

## **Ability to undertake a collaborative assessment of risk, needs and strengths**

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

The focus of these assessment sections is on working with children and young people who are presenting as self-harming or suicidal.

Judgment will be needed about the scope of a specific session of assessment. Where a child or young person is acutely distressed and/or judged to be at high risk of self-harm then this will need to be the focus, with a more detailed and/or broader assessment taking place once the person's immediate safety needs are appropriately contained.

### **Knowledge**

An ability to draw on knowledge that assessment of risk is:

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| more likely to be helpful (both to the person and the assessor) if it focuses on engaging the individual in a personally meaningful dialogue        |
| less effective (and useful) if carried out as a 'checklist' that attempts to cover all bases, regardless of whether they are relevant to the person |

An ability to draw on knowledge that because it is difficult to predict future suicide attempts accurately, even comprehensive risk assessments can only yield a poor estimate of risk

An ability to draw on knowledge that although many factors have been identified as associated with risk:

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| they cannot be relied on to predict risk with any certainty  |
| they are subject to change, meaning that 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

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

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| An ability to draw on knowledge that the aims of a collaborative assessment are to:   |
| help children and young people understand the key factors that can lead to a 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 person's risk of self-harm and suicide)                                  |
| identify co-occurring mental health problems that may contribute to self-harm 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

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| An ability to conduct an assessment in a compassionate and collaborative manner that aims to:  |
| actively engage children and young people in the assessment process  |
| help children and young people identify the factors generating and maintaining crisis  |
| identify interventions that will help to keep children and young people safe   |
| An ability to help children and young people 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 (for example, by taking a break)   |
| helping them to manage 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, for example where there is evidence that a child or 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 assess potential key factors, including:

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| severity and method of self-harm and the motivations behind this behaviour   |
| links between self-harm and suicidal ideation and behaviour  |
| suicidal ideation and behaviours that are linked to suicidal intent  |
| mental health problems (including any psychiatric history and/or recent discharge from inpatient or urgent and emergency mental health services) |
| psychological vulnerabilities (e.g. hopelessness)  |
| psychosocial vulnerabilities (e.g. recent loss)  |

An ability to work with children and young people to identify behaviours (both current and in the past) that relate to suicidal intent (such as preparing a will, writing a suicide note, saying goodbye to family, carers and friends, acquiring the means to end life)

An ability to discuss with children and young people the specific characteristics of suicide attempts (e.g. level of intent to die, level of regret about not dying, the function of the attempt, whether precautions against discovery were taken), and use this to estimate the likelihood of future acts

An ability to help children and young people identify protective factors that may be associated with decreased thoughts of suicide or feelings that life was not worth living, such as:

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| 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 children and young people to identify cognitions that focus on suicide (including their content, duration, frequency and intensity of suicidal thinking, and the level of intent to die)

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| currently  |
| at their most severe, in the immediate past and previously |

## **Assessing interpersonal factors associated with self-harm and/or suicide**

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| An ability to assess a sense of social isolation, for example:   |
| the perceived absence of caring, meaningful connections to others  |
| the absence of friends or relatives the child or young person can contact when upset   |
| recent losses through death or relationship breakdown  |
| conflict with peers or bullying  |
| An ability to assess a sense of being a burden on families and carers, for example:  |
| 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. exam failure, job loss)   |
| An ability to assess 'markers' that indicate the development of a capability to carry out self-harm or suicide (usually experiences that foster a diminished fear of pain and self-inflicted injury) e.g.: |
| current markers, such as:  |
| 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, such as:   |
| previous suicide attempts (and 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, such as:  |
| previous self-harm attempts that have occurred when drinking and/or taking drugs   |
| changes in thought patterns associated with drinking and/or taking drugs 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**

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| 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, such as its potential to: |
| increase risk by 'normalising' self-harm, triggering and competition between users, or acting a source of contagion   |
| 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 person's online life and internet use, for example:  |
| 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 (such as exposure to cyberbullying or being encouraged to self-harm) by helping the person to identify ways in which the impact of these experiences can be mitigated

### **Developing a risk management plan**

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:

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| 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, carers or significant others of the level of risk |

## **Ability to assess children's and young people's wider circumstances**

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

The focus of these assessment sections is on working with children and young people who are presenting as self-harming or suicidal. Descriptions of competences for undertaking comprehensive mental health assessments can be found in another section of the framework.

