draw on knowledge that in working with specific beliefs, practices and lifestyles, it is stigmatising and discriminatory attitudes and behaviours that are problematic rather than any specific beliefs, practices and lifestyles, and therefore:
  - an ability to value equally all people for their individual constellation of characteristics, and to be aware of stigmatising and discriminatory attitudes and behaviours in the practitioner and others (and the ability to challenge these)
  - an awareness that there is no 'normative' state from which people may deviate, and therefore no implication that a 'normative' state is preferred and other states are problematic

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

- An ability to draw on knowledge that it is the individualised impact of background, lifestyle, beliefs or religious practices that is critical
- An ability to draw on knowledge that the demographic groups included in discussion of 'different' beliefs, practices or lifestyles are often those that are subject to disadvantage and/or discrimination

- An ability to draw on knowledge that a person will often be a member of more than one 'group' (e.g. someone from a minority ethnic community who is also gay), so the implications of combinations of lifestyle factors need to be held in mind
- An ability to maintain an awareness of the potential significance for practice of social and cultural variation across a range of domains, but including:
  - ethnicity
  - culture
  - gender, gender identity and gender diversity
  - sexual orientation
  - religion and belief
  - socioeconomic deprivation
  - class
  - age
  - disability
- An ability to draw on knowledge of the relevance and potential impact of social and cultural factors on the effectiveness and acceptability of an assessment or intervention

Knowledge of social and cultural factors that may impact on access to the service

- An ability to draw on knowledge of cultural issues that commonly restrict or reduce access to interventions, for example:
  - language
  - marginalisation
  - mistrust of statutory services
  - lack of knowledge about how to access services
  - the range of cultural concepts, understanding and attitudes about mental health that affect views about help-seeking, treatment and care
  - stigma, shame and/or fear associated with mental health problems (which make it likely that help-seeking is delayed until or unless problems become more severe)
  - stigma, shame and/or fear associated with receiving or having a mental health diagnosis
  - preferences for getting support in the community rather than through 'conventional' referral routes (such as their GP)

- An ability to draw on knowledge of the potential impact of socioeconomic status on access to resources and opportunities
- An ability to draw on knowledge of how social inequalities affect development and mental health
- An ability to draw on knowledge of the impact of factors such as socioeconomic disadvantage or disability on practical arrangements that influence attendance and engagement (e.g. transport difficulties, poor health)

Ability to communicate respect and valuing of people

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

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

- An ability to work collaboratively with children/young people to develop an understanding of their culture and world view, and the implications of any culturally specific customs or expectations for a therapeutic relationship and the ways in which problems are described and presented, and:
  - an ability to apply this knowledge to identify and formulate problems, and intervene in a manner that is culturally sensitive, culturally consistent and relevant
  - an ability to apply this knowledge in a manner that is sensitive to the ways in which children/young people interpret their own culture (and therefore recognises the risk of cultural stereotyping)
- An ability to take an active and explicit interest in a child/young person's experience of the beliefs, practices and lifestyles pertinent to their community to:
  - help them discuss and reflect on their experience
  - identify whether and how this experience has shaped the development and maintenance of their presenting problems
  - identify how and where they locate themselves if they 'straddle' cultures
- An ability to discuss the ways in which individual and family relationships are represented in a child/young person's culture (e.g. notions of the self, models of individuality and personal or collective responsibility), and to consider the implications for organisation and delivery of any interventions

Ability to adapt communication

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

Ability to use and interpret standardised assessments and measures

- Where standardised assessments/measures are used in a service, an ability to ensure that they are interpreted in a manner that takes into account any individual or familial demographic factors, e.g.:
  - If the measure is not available in their first language, an ability to take into account the implications of this when interpreting results
  - if a bespoke translation is attempted, an ability to cross-check the translation to ensure that the meaning is not inadvertently changed
  - if standardised data (norms) are not available for the demographic group of which they are a member, an ability to explicitly consider this issue when interpreting the results

Ability to adapt psychological interventions

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

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

- An ability for practitioners of all backgrounds to draw on an awareness of their own group membership, values and biases, how these may influence their perceptions of a child/young person, their problem and the therapeutic relationship
- An ability for practitioners to reflect on power differences between themselves and the child/young person they are working with

Ability to identify and to challenge inequality

- An ability to identify inequalities in access to services and take steps to overcome these:
  - considering ways in which access to, and use of, services may need to be facilitated for some people (e.g. home visiting, flexible working, linking families/carers with community resources)
  - where it is within the practitioner's role, identifying groups whose needs are not being met by current service design/procedures and the possible reasons for this, and identifying and implementing potential solutions

3.5. Ability to recognise and respond to concerns about child protection

Effective delivery of child protection competences depends critically on their integration with knowledge of: child/young person and family development and transitions, consent and confidentiality, legal issues relevant to working with children/young people and families/carers, interagency working, and engaging families/carers and children/young people.

Knowledge of policies and legislation

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

Knowledge of child protection principles

- An ability to draw on knowledge of child protection principles underlying multiagency child protection work
- An ability to draw on knowledge of the benefits of early identification of at-risk children/young people and families/carers, who can then receive appropriate and timely preventative and therapeutic interventions
- An ability to draw on knowledge of the importance of maintaining a child-centred approach that ensures a consistent focus on the welfare of the child/young person and on their feelings and viewpoints
- An ability to draw on knowledge that assessment and intervention processes should be continually reviewed, and should be timed and tailored to the individual needs of the child/young person and their family/carers

Ability to draw on knowledge of how neglect and abuse can present

- An ability to draw on knowledge of the concept of significant harm, and of:
  - a threshold that justifies intervention in home life in the best interests of children/young people

- An ability to draw on knowledge that there are no absolute criteria for significant harm, but that it is based on consideration of:
  - the degree and extent of physical harm
  - the degree and extent of physical harm
  - the extent of premeditation
  - the presence or degree of threat
  - the actual or potential impact on the child/young person's health, development and/or welfare
- An ability to draw on knowledge that significant harm can be indicated by a one-off incident, a series of 'minor' incidents, or as a result of an accumulation of concerns over a period of time
- An ability to draw on knowledge of areas in which abuse and neglect are manifested, including:
  - physical abuse (e.g. causing deliberate harm, or female genital mutilation)
  - emotional abuse, including:
    - persistent emotional maltreatment that is likely to impact on the child/young person's emotional development
  - sexual abuse – the abuse of a child/young person through sexual exploitation, which includes:
    - penetrative and non-penetrative sexual contact
    - non-contact activities (e.g. watching sexual activities or encouraging a child/young person to behave in sexually inappropriate ways)
  - neglect – usually defined as an omission of care by the child/young person's parent/carer (often due to unmet needs of their own)
    - persistent failure to meet a child/young person's basic physical and/or psychological needs
- An ability to draw on knowledge of the short- and long-term effects of abuse and neglect, including their cumulative effects
- An ability to draw on knowledge that (while offering support and services to parents of abused children/young people) the needs of the child/young person are primary
- An ability to draw on knowledge that children/young people may experience multiple forms of abuse from different people or groups during their development to adult

Ability to recognise possible signs of abuse and neglect

- An ability to recognise behaviours shown by children/young people that could indicate abuse or neglect, and that may require further investigation, e.g.:
  - appearing to be frightened or intimidated by an adult or peer
  - acting in a way that is inappropriate for their age and development

- An ability to recognise possible signs of physical abuse, e.g.:
  - explanations that are inconsistent with an injury, or an unexplained delay in seeking treatment
  - parents/carers who seem uninterested or undisturbed by an accident or injury
  - repeated or multiple bruising or other injury on sites unlikely to be injured as a consequence of everyday activity/accidents

- An ability to recognise possible signs of emotional abuse, e.g.:
  - developmental delay and/or non-organic failure to thrive
  - indicators of serious attachment problems between parent and child
  - markedly aggressive or appeasing behaviour towards others
  - indicators of serious scapegoating within the family
  - indicators of low self-esteem and lack of confidence
  - marked difficulties in relating to others

- An ability to recognise possible behavioural signs of sexual abuse, e.g.:
  - inappropriate sexualised conduct (e.g. sexually explicit behaviour, play or conversation, inappropriate to the child/young person's age)
  - self-harm and suicide attempts
  - involvement in sexual exploitation or a child/young person's indiscriminate choice of sexual partners
  - anxious unwillingness to remove clothes (for example, for a. sports events) which is not related to cultural norms or physical difficulties)

- An ability to recognise possible physical signs of sexual abuse, e.g.:
  - genital discomfort
  - blood on underclothes
  - pregnancy
- An ability to recognise that allegations of sexual abuse by children/young people may initially be indirect (to test the professional's response)

- An ability to recognise that, in most cases, evidence of neglect accumulates over time and across agencies, and:
  - an ability to compile a chronology and discuss concerns with other agencies to determine whether minor incidents indicate a broader pattern of parental neglect
- An ability to recognise possible signs of neglect, e.g.:
  - failure by parents/carers to meet essential physical needs (e.g. adequate or appropriate food, clothes, hygiene and medical care)
  - failure by parents/carers to meet essential emotional needs (e.g. to feel loved and valued, to live in a safe, predictable home environment);
  - the child/young person thrives away from home environment
  - the child/young person is frequently absent from school

- An ability to recognise the potential for professionals to be desensitised to indicators of neglect when working in areas with a high prevalence of poverty and deprivation

Ability to draw on knowledge of bullying

- An ability to draw on knowledge that bullying can become a formal child protection issue when parents/carers, schools and other involved agencies fail to address the bullying in an adequate manner
- An ability to draw on knowledge that bullying is defined as deliberately hurtful behaviour, usually repeated over a period of time, where it is difficult for those bullied to defend themselves
- An ability to draw on knowledge that bullying can take many forms, but the four main types are:
  - physical (e.g. hitting, kicking, theft)
  - verbal (e.g. racist or homophobic remarks, threats, name-calling)
  - emotional (e.g. isolating an individual from the activities and social acceptance of their peer group)
  - cyber-bullying (use of technology by children/young people to intimidate/humiliate peers, and sometimes those working with them, such as teachers)
- An ability to draw on knowledge that bullying can affect the health and development of children/young people, and at the extreme, causes them significant harm (including triggering self-harm)

An ability to recognise parental behaviours associated with abuse or neglect

- An ability to recognise parental behaviours that are associated with abuse or neglect, and which may require further investigation, e.g.:
  - parents/carers persistently avoid routine child health services and/or treatment when the child is ill
  - parents/carers persistently avoid contact with services or delay the start or continuation of treatment
  - parents/carers persistently complain about/to the child and may fail to provide attention or praise (high criticism/low warmth environment)
  - parents/carers display a rejecting or punitive parenting style or are not appropriately responsive to their child's signals of need
  - parents/carers are regularly absent or leave the child with inappropriate carers
  - parents/carers fail to ensure the child receives an appropriate education

Ability to recognise risk factors for, and protective factors against, abuse or neglect

- An ability to draw on knowledge that abuse and neglect are more likely to occur when the accumulation of risk factors outweighs the beneficial effects of protective factors
- An ability to recognise child, parental and family/social protective factors
- An ability to recognise parental risk factors for abuse or neglect, e.g.:
  - parents/carers have significant problems which impact on their ability to parent (such as markedly poor mental health or significant substance misuse)
  - parents/carers are involved in domestic abuse or involvement in other criminal activity
- An ability to recognise family/social risk factors for abuse or neglect, e.g.:
  - social isolation
  - socioeconomic problems
  - history of abuse in the family
- An ability to recognise child risk factors for abuse or neglect, e.g.:
  - recurring illness or hospital admissions or disability
  - difficult or aggressive temperament

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

- An ability to ensure that actions taken in relation to child protection are consistent with relevant legislation and local policy and procedure

Ability to report concerns about child protection

- An ability to work collaboratively with children/young people and their families/carers to promote their participation in gathering information and making decisions
- An ability to report suspicions of risk to appropriate agencies, and:
  - to share information with relevant parties, with the aim of drawing attention to emerging concerns
  - to gather information from other relevant agencies (e.g. school, GPs)
- An ability to follow local referral procedures to social work and other relevant agencies, for investigation of concerns or signs of abuse or neglect
- An ability to record information, setting out the reasons for concern and the evidence for it
- An ability to contact and communicate with all those who are at risk, ensuring that they understand the purpose for the contact with, and referral to, other agencies
- An ability to follow local and national procedures where there is difficulty contacting children/young people and families/carers and there is a concern that they are missing from the known address
- An ability to follow guidelines on how confidentiality and disclosure will be managed

Ability to contribute to the development of a child protection plan

- An ability to contribute information to multi-agency child protection meetings including child protection case discussions, child protection case conferences and core group meetings
  - where necessary, an ability to express a concern or position that is different from the views of others, and to do so during (rather than subsequent to) the meeting
- An ability to participate in the development of a multi-agency protection plan, as per local and national guidance

Ability to implement protective interventions

- An ability to implement protective interventions within the remit of the service and which are outlined in the child protection plan, aiming to:
  - reduce or eliminate risk factors for abuse or neglect
  - build on the strengths and resilience factors of parent/carer, family and child/young person
- An ability to maintain support for children/young people and families/carers when compulsory measures are necessary
- Where relevant, an ability to maintain therapeutic support for the child/young person and families/carers during an ongoing child protection investigation, and/or when the child/young person is called to be a witness in court
- An ability to respond appropriately to contingencies that indicate a need for immediate action, and:
  - to provide a single agency response without delay
  - where additional help is required, an ability to work with others to ensure that this is timely, appropriate and proportionate

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

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

Interagency working

- An ability to draw on knowledge of the roles and responsibilities of other services available to the child/young person and family/carers, and:
  - an ability to draw on knowledge of how other services should respond to child protection concerns
- An ability to collaborate with all potentially relevant agencies when undertaking assessment, planning, intervention and review
- An ability to ensure that there is timely communication with all agencies involved in the case, verbally and in writing

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

Ability to seek advice and supervision

- An ability for the practitioner to make use of supervision and support from other members of staff to manage their own emotional responses to providing care and protection for children/young people
- An ability to recognise the limits of one's own expertise and to seek advice from appropriately trained and experienced people

3.6. Ability to recognise and respond to concerns about safeguarding

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

- An ability to approach the management of safeguarding procedures in a way that protects the safety of the individual but does so in a manner that is compassionate, empathic and supportive

3.7. Ability to make use of supervision

Supervision is understood differently in different settings. Here, it is defined as an activity that gives practitioners the opportunity to review and reflect on their clinical work. This includes talking about areas that the practitioner may experience as difficult or distressing. Usually supervisors will be more senior and/or experienced practitioners, though peer supervision can also be effective.

This definition distinguishes supervision from line management or case management.

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

Ability to work collaboratively with the supervisor

- An ability to work with the supervisor to generate an explicit agreement about the parameters of supervision (e.g. setting an agenda, being clear about the respective roles of supervisor and supervisee, the goals of supervision and any contracts that specify these factors)
- An ability to help the supervisor be aware of your current state of competence and your training needs
- An ability to present an honest and open account of the work being undertaken
- An ability to discuss work with the supervisor as an active and engaged participant, without becoming passive or avoidant, or defensive or aggressive
- An ability to present material to the supervisor in a focused manner, selecting (and so concentrating on) the most important and relevant issues

Capacity for self-appraisal and reflection

- An ability to reflect on the supervisor's feedback and to apply these reflections in future work
- An ability to be open and realistic about your capabilities and to share this self-appraisal with the supervisor
- An ability to use feedback from the supervisor to further develop the capacity for accurate self-appraisal

Capacity for active learning

- An ability to act on suggestions for relevant reading made by the supervisor, and to incorporate the material into practice
- An ability to take the initiative over learning, by identifying relevant papers or books based on (but independent of) supervisor suggestions, and to incorporate the material into practice

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

- An ability to use supervision to discuss the personal impact of the work, especially where this reflection is relevant to maintaining the likely effectiveness of the work
- An ability to use supervision to reflect on the impact of the work in relation to professional development

Ability to reflect on supervision quality

- An ability to reflect on the quality of supervision as a whole, and (in accordance with national and professional guidelines) to seek advice from others where:
  - there is concern that supervision is below an acceptable standard
  - where the supervisor's recommendations deviate from acceptable practice
  - where the supervisor's actions breach national and professional guidance (e.g. abuses of power and/or attempts to create dual (sexual) relationships)

4. Engagement and communication

4.1. Communication skills

Throughout this subdomain, 'person'/'people' refers to children/young people, parents/carers, family members and significant others.

Knowledge

- An ability to draw on knowledge of the value of basic communication skills both:
  - to help people feel supported by a practitioner who is focused on their concerns and needs, and that helps them:
    - feel respected, heard and understood
    - feel connected to others (and so experience themselves as less alone)
    - express themselves and makes sense of their experience
    - reflect on and request the support that they feel is appropriate to their immediate needs
  - as a way for the practitioner to gain an accurate sense of the concerns and needs of the person

- An ability to draw on knowledge that if verbal communication is challenging for the person, other forms of communication (e.g. drawing or writing) are appropriate and may be the main way that the person communicates, and:
  - an ability to make use of a range of communication strategies, as needed

- An ability to draw on knowledge that asking and talking about difficult issues does not increase the likelihood of behaviours that put the person at risk (e.g. self-harm), and that it is helpful to communicate openly and with frankness

Application

- An ability to use communication skills that help to engage people in a collaborative discussion of their circumstances and immediate needs, and:
  - an ability to make adjustments for people who may have difficulty expressing themselves (e.g. because of a disability)

- To gain an accurate sense of the person's account, an ability for the practitioner to be aware of (and avoid) any 'filters' they may find themselves imposing, e.g.:
  - listening in a judgmental way
  - making assumptions (in advance or instead of listening fully)
  - using diagnostic labels as explanations

- An ability to convey an attentive stance through body language, e.g.:
  - sitting close (but not too close) to the person
  - sitting 'square on' or next to the person (rather than across a desk)
  - having an open posture
  - maintaining an appropriate level of eye contact

- An ability to listen attentively to the person by:
  - actively listening to what they say and trying to make sense of their experiences, behaviours and feelings, as well as their social context
  - listening to the tone and pace of what is said, as well as its content
  - allowing silences if it appears to help the person express themselves at their own pace
  - attending to the person's non-verbal behaviour, such as agitation (which can indicate the areas they find more intensely distressing, or unspoken feelings that might be difficult to express verbally)
  - adopting a pace that matches theirs

- An ability to help the person expand on or explore relevant issues by using:
  - statements (e.g. brief summaries of what has already been said)
  - questions
  - non-verbal prompts
- An ability to ask both:
  - closed questions (that usually have a specific answer and are best used to establish factual information)
  - open questions (that require more than a yes/no answer and encourage discussion)
- An ability to judge when questioning is being experienced as helpful and when less so (e.g. where the person is feeling 'grilled')

- An ability to listen empathically to the person:
  - actively trying to understand their perspective and how they understand their situation
  - 'stepping into their shoes' in order to understand their world
  - taking on board and recognising their feelings (but taking care not to mirror their feelings)
- An ability to maintain an awareness of your own perspective or frame of reference in order not to inadvertently impose it

- An ability to convey a basic and empathic understanding of what has been said or conveyed, e.g. by:
  - paraphrasing what has been said (but not 'parroting'/repeating verbatim)
  - making short summaries that try to connect different aspects of what has been communicated
  - using appropriate non-verbal behaviour that 'chimes' with what has been said (e.g. through appropriate facial expression)

- An ability to check the person's understanding by asking them to summarise the discussion and/or any decisions that have been agreed

- An ability to ask the person whether all the issues that they wished to raise have been discussed

4.2. Ability to communicate with children/young people of differing ages, developmental level and background

- An ability to draw on knowledge of the ways that developmental differences usually manifest, in relation to the child/young person's:
  - language
  - thinking and understanding
  - expression of affect
  - behaviour
- An ability to draw on knowledge that engagement and contact take place through:
  - speech and conversation
  - behaviour

Knowledge of the impact of development on the child/young person's understanding of, and participation in, clinical work

- An ability to draw on knowledge of attachment theory and its implications for engagement
- An ability to draw on knowledge that:
  - developmental differences change across childhood and adolescence
  - children/young people vary widely in their clinical presentation and adjustment
- An ability to draw on knowledge that younger children will have a more concrete and egocentric understanding of:
  - their own mental state
  - the mental states of others
  - interpersonal situations
- An ability to draw on knowledge that younger children may have only a rudimentary understanding of the purpose of clinical contact
- An ability to draw on knowledge that children/young people show a wide-range of behaviours in interview that can complicate the clinical process, and:
  - that behaviour can vary widely within a single session (e.g. from withdrawn to restless or oppositional)
- An ability to understand that children/young people's behaviour is a form of communication
- An ability to reflect on the meaning of the behaviour(s) and their relation to the past and present

- An ability to draw on knowledge that children/young people often find it difficult to put their concerns and feelings into words, and an awareness:
  - that children/young people may need support to share concerns and feelings
  - that younger children use fewer, simpler words
  - that short replies (e.g. 'I don't know' or shrugs) are very common in child interviewing
- An ability to draw on knowledge that children/young people will have difficulty understanding questions not tailored to their level
- An ability to draw on knowledge that using leading, multiple and double questions can be confusing for a child/young person

Providing developmentally appropriate information about the session(s)

- An ability to provide developmentally appropriate information about the session(s) in order to reduce anxiety and increase trust in the practitioner, and to discuss:
  - the aim of the session(s)
  - how the practitioner will manage confidentiality and its limits
  - how and what information will be shared with the parents/carers and other agencies

Ability to engage with the child/young person's perspective

- An ability to draw on knowledge that children/young people often need to have spent some time with the practitioner before feeling able to express themselves, and:
  - an ability to be patient and persistent in helping the child/young person express themselves
- An ability to draw on knowledge of the language, attitudes, behaviours and interests of children/young people of a similar age to the child/young person
- An ability to show interest in the child as a person
- An ability to show 'neutrality' when faced with problematic behaviour
- An ability to stay close to the child/young person's language, emotional state and developmental capacities

Choosing developmentally appropriate activities to help engagement

- An ability to draw on knowledge that because some children/young people may find it difficult to engage with the practitioner in more formal settings (such as an interview room), alternative settings or adjustments may be considered
- An ability to engage younger children by observing and commenting on their behaviour with a variety of creative activities

- An ability to help the child/young person communicate and engage with the practitioner by using a diverse range of creative activities (e.g. art and drama, or vocational activities)
- An ability to engage children/young people by using technologies that they are familiar with (e.g. texts, email diary, etc.)

