

2. Professional and legal issues

2.1. Knowledge of legal frameworks relating to working with children/young people and adults

An ability to draw on knowledge that clinical work with children/young people and adults 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

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 patients)

Resources

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

Mental health legislation

Mind (2018) Mental Health Act 1983: An Outline Guide

Available at: www.mind.org.uk/media-a/2909/mha-1983-2018.pdf

Scottish Government, Mental Health and Social Care Directorate (2007) The New Mental Health Act: Easy Read Guide

Available at: www.gov.scot/publications/new-mental-health-act-easy-read-guide-2/

Capacity and consent

Mind (2017) Mental Capacity Act 2005: A general guide on how the Mental Capacity Act affects you and how you can plan ahead for when you no longer have the mental capacity to make decisions for yourself. [Applies to England and Wales]

Available at: www.mind.org.uk/information-support/legal-rights/mental-capacity-act-2005/overview/

McDougall S, Scottish Association for Mental Health (2005) The New Mental Health Act: What's it all about – A Short Introduction (2005)

Available at:
<https://www.webarchive.org.uk/wayback/archive/20150219150627/http://www.gov.scot/Publications/2005/07/22145851/58527>

Mental Welfare Commission for Scotland. Law and Rights [Web page]

Available at: www.mwscot.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 (2020) Gillick competency and Fraser guidelines

Available at: <https://learning.nspcc.org.uk/child-protection-system/gillick-competence-fraser-guidelines>

Confidentiality

Department of Health (2003) Confidentiality: NHS Code of Practice

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

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

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

An ability to draw on knowledge that ethical and professional guidance represents a set of principles that need to be interpreted and applied to unique situations
An ability to draw on knowledge of legislation relevant to professional practice
An ability to draw on knowledge of the relevant codes of ethics and conduct that apply to the PA role (including the Code of Conduct for Physician Associates and, when regulated, the General Medical Council Interim Standards for Physician Associates)
An ability to draw on knowledge of local and national policies in relation to:
capacity and consent
confidentiality
data protection

Autonomy

An ability for PAs 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 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 to inform users of services when the task moves beyond their competence, in a manner that maintains their confidence and engagement with services

Ability to identify and minimise the potential for harm

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

When supervising colleagues, an ability to take reasonable steps to ensure that they recognise the limits of their competence and do not attempt to practise beyond them

An ability to consult or collaborate with other professionals when additional information or expertise is required

Ability to gain consent from patients

An ability to help patients make an informed choice about a proposed intervention by setting out its benefits and its risks, along with providing this information in relation to any alternative interventions

An ability to ensure that the patient grants explicit consent to proceeding with an intervention

If consent is declined or withdrawn, and the patient's presentation means intervention in the absence of consent is not warranted, an ability to respect the individual's right to make this decision

If a patient withholds consent but the nature of their presentation warrants an immediate intervention, an ability to:

evaluate the risk of the intervention and, where appropriate, proceed as required

attempt to obtain consent, although this may not be possible

ensure the patient is fully safeguarded

Ability to manage confidentiality

An ability to ensure that information about service users 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 in order to act appropriately

An ability to ensure that users of services are informed when and with whom their information may be shared

An ability to restrict the use of personal data:

for the purpose of caring for the users of services

to those tasks for which permission has been given

An ability to ensure that data is stored and managed in line with the provisions of Data Protection legislation

Sharing information to maintain safety

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

place an individual or others (e.g. family members, significant others, professionals or a third party) at risk of significant harm

prejudice the prevention, detection or prosecution of a serious crime

lead to an unjustified delay in making enquiries about allegations of significant harm to others

An ability to judge when it is in the best interest of the patient 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 patient 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 e.g. being alone, refusing treatment, drinking heavily or being under the influence of drugs)

An ability to draw on knowledge that the duty of confidentiality does not preclude listening to the views of family members/significant others, or providing them with non-person specific information about managing a crisis or seeking support

An ability to judge when sharing information within and between agencies can help to manage risk

An ability to discuss concerns about disclosure with colleagues (e.g. by discussing the case without revealing the patient's identity or raising the issue in supervision)