Judgment will be needed about the scope of a specific session of assessment. Where a child or young person is acutely distressed and/or judged to be at high risk of self-harm or suicide then this will need to be the focus, with a more detailed and/or broader assessment taking place once the person's immediate safety needs are appropriately contained.

### **Knowledge of the assessment process**

An ability to draw on knowledge that the assessment process should be collaborative and so help both assessors and children and young people to:

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| understand the past and current circumstances that are contributing to a child's or young person's difficulties and distress  |
| identify historical and current thoughts or plans relating to self-harm and/or suicide  |
| arrive at a shared understanding, formulation and a 'collaborative' management plan to develop alternatives to suicide and self-harm and ameliorate the immediate triggering issues |

An ability to draw on knowledge that there are multiple perspectives when assessing children and young people, and that the perspective of their parents/carers and others with whom they are engaged may be significantly different

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

An ability to identify and involve the individuals and agencies who form a child's or young person's network of carers, including identifying:

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| primary carers (e.g. parents, foster parents, residential childcare staff)                               |
| who has parental rights and responsibilities (e.g. parent, family member, carer, social work department) |
| professionals and agencies involved with a child or young person (e.g. social work, youth justice)       |

### **Ability to engage children and young people and relevant others in the assessment process**

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| An ability to identify (with a child or young person) who should attend assessment sessions   |
| An ability to discuss confidentiality and its limits (e.g. the potential for emerging child protection/safeguarding information to be shared with others)   |
| An ability to discuss capacity and Gillick competence with young people and their family or carers  |
| An ability to discuss the structure of the assessment, the areas that it will cover and its possible outcomes, and to answer any questions about the procedure  |
| An ability to explain the relevance of particular areas of the assessment (e.g. the importance of gathering information about self-harm and suicidal ideation)  |
| An ability to conduct a collaborative assessment process, for example by: <ul style="list-style-type: none"><li>ensuring that the structure of the interview is appropriately flexible, and is responsive to emerging content and concerns</li><li>actively sharing a developing sense of understanding with the child or young person, and inviting reaction and comment</li></ul>   |
| An ability to draw on knowledge that the process of assessment needs to be responsive to any process issues that threaten the integrity of the assessment, for example where there is evidence that a child or young person: <ul style="list-style-type: none"><li>has negative expectations based on prior adverse and/or traumatising experiences with the health or social care system</li><li>perceives the assessor as an authority figure who is judging them</li><li>expects the assessor to fail them</li></ul> |
| An ability to monitor and address any interpersonal issues that have the potential to inhibit participation in the assessment (e.g. discussing feelings of suspicion about the assessment process)  |

### **Ability to assess children and young people's wider circumstances**

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| An ability to draw on knowledge that an assessment should usually employ a range of methods (which can include interviews, standardised instruments and review of relevant records) in order to gain a clear picture of the nature and history of the person's problems                                 |
| <ul style="list-style-type: none"><li>an ability to draw on knowledge of standardised measures that can contribute to the assessment process</li><li>an ability to draw on knowledge of the importance of attending to the person's history as well as their current presentation</li></ul>             |
| An ability to draw on knowledge that the process of an interview will often be a helpful guide to the interpersonal issues with which the person is contending (and that the process of an assessment may be as informative as its content, especially where this is conducted over an extended period) |

### **Ability to adapt the assessment to match the capacities of the participants**

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| An ability to tailor the language used to match the abilities and capacities of a child or young person and their family or carers                              |
| An ability to make use of interpreters when working with children and young people and families or carers who do not speak the same language as the interviewer |