Ability to help the child/young person express themselves verbally

- An ability to help the child/young person express themselves by 'scaffolding' communication:
  - keeping ideas concrete
  - using simple words (and few of them)
  - breaking down questions into component parts
  - moving from less to more difficult questions
  - moving from less to more difficult topics
  - letting them express some positives first
  - giving them choices about what they talk about
- An ability to use scales to help the child/young person communicate
  - analogue scales (e.g. '1–10'; 'little, medium, lots' etc.)
  - visual scales (e.g. smiley or sad faces)
- An ability to encourage the child/young person by thinking aloud for them (e.g. 'I wonder if …?')
- An ability to normalise the child/young person's experience (e.g. 'Children often think that… ')
- An ability to invite the child/ young person to offer an opinion (e.g. 'Do you think that …?')
- An ability to go back to easier topics if the child/young person becomes distressed or anxious
- An ability to move between trivial and clinically relevant issues, to moderate distress or anxiety

Engaging the child/young person when the parents/carers is present

- When children/young people and parents/carers are seen together, an ability to set out the parameters of the meeting, in particular to ensure that the child/young person is aware:
  - that everyone will have the opportunity to talk and for their point of view to be heard
  - that the practitioner understands that the child/young person may have a different point of view from their parents/carers, and that the practitioner is interested in hearing it
- An ability to repeat and re-phrase important interview content for the child/ young person
- An ability to explain to the child/young person the content and purpose of any assessment procedures that are given to parents/carers (e.g. consent forms, rating scales)

4.3. Ability to foster and maintain a good therapeutic relationship and to grasp the service user's perspective and 'world view'

Work in children/young people's services almost always incudes work with family/carers, both as part of an integrated intervention or in the form of a parallel treatment. As such, each person is potentially the 'service user' referred to in this set of competences.

Understanding the concept of the therapeutic relationship

- An ability to draw on knowledge that a therapeutic relationship is usually seen as having three components:
  - the relationship or bond between practitioner and service user
  - consensus between practitioner and service user regarding the techniques/methods employed in an intervention
  - consensus between practitioner and service user regarding the goals of an intervention
- An ability to draw on knowledge that all three components contribute to the maintenance of the therapeutic relationship

Knowledge of practitioner factors associated with building a positive therapeutic relationship

- An ability to draw on knowledge of practitioner factors that increase the probability of forming a positive therapeutic relationship:
  - being flexible and allowing the service user to discuss issues that are important to them
  - being respectful
  - being warm, friendly and affirming
  - being open
  - being alert and active
  - being able to show honesty through self-reflection
  - being trustworthy
  - being consistent
  - being able to 'be oneself'
- Knowledge of practitioner factors that reduce the probability of forming a positive therapeutic relationship:
  - being rigid
  - being critical
  - being distant
  - being aloof
  - being distracted
  - making inappropriate use of silence

Knowledge of service user factors associated with building the relationship

- An ability to draw on knowledge of service user factors that affect the probability of forming a positive relationship e.g.:
  - interpersonal issues (e.g. assuming the practitioner will not believe their perspective on events)
  - involuntary presentation (e.g. sectioned under the Mental Health Act, or attending a session because of external pressures)
  - issues related to substance misuse
  - service-related issues (e.g. previous negative experiences of services)
  - cultural factors (e.g. cultural expectations about who should be involved in any intervention)
  - influence of family and peers (e.g. families who encourage or discourage a young person from maintaining contact with services, or peers who stigmatise them for having an intervention)

Capacity to develop the therapeutic relationship to support an intervention

- An ability to listen to the service user's concerns in a non-judgmental, supportive and sensitive way, and that conveys acceptance when the service user describes their experiences and beliefs
- An ability to validate the service user's concerns and experiences
- An ability to ensure that the service user understands why the intervention is being offered
- An ability to gauge whether the service user understands why they are having the intervention, whether they have questions about it or are sceptical, and to respond to any concerns openly and non-defensively in order to resolve any ambiguities
- An ability to help the service user express any concerns or doubts they have about the planned intervention and/or the practitioner, especially where this relates to mistrust or scepticism
- An ability to help the service user form and articulate their goals for the intervention, and to gauge the degree of congruence in the aims of the service user and practitioner

Capacity to grasp the service user's perspective and 'world view'

- An ability to grasp the ways in that the service user characteristically understands themselves and the world around them
- An ability to hold the service user's world view in mind throughout the course of an intervention and to convey this understanding through interactions with the service user, in a way that allows them to correct any misapprehensions
- An ability to establish the service user's point of view by exploring their position in an open and accepting way, taking their concerns at face value and suspending any disbelief
- An ability to hold the service user's perspective in mind while gathering all relevant information in a sensitive way

- An ability to hold the service user's world view in mind, while retaining an independent perspective and guarding against collusion with the service user

Capacity to maintain the therapeutic relationship

Capacity to recognise and to address threats to the relationship

- An ability to recognise when strains in the relationship threaten the progress of an intervention
- An ability to use appropriate interventions in response to disagreements about tasks and goals, and:
  - to check that the service user understands the rationale for the intervention and to review this with them and/or clarify any misunderstandings
  - to judge when it is best to refocus on tasks and goals seen as relevant or manageable by the service user (rather than keep exploring issues that lead to disagreement)
- An ability to deploy appropriate interventions in response to strains in the bond between practitioner and service user, e.g.:
  - for the practitioner to give and ask for feedback about what is happening in the here-and-now interaction, in a way that invites exploration with the service user
  - for the practitioner to acknowledge and accept responsibility for their contribution to any strains in the therapeutic relationship
  - where the service user recognises and acknowledges that the therapeutic relationship is under strain, an ability (when appropriate) to help them make links between the 'rupture' and how they usually relate to others
  - to allow the service user to express any negative feelings about the therapeutic relationship
  - to help the service user explore any fears they have about expressing negative feelings about the therapeutic relationship

4.4. Ability to understand and respond appropriately to people in distress

Throughout this set (subdomain) of competences, 'person'/'people' refers to children/young people, parents/carers, family members and significant others

- An ability to draw on knowledge that children/young people and families/carers will often experience high levels of emotional arousal and distress, and that acknowledging and addressing this should be a primary goal, and:
  - an ability to listen to, maintain contact with and respond to people who are expressing strong emotions

- An ability to help people access, differentiate and experience their emotions in a way that best facilitates change
- An ability to help people express their emotions while also monitoring their capacity to tolerate emotional expression and to deploy strategies that help to manage any difficulties that emerge, e.g. by:
  - ensuring that discussion moves at their pace (i.e. their readiness and capacity to discuss an issue)
  - 'pulling back' if areas appear to be too difficult and returning to them at a later stage
  - helping them stay with the emotion without escalating it
  - helping them recognise and accurately label emotions
- An ability to introduce techniques designed to manage unhelpfully strong emotions (e.g. aggressive behaviour or extreme fear and withdrawal), e.g.:
  - helping the person to name emotions and the 'messages' that they convey
  - indicating what behaviour is appropriate (setting limits)

- When sessions include the child/young person and their family/carers, an ability to help the adults:
  - support the child/young person's capacity to express emotion in an appropriate way (in the session)
  - express their emotions in an appropriate way

Ability to reflect on the expression of behaviours and strong emotions

- An ability to understand that the person's emotional expression (including behaviour that challenges) is a form of communication
- An ability to reflect on the meaning of the behaviour/emotional expression and how it relates to the past and present
- An ability to describe the emotion/behaviour and identify the person's own interpretation of its meaning, and:
  - an ability to discuss the interpretations with the person

- An ability for the practitioner to reflect on their own reaction to the emotional/behavioural expression and their influence on the person's behaviour, and:
  - an ability for the practitioner to make use of supervision to reflect (and, if necessary, act) on these issues

4.5. Communicating with children/young people with cognitive and neurodevelopmental challenges

This section identifies communication issues that may occur in working with children/young people with neurodevelopmental presentations or conditions. Three example conditions are included, but it is important to hold in mind that:

- there are a range of these conditions
- children/young people can have more than one condition
- children/young people who do not meet formal diagnostic criteria may also have difficulties with communication.

- An ability to draw on knowledge that if verbal communication is challenging for the child/young person, other forms of communication (e.g. drawing, writing or play) are appropriate and may be the main way that they communicate, and:
  - an ability to make use of a range of communication strategies, as needed

Communicating with people with learning disabilities

- An ability to draw on knowledge that the linguistic and cognitive abilities of children/young people with learning disabilities will vary greatly, but they may have specific communication difficulties, e.g.:
  - difficulty understanding abstract concepts
  - unclear speech
  - needing more time to process and retrieve information
  - a limited vocabulary
  - being prone to suggestibility (they may change their answers in response to the feedback they get)
  - being more likely to agree and answer 'yes' to questions
  - struggle to express themselves, and become frustrated by it
- An ability to draw on knowledge that children/young people with learning disabilities may have learned social strategies to mask their difficulties understanding and following verbal communication

- An ability to address any difficulties the child/young person has communicating by making appropriate adjustments, e.g.:
  - listening carefully and asking them to clarify or repeat information if it has been hard to understand what they said
  - giving them time to respond
  - using simple, straightforward, everyday language
  - limiting the number of key ideas that are communicated in a sentence
  - using concrete examples (rather than abstract ideas)

	■ asking short, simple 'either/or' questions (but avoid asking leading questions)
	■ creating a context for comments (i.e. to orient the person to the reasons for comments or questions)
	■ regularly asking them to summarise or repeat what has been discussed (to check that it has been understood)

Communicating with people with autism spectrum disorder (ASD)

■	An ability to draw on knowledge that children/young people with ASD vary considerably in their capacity to communicate, but that they may:
	■ have difficulty articulating and communicating how they feel, both in their speech and non-verbal communication (e.g. facial expression, body language)
	■ have a very literal interpretation of language, and so find figurative language (metaphors, idioms, similes) difficult to understand
	■ have a higher level of expressive language (their ability to communicate with others) than receptive language (their ability to understand what has been aid)
	■ find long, complex communications hard to follow
	■ find it difficult to modulate the pitch, tone or speed of their voice (e.g. talking in a monotone or loudly)
	■ find it uncomfortable to maintain eye contact
	■ have difficulty interpreting facial expressions
	■ have difficulty interpreting body language

■	An ability to accommodate the communication difficulties of children/young people with ASD, e.g. by:
	■ keeping communications short and straightforward
	■ not using metaphors, idioms, similes or analogies
	■ using concrete examples/facts to explain things
	■ asking specific questions
	■ not overloading them with verbal information
	■ being patient and giving them extra time to respond
	■ regularly asking them to summarise or repeat what has been discussed (to check that it has been accurately understood)
	■ being aware of their difficulties and differences in non-verbal communication (e.g. facial expression, eye contact and personal distance)
	■ using alternative ways to communicate that they find easier or prefer (e.g. writing [including text and email] rather than speaking)

Communicating with children/young people with attention deficit hyperactivity disorder (ADHD)

- An ability to draw on knowledge that children/young people with ADHD:
  - have difficulty directing and sustaining attention
  - can seem inattentive and forgetful
  - often have difficulty with impulse control
  - can experience social difficulties because of the combination of these factors

- An ability to draw on knowledge that children/young people with ADHD can find it difficult:
  - to follow the thread of a conversation
  - to concentrate on long conversations
  - to attend to conversations in a noisy environment
- An ability to draw on knowledge that children/young people with ADHD may:
  - 'blurt out' answers
  - interrupt
  - talk excessively
  - struggle to organise their thoughts
  - be easily distracted
  - feel overwhelmed

- An ability to adjust communication to take account of the difficulties experienced by children/young people with ADHD, e.g.:
  - minimising potential distractions (e.g. noisy or busy environments, or distractions e.g. mobile phones)
  - keeping communications short and focused
  - giving a 'big picture' summary before moving to a short summary of details (and so accommodate to difficulties holding attention)
  - avoiding long conversations

5. Team working

5.1. Ability to contribute to team working

- Ability to draw on knowledge that a well-functioning inpatient team:
  - can maintain a capacity to be self-reflective in the face of the challenges and intensity of inpatient work
  - can maintain a focus on the various tasks associated with inpatient work
  - will not be drawn into unhelpful behaviours or attitudes that could adversely impact children/young people or their families/carers
  - can respond constructively to negative feedback from children/young people, families/carers and other parts of the statutory system (e.g. other agencies, referrers or commissioners)
  - can raise concerns about poor or harmful practice clearly, confidently and responsively
  - works to mitigate the impact of discrimination and systemic inequalities for team members and children/young people and their families/carers
  - comprises team members who work to support their own and each other's wellbeing (and therefore capacity to help) by setting limits, holding boundaries and fostering compassion to self and others

- An ability to sustain a therapeutic culture by ensuring that there is:
  - clarity over the team's organisational structure
  - clarity over (and agreement on) the leadership of the team
  - clarity over roles (and role diversity)
  - mutual communication that is open, respectful and reflective
  - mutual valuing of team members

- An ability to recognise signs that team working is becoming dysfunctional, e.g. teams that:
  - maintain consistency by applying the same inflexible procedures to all, at the cost of being unable to adapt them to individual need
  - have difficulty working together and arriving at a coherent formulation focused on the child/young person, rather than on what can be offered by each professional/viewpoint (and so, the professional organisation taking priority over the child/young person)
  - become preoccupied with internal team conflicts that they are unwilling to acknowledge and resolve
  - fail to implement a coherent team-based plan, with the result that individual members or subgroups of the team work independently of each other

- avoid coming together to arrive at coherent plans because this reduces the likelihood of exposing team conflict
- denigrate the input/efficacy of other agencies/systems and become an embattled and isolated unit (along with an uncritical and idealised view of their own success)
- become divided within themselves (e.g. different members of the team taking sides with either the child/young person or their parents/carers, or becoming preoccupied with advancing their own ideas)
- become focused on professional hierarchies, with separate agendas and chains of management

- An ability to reflect (individually and as part of a team) on the functioning of the whole team, and individual practice within it
- An ability to reflect on challenges to team communication and functioning (usually through discussion with a supervisor or peer) to consider how these can be best managed, e.g. by:
  - identifying when (and when not) to challenge problematic team behaviours
  - presenting a case calmly and objectively
  - focusing on the challenges (rather than on personal issues)
  - focusing on the present and future rather than the past
  - listening to the point of view of other team members
  - contributing to problem solving (identifying potential strategies for resolving the issues)

- An ability to actively contribute to meetings on planning, coordinating, maintaining and evaluating a child/young person's care or care plan
- An ability to value the contribution of others but also to assert differences of view and to resolve issues or concerns through open dialogue

5.2. Ability to contribute to maintaining a therapeutic social environment (therapeutic milieu)

- An ability to draw on knowledge that a therapeutic milieu is one where the overall environment aims to make a positive contribution to improving wellbeing and functioning
- An ability to draw on knowledge that (alongside interventions included in a care plan) a therapeutic milieu aims to help children/young people practice new ways of coping through interactions with others (including peers and staff), with a sense of safety and support, and is characterised by:
  - the ward as a social community
  - a clear structure with routines (e.g. daily activities, mealtimes, and free time), as well as staff-led input (both individual and group)
  - expectations of behaviour that are not too restrictive, and that are clearly explained, including limits that are consistently maintained (but balanced with individual need)
  - helping children/young people understand what will be expected of them and what they can expect from others
  - helping children/young people cooperate and support each other in making day-to-day decisions about ward functioning, and:
    - staff developing a sense of shared responsibility and mutual respect with the children/young people
    - regular opportunities for staff and children/young people to spend positive, developmentally appropriate, playful time together, and engage in normal activities and conversations
    - consistent interpersonal boundaries, in which staff behave predictably and reliably, and role-model positive behaviours
    - staff who can move flexibly between positions of 'professional helper' and 'being human' in response to children/young people's needs
    - helping children/young people attend to their daily living needs (washing, personal care, and physical health and wellbeing)
- An ability to draw on knowledge that an effective therapeutic milieu depends on a well-functioning and confident staff team

- An ability to draw on knowledge that the therapeutic milieu is influenced by people who are not present (including family/carers) and to find ways to recognise their roles, and to respond to their needs and contributions at different stages of an admission

5.3. Ability to coordinate with other agencies and/or people

General principles

- An ability to draw on knowledge that the welfare of the child/young person should be the overarching focus of all interagency work
- An ability to ensure that communication across agencies is effective by making sure:
  - that practitioners' perspectives and concerns are listened to
  - that there is explicit acknowledgement of any areas where perspectives and concerns are held in common, and where there are differences
  - where there are differences in perspective or concern, an ability to identify and act on any implications for effective intervention delivery
- When working with other agencies, an ability to ensure that the perspectives and concerns of the person coordinating care are listened to

Case management

Involving the child/young person and their family/carers

- An ability to ensure that (when appropriate) the child/young person and/or family/carers are informed of any interagency discussions and the associated outcomes
- When appropriate, an ability to include the child/young person and/or family/carers in any interagency meetings
- An ability to support the child/young person and their family/carers in making choices about how they use or engage with partner agencies
- An ability to discuss issues of consent and confidentiality when sharing of information across agencies with the child/young person and their family/carers,
- An ability to record whether there is consent to share information (and if relevant, why the information is being shared when consent has been withheld)

Receiving referrals from other practitioners/agencies

- An ability to recognise when the referral contains sufficient information to make an informed decision about how to proceed
  - where there is insufficient information to make decisions, an ability to identify the information required and to request this from the referrer and/or partner agencies
- An ability to draw on knowledge of local policy and procedure to select the appropriate pathway to ensure the case is allocated at an appropriate risk/response level

Identifying and working with other agencies involved in the child/young person's care
An ability to establish which agencies are/have been involved with the child/young person and their family/carers
An ability to establish/clarify the roles/responsibilities of other agencies in relation to the various domains of the child/young person's life
An ability to gather relevant information from involved agencies and add it to the child/young person's record
An ability to share relevant information with the appropriate agencies (on a 'need to know' basis), and:
▪ an ability to assess when sharing of information is not necessary and/or when requests for sharing information should be refused

Sharing information across agencies
An ability to share assessment information in a manner which supports partner agencies in:
▪ understanding and recognising areas of risk
▪ sharing the risk plan
▪ understanding the implications of information held by the referrer's service and the work in which they are engaged
▪ understanding the potential impact of current interventions on the child/young person's functioning, and the ways in which this may manifest in other settings
Where there are indications that agencies may employ different language, definitions and assumptions from those employed by the team, an ability to clarify this
An ability to draw on knowledge of custom and practise in each agency, to ensure that there is a clear understanding of the ways in which each agency will respond to events (e.g. their procedures for following-up concerns, or for escalating their response in response to evidence of risk)
An ability to co-ordinate with other agencies using both verbal and written communication, and to agree with them:
▪ the tasks assigned to each agency
▪ the specific areas of responsibility for care and support assumed by each agency, and by individuals within each agency
An ability for individuals within the referring service to recognise when they are at risk of working beyond the boundaries of their clinical expertise and/or professional reach
Where a common assessment framework is used across agencies, an ability to:
▪ record relevant information in the shared record
▪ make active use of the shared record (to reduce redundancy in the assessment process)
▪ maintain a shared record of current plans, goals and functioning