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 service users are treated with dignity, respect, kindness and

consideration
An ability to maintain professional boundaries, e.g. by:
<ul style="list-style-type: none"> ensuring that they do not use their position and/or role in relation to the service user to further their own ends not accepting gifts, hospitality or loans that may be interpreted as attempting to gain preferential treatment maintaining clear and appropriate personal and sexual boundaries with users of services, their families and significant others
An ability to recognise the need to maintain standards of behaviour that conform with professional codes both in and outside the work context
An ability 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 both local management and the relevant registration body)

Documentation

An ability to maintain a record for each patient that:
<ul style="list-style-type: none"> is written promptly is concise, legible and written in a style that is accessible to its intended readership identifies the patient 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 patient

Ability appropriately to delegate tasks

When delegating tasks, an ability to ensure that these are:

delegated to individuals with the necessary level of competence and experience to complete the task safely, effectively and to a satisfactory level

completed to the necessary standard by monitoring progress and outcome

An ability to provide appropriate supervision to the individual to whom the task has been delegated

An ability to respect the decision of any individual who feels they are unable to fulfil the delegated task through lack of skill or competence

Ability to advocate for users of services

An ability to work with others to promote the health and wellbeing of users of services, their families and significant others in the wider community by e.g.:

listening to their concerns

involving them in plans for any interventions

maintaining communication with colleagues involved in their care

An ability to draw on knowledge of local services to advocate for users of services in relation to access to health and social care, information and services

An ability to respond to complaints about care or treatment in a prompt, open and constructive fashion (including an ability to offer an explanation and, if appropriate, an apology, and/or to follow local complaints procedures)

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

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

Note about the competences in this sub-domain

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

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

Decisions about issues of confidentiality and consent may be influenced by judgements regarding the individual's capacity. Capacity is referred to in this section, but is considered in more detail in the relevant section of this framework.

Knowledge of policies and legislation

An ability to draw on knowledge of local and national policies on confidentiality, information-sharing and duty of candour, 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 capacity¹

An ability to draw on knowledge relevant to the capacity of individuals to give consent to

¹ See also '[4.5. Knowledge of and ability to assess capacity](#)'.

an intervention:	
	that a person aged 16 or over is 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 or factors e.g. mental disorder or intellectual disability:
	that a person with sufficient capacity and intelligence to understand the nature and consequences of what is proposed is deemed competent to give consent
An ability to draw on knowledge that capacity is specific to the decision and context it relates to	

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 and young people who are subject to care orders ('looked after' children)
An ability to draw on knowledge that if a child is judged to be unable to consent to an intervention, consent should be sought from a carer with parental 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, but who does not have parental rights or responsibilities
	an understanding of the role and rights of others (including carers) for a person who lacks the ability to consent
	an understanding of relevant incapacity legislation that appoints others to help take decisions on behalf of a person

Ability to gain informed consent to an intervention

An ability to give individuals 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 service users is not that used by the practitioner and their language skills indicate that this is necessary
Where service users have a disability, an ability to ensure that information is provided in an accessible form (e.g. using an interpreter for people with hearing-impairments)
An ability to invite and to actively respond to questions regarding the proposed intervention
An ability to address any concerns or fears regarding the proposed intervention

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

An ability to draw on knowledge that a duty of confidentiality is owed to:		
<table border="1"> <tr> <td>the individual to whom the information relates</td> </tr> <tr> <td>any individuals who have provided relevant information on the understanding it is to be kept confidential</td> </tr> </table>	the individual to whom the information relates	any individuals who have provided relevant information on the understanding it is to be kept confidential
the individual to whom the information relates		
any individuals who have provided relevant information on the understanding it is to be kept confidential		
An ability to draw on knowledge that confidence is breached where the sharing of confidential information is not authorised by those individuals who provided it or to whom it relates		
An ability to draw on knowledge that there is no breach of confidence if:		
<table border="1"> <tr> <td>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</td> </tr> <tr> <td>there is explicit consent to the sharing</td> </tr> </table>	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
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:		
<table border="1"> <tr> <td>place an individual or others (e.g. family members, significant others, professionals or a third party) at risk of significant harm</td> </tr> <tr> <td>prejudice the prevention, detection or prosecution of a serious crime</td> </tr> </table>	place an individual or others (e.g. family members, significant others, professionals or a third party) at risk of significant harm	prejudice the prevention, detection or prosecution of a serious crime
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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 patient 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 patient 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 e.g. being alone, refusing treatment, drinking heavily or being under the influence of drugs)