Referring the child/young person for parallel work	
■	An ability to draw on knowledge of local referral pathways (i.e. the people to approach, and the protocols and procedures to follow)
■	In relation to any agency to whom the child/young person is referred, an ability to draw on knowledge:
	■ of the agency's reach and responsibilities
	■ of the agency's culture and practice
	■ of the extent to which the agency shares a common language and definitions to those applied in the referrer's services
■	An ability to communicate the current intervention plan, and update other agencies with any changes as the intervention proceeds (including any implications of these changes for their work)
■	An ability to communicate a current understanding of the child/young person's difficulties, and to update that understanding when new information emerges
■	An ability to maintain a proactive approach to monitoring the activity of other agencies, and to challenge them if they do not meet agreed responsibilities
■	Where appropriate, an ability to act as a conduit for information exchange between agencies

■	An ability to recognise when effective interagency working is compromised and identify the reasons, e.g.:
	■ institutional/systemic factors (e.g. power differentials, or struggles for dominance of one agency over another)
	■ conflicts of interest
	■ lack of trust between professionals (e.g. where a legacy from previous contacts is being reflected)
■	An ability to detect and to manage any problems that arise because of differing custom and practice across agencies, particularly where these differences have implications for the child/young person's management, and:
	■ an ability to identify potential barriers to effective communications, and, where possible, to develop strategies to overcome them
■	An ability to identify transitions that have implications for any of the agencies involved (e.g. transition to adult services, moving out of area, change of school) and to plan how these can be managed, to ensure:
	■ continuity of care
	■ the identification of and management of any risks
	■ the identification and engagement of relevant services

Discharging the child/young person to a partner agency
■ An ability to inform all agencies of the intention to discharge the child/ young person from the service
■ An ability to ensure all partner agencies are aware of current risk levels and have appropriate safety plans and monitoring in place, and:
▪ an ability to ensure that partner agencies receive updated safety plans (e.g. if plans are revised in response to new episodes of self-harm or suicidal behaviour)
■ An ability to inform partner agencies of the circumstances under which links with the service should be reinstated
■ An ability to take a proactive stance in monitoring the functioning of the child/young person and their family/carers following discharge (directly, or via the services they are in contact with), and to reconnect with them if functioning deteriorates
■ An ability to ensure the partner agencies have plans for monitoring the wellbeing of the child/young person

5.4. Ability to manage endings

Working with planned endings

- An ability to work collaboratively with children/young people to manage the process of discharge from inpatient care, identify and mitigate any risks, and put in place any future support

- An ability to prepare children/young people for endings by explicitly referring to the likely time limits of an admission or the intervention as soon as it is known
- An ability to assess any risks to children/young people that may arise during or after discharge (or transfer from) the service
- An ability to help the child/young person express feelings about discharge, including both positive and negative feelings (e.g. disappointment with the limitations of the intervention)
- An ability to help children/young people make connections between their feelings about discharge and about other losses/separations
- An ability to help children/young people explore any feelings of anxiety about managing without the service
- An ability to help children/young people reflect on the process of the admission and what they have learnt and gained from it
- An ability to say goodbye in a shared, mutual and genuine way
- Where there is a planned transition to another service, an ability to prepare children/young people appropriately (e.g. by giving them information about what the new service offers and its style of working, or arranging joint appointments with practitioners from the new service)

Working with premature or unplanned terminations

Knowledge

- An ability to draw on knowledge of national and local guidance on the assessment of risk relating to children/young people ending contact with a service, including policies, procedures and standards in relation to:
  - risk assessment and management
  - consent, confidentiality and information sharing
- An ability to draw on knowledge of local organisations to which the child/young person may be referred at the end of unplanned contact with the service

Working with unplanned endings initiated by the child/young person

- Where possible, an ability to explore with children/young people why they wish to terminate contact with the service earlier than originally planned
- An ability to explore with children/young people whether their concerns about the service can be addressed
- An ability to assess any risk arising from early termination with the service
- An ability to contact relevant agencies regarding early termination

- An ability to review contact with the child/young person verbally or through a discharge letter

- Where working with families/carers, an ability to establish who wishes to terminate contact early (i.e. the extent to which it is something they all wish for, or if it is a view held by some and not all)

Working with unplanned endings initiated by the team

- Where an unplanned ending is initiated by the team (e.g., because of a failure to engage or to make progress), an ability to discuss with the child/young person:
  - the reasons for discharge, in a compassionate (non-blaming) manner
  - their own sense of what has not worked for them (especially if it can help identify treatment regimens that may be more helpful)
  - any negative feelings associated with the discharge (e.g. a sense of failure)
  - the options for treatment that are open to them

5.5. Managing transitions in care within and across services

Transitions take place when the child/young person reaches an age cut-off for a service, when they move from one service pathway to another or when an episode of care ends. A poorly managed transfer of care can lead to their losing contact with the services or support they need. This means it is critical to make sure that transitions are organised appropriately.

Competences in this document overlap with those in the sections 'Ability to coordinate with other agencies and individuals' (5.3) and 'Ability to work with issues of confidentiality and consent' (3.3).

Knowledge

- An ability to draw on knowledge that transitions in care (within and across services) can be potentially destabilising, and:
  - an ability to draw on knowledge that anticipating the ending of treatment, services or relationships, and transitions from one service to another, can provoke strong feelings in the child/young person that should be acknowledged and discussed

Identifying transitions in care within and across organisations

- An ability to identify transfers of care that may represent points of greater risk, e.g.:
  - transfers within an organisation (e.g. from one practitioner to another)
  - transfers across organisations (e.g. from inpatient care to the community)
  - transfers to adult services
  - transfers from the health and social care system to the forensic or criminal justice system
  - unplanned transitions (e.g. because of the departure of a key worker)
  - planned transitions (e.g. a worker taking annual leave)

Knowledge about the transfer

- An ability to draw on up-to-date knowledge of the services or professionals that the child/young person is being transferred to, using this information to ensure that the proposed transfer is:
  - appropriate to the child/young person's needs
  - is offered in an appropriate timescale

Helping the child/young person prepare for a transfer of care

- An ability to advise the child/young person of the proposed transfer, ensuring that they:
  - are given as much notice as possible
  - understand why the transfer is happening
  - are informed about the services that will be on offer and the professionals they will be linked to
  - are informed about the timescale
  - know what information will and will not be communicated to the new professional and/or service, and can discuss any concerns, and:
    - an ability to balance considerations of confidentiality against the risk of harm to the person, and to judge when it is their best interest to share information
- An ability to discuss the child/young person's feelings about the transfer, and to work with them to:
  - identify barriers that make it less likely that they will maintain contact with the new service (e.g. anxiety or anger about starting afresh, upset over loss of contact with valued professionals)
  - discuss their concerns and feelings
  - identify issues that will make a transfer of care problematic (and so signal a potential increase in risk)

- Where family/carers have been providing significant support, an ability to consider what information is appropriate to share with them about the transfer

- An ability to draw on knowledge that children/young people may require significant support and preparation to successfully navigate transfers of care, e.g.:
  - ensuring that the service to which they are referred is suited to their developmental stage and capacities
  - maintaining involvement with their family/carers (if this is something that the child/young person sees as helpful)
  - where possible, a joint handover appointment
- An ability to draw on knowledge of the increased vulnerability of children/young people who are already experiencing multiple transitions (e.g. from school to college, plus changes in living arrangements and transfer across clinical services)

- Where there are indications that transfers of care will present significant challenges to the child/young person, an ability to implement appropriate strategies, e.g.:
  - identifying a named individual who can maintain continuity of support during the transition
  - where appropriate helping the child/young person to develop skills in independence, assertiveness and self-advocacy

- An ability to draw on knowledge that family/carers may find transfer of care a challenge, e.g.:
  - by feeling excluded as the child/young person takes more ownership of their care
  - by feeling excluded where adult services do not routinely involve family and carers

Communication within and between services to whom the child/young person is being transferred

- An ability to assure effective communication with professionals within and between services by providing written communication that identifies:
  - the relevant clinical issues, the current care plan and the reasons for any concerns about risk
  - the rationale for the transfer (i.e. the areas for which help is sought and the services which it is hoped the service or other professionals will offer)
  - expectations regarding feedback from the new service (e.g. confirming receipt of information and advising on the actions taken)

Recognising and managing challenges to transfers of care

- An ability to monitor the progress of a transfer
- An ability to identify when a transfer has been compromised and to identify the reasons, e.g.:
  - institutional/systemic factors (e.g. long waiting lists or organisational change)
  - lack of cooperation or trust between professionals (especially where it reflects the 'legacy' of previous contacts, or a lack of understanding of what has been requested)
  - lack of clarity about who is responsible for acting on a transfer request (leading to a failure to act)
- An ability to address concerns about a compromised transfer, for example through further verbal and/or written communication

- Where possible and appropriate, an ability to offer bridging support and contact if this will help the person to connect with the new service

Transitions in and out of care for looked-after children

- An ability to draw on knowledge that there is a significant impact on children/young people's emotional wellbeing and mental health when they move repeatedly in and out of care, and/or experience repeated placement breakdowns, and that this will impact on their reactions to transitions in and out of an inpatient ward

- An ability to draw on knowledge that while returning home from care is often the best outcome, for some this can result in further abuse/neglect and a cycle of moving in and out of care, and the ability to assess:
  - the risks the family could pose to their child
  - how much they are able to change
  - their ability to protect their child from harm, taking into account their history and current situation

- Where a return to home is possible, an ability to work with the child and their family to help strengthen their relationship
- An ability to agree with the parents what needs to happen before and after their child returns home

- An ability to liaise with relevant agencies and services, to:
  - share understanding and information
  - put in place support for the child and their family before and after the return home
  - return the child home gradually, and plan for what will happen if the return is not going well
  - monitor how the child and their family are managing

5.6. Leadership

Different problems can require different types of leadership, so there is no single leadership style that is effective for all situations. Nonetheless, this section identifies the competences associated with compassionate leadership, which can sustain stronger connections between people, improve collaboration, raise levels of trust, and enhance loyalty.

Qualities associated with leadership can be displayed by all members of a team, not just by individuals who have formal management roles.

- An ability to draw on knowledge that effective team leaders articulate and represent the values and aims of a unit, and the culture required to achieve these

- An ability to draw on knowledge that effective leaders build trust with staff by:
  - demonstrating that they understand and value their motivations
  - encouraging participation in decision-making
  - encouraging them to express their ideas and opinions, and showing respect for these
  - explicitly acknowledging and giving credit to staff contributions
  - listening to their concerns and interests and responding by acting on them

- An ability to draw on knowledge that effective leaders:
  - help staff to understand their roles and how they can contribute to the unit's overall success
  - instil staff with a sense of value and purpose and foster their engagement with the aims of the unit
  - develop a shared vision with the team, embracing their ideas in the context of the needs of the population served by the service
  - encourage innovation (but can challenge ideas and behaviours respectfully if they are contrary to accepted professional practice/the evidence base)
  - encourage an appropriately self-critical stance among staff (being open to evaluating the efficacy and functioning of the unit and identifying ways in which it can be improved)
  - are committed to open communication and the identification and resolution of team conflicts where they arise

- An ability to draw on knowledge that effective leaders maintain an ethical and supportive environment that helps staff feel safe in their work (e.g. knowing that their managers will advocate for them and treat them fairly)

An ability to draw on knowledge that effective leaders:
■ identify, and endeavour to secure, the resources needed for the unit to operate effectively
■ make strategic decisions based on a 'big-picture' view, balancing emerging opportunities with long-term goals and objectives and a vision for the service
■ are able to make and implement decisions (but also revise them if there are compelling reasons to do so)
■ take responsibility for their decisions, and learn from their mistakes
■ demonstrate resilience when there are setbacks and maintaining the ability to show others the way forward
■ help staff cope with organisational change and address issues promptly, so that problems do not become entrenched or escalate

6. Working in partnership

6.1. Working in partnership with parents/carers and families

- An ability to draw on knowledge that because an inpatient admission often follows long periods where parents/carers have struggled to access help or for their concerns to be recognised they should be treated with kindness and compassion

- An ability to draw on knowledge that parents and carers can feel:
  - traumatised by the events leading up to an admission, and by the admission itself
  - unsupported and excluded from decisions about the care of their child
  - blamed for their child's problems
  - distressed by what is happening to their child, and confused by what is on offer
  - 'left out of the picture' by services
  - unclear about how they can help and puzzled when their attempts to help are ineffective
  - stressed and upset by visits to the ward

- An ability to draw on knowledge that parents are important partners in helping children/young people recover, especially because of the knowledge they hold about the child/young person
- An ability to balance the need to maintain confidentiality and to respect the child/young person's wishes and concerns about information sharing, while also ensuring that parents/carers are appropriately informed about, and involved with, their child's care
- An ability for the team to identify named points of contact who are consistent over the duration of admission
- An ability to identify changes to the needs of parents/family members over the course of an admission and to respond appropriately

- An ability to draw on knowledge of the benefits of providing parents/carers with:
  - clear information about the team's understanding of their child's difficulties, and the steps the team is taking to meet their needs
  - psychoeducation regarding the difficulties with which the child presents, and the rationale for treatment decisions
  - support (e.g. as identified through a carer's assessment)

- information about ways they can support their child, and help to put this in place, particularly in preparation for home leave and discharge, e.g.:
  - through practical advice on communication skills to help parents navigate crises and avoid escalating difficulties
  - ways of coping with potential crises

- An ability to agree and implement a clear timetabled communication plan with parents/carers, presented in a way that they find accessible

- An ability to draw on knowledge of the benefits of parent support groups, and to support access to both peer and local group support

6.2. Shared decision-making

'Shared decision-making' and 'Co-production' (6.3) share the same principles, but the former usually refers to planning the care of an individual, and the latter to planning service development. Although in practice these two areas can overlap, for clarity they are separated in this framework.

- An ability to draw on knowledge that shared decision-making involves a collaboration between practitioners, children/young people and their parents/carers, to decide on the goals they are working towards and the treatments that will be used, and which:
  - recognises the expertise and experience of children/young people and their parents/carers as well as that of practitioners and draw on this when making decisions about treatment
  - involves genuine collaboration between children/young people their parents/carers and practitioners.
  - is based on a relationship of equal partnership between children/ young people their parents/carers and practitioners

- An ability to ask children/young people and parents/carers:
  - how they would like to be involved in shared decision-making
  - what information and support they need to participate effectively
- An ability to recognise that because the child/young person's preferred balance of responsibility for decision-making may shift over the course of an admission, and in relation to the issues being considered, shared decision-making needs to implemented flexibly

- An ability to draw on knowledge that shared decision-making has the potential to:
  - encourage children/young people to feel more involved, engaged and empowered
  - encourage practitioners to be more open and transparent about their sense of what might help
  - promote open, honest conversations, even in stressful contexts
  - enhancing collaborative working by improve relationships between practitioners and parents

- An ability to draw on knowledge that common challenges to shared decision-making include:
  - practitioners who pitch conversations at a level of complexity that children/young people and their parents/carers might struggle with (and so failing to make appropriate adjustments to content)
  - the need to make multiple decisions through the course of treatment (and so recognising that shared decision-making is not a one-off event)
  - the need to balance multiple perspectives (not only the child and family, but practitioners both within the team and those outside the inpatient team who are involved in the child/young person's care)

- An ability to take risk management into account, and consider responsibilities around safeguarding and duty of care (which may limit a practitioner's ability to be open to shared decision-making, and to the expressed wishes of those receiving care)

6.3. Co-production

'Co-production' and 'Shared decision making' (6.2) share the same principles, but the former usually refers to planning service development, and the latter to planning the care of an individual. Although in practice these two areas can overlap, for clarity they are separated in this framework.

- An ability to draw on knowledge that co-production:
  - aims to develop more equal partnerships between children/young people who use services, parents/carers and professionals
  - focuses on improving the quality of service delivery by including experts by experience in the design and delivery of services that meet their needs
  - brings together children/young people, parents and carers with managers, clinicians,
  - is where professionals and experts by experience share power to plan and deliver services together, recognising the contribution of all parties, and aided by:
    - professionals being open to constructive challenge and power-sharing
    - recognising that experience of disempowerment might lead some children/young people to be reticent about expressing themselves

- An ability to draw on knowledge that co-production recognises people as 'assets', and so:
  - builds on the capabilities of experts by experience
  - develops two-way, reciprocal relationships
  - encourages peer support
  - blurs the boundaries between delivering and being a recipient of services (by involving experts by experience in service delivery)

- An ability to draw on knowledge of principles of co-production:
  - equality – that no one group or person is more important than anyone else, and everyone has skills and abilities to contribute
  - diversity – making co-production as inclusive and diverse as possible, and trying to ensure that seldom-heard groups are included
  - accessibility – trying to give everyone an equal opportunity to participate fully, in the way that suits them best
  - reciprocity – giving participants something back for putting something in (e.g. when results are seen)

6.4. Peer support

Peer support workers are people with lived experience, so it is a term that can encompass a range of workers and of experience, including children/young people and parents/carers. This means that over time, the range of peer support workers can be expected to increase.

Although this section focuses on the peer support role, it is important to bear in mind that informal peer support (between children/young people, or between parents/carers) can make an important contribution to wellbeing and the therapeutic milieu

A competence framework for peer support workers can be found at:

www.ucl.ac.uk/pals/research/clinical-educational-and-health-psychology/research-groups/core/competence-frameworks-16

This describes the role, how it can be integrated into services, and how peer support workers can be supported by the organisation they work in.

- An ability to draw on knowledge that the relationship between the peer support worker and the person receiving support is central to the role, based on:
  - people learning together in a relationship that is mutual, trusting, safe, accepting and respectful
  - sharing experiences, grounded in acceptance and empathy
- An ability to draw on knowledge that peer support workers draw directly on their lived experience of mental health difficulties (including as a carer), and that they:
  - offer emotional and practical support to people going through a similar experience, in a similar setting or context
  - help people build personal, social and community connections
  - promote the rights of people being supported
- An ability to draw on knowledge that peer support workers:
  - should have lived experience that is relevant to their work context/setting
  - draw on their personal experience as a tool to support others
- An ability to draw on knowledge that peer support workers do not replace existing professional roles, but enhance the provision of care through their direct participation and expertise as people with lived experience
- An ability to draw on knowledge that, for them to make the most effective contribution, peer support workers should be integrated into the multidisciplinary team (while maintaining clear role boundaries)

7. Assessent and treatment planning

7.1. Ability to undertake a comprehensive (biopsychosocial assessments

Effective assessment skills need to be integrated with other areas of this framework:

a. background knowledge about working with children/young people, and engagement and communication skills

b. other assessment and formulation skills (risk assessment, assessing functioning within multiple systems, formulation and discussing the results of assessment).

Assessments need to be comprehensive, identifying biological, psychological and societal factors that may be contributing to the child/young person's strengths and difficulties – usually referred to as a 'biopsychosocial' assessment. The aim is to develop an understanding of the whole person, placing them in the context of their community.

The decision of whether an inpatient admission is right for a child/young person usually rests on a comprehensive assessment (though if an emergency admission is being considered, it may initially need to be based on the information immediately available). The decision will balance the potential benefits against the potential harms, with the containment of risk and need being a primary reason for admission. This issue is considered in greater depth in the Supporting Document that accompanies this framework.

Knowledge of the assessment process

- An ability to draw on knowledge that an initial assessment should ascertain whether the level of risk and need identified by the referrer meets criteria for an inpatient admission, and so indicate whether an admission is in the best interest of the child/young person
- An ability to draw on knowledge that the focus of the assessment process is to create a formulation (including a possible diagnosis) that guides the choice of intervention and aims to improve the quality of life of the child/young person and their family/carers
- An ability to draw on knowledge that assessments generate working hypotheses that need to be updated or corrected in response to further information that emerges during the course of contact

- An ability to draw on knowledge that different parties may have multiple perspectives, and that their aims for intervention can be significantly different
- An ability to draw on knowledge that the assessment process can, in itself, alter views towards a problem

Knowledge of standardised assessment frameworks

- An ability to draw on knowledge of local and national assessment forms, including those that can be completed by several different agencies working together

Ability to coordinate a multidimensional assessment

- An ability to coordinate the assessment process across the team in a way that ensures that different facets and sources of experience are sufficiently explored while not creating repetition, overlap or burden for children/young people and families/carers

- An ability to undertake a 'multidimensional' assessment of the child/young person that is:
  - multimethod: including information from interviews, observations and measures, and any other methods that seem appropriate
  - multisource: including information from the child/young person, family/carers and any other relevant sources
  - multilevel: including information about the child/young person's physical (including sexual), emotional, cognitive, social development, along with cultural and spiritual influences

Ability to identify people and agencies who need to be included in the assessment

- An ability to identify and involve the people and agencies in the child/young person's network of carers, including:
  - identifying the primary carers (e.g. parents, foster parents, residential childcare staff)
  - identifying who has parental rights and responsibilities (e.g. parent, family member, social work department)
  - identifying the professionals and agencies already involved with the child/young person (e.g. CAMHS, social work, youth justice)

Ability to focus assessment

- An ability to develop initial hypotheses based on information from the referral, and an ability to use these to plan the assessment, and:
  - where appropriate and possible, an ability to liaise with any agencies involved with the child/young personprior to the assessment, to determine their roles

- An ability to adapt assessments in response to any significant information that emerges:
  - an ability to draw on knowledge of theory and research around child and family development, mental health, and child protection in order to:
    - focus on topics that appear to be problematic or significant for the child/young person and family (e.g. taking a more detailed developmental history if there are indicators of developmental delays)
    - move away from areas that do not appear problematic for, or salient to, the child/young person and family

Ability to engage the child/young person and their family/carer in the assessment process

- An ability to identify who should attend the assessment sessions
- An ability to discuss confidentiality and its limits (e.g. that child protection information will be shared with other agencies)
- An ability to explain the structure of the assessment and the areas that it will cover
- An ability to explain the relevance of particular areas of the assessment (e.g. the importance of gathering information about family history).
- An ability to respond non-judgmentally to information that emerges during the assessment
- An ability to balance problem-focused questioning with questions that elicit areas of strength and resilience, e.g.:
  - considering the potential for language used in the assessment to convey a negative connotation, and making appropriate adjustments (e.g. describing a task as a challenge rather than difficult)
  - helping the child/young person and their family/carers reach a balanced view of themselves rather than feeling defined by their problems
  - recognising the potential impact on engagement of 'relentless' questioning of problems and difficulties

Ability to adapt the assessment to match the abilities and capacities of the child/young person and their family/carers

- An ability to tailor language to match the abilities and capacities of the child/young person and their family/carers
- An ability to engage children/young people with physical and sensory impairment (e.g. by altering the pace and content, and the modes of discussion)
- An ability to make effective use of interpreters when working with child/young people and families/carers who do not speak the same language as the interviewer

Ability to assess risk of harm[f]

- Ability to assess risk of harm to self and others
- Ability to identify child protection concerns

Ability to take a history

- An ability to make appropriate use of basic interview techniques (e.g. appropriate range of questioning formats, facilitation, empathy, clarification and summary statements)
- An ability to elicit specific detailed and concrete examples of behaviour when assessing and exploring areas of concern

History of presenting problem(s)

- An ability to identify and explore the behaviours/symptoms/risks that are causing concern to the child/young person and their family/carers, including:
  - emotional symptoms (including their somatic expressions and any self-harming behaviours)
  - conduct problems (including harm to others)
  - developmental delays
  - relationship difficulties
- An ability to help the child/young person and family/carers elaborate the details of problems that concern them, including the frequency, duration and intensity
- An ability to analyse the function of specific problematic behaviours, by identifying:
  - the settings in which the problematic behaviours or symptoms manifest (including the people who are present, and details of places and times)
  - the situations or events that occur immediately before the behaviour, and that appear to trigger it
  - the consequences that immediately follow the behaviour (e.g. the reactions of others)
- An ability to assess the broader impact of symptoms or problems including:
  - the degree of social impairment
  - the degree of distress for the child/young person
  - the degree of disruption to others
- An ability to assess the child/young person's current functioning
- An ability to assess the child/young person's use of drugs and alcohol
- An ability to identify the child/young person's current and past contact with legal services
- An ability to identify previous attempts to solve the problems or manage symptoms (including any previous contacts with services)
- An ability to identify the child/young person and their family/carer's explanations of how behaviours/symptoms have developed

[f] Described in detail under 'Ability to recognise and respond to concerns about child protection' (3.5.) and 'Ability to undertake a collaborative assessment of risk and needs related to suicide and self harm' (7.2.).

Developmental history
■ An ability to obtain information on the child/young person's development, including strengths and interests as well as any delayed or unexpected developmental processes
■ An ability to undertake a detailed developmental assessment across biological, cognitive, communicative, emotional and social domains, including e.g.:
▪ the pregnancy and birth
▪ developmental milestones
▪ reactions to past separations from caregivers
▪ temperament, concentration and activity levels
▪ sleep, eating and toileting history
▪ communication and social skills

Medical history
■ An ability to elicit details of the child/young person's physical health history, including:
▪ immunisations, infections, allergies, illnesses and operations
▪ prescribed and non-prescribed medication
▪ fits/faints, loss of consciousness, head injury
▪ hearing and vision problems
▪ contact with hospitals and specialist child health services

Relationship history
■ An ability to ask about the child/young person's friendships, e.g.:
▪ first/early friendships (and how long they have lasted)
▪ how many friends in primary school and beyond
▪ what they did with their friends
■ An ability to assess the child/young person's interpersonal functioning (e.g. in their family, close friendships, friendship networks)
■ An ability to ask about the child/young person's intimate relationships, e.g.:
▪ the history of any partnerships
▪ the quality of their relationship with any current partners (and any other significant others who they are in regular contact with)
■ An ability to ask about the influence of sexuality and gender diversity on the child/young person's identity and their experience of relationships, and:
▪ an ability to discuss any adverse experiences associated with the child/young person's sexuality or experience of gender diversity (e.g. difficulties accepting their sexuality, homophobic and/or transphobic bullying)

Abuse and neglect	
■ An ability to identify whether the child/young person has been exposed to traumatic experiences, abuse and neglect, e.g.:	
	■ physical abuse
	■ exposure to domestic violence
	■ psychological abuse
	■ financial or material abuse or exploitation
	■ sexual abuse or exploitation
	■ neglect
	■ abuse in an organisational context

Family history	
■ An ability to identify areas of resilience within the family, as well as any stresses that may contribute to the problem presentation or to difficulties in the relationships between parent/carer and child/young person or within the family	
■ An ability to draw a family tree and obtain demographic details about each family member	
■ An ability to ask about family relationships, extended family, social networks and social support	
■ An ability to ask about both recent and past transitions experienced by the family (e.g. marriage, divorce, loss of family members, new additions to the family)	
■ An ability to ask parents about their own history, including:	
	■ their own experience of being parented
	■ school and employment
	■ stressful life events, loss, trauma, neglect or abandonment
	■ mental ill health, learning difficulties, drugs and alcohol

Educational history	
■ An ability to obtain details of the strengths and interests and achievements shown by the child/young person within the education system as well as any difficulties	
■ An ability to obtain a comprehensive educational history from the child/young person, parent, including:	
	■ pattern of attendance including information on absences from school
	■ pattern of contacts with school professionals (e.g. teachers, educational psychologists, special educational needs assistants)
	■ academic ability and achievement
	■ pattern of social relationships, play, and any experiences of bullying
	■ emotional/behavioural, concentration or social difficulties

Routine screening for neurodevelopmental disorders (ASD and learning disability)	
■ An ability to draw on knowledge of diagnostic criteria for learning disabilities and for autism spectrum disorder, and use this to:	
	■ routinely screen for neurodevelopmental disorders
	■ identify whether and how a neurodevelopmental disorder may contribute to the child/young person's presentation, resources and needs
	■ identify the implications for the child/young person's care

Ability to assess the child/young person and family/carer's cultural and social context

Social	
■ An ability to draw on knowledge of the incidence and prevalence of mental health concerns across different cultures/ethnicities/social classes	
■ An ability to ask about potential protective factors in the child/young person's social environment (e.g. social support, proximity to extended family or access to community resources)	
■ An ability to ask about any potential stresses in the child/young person's physical or social environment (e.g. overcrowding, poor housing, neighbourhood harassment, problems with gangs)	
■ An ability to ask about the child/young person's membership of peer groups (e.g. friendship groups, clubs)	
■ An ability to ask about the child/young person's experience and membership of gangs	

Cultural	
■ An ability to draw on knowledge of the child/young person and family/carers cultural, racial and religious background when carrying out an assessment of their behaviours, beliefs, and the potential impact of this perspective on their views of problems	
■ An ability to understand cultural influences on gender roles and gender identity, parenting practices, and family values	
■ An ability to identify the limits of one's own cultural understanding, and:	
	■ an ability to seek out further information about the child/young person and family/carer's religious, racial and cultural background from them and other sources

Ability to make use of observation of the child/young person, and of interactions between them and their family/carers during assessment

Knowledge	
■ An ability to draw on relevant knowledge to help structure observations, including:	
	the usual trajectories of child development
	common neurodevelopmental conditions and mental health difficulties
	theories relevant to understanding the child's interactions with caregivers (e.g. attachment theory)

Observation of the child/young person	
■ An ability to observe the child/young person in relation to domains including:	
	■ physical appearance
	■ levels of activity and attention
	■ quality of social interactions and communication
	■ emotional state
	■ complexity and use of language
■ An ability to observe and consider the impact of the assessment situation on the child/young person's presentation and behaviour when evaluating the validity and generalisability of any observations	

Observation of the interactions between child/young person, carer, and family	
■ An ability to observe the interactions between the child/young person and caregiver(s)	
■ An ability to observe how family members interact with each other, e.g.:	
	■ how much sensitivity and warmth is shown by family members to each other
	■ how much criticism is shown by family members
	■ the ways that the parents/carers monitor the child/young person and set limits, and how the child/young person reacts to limit setting
	■ whether the child/young person's behaviours appear to be reinforced by other family members
	■ whether there are particular alignments between family members or hierarchies within the family
	■ the language family members use to describe one another (i.e. as an indicator of their attitudes and feelings towards each other)
■ An ability to include knowledge of the family's social and cultural background in any consideration of family interaction patterns	

Ability to draw on information obtained from other agencies	
■ An ability to identify any agencies and/or key professionals currently or previously involved with the child/young person and the family/carers	
■ An ability to obtain consent prior to seeking information from an agency	
	■ an ability to draw on knowledge of local policies on confidentiality and information sharing when obtaining (and sharing) information about the child/young person and their family/carers
■ An ability to obtain relevant records from agencies and identify and draw on information likely to be relevant	

7.2. Ability to undertake a collaborative assessment of risk and needs related to suicide and self harm

There are three closely linked areas of assessment: undertaking a collaborative assessment of risk and needs; assessing the child/young person's wider circumstances and assessing their functioning across contexts.

The focus of this section is on working with children/young people who are presenting as suicidal or self-harming in a CAMHS inpatient setting. Descriptions of competences for undertaking comprehensive mental health assessments can be found in the framework for children/young people seen in CAHMS services (www.ucl.ac.uk/core/competence-frameworks).

Practitioners should use their judgment about the scope of a specific session of assessment. If a child/young person is acutely distressed and/or judged to be at high risk of self-harm, this will need to be the focus and a more detailed and/or broader assessment should take place once the child/young person's immediate needs are appropriately contained.

Knowledge

- An ability to draw on knowledge that assessment of risk:
  - is more likely to be helpful (both to the child/young person and the practitioner) if it focuses on engaging the person in a personally meaningful dialogue
  - is less effective (and useful) if carried out as a 'checklist' that tries to cover all bases, whether or not they are relevant to the child/young person

- An ability to draw on knowledge that because it is difficult to accurately predict future suicide attempts, even comprehensive risk assessments can only offer a poor estimate of risk
- An ability to draw on knowledge that although many factors have been identified as associated with risk:
  - they cannot be relied on to predict risk with any certainty
  - they are subject to change (i.e. assessments of risk can only relate to the short-term outlook)

- An ability to draw on knowledge that talking about suicide does not increase the likelihood of suicide attempts, and that it is helpful to maintain an open and frank stance to discussion
- An ability to draw on knowledge that self-harm and suicidal acts reflect high levels of psychological distress, and serve different functions for different people (and for the same person, at different times)
- An ability to draw on knowledge that (by building hope and identifying specific ways forward) a collaborative assessment can be a powerful intervention in its own right

- An ability to draw on knowledge that the aims of a collaborative assessment are to:
  - help the child/young person understand the key factors leading them into crisis
  - assess the nature, frequency and severity of self-harm and (if this has changed) whether this indicates an imminent risk of suicide
  - assess the degree of intent, planning and preparation (as potential signs of imminent risk)
  - identify risk and protective factors (to help estimate the child/young person's risk of suicide and self-harm)
  - identify co-occurring psychiatric disorders that may contribute to self-harming and suicidal behaviour
  - determine the most appropriate level and type of intervention
  - identify which risk factors are likely to be modifiable through the intervention
  - develop a management plan

Engagement

- An ability to conduct an assessment in a compassionate and collaborative manner that aims to:
  - actively engage the child/young person in the assessment process
  - help the child/young person identify the factors generating and maintaining crisis
  - identify interventions that will help to keep them safe
- An ability to help the child/young person manage the potential distress associated with discussing difficult material by:
  - ensuring that they understand the rationale for the assessment questions
  - discussing how they might like to manage distress both during and after the interview (e.g. by taking a break)
  - helping them manage their distress if this becomes apparent and/or overwhelming

- An ability to draw on knowledge that the process of assessment needs to be responsive to any interpersonal issues that threaten the integrity of the assessment, e.g. where there is evidence that the child/young person:
  - has negative expectations based on prior adverse and/or traumatising experiences with the health or social care system
  - perceives the assessor as an authority figure who is judging them
  - expects the assessor to fail them

Assessment

- An ability to conduct a risk assessment that explores and understands the specific functions of self-harm for the child/young person and offers personalised risk management and intervention opportunities
- An ability to identify and utilise historical information in a way that mitigates the impact of repeated assessments (e.g. by summarising what is already known), while recognising that information may change and need updating

- An ability to assess potential key factors, including:
  - the severity and method of self-harm, and the motivations behind the behaviour
  - links between self-harm and suicidal ideation and behaviours
  - suicidal ideation and behaviours that are linked to suicidal intent
  - psychiatric conditions (including any psychiatric history and/or recent discharge from in-patient or crisis mental health services)
  - psychological vulnerabilities (e.g. hopelessness)
  - psychosocial vulnerabilities (e.g. recent loss)
- An ability to work with the child/young person to identify behaviours (both currently and in the past) that relate to suicidal intent (e.g. preparing a will, writing a note, saying goodbye to significant others, acquiring the means to end life)

- An ability to discuss with the child/young person the specific characteristics of suicide attempts (e.g. level of intent to die, level of regret about not dying, function of the attempt, whether precautions against discovery were taken), and use this to estimate the likelihood of future acts
- An ability to help the child/young person identify protective factors that may be associated with decreased thoughts of suicide or feelings that life was not worth living, e.g.:
  - attitudes or beliefs (e.g. hopefulness, reasons for living, a wish to live, a belief that suicide goes against their moral code)
  - a sense that it may be possible to manage the problem area associated with the suicidal crisis
  - a supportive social network
  - a fear of death, dying or suicide

Assessing cognitive factors associated with self-harm and/or suicide

- An ability to work with the child/young person to identify cognitions that focus on suicide (including their content, duration, frequency and intensity of suicidal thinking, and the level of intent to die):
  - currently
  - at their most severe, in the immediate past and previously

Assessing interpersonal factors associated with self-harm and/or suicide
■ An ability to assess a sense of social isolation, e.g.:
■ the perceived absence of caring, meaningful connections to others
■ the absence of friends or relatives the child/young person can call/ contact when upset
■ recent losses through death or relationship breakdown
■ conflict with peers or bullying
■ An ability to assess a sense of the child/young person being a burden on significant others, e.g.:
■ expressing the view that others would be better off if they were gone
■ expressing the view that they are a burden on other people
■ recent stressors that undermine a sense of self-competence (e.g. job loss, exam failure)
■ An ability to assess markers that indicate the development of a capability to carry out suicide or self-harm (usually experiences that foster a diminished fear of pain and self-inflicted injury), e.g.:
■ current markers, e.g.:
▪ fearlessness about injury or death
▪ prolonged ideation and/or preoccupation about suicide
▪ highly detailed and concrete plans for suicide
▪ specified time and place for suicide
▪ if self-harm has taken place, an intent to die at the time of injury
■ current and past experiences, e.g.:
▪ previous suicide attempts (especially multiple suicide attempts)
▪ aborted suicide attempts
▪ regret at surviving attempts
▪ self-harming behaviours
▪ exposure to childhood physical and/or sexual violence
▪ participation in painful and provocative activities (e.g. jumping from high places, engaging in physical fights)
■ patterns of self-harm associated with substance use, e.g.:
■ previous self-harm attempts that have occurred when drinking
■ changes in thought patterns associated with drinking that are associated with self-harm
■ failure to control excess drinking that is associated with self-harming behaviour or suicide attempts

Assessing internet use and online life
■ An ability to draw on knowledge of the potential risks as well as the potential benefits of internet use in relation to suicidal behaviour and self-harm e.g.:
■ its potential to increase risk by normalising self-harm, and by triggering and competition between users or acting a source of unhelpful peer influence
■ its potential to decrease risk by creating a sense of community, offering crisis support and reducing social isolation

- An ability to draw on knowledge that increased use of the internet to view suicide-related material is a potential marker of suicide risk
- An ability to ask directly about the child/young person's online life and internet use, e.g.:
  - the sites or applications that they access regularly and the purpose or intention of use
  - the frequency with which they access sites or applications
  - the impact on their mood, suicidal ideation, daily life and functioning
- An ability to respond to disclosure of potentially adverse experiences (e.g. exposure to cyberbullying or being encouraged to self-harm) by helping the child/young person identify ways to mitigate the impact of these experiences

Developing a risk management plan

- An ability to develop a risk management plan that balances the need for safety and the need for autonomy and agency in the child/young person's life
- An ability to judge the appropriate level of intervention, guided by the presence and strength of risk and protective factors, and to evaluate the need for:
  - inpatient, outpatient or community-based crisis or intensive support
  - additional follow-up meetings to assess and manage ongoing risk
  - referral to other agencies
  - signposting to other organisations
  - obtaining more information from other sources
  - informing other clinicians or agencies of the level of risk
  - informing family members/significant others of the level of risk

7.3. Undertaking structured behavioural observation

Planning the observation

- An ability to identify when behavioural observations can contribute to the assessment and formulation process (usually when behavioural issues are relevant to, or are the focus of, the intervention)
- An ability to identify a specific focus for observation (e.g. a particular behaviour, interaction or event)
- An ability to draw on knowledge of the main strategies used in behavioural observations, in order to select the most appropriate method
- An ability to draw on information from the assessment to establish when, where and for how long observations should take place (e.g. drawing on information about the settings or circumstances are most likely to elicit particular behaviours, or the frequency of a specific behaviour)
- An ability to reflect on one's own perceptual or attitudinal biases and maintain an objective, open-minded stance
- An ability to draw on knowledge of the ways that subjective judgments can introduce bias (e.g. where the meaning of a behaviour is ambiguous, or where previous observations of the child/young person in other contexts influence the observer's judgments)
- Where possible, an ability to obtain consent from the child/young person and/or their carer(s) to carry out the observation

Gathering data

- An ability to draw on knowledge of the main strategies used for naturalistic behavioural observation (including their strengths and weaknesses)
- An ability to engage relevant members of the team in collecting and maintaining diary records
- An ability to explain the rationale for, and procedures used in, behavioural observation (i.e. the need to gather accurate information about a behaviour to plan an intervention)
- An ability to make use of diary records (a chronological record of behaviour made after it occurs), and:
  - an ability to draw on knowledge of the potential limitations of diary records (e.g. consistency and accuracy of recording, observer bias, the risk that unstructured recording will result in too much detail)
- An ability to make use of a 'running record' (a sequential record made while the behaviour is occurring, which identifies the circumstances surrounding particular events or activities)
- An ability to make use of 'time sampling' (recording the frequency with which behaviours occur within a given period of time)
- An ability to make use of event sampling (recording the frequency of behaviours that occur when a particular event or activity takes place), and:
  - an ability to draw on knowledge of the potential limitations of event sampling (e.g. the challenge of applying this to covert behaviours, its inefficacy for behaviours that only occur infrequently)

- Across all approaches to observation, an ability accurately to record:
  - the frequency of target behaviours
  - the content of target behaviours
  - environmental factors that may be temporally related to target behaviours

Ability to monitor the child/young person's environment using an ABC chart

- An ability to draw on knowledge of the use an ABC chart to monitor the child/young person's environment and to identify:
  - Antecedents: setting conditions and specific triggers for the target behaviour
  - Behaviour: a record of target behaviour and any variations in severity and frequency in different settings and contexts
  - Consequences: what happens after the target behaviour occurs, identifying, possible reinforcers (both positive and negative)
- An ability to draw up an ABC chart that includes:
  - a clear operational definition of the behaviours to be observed
  - any guidance that is needed to obtain reliable recordings (e.g. criteria for defining when one incident ends and another begins)
- An ability to select the contexts and situations to be monitored, guided by knowledge of the contexts and people associated with a greater likelihood of the target behaviour occurring
- An ability to engage other people in completing the chart, where required, offering appropriate training and checking inter-rater reliability

Ability to minimise 'reactance'

- An ability to reduce the risk that the process of observation produces significant changes to behaviour:
  - where the observer is in close proximity to the child/young person, an ability to maintain an unobtrusive stance and minimise interaction with them
  - an ability for the observer to place themselves in a position that minimises their visibility and their impact on the behaviour being observed

Ability to draw appropriate inferences from the observation

- An ability to ensure that conclusions about behaviour need to be based on adequate evidence
- An ability to recognise when inferences about the causes of, or relationship between behaviours are being made and to record them as needed
- An ability to draw on knowledge of cultural differences in the meaning of behaviour and communication, when attempting to understand the function of those behaviours

- An ability to draw on knowledge of developmental and learning theories to help understand:
  - how the activities of the people interacting with the child/young person impact on that person's behaviour
  - how the activities of the child/young person impact on their environment
- An ability to include an account of the child/young person's perspective when interpreting their behaviours or circumstances (e.g. their capacity to understand the impact of their behaviour)

7.4. Ability to assess the child/young person's functioning within multiple systems

The competences in this subdomain describe basic systemic assessment skills that should be held in mind by practitioners from all therapeutic backgrounds.