An ability to draw on knowledge that the duty of confidentiality does not preclude listening to the views of family members/significant others, or providing them with non-person specific information about managing a crisis or seeking support

An ability to judge when sharing information within and between agencies can help to manage suicide risk

An ability to discuss concerns about disclosure with colleagues (e.g. by discussing the case without revealing the patient's identity or by raising the issues in supervision)

An ability to share the decision to disclose information with the person it concerns, at the first opportunity, when safe to do so

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

An ability to explain to all relevant parties (e.g. users of services, significant others and other professionals) the limits of confidentiality and circumstances in which it may be breached (e.g. when an individual is considered to be at risk)

An ability to inform all relevant parties about local service policy on how information will be shared, and to seek their consent to these procedures (e.g. the ways information about the assessment and intervention will be shared with referrers)

An ability to revisit consent to share information if:

- there is significant change in the way the information is to be used
- there is a change in the relationship between the agency and the individual

there is a need for a referral to another agency who may provide further assessment or intervention

An ability to draw on knowledge that safeguarding needs usually take precedence over issues of consent and confidentiality

Ability to assess the capacity to consent to information-sharing²

An ability to gauge the individual's capacity to give consent by assessing whether they:

have a reasonable understanding of what information might be shared, the main reason(s) for sharing it and the implications of sharing or not sharing the information

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

² See also the competences in sub-domain 4.5 on assessment of capacity.

An ability to ensure that information is shared in a secure way and in line with relevant local and national policies

2.4. Ability to work with difference (maintaining equalities)

Note about the competences in this sub-domain

There are many factors that need to be considered in the development of culturally competent practice and finding a language that encompasses all of them is a challenge. For example, issues around gender, disability or sexual orientation may vary between cultural groups. Nonetheless, the competences required to work in a culturally competent manner are likely to be 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 how an intervention is carried out.

There are, of course, many ways in which practitioners and the people they work with may vary in beliefs, practices and lifestyles. Some may not be immediately apparent, leading to an erroneous assumption that they do not exist. It is 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 carefully consider any potential issues relating to specific beliefs, practices and lifestyles, and relevance to the intervention being offered.

Because issues of specific beliefs, practices and lifestyles often relate to differences in power and to 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 particular and unique constellation of characteristics and an awareness of stigmatising and discriminatory attitudes and behaviours in themselves 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 usually those that are potentially 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. a gay person from a minority ethnic background); as such, 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, 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, e.g.:	
	language
	marginalisation
	mistrust of statutory services
	lack of knowledge about how to access services
	the range of cultural concepts, understanding and attitudes about mental health that

affect views about help-seeking, treatment and care
stigma, shame and/or fear associated with mental health problems (which makes it likely that help-seeking is delayed until or unless problems become more severe)
stigma or shame and/or fear associated with being diagnosed with a mental health problem
preferences for gaining support in the community rather than through 'conventional' referral routes (e.g. their GP)
cultural beliefs that influence the acceptability of some physical interventions