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

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

- An ability to draw on knowledge that psychological problems and emotional distress are usually better understood by taking into account the 'systems' in which the child/young person and their family/carers are located
- An ability to draw on knowledge that the patterns of relationships within systems may play a significant role in shaping and maintaining psychological problems
- An ability to draw on knowledge of the basic principles of social constructionism, i.e.:
  - that people understand themselves and the world around them through a process of social construction
  - that meaning is generated through social interactions, and through the language used in different social interactions
  - that power relationships (e.g. a person's position in a system) and different cultural contexts (e.g. gender, religion, age, ethnicity) have an important influence on the development of meaning, relationships, feelings and behaviour
- An ability to draw on knowledge that the inpatient ward itself is a system that can influence the assessment process

Assessment

- An ability to draw on knowledge that the multiple contexts/environments in which the child/young person and their family/carers are located need to be considered in any assessment, and that these will include:
  - family, peer group, and other significant relationships
  - school or place of employment
  - social and community setting
  - professional network(s) involved with them
  - their cultural setting
  - their sociopolitical environment, and:

	▪ an ability to draw on knowledge that all of these different contexts are connected and likely to interact
■	An ability to draw on knowledge of the contexts/environments that the child/young person is part of and that may be relevant to their presentation (e.g. the beliefs and practices of a faith group, or the beliefs associated with their peer group)

■	An ability to gather further information from relevant people in the system to help determine:
	▪ whether and how to proceed with any intervention
	▪ who to involve
	▪ when and where to meet
■	An ability to gather and clarify information from relevant members of the system, including information about the decision to seek help and any concerns/dilemmas about engaging with services
■	An ability to use the assessment process to engage with relevant members of the system including, where appropriate, referring agencies, education services and support services
■	An ability to identify in conjunction with the child/young person, family and the wider system:
	▪ perceived problem areas and the beliefs concerning them
	▪ the potential strengths of the child/young person (and the wider system) that may support therapeutic change
	▪ the solutions that have been tried or have been thought about
	▪ the achievements in the child/young person's life
■	An ability to draw on knowledge that different members of the system will describe the child/young person differently as:
	▪ there are always multiple perspectives and descriptions of any interaction/relationship
	▪ the child/young person's behaviour is influenced by the different set of contextual factors present in each setting

7.5. Ability to conduct a Mental State Examination

Knowledge of the aims of the Mental State Examination (MSE)

- An ability to draw on knowledge that the MSE is an ordered summary of the clinician's observations of the child/young person's mental experiences and behaviour at the time of interview
- An ability to draw on knowledge that the purpose of a MSE is to identify evidence for and against a diagnosis of mental illness, and (if present) to record the current type and severity of symptoms
- An ability to draw on knowledge that the MSE should be recorded and presented in a standardised format

- An ability to draw on detailed observations of the child/young person to inform judgements of their mental state, including observations of:
  - their appearance (e.g. standard and style of clothing, physical condition, etc.)
  - their behaviour (e.g. tearfulness, restlessness, distractible, socially appropriate, etc.)
  - their form of speech (e.g. quality, rate, volume, rhythm, and use of language, etc.)

- An ability to draw on knowledge of the child/young person's developmental stage, and to tailor questions to their level of understanding
- An ability to draw on knowledge that children/young people vary in their ability to introspect and assess their thoughts, perceptions and feelings
- An ability to structure the interview by asking general questions about potential problem areas (e.g. depressed mood), before asking specific follow-up questions about potential symptoms
- An ability to respond in an empathic manner when asking about the child/young person's feelings, thoughts, and perceptions
- An ability to ask questions about symptoms that the child/young person may feel uncomfortable about in a frank, straightforward and unembarrassed manner
- An ability to record the child/young person's description of significant symptoms in their words
- An ability to avoid colluding with any delusional beliefs by making it clear to the child/young person that the clinician regards the beliefs as a symptom of mental illness, and:
  - an ability to avoid being drawn into arguments about the truth of a delusion

Ability to enquire into specific symptom areas

- An ability to ask about the symptoms characteristic of both uni-polar and bi-polar depression, and:
  - to notice and enquire about any discrepancy between the child/young person's report of mood and objective signs of mood disturbance

- An ability to ask about thoughts of self-harm, and:
  - to assess suicidal ideation
  - to assess suicidal intent
  - to ask about self-injurious behaviour
- An ability to ask about symptoms characteristic of the different anxiety disorders, and:
  - to ask about the nature, severity and precipitants of any symptoms, as well as their impact on the child/young person's functioning
- An ability to ask about abnormal perceptions, and:
  - to clarify whether any abnormal perceptions are altered perceptions or false perceptions
  - to explore evidence for the different forms of hallucination
- An ability to elicit abnormal beliefs
- An ability to interpret the nature of abnormal beliefs in the context of the child/young person's developmental stage, family, social and cultural context, and:
  - to distinguish between primary delusions, secondary delusions, over-valued ideas and culturally sanctioned beliefs
- An ability to assess cognitive functioning, and:
  - to assess level of consciousness
  - to assess the child/young person's orientation to time, place and person
  - to carry out basic memory tests
  - to estimate the child/young person's intellectual level, based on their level of vocabulary and comprehension in the interview, and their educational achievements
  - to conduct or refer for formal cognitive assessment if there are indications of a learning disability
- An ability to assess the child/young person's insight into their difficulties, and:
  - to assess attitude towards any illness
  - to assess attitude towards treatment

7.6. Ability to formulate the child/young person's presentation

Formulation is a way of making sense of difficulties in order to develop solutions.

In an inpatient setting, formulation is a process (rather than an end point) with different functions, which include exploring, understanding and improving team responses to problems, as well as collaboratively co-constructing shared meaning with children/young people directly.

Formulation can take different forms, including conversations, diagrams, and narratives, and these should be used to reflect the needs, preferences and skills of the child/young person, family/carers and team.

Knowledge

- An ability to draw on knowledge that the aim of a formulation is to understand the development and maintenance of the child/young person's difficulties, and that formulations:
  - are tailored to the individual child/young person and their family/carers
  - comprise a set of hypotheses or plausible explanations that draw on theory and research to understand the details of the child/young person's presentation (as identified through assessment)
- An ability to draw on knowledge that models of formulation include:
  - generic formulations, which draw on biological, psychological and social theory and research
  - model-specific formulations, which conceptualise a presentation in relation to a specific therapeutic model and usually overlap with the generic formulation
- An ability to draw on knowledge that the formulation should usually be explicitly shared and co-constructed with the child/young person and their family/carers
- An ability to draw on knowledge that formulations should be reviewed and revised as further information emerges during ongoing contact with all parties

- An ability to draw on knowledge that a generic formulation usually includes consideration of:
  - risk factors that might predispose to the development of psychological problems (e.g. trauma, neurodevelopmental difficulties, insecure attachment to caregiver, caregiver marital difficulties)
  - precipitating factors that might trigger the onset or exacerbation of difficulties (e.g. acute life stresses such as illnesses or bereavements, or developmental transitions such as starting school or the birth of a new child in the family)

- maintaining factors that might perpetuate psychological problems (e.g. unhelpful coping strategies, inadvertent reinforcement of behaviours that challenge)
- protective factors that might prevent a problem from becoming worse or may be enlisted to ameliorate the presenting problems (e.g. a child/young person's capacity to reflect on their circumstances, good family/carer communication and support)

- An ability to draw on knowledge that one of the main functions of a formulation is to help guide the development of an intervention plan, and:
  - an ability to draw on knowledge that the intervention plan usually aims to reduce the effects of identified maintaining factors, and to promote protective factors

Ability to construct a formulation

- An ability to generate a comprehensive list of all the presenting problems
- An ability to appraise and resolve any apparently contradictory reports of a problem, e.g.:
  - when informants focus on different aspects of a problem or situation, or represent it differently, e.g.:
    - self-reports of emotional difficulties made by the child/young person (which are often higher than those made by parents/carers)
    - parent/carer ratings of conduct problems (which are often higher than those made by the child/young person)
  - when a child/young person's behaviour differs depending on the context
- An ability to understand the child/young person's inner world, affective and interpersonal experiences and frame them in a developmental and contextual perspective

- An ability to evaluate and integrate assessment information obtained from multiple sources and methods, and to identify salient factors that significantly influence the development of the presenting problem(s), drawing on sources of information e.g.:
  - the child/young person and family/carer's perception of significant factors and their explanation for the presenting problem(s)
  - theory and research that identifies biological, developmental, psychological and social factors associated with an increased risk of mental health difficulties
  - theory and research that identifies biological, psychological and social factors associated with mental wellbeing (e.g. secure attachment with primary caregiver, good physical health, good parental adjustment, good social support network)
  - knowledge of normal child development and developmental processes (to identify delays in the child's development)
  - associations between the onset, intensity and frequency of presenting problem(s) and the presence of factors in the child's psychosocial environment (e.g. traumatic life events or parental ill health)

	■ the results of a functional analysis that records the antecedents and consequences of a particular behaviour (i.e. what leads up to the behaviour, and what happens afterwards)

■	An ability to construct a comprehensive account that demonstrates an understanding of the child/young person's inner world, affective and interpersonal experiences, and frame them in a developmental and contextual perspective

Implementing the formulation

■	An ability to identify an intervention plan that accommodates and addresses the issues identified by the assessment and the formulation
■	An ability to revise the formulation in the light of feedback, new information or changing circumstance
■	An ability to use team reflections and responses, alongside evidence, to make sense of the maintenance of difficulties and identify team-level changes that might need to be made to address these

7.7. Communicating and recording the outcomes from an assessment and formulation

- An ability to communicate the findings from an assessment:
  - verbally:
    - with other members of the team
    - with the child/young person
    - with parents/carers of the child/young person
    - with agencies/people who made the referral or who have a responsibility for the child/young person's care
  - in writing:
    - in the child/young person's case/care records, in accordance with local procedures and policy
    - in reports to agencies/people who made the referral or who have a responsibility for the child/young person's care

- An ability to adapt the pace, amount of information and level of complexity to the recipient(s) of information to ensure that it is legible and relevant to them, and conforms to general principles of confidentiality

7.8. Ability to select and use measures and diaries when working with children/young people

Service-level needs to collect data should be balanced against the personal preferences, needs and goals of the child/young person

- An ability to draw on knowledge that measures/scales should be used as an adjunct to assessment
- An ability to engage a child/young person in the use of measures such that this is a participative exercise (e.g. explaining how they can be useful and discussing the meaning and significance of any results)

Knowledge of commonly used measures

- An ability to draw on knowledge of measures commonly used as part of an assessment in an inpatient context
- An ability to draw on knowledge relevant to the application of a measure, e.g.
  - its psychometric properties (including norms, validity, reliability)
  - the training required in order to administer the measure
  - scoring and interpretation procedures
  - characteristics of the test that may influence its use (e.g. its length, or its user friendliness)

Ability to administer measures

- An ability to judge when a child/young person needs help to complete a scale
- An ability to take into account a child/young person's attitude to the scale, and their behaviours while completing it, when interpreting the results
- An ability to score and interpret the results of the scale using the scale manual guidelines
- An ability to interpret information from the scale in the context of assessment and evaluation information obtained from other sources

An ability to select and make use of outcome measures

- An ability to integrate outcome measurement into an assessment and any intervention
- An ability to draw on knowledge that a single measure of progress will fail to capture the complexities of a person's functioning, and that these complexities can be assessed by:

- measures focusing on a person's functioning drawn from different perspectives (e.g. the child/young person themselves, family members, professional colleagues)
- measures using different technologies, e.g. global ratings, specific symptom ratings and frequency of behaviour counts
- measures that assess different symptom domains (e.g. affect, cognition and behaviour)

- An ability to select measurement instruments that are clinically relevant and designed to detect changes in the aspects of functioning that are the targets of the intervention
- An ability to draw on knowledge that concurrent measures are a more rigorous test of improvement than the use of retrospective ratings

- An ability to provide clear information about how measurement information will be used and with whom it will be shared

Ability to use systematic recordings

Knowledge

- An ability to draw on knowledge of how systematic recording can be used to help identify the function of specific behaviours by analysing its antecedents and consequences (i.e. what leads up to the behaviour, and what happens afterwards)

Ability to integrate systematic 'diary recordings' into assessment and intervention

- An ability to explain the function of structured charts to children/young people, and to help them use charts to monitor their own behaviour, e.g.:
  - explaining and demonstrating the use of self-completed frequency charts (to record the frequency of target behaviours)
  - explaining and demonstrating the use of self-completed behavioural diaries (to record problematic or desired behaviours, and their antecedents and consequences)
- An ability to review completed frequency charts and behaviour diaries with a child/young person, to:
  - find out their interpretation of the data
  - find out how easy it was for them to record information
  - motivate them to carry out any further data collection
- An ability to use diary and chart information to help assess the frequency of problems, degree of distress caused, antecedents and patterns of behaviour and reinforcement

7.9. Ability to foster participation of the child/young person with plans for the admission and intervention

- An ability to engage the child/young person in a collaborative discussion of the psychological and pharmacological options that emerge from the assessment, the formulation that emerges, and the child/young person's aims and goals
- An ability to convey information about treatment plans in a manner:
  - that is tailored to the child/young person's capacities, context and circumstances
  - that helps them raise and discuss queries/concerns

- An ability to provide the child/young person with sufficient information about the intervention options open to them, so that:
  - they are aware of the range of choices available to them, and the rationale for any limits on these choices
  - they are in a position to make an informed choice from the options available to them
- An ability to ensure that the child/young person has a clear understanding of the plans for the admission and interventions being offered to them (e.g. their broad content how they usually progress)
- While maintaining a positive stance, an ability to convey a realistic sense of:
  - the effectiveness and scope of each intervention
  - any challenges associated with each intervention

- An ability to use clinical judgment to determine whether the child/young person's agreement to the admission and treatment plan:
  - is based on an informed and collaborative choice, or:
    - appears to be a passive agreement, or an agreement that they experience as imposed on them
  - where the child/young person and the team have a significant difference of view regarding the admission and treatment plan, an ability to acknowledge it openly (e.g. by discussing the reasons for the admission or for any restrictions on their choices)

- Where a young person is admitted under the Mental Health Act, an ability to:
  - acknowledge anger or upset about an admission to which they did not consent
  - attempt to open a dialogue about the rationale for the admission and why it is considered to be in their best interest
  - help them identify the areas where they do and do not have choice about the treatment they receive

7.10. Observation of children/young people at risk of self-harming

- An ability to draw on knowledge that the aim of observation is to maintain the safety of children/young people who have been appropriately assessed and identified as being at high risk of self-harming
- An ability to draw on knowledge that observation of children/young people who are self-harming is an intervention in its own right
- An ability to draw on knowledge that the integrity of continuous or intermittent scheduled observation can be compromised:
  - when carried out by practitioners who are untrained or lack direct experience of children/young people who are very distressed and actively at risk of self-harming
  - when carried out by practitioners who are not familiar with the child/young person and their history
  - when carried out as a 'tick-box' exercise (e.g. where observation comprises a minimal or very brief check-in)
- An ability to draw on knowledge that the effectiveness of observation can be compromised if the practitioner is unclear about their remit and so restrict the extent of observation, e.g.:
  - not checking when the child/young person is in their bedroom because of concerns about invading a 'private' space
  - feeling unable to check that the child/young person is safe when they are in bed and under covers (and observation would involve disturbing them)
- An ability to draw on knowledge that observation can be distressing and experienced as punishing, shaming or degrading for the child/young person (e.g. if continuous monitoring means that the child/young person has no/limited privacy when carrying out activities, particularly related to personal hygiene)

Conducting observations

- An ability to use observation as a constructive opportunity:
  - to interact with and engage the child/young person and gain their trust
  - to engage in purposeful activities with the child/young person
  - to understand the sources of their distress and help them to express themselves
  - to help assess mental state
- An ability to draw on a range of communication skills to respond to distress, with the aim of helping the child/young person express their feelings and make use of basic coping skills

- An ability to adapt observation to the moment-to-moment needs of the child/young person e.g.
  - interacting and/or engaging in activities, if the child/young person is open to this
  - if the child/young person is uncomfortable or distressed by contact, being silent or reducing proximity to them

- An ability to detect to indications of impending aggression or violence and to respond appropriately (e.g. by withdrawing to a safer distance or using de-escalation techniques)

- An ability to detect when observations may be inadvertently reinforcing risk behaviours and to contribute to an multidisciplinary team care plan on how to manage this most appropriately

Organisational competences

- An ability to ensure that observation is seen as the responsibility of the multidisciplinary team
- An ability to draw on knowledge that because observation can become reinforcing (increasing the likelihood of risk behaviour occurring), the way observations are conducted needs to be monitored and reviewed by the multidisciplinary team
- An ability to ensure that, as far as possible, observation is seen as a partnership, and so informing the child/young person and their family/carers/significant others
  - about observational policies and procedures
  - about the reasons for the level of observation
  - about any changes to the level and frequency of observation

- An ability to ensure that the multidisciplinary team has procedures in place to ensure:
  - that the frequency of observations is matched to the estimation of active risk
  - that observations are carried out at the rate agreed by the service
  - that the frequency of observations is continually reviewed, in relation to assessments of the child/young person, their mental state and their needs
  - that the frequency of observations is reviewed regularly, to assess whether it is reducing risk behaviours
  - that there is a robust system in place that identifies who is responsible for conducting observations ay any one time

- An ability to ensure that observations are conducted by people who have had training in observation, have an appropriate level of background training, and who understand their role and responsibilities
- An ability to ensure that practitioners conducting observations are supported and supervised, in line with their level of experience

- An ability to ensure that practitioners are briefed about how to respond (and who to alert) when there is a serious threat to observation that may place the child/young person at risk (e.g. leaving a ward by themselves without permission)

8. Structured care

8.1. Psychoeducation

- An ability to draw on knowledge that psychoeducation aims to empower children/young people and their family/carers by providing information and resources about:
  - the psychological difficulties and conditions they are experiencing
  - the interventions that may help (both psychological and pharmacological) and how they might be implemented in the service
- An ability to tailor psychoeducation to the child/young person and their family/carer's needs, taking account of:
  - the particular difficulties they are experiencing and the areas that concern them
  - the personal and cultural explanatory models to which they ascribe, and that they use to understand their difficulties
  - the extent to which their explanatory models represent flexible or fixed views
  - what they already know
  - their developmental stage and intellectual ability
- An ability to offer psychoeducation specific to the inpatient context (e.g. focused on common reactions to transitions such as admission to, and discharge from, the unit)
- An ability to offer psychoeducation in a way that is supportive and empathic, bearing in mind that some material maybe emotive, and:
  - an ability to draw on knowledge that psychoeducation may increase distress and this needs to be monitored and addressed (e.g. feeling more pessimistic about their future or seeing themselves more negatively)
- An ability to deliver relevant information:
  - in a systematic and structured way that also invites questions and comments
  - using a range of user-friendly formats, adapted to the child/young person's developmental stage and capacities
- An ability to determine how much information the child/young person and family/carers can take on board in a session, and to adapt the pace and content to reflect e.g. their concentration or readiness to consider new information

- An ability to check the child/young person and family/carer's understanding of, and agreement with, psychoeducation materials, and:
  - to openly discuss differences between the child/young person and family/carers' understanding of the relevant issues, and that of the service
- An ability to deliver psychoeducation individually and in groups

8.2. Problem solving

Knowledge

- An ability to draw on knowledge that problem-solving strategies assume that the child/young person has the resources, capacity and authority to make relevant changes
- An ability to draw on knowledge that where problems may not be solvable, are extremely challenging or are beyond the child/young person's control, there is a risk that problem-solving strategies become invalidating and unhelpful

Delivering problem-solving strategies

- An ability to explain the rationale for problem solving (i.e. as a strategy that can help manage specific areas of difficulty more effectively)
- An ability to identify:
  - specific problem areas that the child/young person sees as relevant and meaningful
  - links between specific difficulties and problems facing the child/young person, and hence to identify problems that may be appropriate for a problem-solving approach
- An ability to help the child/young person test beliefs/assumptions that impede problem solving (e.g. believing they have no control over their problems)
- An ability to help the child/young person to select problems, usually on the basis that problems are relevant and meaningful for them and are ones for which achievable goals can be set
- An ability to help the child/young person specify the problem(s) and to break down larger problems into smaller (more manageable) parts
- An ability to identify achievable goals with the child/young person, bearing in mind their resources and likely obstacles
- An ability to help the child/young person:
  - agree which problems to prioritise
  - brainstorm and generate possible solutions
  - choose their preferred solution
  - assess the pros and cons of possible solutions
  - plan and implement preferred solutions
  - evaluate the outcome, whether positive or negative
  - re-visit solutions, to see if they can be improved
- An ability to provide direction but also to ensure that solutions to problems are developed jointly with the child/young person

- An ability to help the child/young person develop alternative (backup) plans that can put in place if their first plan does not work

- Where relevant, and where the child/young person consents, an ability to include family/carers in the delivery (rather than the development) of problem-solving interventions

8.3. Articulating feelings and managing emotions

- An ability to draw in knowledge that the experience and expression of feelings may be influenced by how the unit itself is functioning (e.g. whether there is a positive therapeutic environment/milieu or high levels of disturbance)

- An ability to observe and ask about affective issues and concerns that are impacting on the child/young person
- An ability to discuss the ways that the child/young person currently recognise and manage their emotions, and help them identify the strategies they find helpful, and those they find unhelpful or unproductive

- An ability to use structured exercises and role play to help the child/young person identify, articulate (and label) emotions:
  - role-playing situations that evoke feelings
  - using information from a 'chain analysis' to help identify links between events and the feelings evoked
  - encouraging the accurate identification and labelling of emotion
  - encouraging a capacity to reflect on, rather than react to, emotions
- An ability to help the child/young person increase their capacity to tolerate emotions through:
  - providing psychoeducation, including the fact that the capacity to tolerate emotions is influenced by the reactions of others to expressions of emotions (e.g. consistent disconfirmation by others leading to the inhibition of feelings), and:
    - discussing the difference between primary emotions (feelings that emerge in direct response to a situation) and secondary emotions (reactions to the primary emotions, e.g. feeling angry about being hurt or shame about feeling anxious)
    - recognising basic emotions related to survival (e.g. exploration/curiosity, aggression, and social emotions such as guilt and shame)
  - focusing on both positive and negative emotions
  - increasing the child/young person's capacity to tolerate emotions by validating the strength of feeling and distress experienced when they become emotional

- An ability to help the child/young person use techniques that help them to limit or better manage their immediate response to emotions including:
  - muscular relaxation, breathing techniques and meditation and yoga techniques
  - distraction techniques
  - identifying cognitive triggers (automatic thoughts) that link to feelings, e.g. by using a daily thought record

- An ability to help a child/young person increase their capacity to regulate low mood, e.g. by:
  - identifying the relationship between periods low mood and difficulties in interpersonal relationships
  - using chain analysis to help understand the development of the low mood

- An ability to help a child/young person increase their capacity to control impulsive behaviour by:
  - offering psychoeducation on the management of impulse control problems, and:
    - drawing attention to the consequences of focusing on emotions (leading to action without reflection and lack of premeditation and planning)
    - identifying the importance of decreasing the attention given to thoughts and emotions
  - working with the child/young person to identify examples of impulse-control problems they have experienced
  - considering the development of impulse control problems stage by stage, and working with the child/young person to identify alternative problem-solving strategies that could be implemented at each point in the sequence

8.4. Staying well (relapse prevention)

Inpatient units will aim for a timely discharge, avoiding both premature and delayed discharge. Nonetheless, strategies for relapse prevention need to consider the child/young person's progress while on the ward. This will include helping the child/young person (and their parents/carers) recognise that they may not be fully recovered, and identify the strategies best suited to recognising and managing areas of vulnerability.

- An ability to draw on knowledge that the meaning of recovery varies from person to person, and as such:
  - their sense of a positive outcome may not be the same as the medical/professional perspective
  - practitioners should aim to understand what recovery means for them
- An ability to help the child/young person identify early warning signs that (in the past) have signalled a decline in their mental health, including changes in their mood, behaviour and thoughts
- An ability to work with the child/young person to develop a timeline that helps to identify problematic events (and their meanings) that have led to a deterioration in mental health in the past
- An ability to enhance the child/young person's coping strategies by helping them to identify, overlearn and apply skills that foster a sense of control, and so instil hope (e.g. relaxation training, activity scheduling)
- An ability to help the child/young person evaluate the efficacy of previous interventions for staying well in order to inform (and to improve) strategies they use in the future
- An ability to identify and discuss the child/young person's thoughts and appraisals about the re-emergence of symptoms, aiming:
  - to de-catastrophise their responses to a change in mood, behaviour and thoughts)
  - to support their sense that they have a repertoire of strategies that can be employed to manage
- An ability to recognise that for some children/young people symptoms and difficulties will persist in spite of intervention, and to understand and discuss recovery and maintenance of gains from this standpoint
- An ability to apply relapse prevention strategies with parents/carers, and to engage them (as well as the child/young person) in recognising and responding constructively to indications of difficulties

8.5. Group-based interventions

Knowledge

- An ability to draw on knowledge of the characteristics of the target group population for whom the group intervention is designed (e.g. age/developmental stage, presenting problems etc.)
- An ability to draw on knowledge of the aims, principles or model of therapy underpinning the group intervention

Ability to plan the group

- An ability to estimate the likely demand for the group by identifying the children/young people who:
  - meet the criteria for the group (e.g. in terms of presenting difficulties or challenges)
  - are likely to be receptive to a group approach
  - would be able to attend the group at the expected frequency
- An ability to ensure that there is team support for the group (e.g. assuring appropriate accommodation, time and resources)
- An ability to plan the basic structure and content of the group, e.g.:
  - practicalities (e.g. setting, timing)
  - outline content of sessions
  - roles of staff running the group
  - any additional/specific resources required for group sessions
  - any evaluation procedures

Ability to recruit children/young people to the group

- An ability to maintain optimism and a positive attitude towards the group in the face of challenges to initiating and maintaining group membership

- An ability to specify and apply inclusion and exclusion criteria for the group
- An ability to provide participants with information on the content and purpose of the group
- An ability to explore (and where possible address) any barriers to participation in the group, e.g.:
  - practical barriers (e.g. other concurrent meetings)
  - emotional barriers (e.g. social anxiety)
  - historical factors (e.g. previous negative experiences of groups)
- An ability to help each group member identify what they would like to gain from the group

Ability to follow the aims/model of group intervention

- An ability to implement the components of the group intervention, including:
  - structuring the group (e.g. ordering and timing of material, use of media, practice assignments)
  - any specific intervention techniques
  - management of group and change processes
- For groups that follow a manual, an ability to adhere to the sequence of activities outlined in the manual, and:
  - an ability to draw on knowledge of manualised activities so that they can be introduced fluently and in a timely manner

Ability to manage group process

Establishing the group

- An ability to establish an environment that is physically and emotionally safe, by:
  - discussing the ground rules of the group (e.g. taking turns to speak, starting and ending the group on time) in a way that is appropriate to the developmental stage of group members
  - discussing boundaries (e.g. whether and how information discussed in the group is shared outside the group)
  - safeguarding the ground rules by drawing attention to any occasions when they are breached, in a way that is sensitive to the developmental stage of group members
  - helping all group members participate by monitoring and attending to their emotional state
  - monitoring and regulating self-disclosure by members and group leaders, to maintain an environment where members can share
- An ability to identify and manage any emotional or physical risk to group leaders and group participants

Engaging group members

- An ability to engage group members in a way that is appropriate to their developmental stage and congruent with the therapeutic model being employed
- An ability to match the content and pacing of group sessions, presentations and discussions to the characteristics of group members (e.g. in terms of age range, ability levels, attention span, cultural characteristics)
- An ability to build positive rapport with individual members of the group, and:
  - an ability to monitor the impact of these individual relationships on other members of the group, and, if necessary, address and manage any tensions
- An ability to manage the group environment in a way that helps all members to participate on a level they feel comfortable with

- When appropriate to the model of therapy, an ability to use modelling and explicit social reinforcement to encourage the participation of group members

Managing potential challenges to group engagement

- An ability to recognise when individuals form subgroups, and to manage the impact of these relationships on overall group dynamics
- An ability to plan for, reflect on and manage potential challenges to the group, including:
  - disruptive behaviour
  - persistent lateness/absence, or non-engagement in sessions
  - anyone leaving the group early
  - members who are over talkative or dominate the group
  - high levels of distress displayed by a group member:
    - if a group member's emotional state impacts on the other group members, an ability to attend to this to ensure others do not become overwhelmed or disengaged

Ability to manage the ending of the group

- An ability to prepare group members for the ending of the group by signalling the ending of the intervention at the outset and throughout group sessions, as appropriate
- An ability to draw on knowledge that the ending of the group may elicit feelings in group members connected to other personal experiences of loss/separation
- An ability to help the group member express any feelings of anxiety, anger or disappointment that they may have about ending the group
- An ability to review the themes covered in the group, in a way that is appropriate to the developmental stage of the participants and the model being applied
- An ability to reflect on progress made because of participation, and to celebrate it in a way that is appropriate to the developmental stage of the group members and the model being applied

Ability to evaluate the group

- An ability to review the child/young person's goals for the group
- An ability to draw on knowledge of appropriate strategies and tools for evaluation, based on the resources available, and:
  - to provide a rationale for the evaluation strategy to children/young people
  - to feedback evaluation in a sensitive and meaningful way

Ability to use supervision

- An ability to use supervision to reflect on group processes
- An ability for group leaders to reflect on their own impact on group processes

8.6. Promoting valued activities

Knowledge

- An ability to draw on knowledge that a lack of regular ward activities can result in boredom, frustration and a focus on symptoms (e.g. low mood and anxiety), which can be a threat to individual wellbeing and the development of a therapeutic milieu
- An ability to draw on knowledge of the potential benefits of ward activities on wellbeing, a sense of social connectedness and physical health

- An ability to draw on knowledge of the importance of trying to maintain activities that the child/young person values, particularly those they engage in on a regular basis when in the community
- An ability to draw on knowledge of the adverse impact of:
  - being unable to maintain valued activities
  - losing contact with peers associated with these activities

Application

- An ability to help each young person (and where appropriate their parents/carers) identify activities that they value,
- An ability to identify whether and how valued activities can be maintained while on the ward, in the context of the resources available to the unit and the care plan for that child/young person, e.g.:
  - activities that can be carried out on the ward
  - activities that can only be accessed in the community, and for which leave might need to be arranged

- An ability to identify and contribute towards a programme of scheduled ward-based activities e.g.:
  - self-care and daily living skills
  - creative groups (e.g. art or music groups)
  - exercise groups

- An ability to offer children/young people choice over whether to participate in ward activities and to review this choice over the course of an admission (to reflect their changing needs)

- An ability to help the child/young person plan how they can generalise a programme of ward-based activities post-discharge, and:
  - an ability to help parents/carers become aware of the therapeutic benefits of planned and valued activities, and help the child/young person maintain these after discharge

8.7. Managing interpersonal relationships

- An ability to draw on a developmental perspective to understand the varied friendship needs of children/young people
- An ability to draw on knowledge of the impact of admission on pre-existing peer and family/carer relationships

- An ability to help a child/young person increase their capacity to engage in and develop more stable and rewarding relationships through:
  - psychoeducation that includes discussion of the links between interpersonal sensitivity and problems they may have experienced in the past with their family/carers and peers
  - helping them review problems in relationships by using role play and discussion, to reflect on the perspectives of others with whom they are interacting (e.g. on their internal experience and/or the meaning and purpose of their external behaviour), to:
    - increase their capacity to be aware of another's internal emotional or cognitive state
    - reducing their sensitivity to external cues (e.g. facial expression or body language)

- An ability to help the child/young person transfer and generalise interpersonal relationship skills outside the inpatient unit to their family/carers, peers and community

8.8. Motivational strategies

This section describes strategies that can be used when there are opportunities to discuss motivation to make changes in behaviour. They promote hope for change, and so contribute towards stablishing the therapeutic milieu

While some behavioural changes lie with the child/young person, it is important not to make them responsible for changes that others need to make, and to explicitly recognise this in any intervention. As such, the strategies in this section can also be employed with family/carers where appropriate.

Practitioner stance

- An ability to maintain an empathic, non-confrontational, collaborative and non-judgmental stance
- An ability to convey genuine acceptance of the child/young person's position and avoid the use of persuasion, and:
  - to 'roll with the resistance' and so avoid direct confrontation
- An ability to work from a position that respects the child/young person's autonomy and their responsibility for change

Knowledge

- An ability to draw on knowledge of the psychology of behaviour change and motivation, i.e.:
  - motivation is shaped by an individual's perception of their ability to carry out a behaviour and the opportunity for them to do so
  - motivation to engage in a particular behaviour will typically fluctuate in response to competing internal (psychological) and external demands
  - ambivalence about behaviour change is not a pathological trait, but rather a common precursor to making a change
  - psychological reactance (defending a status quo) is a typical response to confrontation aimed at forcing behaviour change
  - practitioner empathy is a good predictor of successful behaviour change

Motivational strategies

Identifying discrepancies

- An ability to draw out the child/young person's ideas, feeling and wants, and their intrinsic motivation for change

- An ability to help the child/young person discuss any distinction (and discrepancy) between their current situation and:
  - how far it matches living according to their values
  - their goals for the future
- An ability to help the child/young person explore and resolve their ambivalence in favour of change
- An ability to encourage exploration of ambivalence by using open questions to help the child/young person identify the pros of change and barriers to achieving this change
- An ability to enhance the child/young person's perception of the importance of change and their confidence and readiness to make this change, by discussing ambivalence and highlighting reasons for change

Style of interaction

- An ability to use affirmative statements that acknowledge the child/young person's efforts and strengths
- An ability to use open-ended questions to encourage reflection on behaviour change
- An ability for the practitioner to avoid the use of 'traps', e.g.:
  - question/answer traps (e.g. repeatedly asking questions that elicit mono-syllabic responses)
  - premature focus traps (focusing on a problem area without fully exploring other areas of concern to the child/young person and identifying their priorities)
  - taking-side traps (arguing against the child/young person's view of the problem)
  - blaming traps (seeking to blame others or the child/young person for the current situation
  - expert traps (overruling the child/young person's perspective by asserting professional authority)
- An ability to consistently maintain a reflective listening style by:
  - forming hypotheses about the meaning of the child/young person's statements
  - testing hypotheses by making reflective statements
  - paying attention to statements that indicate a desire or ability to change, and reflecting them back to the child/young person in summary statements
- An ability to elicit 'change talk' in a collaborative way by:
  - recognising and reflecting on different levels of motivation when the child/young person talks about their desire to change, their ability to change, and their reasons for change
  - recognising and strengthening language that indicates a commitment to making a positive behaviour change

- An ability to offer summaries, to demonstrate understanding of the child/young person's difficulties and structure the intervention
- An ability to reframe discussion positively, with a focus on behaviour change

- An ability to help the child/young person consider new perspectives, in a non-confrontational way
- An ability to only offer specific information and advice when it is asked for
- An ability to help the child/young person discuss the benefits and barriers to changing problem behaviour
- An ability to develop, in collaboration with the child/young person, plans for behaviour change

- An ability to summarise any decisions that have agreed about behaviour change

Monitoring

- An ability to identify the child/young person's readiness for change, through open-ended discussion
- An ability to give positive and constructive feedback on behaviour change
- An ability to help the child/young person use self-monitoring tools to reflect on progress

Meta-competences in motivational interviewing

- An ability to adapt the pace of discussions in relation to the child/young person's needs and capacity
- An ability to judge when and how to introduce motivational strategies so as to deliver them 'opportunistically' (so that it is relevant to discussion and integrated into the session, and targeted at resolving ambivalence about behaviour change)
- An ability to elicit and be responsive to young person's feedback
- An ability to integrate motivational strategies into the work of the ward

9. Meta-competences for inpatient work with children/young people

Adapting practice to the needs of the child/young person

- An ability to adapt practice to the needs and presentation of each child/young person, to:
  - maximise their active involvement in the process of assessment, planning and intervention
  - address any tensions between meeting their personal needs and any organisational requirements that inform 'usual' practice (such as local protocols for assessment)

Style of interaction

- An ability to balance being 'oneself' in interactions with offering clinical expertise and holding professional boundaries

Working with children/young people and their families/carers

- An ability to ensure that the child/young person's needs remain paramount, and to judge how best to assure their involvement in the process of assessment, goal planning, intervention and evaluation
- An ability to creatively and flexibly adapt the assessment and intervention to the child/young person and family/carers' interests and abilities
- An ability to adapt communication and interventions to the child/young person's developmental stage
- When children/young people and their families/carers are seen together, an ability to maintain a balanced and non-critical focus on all parties, so that every person feel included and regarded

Team working

- An ability to recognise the value of alternative perspectives discussed by colleagues, and to integrate different explanatory models into the overall approach based on a reasoned formulation
- When sharing information with others, an ability to judge what information needs to be shared and with whom, balancing the level of confidentiality against the need for colleagues to have enough information to act in the interests of the child/young person
- When working with other agencies, an ability to make a judgment about the potential impact of factors such as differences in statutory responsibilities and the operation of service constraints, and to take these into account when planning a shared intervention

- Where colleagues identify differing priorities and aims for an intervention, an ability to come up with a collaborative treatment plan that balances the different perspectives while maintaining a focus on the child/young person's best interests
- An ability to judge when there is sufficient evidence that professional colleagues are not performing their roles appropriately, or are performing them incompetently, and to act in line with professional, organisational and legal obligations

Legal and ethical issues

- An ability to interpret legal and ethical frameworks in relation to the individual case

Assessing risk

- An ability to draw on knowledge of the difficulty of predicting risk in an child/young person and so be able to:
  - synthesise information from theory and research with multiple sources of information about the person
  - integrate information from questionnaire-based sources with information from discussion-based assessment
  - integrate information from a range of sources

Working with the evidence base relating to children/young people

- An ability to make informed use of the current evidence base to guide decision-making about the interventions that are indicated
- Where a child/young person presents with multiple problems and conditions, an ability to adapt treatment plans so that they can be applied to the individual case in a manner that is:
  - informed by the case formulation/diagnosis
  - congruent with the treatment principles inherent in the protocol
- An ability to plan interventions in a manner consistent with the available evidence-base, but to judge when and how to move beyond the evidence base where there are indications that this is appropriate, e.g.:
  - where the child/young person is finding it difficult to engage with the evidence-based approach
  - where there is evidence of a lack of progress with a competently-delivered evidence-based intervention
  - when the formulation indicates the potential benefit of an integrative approach

Working with people from a range of backgrounds

- An ability to integrate equality and diversity issues into clinical practice, so that different perspectives, practices and life styles are addressed respectfully and non-judgmentally
- An ability for practitioners to maintain an awareness of their own values about parenting and family customs, and to reflect on the ways that these assumptions impact (positively and negatively) on the people they work with
- Where people discuss parenting practices at variance with the norms and values of the practitioner, an ability to judge when this difference should be respected and when it represents a concern that should be responded to
- Where there is evidence that social and cultural difference is likely to impact on the accessibility/acceptability of an intervention, an ability to make appropriate adjustments to the intervention and/or how it is delivered, with the aim of maximising its potential benefit

Capacity to implement interventions in a flexible but coherent manner

- An ability to implement an intervention or a model of therapy in a way that is flexible and responsive to the issues children/young people raise, but which also ensures that all relevant components of an intervention are included
- An ability to judge when and how to balance adherence to a 'protocol' against the need to attend to any issues which arise in the therapeutic relationship

Capacity to adapt interventions in response to feedback

- An ability to accommodate issues that children/young people or their parents/carers raise explicitly or implicitly, or which become apparent as part of the process of the intervention, and:
  - an ability to respond to, and openly to discuss, explicit feedback that expresses concerns about important aspects of the intervention
  - an ability to detect and respond to implicit feedback that indicates concerns about important aspects of the therapy (e.g. as indicated by non-verbal behaviour, verbal comments or significant shifts in responsiveness/engagement)
  - an ability to identify when it seems difficult for children/young people to give feedback that is 'authentic' (i.e. responding in accordance with what they think the clinician wishes to hear, rather than expressing their own view) and discussing this with them
  - an ability to be aware of, and respond to, the emotional shifts in each session, with the aim of maintaining an optimal level of emotional arousal (i.e. ensuring that children/young people are neither remote from or overwhelmed by their feelings)

Safe practice, supervision and support

- An ability for practitioners to recognise the limits of their competence, and to judge when they should seek advice and/or supervision from more experienced colleagues
- An ability to be aware of the inevitable personal feelings and responses elicited by challenging behaviours (such as hostility or suspiciousness) and to judge when additional support or supervision is necessary, to:
  - continue working effectively and compassionately
  - ensure that decisions about the best way forward are taken on the basis of careful reflection (e.g. whether to persist, adapt or stop an intervention)

- An ability for the practitioner to judge when an assessment or intervention is creating unhelpful emotional demands on them, and to take steps to put in place appropriate levels of self-care

- An ability to judge when there is evidence that the actions of a colleague (or colleagues) fall below appropriate professional standards or place users at risk of harm, and to draw on knowledge of relevant organisational procedures to identify the most appropriate way to alert others to these issues

10. Organisational competences to support the work of the team

10.1. Supervision and training for practitioners

- An ability to support the capacity of services to organise supervision and training for staff at all levels of seniority, following the principles that:
  - training and supervision are necessary if individual practitioners and the whole team are to work in line with best practice
  - opportunities for training and skill development should be available and accessible for all levels of staff
  - 'one-off' training needs to be supplemented by supervision and focused support to be effective
- An ability to ensure that practitioners at all levels of the team (both junior and more senior) can access supervision and training that matches:
  - their experience and prior training
  - the roles they are expected to carry out and the level of responsibility they are expected to have
- An ability to support proactive training in leadership, to prepare individuals for leadership roles (e.g. through training and mentorship)
- An ability to help teams to put in place systems that can identify the training and supervision needs of its individual members
- An ability to help teams identify and resolve obstacles to supervision and training that takes place in the inpatient context
- An ability to recognise the value of whole-team training, in addition to individual training, and to help services overcome barriers to this (e.g. providing staff cover to enable the whole team to meet)

10.2. Responding to and learning from serious incidents at an organisational level

In inpatient units, a serious incident is one that leads to avoidable death or serious harm to patients or staff, where the consequences for children/young people, families/carers, staff or organisations are significant, and where there may be implications for patient safety or an organisation's ability to deliver ongoing healthcare.