An ability to draw on knowledge of the potential impact of socioeconomic status on access to resources and opportunities
An ability to draw on knowledge of the ways in which social inequalities 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 patients from a specific sociodemographic group are regularly seen within a service, an ability to draw on knowledge of relevant beliefs, practices and lifestyles
An ability to identify protective factors that may be conferred by membership of a specific sociodemographic group (e.g. the additional support offered by an extended family)
An ability to take an active interest in the patient'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 patients to develop an understanding of their culture and world view, and the implications of any culturally specific customs or expectations for a therapeutic relationship and the ways in which problems are described and presented, and:		
<table border="1"> <tr> <td>an ability to apply this knowledge in order to identify and formulate problems, and intervene in a manner that is culturally sensitive, culturally consistent and relevant</td> </tr> <tr> <td>an ability to apply this knowledge in a manner that is sensitive to the ways in which patients interpret their own culture (and therefore recognises the risk of culture-related</td> </tr> </table>	an ability to apply this knowledge in order 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 patients interpret their own culture (and therefore recognises the risk of culture-related
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an ability to apply this knowledge in a manner that is sensitive to the ways in which patients interpret their own culture (and therefore recognises the risk of culture-related		

stereotyping)

An ability to take an active and explicit interest in the patient'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 they locate themselves if they 'straddle' cultures

An ability to discuss the ways in which individual and family relationships are represented in a 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 patient's language, an ability to identify appropriate strategies to ensure and enable their full participation in the assessment or intervention, and:

where an interpreter/advocate is employed, an ability to draw on knowledge of the strategies that need to be in place for them to work effectively and in the patient's interests

An ability to adapt communication with patients who have a disability (e.g. using communication aids or by altering the language, pace, and content of sessions)

Ability to use and interpret standardised assessments/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 the patient's 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 has not been changed

if standardised data (norms) are not available for the patient's demographic group, 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 patient's particular clinical problem is influenced by their membership of a given community

people from a given community 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 person, their problem and the therapeutic relationship

An ability for practitioners to reflect on power differences between themselves and their patients

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 patients (e.g. home visiting, flexible working, linking families and 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 potential reasons for this, and identifying and implementing potential solutions

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

Note about the competences in this sub-domain

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 child and family work
- interagency working
- engaging families 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 that 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 young people and their families

An ability to draw on knowledge of the statutory responsibilities of all adults (e.g. parents, carers, school staff) to keep young people safe from harm

An ability to draw on knowledge that practitioners are responsible for acting on concerns about a young person even if he/she is 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 young people and families 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 young person and on their feelings and viewpoints

An ability to draw on knowledge that assessment and intervention processes should be

continually reviewed, and that they should be timed, and tailored to the individual needs of the young person and family

Ability to draw on knowledge of the ways in which abuse and neglect present

An ability to draw on knowledge of the concept of significant harm, including:	
	a threshold that justifies intervention in family life in the best interests of children
An ability to draw on knowledge that there are no absolute criteria for significant harm, but that this is based on consideration of:	
	the degree and the extent of physical harm
	the duration and frequency of abuse and/or neglect
	the extent of premeditation
	the presence or degree of threat
	the actual or potential impact on the child’s health, development and/or welfare
An ability to draw on knowledge that significant harm can be indicated both 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:	
	physical abuse (e.g. causing deliberate harm, female genital mutilation)
	emotional abuse:
	persistent emotional maltreatment that is likely to impact on the child’s emotional development
	sexual abuse (the abuse of children through sexual exploitation), which includes:
	penetrative and non-penetrative sexual contact
	non-contact activities (e.g. watching sexual activities or encouraging young people to behave in sexually inappropriate ways)
	neglect – usually defined as an omission of care by the young person’s parent/carer (often due to unmet needs of their own), including:
	persistent failure to meet a child’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) the needs of the young person are primary
An ability to draw on knowledge that young people may experience multiple forms of abuse from different individuals or groups during their development from young person to adult

Ability to recognise possible signs of abuse and neglect

An ability to recognise behaviours shown by young people that may be indicators of abuse or neglect, and which may require further investigation, e.g.:
young people who appear to be frightened or intimidated by an adult or peer
young people who act in a way that is inappropriate to 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
parent/s 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's age)
self-harm and suicide attempts
involvement in sexual exploitation or indiscriminate choice of sexual partners
anxious unwillingness to remove clothes for e.g. sports events (when it 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 from young people of sexual abuse by 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 are indicative of a broader pattern of parental neglect
An ability to recognise possible signs of neglect, e.g.:	
	failure by parents or carers to meet essential physical needs (e.g. adequate or appropriate food, clothes, hygiene and medical care)
	failure by parents or carers to meet essential emotional needs (e.g. to feel loved and valued, to live in a safe, predictable home environment)
	the young person thrives away from home environment
	the 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 carers, school and other involved agencies fail to address the bullying in an adequate
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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 while bullying can take many forms the four main types are:
(1) physical (e.g. hitting, kicking, theft)
(2) verbal (e.g. racist or homophobic remarks, threats, name-calling)
(3) emotional (e.g. isolating someone from the activities and social acceptance of their peer group)
(4) cyberbullying (the use of technology by children and young people to intimidate peers, and sometimes those working with them (e.g. teachers)
An ability to draw on knowledge that bullying can affect the health and development of children, and at the extreme, causes them significant harm (including 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 who persistently avoid routine child health services and/or treatment when the child is ill
parents who persistently avoid contact with services or delay the start or continuation of treatment
parents who persistently complain about /to the child and may fail to provide attention or praise (high criticism /low warmth environment)
parents who display a rejecting or punitive parenting style or are not appropriately responsive to their child's signals of need
parents who are regularly absent or leave the child with inappropriate carers
parents who 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 who have significant problems that impact on their ability to parent (e.g. significant mental health difficulties or substance misuse)
	parents who 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 or neglect 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 work with the multidisciplinary team 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 young people and their families 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 young people and families 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 work with the multidisciplinary team 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 young person
An ability to maintain support for young people and families when compulsory measures are necessary
Where relevant, an ability to maintain therapeutic support for the young person and family during an ongoing child protection investigation, and/or when the 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 young person and family

an ability to draw on knowledge of the ways in which 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, both verbally and in writing

An ability to escalate concerns within one's own 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/or 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, in order to manage their own emotional responses to providing care and protection for children

An ability to recognise the limits of one's own expertise and to seek advice from appropriately trained and experienced individuals

2.6. 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 (e.g. 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, e.g.:

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 share concerns with relevant members of a multidisciplinary team and participate in generating an action plan to address these

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

2.7. Knowledge of human rights law and principles

Note about the competences in this sub-domain

PAs need to understand the legal powers that allow for restriction of non-absolute rights and the principles that guide the use of restrictive practices under human rights law. Because any restrictions will take place in a multidisciplinary context, PA's will need to consult with the team before contributing to or acting on such decisions.

An ability to draw on knowledge that the Human Rights Act 1998 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 any episode of care (e.g. admission, inpatient stay and discharge)

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 that sanctions that action, e.g. the Mental Health Act or Mental Capacity Act)

(b) legitimate (based on a decision that can be justified, e.g. to protect a person or others from harm)

(c) proportionate (that is, 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 patient (or their family, carer 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 (above), taken the patient'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 patients

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, patients should:

understand their rights and how to claim them

have an opportunity to challenge reports and other evidence that 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 patients should:

receive care that respects their personal and cultural needs

be treated equally, without discrimination and with respect

2.8. Ability to make use of supervision

Note about the competences in this sub-domain

Supervision is understood differently in different settings. Here, supervision is defined as an activity that gives practitioners the opportunity to review and reflect on their clinical work. This includes talking about areas that are experienced as difficult or distressing for the practitioner. Usually supervisors of PAs will be a consultant psychiatrist or specialist psychiatrist.

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 for the supervisee to help the supervisor be aware of their current state of competence and your training needs

An ability to present an honest and open account of the work being undertaken (including areas that have not gone well or that the supervisee fears might reflect badly on them)

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 in order further to develop the capacity for

accurate self-appraisal

Capacity for active learning

An ability to act on suggestions regarding relevant reading made by the supervisor, and to incorporate this material into practice
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An ability to take the initiative in relation to learning, by identifying relevant reading based on (but independent of) supervisor suggestions, and to incorporate the material into practice
--

An ability to maintain and update knowledge and skills in line with changes in practice, through supervision, appraisal and reflective practice

An ability to proactively seek opportunities for personal supervision, personal development and learning
--

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
--

to reflect on the impact of the work in relation to professional development
--

to understand issues arising from team dynamics

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)