- An ability to provide guidance and support for all employees impacted by a serious incident
- An ability to appoint appropriate individuals to investigate the circumstances leading up to the incident

- An ability to offer support to individuals and teams to help them review the incident, to discuss their reactions and feelings, and to receive help if necessary
- An ability to communicate with the people involved and impacted by the incident (e.g. providing clinical follow-up and support)

Family engagement and communication

- An ability to ensure that the terms of reference of any investigation explicitly include arrangements for engaging and communicating with the child/young person's family/carers or significant others
- An ability to ensure that that the persons making contact are suitable to take up this role (e.g. have the appropriate communication skills and an appropriate level of authority)
- An ability to ensure that information is provided to the family/carers and significant others in a timely and compassionate manner (in line with the Duty of Candour)
- An ability to put in place appropriate support for the child/young person's family/carers and significant others

- Where there are other children/young people in the family, an ability to put in place developmentally appropriate support and to support the parents/carer's capacity to care for them

Establishing an independent review

- An ability to identify an independent team with relevant experience, expertise and authority, including lay membership where appropriate, which is empowered to:
  - investigate the circumstances of the incident
  - compile a record of the care and treatment of the children/young people who were involved

- write a clear report

- An ability to ensure that reviews are set up, completed and disseminated in as timely a manner as is practicable

Competences for the team conducting an investigation

- An ability for the investigating team to:
  - review relevant documentation
  - identify other agencies and services that the children/young people were in contact with
  - interview members of the clinical and professional teams that the children/young people were in contact with
  - review and evaluate the course and quality of treatment
  - review legal and ethical matters, particularly in relation to sharing information within and between services
  - seek the views of families/carers and significant others

- An ability to review the degree to which the service is operating in line with national and local guidance designed to reduce the risk of an incident, e.g.:
  - monitoring the physical environment for risk of suicide (e.g. ligature points) and actively taking steps to modify risks/dangers when they are identified
  - ensuring there is an appropriate response when children/young people leave inpatient wards without staff agreement (e.g., use of the Mental Health Act)
  - having agreed protocols in place for managing children/young people with comorbid substance misuse
  - maintaining safe staffing levels
  - maintaining a consistent staff group who are familiar with the children/young people in their care (e.g. by minimising staff turnover)
  - putting in place appropriate training for staff who carry out critical tasks (e.g. direct observations or search and restraint)

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

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

Use of information and reporting systems

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

Effectiveness of leadership

- An ability to identify how information about potential adverse events or area of concern is considered by senior leaders in the organisation, e.g.:
  - whether, how and at what level the Trust and/or its delegated authority (e.g. sub-committee of the Trust Board, Clinical Governance lead, Client Safety Services, Quality Oversight Group) receives, takes account of and responds appropriately to information about serious incidents, unexpected deaths and previous incident reports
- An ability to consider the quality of reports of previous investigations (e.g. Serious Incidents Requiring Investigation (SIRI) reports), e.g. to consider:
  - the standard of investigation
  - the quality of the report
  - the appropriateness of the actions it recommends
- An ability to determine if and how recommendations from previous investigations have been implemented

Dissemination

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

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

- An ability to recommend that reports are disseminated: in a timely manner to:
  - all professionals who can potentially learn from them, e.g.:
    - managers
    - staff (including frontline clinical staff, and particularly those with whom children/young people were in contact)
    - clinical and professional partners (e.g. local services or local agencies)
  - family/carers and significant others

10.3. Providing support for professional for staff after a serious incident

This section focuses on the competences associated with providing support for individuals and teams after a serious incident (e.g. a death by suicide). Separate sections detail competences associated with the formal inquiry that constitutes an organisational response to serious incidents.

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

- An ability to all ensure that all relevant staff are informed after a serious incident and that support is offered in a timely manner (while avoiding the risks associated with immediate post-incident debriefing)
- An ability to ensure that working arrangements are adjusted to ensure that all staff who wish to attend meetings can do so
- An ability to identify a moderator (a neutral expert with experience and expertise in working with individuals or groups after a serious incident)
- An ability for the moderator to establish boundaries to discussions and ensure that there is clarity about its focus and about confidentiality

Working with individuals or teams

- An ability to provide information about the 'normal' consequences of a serious incident among clinicians and practitioners
- Ability to help people make sense of their experiences and responses, using psychoeducation and drawing on models of understanding

- An ability to help practitioners discuss and understand their emotional reactions to the incident, and to:
  - identify and discuss the breadth of emotions evoked (e.g. sorrow, guilt, anger, disappointment, compassion or relief)
  - identify and discuss emotions related to their sense of the role they played in the incident (e.g. a sense of failure, incompetence, fear or shame)
  - discuss the ways in which they are managing feelings about the incident (e.g. denial of feelings or, conversely, feeling overwhelmed)
  - discuss (and so recognise) limits to the control that they had over the patient's behaviour
  - recognise that (at least in the short term) the incident is likely to affect their work with children/young people and their sense of professional identity
  - verbalise fears of disciplinary or legal action

- Where a suicide has taken place, an ability to help practitioners reconstruct the known circumstances and behaviour of the child/young person prior to suicide, and to discuss:
  - how they understand the child/young person's decision to take their life
  - their sense of involvement with the child/young person and their view of themselves after the death (including e.g. potential feelings of guilt or a sense of failure)
  - accusations of blame towards people or groups seen as responsible for the child/young person's welfare
    - an ability to contain accusations of blame against others (e.g. by distinguishing between feelings of guilt and actual responsibility for the patient)
- Where a practitioner has discovered the body, an ability to organise or provide appropriate support (e.g. where there is evidence that they are suffering a traumatic response)

- An ability to judge the difference between support and therapy and to discern whether further signposting or referrals might be necessary

Working with the team

- An ability to draw on knowledge that the reactions of different members of the team to serious incidents will vary, and be influenced by their:
  - relationship with the children/young people involved
  - understanding and knowledge of the children/young people involved
  - understanding and anticipation of the event
  - personal traits
  - professional experience
- An ability to draw on knowledge that because different team members will vary in the extent and depth of their reactions, the support offered (to the whole team and to individuals) needs to reflect this, e.g.:
  - by offering individual as well as group support
  - by being sensitive to what each team member knows, and what level of detail they need to know (e.g. if detailing the manner of the death is potentially traumatising)

- An ability to extend support to staff (e.g. administrative staff or cleaners) who had no formal clinical role, but whose duties brought them into regular contact with children/young people involved in the incident

10.4. Audit and quality monitoring

- An ability to draw on knowledge that the aim of audit is to improve the quality of services
- An ability to draw on knowledge of the risk that audit and quality monitoring is seen by teams as a managerial activity (organised on a 'top-down' basis), reducing a sense of ownership (and potentially, participation)
  - an ability to increase the salience and relevance of audit for staff and children/young people, e.g. by:
    - sharing decisions about which areas to audit (along with as those based on indicators of quality that are based on national and local standards):
      - inviting staff and children/young people to indicate which aspects of services should be audited
      - encouraging audit of areas that are seen as priorities by teams and children/young people
      - encouraging children/young people and teams to lead on audits they see as a priority
    - sharing data and outcomes from the audit in an accessible form
    - sharing actions plans based on data drawn from the audit

- An ability to ensure that policies, procedures and guidelines relating to quality standards are available, and formatted in a way that makes them accessible to staff and children/young people
- An ability to ensure that services are resourced to conduct audits (e.g. ensuring that there is protected staff time to carry these out)
- An ability to ensure that the performance of services is based on multiple sources of information, including feedback from children/young people and their families/carers

- Where audits identify areas for improvement, an ability to work with staff teams to:
  - identify and disseminate information that emerged from the audit
  - agree and implement action plans
  - agree on procedures for monitoring the impact of action plans
- An ability to ensure that risks identified through audit are addressed and acted on in liaison with staff teams

11. Competences requiring specialist training

11.1. Working with complex needs in a CAMHS inpatient context

- An ability to draw on knowledge that most children/young people admitted to an inpatient unit will have both complex needs and coexisting conditions/presentations, accompanied by a level of severity that warrants an inpatient stay, and:
  - an ability to draw on knowledge of ways of adapting and integrating interventions into a coherent care plan that
    - stays close to the evidence base for specific presentations, but accommodates the needs and preferences of the individual
    - draws on knowledge of evidence-based psychological and pharmacological interventions for specific presentations

- An ability to draw on knowledge that children/young people whose presentations are not comorbid or severe are usually more appropriately treated in the community, and as such may be adversely impacted by an admission (e.g. those with a conduct disorder, substance misuse, trauma, an eating disorder, autism spectrum disorders, mild learning difficulties)

Comprehensive assessment and formulation

- An ability to draw together information from comprehensive assessments to derive a case formulation and a care plan that:
  - reflects both personal meaning and evidence-based understanding
  - reflects shared decision making
  - encompasses risk and all relevant issues
  - pre-empts and attends to potential obstacles to engagement or intervention, such that these can be mitigated
  - flags any priorities for intervention
  - identifies a risk management plan
  - indicates the sequence of interventions
  - indicates who is responsible for each aspect of the intervention
  - promotes the use of appropriate interventions and inhibits those that may be harmful (e.g. starting a psychological therapy when a short-term admission is planned)

- An ability to ensure that the whole team are agreed on, and own, the formulation, e.g.:
  - by making it explicit
  - by explaining its rationale
  - by being open to debate and discussion of the formulation, such that a formulation is not 'imposed' on team members

- An ability to recognise that formulations are hypotheses that need to be collaboratively developed with young people and parents/families/carers and tested in the context of intervention plans, and should be subject to iterative review

Applying and reviewing the formulation

- An ability to apply the formulation such that it organises and drives the sequence of interventions
  - an ability to systematically review and revaluate the formulation in the light of new information, and in relation to what works and, especially, what does not work
  - an ability to ensure that the young person and their families/carers can input to the process of review, and where relevant their feedback is integrated into an updated formulation

Setting an achievable care plan

- An ability to ensure that the care plan realistically reflects
  - the resources available in the unit (e.g. available staff, resources of parents/carers)
  - the quality of service delivery (e.g. appropriate training of staff who are expected to carry out specific roles)
  - the quality of the 'therapeutic milieu' (and therefore the quality of the context into which specific interventions will locate)
  - the likely length of an admission
  - the readiness of the young person
  - the motivation of the young person and indicators of their likely engagement (e.g. an expression of interest in an intervention)
- An ability to modify the care plan if there are indications that it is unlikely to be achievable (e.g. if unexpected staff absences restrict available resources)

- An ability to identify how members of the team will contribute to the agreed plan of care

Monitoring progress

- An ability to put in place and make systematic use of systems that track outcomes using:
  - holistic assessment methods (drawing on multiple sources of information (including self-report) and multiple informants)
  - measures that are relevant to the issues and conditions/presentations being addressed
  - indicators of positive behaviour
  - goals that are determined by the child/young person and are meaningful to them (even if not equivalent to those set by the team)
- An ability to monitor and track the effectiveness of the care plan and revise both the formulation and the care plan as required

- An ability to document and record progress in a manner that is accessible to all those who need to access this information

- An ability to review progress against the initial care plan in order to identify and guard against 'therapeutic drift' (e.g. where new [but iatrogenic] difficulties emerge and command attention, and where a continued admission may be against the best interests of the young person)

Planning for discharge and transitions of care

An ability to put in place proactive planning for continuing care and support after the child/young person leaves inpatient care (e.g. maintaining links with services already involved in their care and actively involving community services in the discharge plan)

11.2. Knowledge of evidence-based interventions for specific conditions and relevant competence frameworks

- An ability to draw on knowledge of the practical application of:
  - national guidance on evidence-based interventions for specific presentations
  - competence frameworks for specific presentations and specific interventions
- An ability to apply and integrate knowledge of guidelines and interventions to the specific needs of each individual in the context of an inpatient setting

Examples of NICE guidance on interventions for specific presentations in children/young people[f]

Topic	Link to full guideline PDF
Antisocial behaviour and conduct disorders in children and young people	NICE guideline CG158
Attention deficit hyperactivity disorder	NICE Guideline NG87
Autism in under 19s: recognition, referral and diagnosis	NICE guideline CG128
Autism in under 19s: support and management	NICE guideline CG170
Borderline personality disorder	NICE Guideline CG78
Child abuse and neglect: recognising, assessing and responding	NICE Guideline NG76
Child maltreatment (when to suspect)	NICE Guideline CG89
Children's attachment	NICE guideline NG26
Depression in children and young people	NICE Guideline NG134
Eating disorders	NICE Guideline NG69
Harmful sexual behaviour among children and young people	NICE Guideline NG55
Learning disabilities and behaviour that challenges	NICE Guideline NG93
Mental health problems in people with learning disabilities	NICE Guideline NG54
Obsessive-compulsive disorder	NICE Guidelines CG31
Post-traumatic stress disorder	NICE Guideline NG116
Psychosis and schizophrenia in children and young people	NICE Guideline CG155
Self-harm in over 8s: short-term management	NICE Guideline CG16
Self-harm in over 8s: long-term management	NICE Guideline CG133
Social anxiety disorder	NICE Guideline CG159
Violence and aggression	NICE Guideline NG10

[f] Where relevant, please also see SIGN guidance. Also see the NICE website for other guidance, new guidance and updates.

Frameworks

Autism spectrum disorder	https://skillsforhealth.org.uk/wp-content/uploads/2020/11/Autism-Capabilities-Framework-Oct-2019.pdf
Learning disabilities	https://www.skillsforhealth.org.uk/images/services/cstf/Learning%20Disability%20Framework%20Oct%202019.pdf
Psychological interventions for people with eating disorders	All frameworks accessed via: https://www.ucl.ac.uk/CORE/competence-frameworks
Psychological interventions for people with personality disorder	
Psychological interventions for people with psychosis and bipolar disorder	
Self-harm and suicide prevention competence framework	
Psychological interventions in child and adolescent mental health services	

Examples of competence frameworks relevant to the delivery of specific psychological therapies

Cognitive analytic therapy	All frameworks accessed via: https://www.ucl.ac.uk/CORE/competence-frameworks
Cognitive behavioural therapy	
Humanistic therapy	
Interpersonal therapy	
Psychoanalytic/psychodynamic therapy	
Systemic therapy	
Dialectical behaviour therapy	www.ucl.ac.uk/clinical-psychology/competency-maps/pd-framework/Specific%20psychological%20interventions/DBT%20Competencies%20web%20May%202015.pdf
Mentalisation-based therapy	www.ucl.ac.uk/clinical-psychology/competency-maps/pd-framework/Specific%20psychological%20interventions/Mentalisation%20Based%20Therapy%20web%20May%202015.pdf

11.3. Behavioural interventions for challenging behaviour

Knowledge

- An ability to draw on knowledge that behaviour is defined as 'challenging' when it involves significant risks to the child/young person's physical well-being and/or has a significant impact on their quality of life and their access to ordinary facilities
- An ability to draw on knowledge that challenging behaviours are more common in children/young people with learning disabilities, and in those with an IQ in the normal range but with neurodevelopmental disorders (such as autism spectrum disorder), although the pattern varies depending on the type of behaviour, their age, their social and family context, and:
  - an ability draw on knowledge that because these children/young people's social and communication skills may only partly develop, they may have fewer ways of signalling their needs or having them met; as such challenging behaviour can often be understood as an act of communication
- An ability to draw on knowledge that challenging behaviour is context specific and can be culturally determined (i.e. in relation to cultural or familial expectations of standards and behaviour)
- An ability to draw on knowledge of normal child development and that:
  - most young children display some forms of challenging behaviour early in their lives, and that these usually diminish or disappear as children develop social and communication skills, and also gain more 'executive' control
- An ability to draw on knowledge of different types of challenging behaviour, and the prevalence of those associated with specific syndromes and with learning disabilities
- An ability to draw on knowledge of the uses and limitations of pharmacology in treating some forms of challenging behaviour, and the ability to liaise with relevant members of the team regarding the use and monitoring of medication

Knowledge of behavioural theory

- An ability to draw on knowledge of the range of reinforcement contingencies that shape or maintain behaviour, e.g.:
  - positive reinforcement: the contingent presentation of a reinforcing stimulus when the desired behaviour or act occurs
  - negative reinforcement: the contingent removal of an aversive stimulus
  - positive punishment: the application of a contingent response that is aversive to the individual (e.g. saying 'no' loudly and clearly)
  - negative punishment: the contingent removal of a reinforcing stimulus (e.g. the removal of positive reinforcement for a set time)

- extinction: achieved by the removal of the reinforcing stimulus, or by breaking the contingent association between the behavior and the reinforcer
- automatic/perceptual reinforcement: where the reinforcing stimuli are private or internal to the person (e.g. scratching is reinforced because it relieves the sensation of itching)
- stimulus control: where the probability of a behaviour occurring is made more or less likely by the presence of a particular stimulus

- An ability to draw on knowledge that causal and maintaining factors of behaviour may be complex and controlled by more than one reinforcement contingency
- An ability to draw on knowledge that the reinforcing powers of stimuli are influenced by personal, biological, historical and environmental contexts
- An ability to draw on knowledge that maintaining factors may vary across different forms of challenging behaviour shown by the same child/young person
- An ability to draw on knowledge that maintaining factors vary across contexts, e.g.:
  - bio-behavioural states (e.g. tiredness, hunger, pain)
  - preceding interactions (e.g. cancelled activity, criticism from others)
  - current context (e.g. noise, temperature, interventions made by ward staff)

Assessment

- An ability to shape the initial focus of the intervention by gathering background information about the child/young person, their environment and the behaviour that is challenging to others
- An ability to identify the child/young person's strengths (i.e. their skills, competencies, opportunities and resources)
- An ability to identify the child/young person's needs (including their developmental needs, the impact of their disabilities, gaps in resources (family/carers, services, etc.), and any mental and physical health needs)
- An ability to identify the child/young person's likes and preferences, and how they express them, and:
  - an ability to gather information from family/carers who are familiar with the communications of the child/young person (e.g. facial expressions or physical movements)
  - an ability to draw on awareness that children/young people with learning disabilities may be overly acquiescent, and to hold this in mind when helping them express their preferences
- An ability to gather information about the child/young person's developmental, social, educational and medical history, and their previous use of services
- An ability to assess the carer's (and if relevant, ward staff's) expectations of how the child/young person should behave, and discuss these expectations if they are not congruent with their stage of development and cognitive abilities

Gathering information about the challenging behaviour

- An ability to clearly specify and describe the challenging behaviours in ways that can be measured, and to ensure that all parties to the intervention share a common understanding of the specific problems that are being targeted
- An ability (where possible) to identify the onset of challenging behaviour, and how it was responded to when it first started
- An ability to use a range of methods to gather information about the challenging behaviour (applying knowledge of the strengths and limitations of these methods), including:
  - informant based approaches (semi-structured interviews, questionnaires, self-report accounts of past behaviour)
  - observational methods (direct and indirect, simultaneously or subsequently recorded)
- An ability to undertake behavioural observation[g]

Assessment of physical and mental health

- An ability to know when to involve other professionals to assess physical problems that may contribute to a child/young person's challenging behaviour (e.g. pain due to an ear infection, constipation, etc.)
- An ability to explore any relationships between challenging behaviour and psychiatric illness (e.g. where a challenging behaviour [such as aggression] is a response to hearing voices)

Ability to conduct a functional assessment

- An ability to conduct a comprehensive functional assessment, which includes:
  - the selection and definition of challenging behaviours as potential targets for intervention, considering:
    - their personal and social impact
    - the function of separate forms of challenging behaviour
    - the identification of functionally equivalent behaviours (i.e. behaviours that have the same function as the challenging behaviour, but are socially appropriate)
    - identifying sequences of behaviour that are maintained by an end-point that reinforces the whole sequence
  - a description of relationships between the occurrence of challenging behaviour, environmental events and bio-behavioural states
  - the generation of hypotheses concerning:
    - the contexts or settings in which the challenging behaviours occur
    - the operations which may either activate or abolish the contingencies maintaining the child/young person's challenging behaviour

[g] Competences associated with behavioural observation are in the relevant section of this competence framework.

- the nature of the contingencies maintaining the child/young person's challenging behaviours

- An ability to test hypotheses by monitoring behaviour in the child/young person's everyday environment (e.g. by using ABC Charts)[h]
- An ability to evaluate and refine hypotheses mid-way through the functional assessment, and prior to intervention
- An ability to identify when a hypothesis-driven 'experimental functional analysis' may be relevant (i.e. changing environmental conditions in an experimental fashion to examine the stimulus control of challenging behaviour [e.g. assessing rates of self-injury with and without different types of social interaction, such as praise or disapproval])

Ability to plan a behavioural intervention

- An ability to base the choice of interventions on a comprehensive assessment and on the functional assessment
- An ability to base the choice of interventions on knowledge of:
  - their efficacy (time to take effect and long-term outcomes)
  - complexity of implementation in the child/young person's current context (in terms of cost, time, skills required)
  - their generalisability
  - their acceptability
- An ability to gauge the motivation of the child/young person to make changes to their behaviour

Ability to develop and implement behavioural interventions

- An ability to ensure that intervention plans follow the principle of starting with behavioural interventions that are likely to be effective but are also the least intrusive and most acceptable

- An ability to identify any antecedent factors ('triggers') that are clearly linked to the occurrence of challenging behaviour, and whose removal is easily achieved, acceptable and appropriate
- An ability to identify biobehavioural states that make the challenging behaviour more likely to occur (e.g. tiredness due to a sleep disorders, pain or discomfort due to medical conditions) and to modify these (involving clinical colleagues where appropriate)
- An ability to identify when changing preceding activities will impact on the child/young person's responses to subsequent events (e.g. preceding an intervention by a rest period rather than vigorous activity)
- An ability to implement 'neutralising routines' that aim to eliminate the effects of established operations (e.g. introducing a brief nap to compensate for a poor night's sleep)

[h] Antecedents, Behaviours and Consequences: the use of ABC charts is described in competences on 'Positive behavioural support interventions' (11.4.).

- An ability to change the nature or context of concurrent activities (e.g. reducing an activity associated with challenging behaviour in favour of something less likely to evoke this response, and reintroducing the activity gradually)
- An ability to increase the child/young person's interaction using materials, such as visual stimulation or music, but to do so in a way that does not increase rates of stereotypy and aggression
- An ability to develop a curriculum or routine for the child/young person that is age-appropriate, meaningful, and takes into account their preferences
- An ability to reintroduce potential triggers for challenging behaviour if being in the presence of the 'trigger' will be of benefit to the child/young person (e.g. where the person acting as a trigger is a member of the team), using stimulus fading or embedding:
  - 'stimulus fading': the temporary withdrawal and gradual reintroduction of stimuli linked to challenging behaviour
  - embedding: changing relatively superficial aspects of the context in which the challenging behaviour occurs (e.g. introducing a rewarding activity, to help the child/young person maintain contact with an individual who previously evoked challenging behaviour)
- An ability to decrease challenging behaviour by differentially increasing the rate of other behaviours, e.g.:
  - differential reinforcement of other behaviour (building up other behaviours by reinforcing them, and ceasing reinforcement if the challenging behaviour re-emerges)
  - differential reinforcement of incompatible behaviour (e.g. with a child/young person who is eye-poking, encouraging play with a toy which makes sounds only when manipulated, making use of the toy incompatible with eye-poking)
- An ability to modify the maintaining contingencies of challenging behaviour (in conjunction with sufficient other opportunities for positive reinforcement) using:
  - extinction: removing the contingencies responsible for maintaining challenging behaviour (e.g. by not paying attention to the child/young person if this is reinforcing the behaviour)
    - an ability to ensure that extinction is applied consistently by all those with whom the child/young person comes in contact
    - an ability to manage the usual but temporary increase in the frequency of the behaviour in early stages of extinction process, and to assess any risk attendant on aggressive or self-injurious behaviours

Physical interventions

- An ability draw on knowledge that physical interventions will almost certainly be used on an informal basis within any service supporting children/young people with severely challenging behaviour
- Ability to apply knowledge of national and local policy guidelines on the use of physical interventions, and to ensure that when restrictive physical interventions are employed:

- they are in the best interests of the child/young person
- they are combined with other strategies which encourage the development of behaviours which are non-challenging
- they are individualised as part of a care plan, implemented by appropriately trained staff and subject to regular review
- they employ minimal force and not cause pain

Prevention of abuse

- An ability to identify when interventions are being used that constitute cruel, inhuman or degrading treatment or punishment, and to follow national and local guidance to report colleagues who are using such interventions
- An ability to identify whether challenging behaviour is a response to neglectful or abusive environment or relationships, and where this is the case to intervene to protect the child/young person

Ability to evaluate outcomes

- An ability routinely to evaluate interventions for their effectiveness, considering:
  - the severity, frequency and duration of the target challenging behaviour, repeating baseline measures in order to identify whether change has taken place
  - the child/young person's quality of life and range of opportunities
  - the child/young person's development of positive skills
  - the wellbeing and satisfaction of the child/young person, and those in close contact with them
- An ability to assess whether the intervention conducted in one context has had any impact on behaviour in other contexts

11.4. Positive behavioural support interventions

Knowledge

- An ability to draw on knowledge that positive behavioural support (PBS) is a framework for providing long-term support to individuals who have or may be at risk of developing behaviours that challenge, and that:
  - it is often employed to help people with a learning disability and/or autism, including those with mental health conditions
  - it is based on an assessment of the social and physical context in which the behaviour occurs, and used to construct socially valid interventions that enhance quality of life for the person and their carers
- An ability to draw on knowledge that behaviour support plans can be used to understand and manage behaviour that challenges in order to reduce the behaviour, increase the service user's safety and facilitate a safe discharge

- An ability to draw on knowledge that behaviours that challenge are a form of communication, whose meaning and function need to be understood to help reduce them

- An ability to draw on knowledge that understanding behaviours that challenge requires identification of its antecedents, the behaviour itself, and its consequences (Antecedents, Behaviours and Consequences [ABC] model)
- An ability to draw on knowledge that a PBS plan should incorporate behavioural strategies that fall into one of three key areas:
  - primary proactive strategies, which aim to reduce the likelihood of the behaviour occurring
  - secondary strategies, which manage the behaviour at the early stages of escalation
  - reactive strategies, which manage the behaviour when it reaches crisis and no other strategies have worked
- An ability to draw on knowledge that a PBS intervention plan should support the development of new skills that serve the same function as the behaviour or enable the person to cope more effectively with situations they find hard to manage

- An ability to draw on knowledge that all practitioners in regular contact with a person need to understand and accurately implement the PBS plan for every person being supported

Assessment

- An ability to develop an assessment that includes a clear description of the behaviours of concern (including classes or sequences of behaviour that occur together), based on:
  - collaborative stakeholder involvement (e.g. children/young people [where appropriate], family/carers, multidisciplinary colleagues)

- multiple sources of information (e.g. the service user, feedback from family/carers/staff, clinical notes, clinical assessment)
- multiple methods pf data collection (e.g. structured interviews, using rating scales, direct structured observation)

- An ability to identify events, times, and situations that predict when the behaviour will and will not occur across the person's full range of typical daily routines
- An ability to identify the consequences that maintain the behaviour (i.e. the purposes or functions that the behaviour appears to serve for the person)
- An ability to develop summary statements that describe specific behaviours, the situations in which they occur and the consequences that may maintain them, and:
  - an ability to collect observational data that support the summary statements that have been developed

- An ability to develop a behaviour support plan based on the assessment and formulation
- An ability to specify the primary, secondary, and reactive strategies
- An ability to regularly review and revise the plan to ensure it reflects the service user's current needs, interests, health, and well-being, as well as risks, by:
  - regularly seeking out further assessment information about the behaviour
  - updating and/or reformulating the formulation the behaviour
- An ability to identify any barriers to implementation and ways that these can be managed

Intervention

- An ability to implement primary strategies that aim to help the person predict, understand and control their environment, and prevent the behaviour that challenges from escalating, e.g.:
  - minimising triggers for the behaviour (e.g. scheduling meaningful occupation for much of the time)
  - modifying the environment (e.g. changing rooms to a quiet room)
  - proving opportunities to acquire skills that are functionally equivalent to the behaviour that challenges, or which or help to manage potential triggers
  - helping the person communicate their needs in a more functional way

- An ability to implement secondary strategies to manage the behaviour when it starts to escalate, e.g.:
  - calming approaches aimed at de-escalation (e.g. calming talk, actively listening to the issue)
  - environmental modifications (e.g. reducing sensory load by moving the person away from big groups)
  - coping strategies (e.g. shifting the focus by helping the person engage in meaningful activities)

- An ability to implement reactive strategies as a last resort when the behaviour which challenges has not reduced despite the implementation of primary and secondary strategies, e.g.:
  - non-aversive reactive strategies (e.g. diversion/distraction)
  - crisis management (e.g. implementing restrictive practices such as seclusion or physical restraint)

- An ability to systematically monitor the implementation and effectiveness of the support plan and to review and adapt it in the light of this evaluation

11.5. Managing adverse peer influence (contagion)

Adverse peer influence takes place when an inpatient peer group is engaged in destructive or self-harming strategies, and where these behaviours spread among the group, creating an unhelpful situation that needs to be addressed.[i]

In the field, the word 'contagion' has been used to describe this process, and so is retained here. This term is usually unhelpful, because it risks pathologising the normal process of social influence among young people: being open to strong peer influence is developmentally appropriate, is part of healthy teenage behaviour, and is usually positive. It is only when there are adverse impacts that it becomes a matter for concern.

- An ability to draw on knowledge that (in an inpatient unit) adverse peer influence (contagion) refers to the risk of young people:
  - learning (and adopting) unhelpful behaviours from other young people (such as self-harming)
  - making unhelpful friendships in which they pick up on other young people's difficulties
- An ability to draw on knowledge that young people who may be particularly vulnerable to adverse peer influence include those:
  - who have an eating disorder, usually by making comparisons with others (e.g. competing to be thin)
  - who self-harm

- An ability to draw on knowledge that there is some evidence that the likelihood of adverse peer influence can be reduced by:
  - ensuring that staff are consistently available to, and able to engage and communicate with, young people in the unit
  - detecting and responding to unhelpful behaviours, as part of maintaining a positive therapeutic milieu
  - taking a non-pathologising and non-blaming approach, and:
    - responding to self-harming behaviour in a compassionate, non-judgmental and least restrictive way that is in proportion with the level of risk
  - providing regular, structured activities that the young person chooses to engage in throughout the day and in the evening (acting both as a distraction from troubling thoughts, reducing a sense of isolation and fostering positive relationships with others)
  - staff modelling prosocial interactions with each other and young people to help young people learn how to manage difficult and unhelpful social situations

- An ability to describe and discuss the risks of adverse peer influence with the young person (and when appropriate, parents/carers and community teams)

[i] The social processes described in this section are more commonly observed with adolescents than among younger children.

11.6. Ability to undertake structured cognitive, functional and developmental assessments

- An ability to draw on knowledge of a range of neurodevelopmental disorders and how they present across the developmental range, including features in the domains of:
  - cognition
  - behaviour, and the behavioural 'phenotypes' associated with neurodevelopmental presentations
  - emotion
  - social functioning
- An ability to draw on knowledge of current literature relevant to cognitive testing and underlying cognitive models, and its relevance for test design and interpretation

Pre-assessment

- An ability to gather data from all relevant sources (including parents/carers, services and professionals involved in the child/young person's care), to:
  - contribute information to the overall assessment
  - guide the selection of assessment procedures that are likely to be appropriate and relevant
  - identify any factors that may impact on the administration of testing (such as physical or sensory impairments)
- An ability to identify any inconsistencies across respondents, and consider their likely relevance in relation to the assessment process
- An ability to locate and interpret previously conducted structured and/or medical assessments to inform the current assessment process, specifically to:
  - inform the selection of testing procedures used in the current assessment
  - provide a baseline measure/measure of comparison
  - compile a developmental profile

Ability to select tests relevant to the referral issues

- An ability to generate hypotheses that might account for the impairment (or presentation) based on information gleaned pre-assessment, and:
  - to draw on knowledge of psychometric theory to select an appropriate testing strategy
  - an ability to adjust the hypothesis, where necessary, based on the outcome of the hypothesis-testing strategy
- An ability to draw on knowledge of assessment procedures to select those relevant to the assessment question

- An ability to draw on knowledge of the populations on which tests have been standardised, and any implications this will have for children/young people in relation to their:
  - age
  - gender
  - socioeconomic status
  - country of origin
  - ethnicity
  - level of functioning

Test administration

- The ability for the tester to administer only those assessment procedures for which they are appropriately qualified
- An ability to recognise that all aspects of the initial encounter may provide important data for the assessment (including, e.g., the initial meeting in the waiting room, or the ways in which those present interact with each other)
- An ability to provide a testing environment that promotes optimal performance from the child/young person (e.g. using age-appropriate language and being friendly rather than distant/clinical, or minimising potential distractions in the room)
- Where appropriate, an ability to encourage parents to allow the child/young person to come into the testing environment by themselves (to reduce the chances that they will be distracted), and to recognise where this separation impacts on test performance, and:
  - where parents/carers are included in the testing situation, an ability to explain the importance of allowing the child/young person to complete the testing independently
- An ability to monitor the child/young person's behaviour and interactions throughout the assessment, including:
  - their level of motivation/engagement with the assessment process
  - their activity levels
  - their level of concentration or distractibility
  - their social/communication skills
  - their specific areas of difficulty/competence
  - their reaction to failure/success
  - their persistence
  - any reassurance-seeking
  - their receptivity to encouragement/reinforcement
- An ability to document these observations systematically and to identify whether they are consistent with reports from other sources
- An ability to draw on knowledge of child development to gauge when behaviour is within 'normal' limits (e.g. knowing how the ability to concentrate varies with age)

- An ability to draw on knowledge of common reactions to assessment (such as anxiety) and to take into account their impact on the child/young person's functioning

- An ability to engage the child/young person throughout the testing process, alternating periods of rest, 'fun activity' and testing to maintain motivation and concentration
- An ability to draw on knowledge of the ways in which the assessment process may impact on functioning in (neuro)developmental disorders (e.g. the structured non-distracting testing environment may improve the functioning of children/young people with autism spectrum disorder)

- An ability to adhere to standardised testing structure and protocol, as described in the relevant manual:
  - implementing any variations in 'rules' in line with the procedures specified in the manual (e.g. the criteria for discontinuing a test, or for prompting the child/young person)
  - applying the criteria for scoring to the responses made by the child/young person so that results remain relevant to norms and standardisation
  - recording responses accurately
  - following scoring procedures
- An ability to establish whether additional non-clinic-based assessment is required (e.g. behavioural observation in the school or home)
- An ability to draw on knowledge of test–retest reliability to ensure that tests are not re-employed too soon (i.e. potentially invalidating any results)
- An ability to identify where a child/young person being assessed differs from the samples on which standardisation is based, and to interpret and report their results in relation to this limitation
- Where it is not possible to follow the standardised testing procedure (e.g. because the child/young person is uncooperative, or has profound/specific difficulties), an ability to adapt testing (and to record the adaptations that have been made), and:
  - an ability to recognise that while adapting tests has practical value (in terms of identifying the child/young person's strengths and weaknesses), the resulting scores will not be psychometrically sound
- An ability to select and/or adapt tests to match the needs of children/young people with sensory difficulties or physical limitations

Ability to interpret test results

- An ability to integrate data from testing with behavioural observations and information from other assessment sources to produce a coherent account of the child/young person's functioning
- An ability to interpret results in terms of:
  - the child/young person's level of functioning (across the domains assessed)
  - their relationship to functioning in the standardised sample for the test

- the pattern or profile of results, across the domains tested
- the significance of individual test results in the context of their overall functioning

- An ability to apply the findings to:
  - describe/explain the child/young person's functioning
  - describe/explain the ways in which their current environment may be impacting on the child/young person/young person's functioning
  - describe how the interaction of the two may result in particular behaviours, strategies or patterns of impairment (e.g. apparent underperformance)

Ability to use the assessment to identify an intervention plan

- An ability to adopt a strengths-based approach to the development of intervention strategies
- An ability to use findings from assessment to suggest strategies which:
  - are aimed at enhancing the child/young person's skill and abilities
  - alter the child/young person's environment, with the aim of enhancing/maximising their functioning
- An ability to communicate intervention strategies to those delivering them, using language and concepts which are clear and adapted to the context
- An ability to support individuals who are carrying out interventions based on the assessment outcome, ensuring that they understand and can carry-through the intervention plan

Ability to report on the assessment

- Ability to report the results of the assessment verbally (to the team) and in writing using clear, concise and appropriate language, including:
  - the reasons for testing
  - sources of information
  - materials used (including what each test measures)
  - testing procedure (including relevant behavioural information)
  - any adaptations
- An ability to communicate findings verbally to children/young people and where appropriate parents/carers, including discussion of:
  - their experience of the testing process
  - the meaning of the findings for the child/young person and for the family/carers
  - any areas that the child/young person and family/carers need clarifying
  - their expectations for the distribution and use of the report

11.7. Specialist assessments

Specialist assessments are usually delivered by specific professions (rather than by all members of the multi-disciplinary team). Their restricted use reflects the specialist areas of knowledge and skills associated with each profession (though some specialist assessments may be undertaken by other professionals who have had specific training in their use).

- An ability to identify, administer and interpret the results of specialist assessments

- An ability to engage the child/young person with the assessment (e.g. by addressing any concerns/queries, and ensuring that they understand the rationale for the assessment)
- An ability to feedback the meaning and implications of results from specialist assessments to the young person
- An ability to feedback the interpretation and implications of assessments to the inpatient team, both verbally and in writing
  - an ability to convey results and their interpretation verbally and in writing to other relevant parties (e.g. with other services, and to parents/carers)

Examples of profession-specific specialist assessments

Examples from occupational therapy

- Specialist assessments relevant to occupational functioning, e.g.:
  - assessments using the Model of Human Occupation (MoHO) battery
  - Model of Creative Ability (Creative Participation Assessment [CPA] Tool and Activity
  - Assessment of Motor and Process Skills (AMPS)
  - Sensory Integration and Praxis Test (SIPT)
  - Bruininks-Oseretsky Test of Motor Proficiency 2nd Edition (BOT2)

Examples from speech and language therapy

- Specialist assessments of receptive and expressive speech and language, e.g.:
  - Clinical Evaluation of Language Fundamentals (CELF-5 UK)
  - CELF-5 Metalinguistics
  - Expression, Reception, Recall of Narrative Instrument (ERRNI)
  - Test for Reception of Grammar (TROG-2)

Examples from social work
■ Specialist assessments relevant to social functioning and resources, including safeguarding chronology (identifying any safeguarding concerns), genograms and assessment of social circumstances

Examples from clinical psychology
■ Psychometric assessments of cognitive and neuropsychological function, emotional assessments, risk assessments, symptom-specific assessments and personality-based assessments
■ Focused psychological assessment methods including behavioural observation, functional assessment, developmental assessments, semi structured interviews, use of tools such as a timeline and/or genograms

Examples of medical assessments	
■ Specialist medical assessments, including:	
	■ Mental State Examination
	■ diagnostic assessments
	■ case formulation
	■ legal assessments in relation to the Mental Health Act, Mental Capacity Act and Children's Act
	■ assessment of physical health, including the identification of organic conditions
	■ assessment of medication/side effects and response to treatment