### **Problem history**

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| An ability to identify and explore the behaviours/symptoms/risks that are causing concern to a child or young person and their family or carers, including:   |
| An ability to help a child or young person and their family or carers elaborate on the details of problems that concern them including their frequency, duration and intensity  |
| An ability to consider the function of specific problematic behaviours by identifying:<br>the settings in which the problematic behaviours or symptoms manifest (including the people who are present, and specific details of places and times)<br>the situations or events which occur immediately before the behaviour, and which appear to trigger it<br>the consequences that immediately follow the behaviour (such as the reactions of others) |
| An ability to assess the broader impact of symptoms or problems including:<br>the degree of social impairment<br>the degree of distress for the child or young person<br>the degree of disruption to others   |
| An ability to assess current functioning  |
| An ability to assess use of drugs and alcohol   |
| An ability to identify current and past contact with legal services   |
| An ability to explore children's and young people's use of social media and any associated adverse experiences  |
| An ability to assess previous attempts to solve the problems or manage symptoms (including any previous contacts with services)   |
| An ability to discuss a child's or young person's explanations of how behaviours/symptoms have developed  |

### **Educational history**

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| An ability to obtain details of a child's or young person's educational history, including their strengths and interests as well as any difficulties |
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### **Family history**

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| An ability to ask about family relationships, extended family, carers, social networks and social support   |
| An ability to ask about both recent and past transitions experienced by the family or carers (e.g. marriage, divorce, loss of family members, new additions to the family)  |
| An ability to identify areas of resilience within the family or carers, 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 |

### **History of links to statutory services**

An ability to gather details of a child's or young person's use of statutory services, including:

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| current and past contact with physical health services  |
| use of prescribed and non-prescribed medication (including any psychoactive medications associated with enhanced risk)  |
| current and past contact with mental health services (including children and young people's mental health services, inpatient psychiatric admissions, Mental Health Act assessments and detentions) |
| current or historical experiences of local authority care (including duration, frequency and type of placement)   |

### **Assessing a child or young person's cultural and social context**

#### **Social**

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| An ability to ask about potential protective factors in a child's or 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 a child's or young person's physical or social environment (e.g. domestic or sexual violence or abuse, poor housing, neighbourhood harassment, problems with gangs) |
| An ability to ask about a child's or young person's current and historical membership of peer groups (e.g. friendship groups inside and outside of school, clubs, hobbies and interests)                              |

#### **Cultural**

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| An ability to draw on knowledge of a child's or young person's cultural, ethnic and religious background and the potential impact of this perspective on their views of problems |
| An ability to understand the influence of a child's or young person's culture on gender roles, parenting practices and family values   |

### **Ability to assess risk of harm\***

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| An ability to convey that assessment of risk of harm to self (and others) is a central part of the assessment  |
| An ability to identify child protection concerns   |
| An ability to gain an understanding of the nature, frequency and severity of current and historical self-harming behaviours  |
| An ability to gain an understanding of the suicidal ideation and the degree of planning around this  |
| An ability to gain an understanding of a child's or young person's motivations behind self-harming/suicidal behaviours (e.g. in relation to self-reported feeling of relief) |

\*More detailed competences relating to the assessment of risk and needs can be found in the relevant section of this competence framework

### **Ability to discuss the outcome of the assessment**

An ability to summarise and discuss the assessment in a manner that engenders hope (through indicating the possibility of change) and which, by linking the formulation to examples from a child's or young person's life:

- demonstrates an understanding of the subjective distress experienced by them and their perspective on the issues
- brings a coherence to their experience
- helps them to reflect on their experience

An ability to assess and respond to a child's or young person's attitude about, and motivation, for any proposed interventions

An ability to refer a child or young person for adjunctive or alternative interventions that may be appropriate (e.g. crisis teams or specialist mental health services)

## **Ability to assess children's and young people's functioning across contexts**

There are three closely linked areas of assessment: undertaking a collaborative assessment of risk and needs; assessing the person's wider circumstances; and assessing the person's functioning across contexts (or 'systems').

The focus of these assessment sections is on working with children and young people who are presenting as suicidal or self-harming. Descriptions of competences for undertaking comprehensive mental health assessments can be found in the framework for children and young people ([www.ucl.ac.uk/core/competence-frameworks](http://www.ucl.ac.uk/core/competence-frameworks)).

Judgment will be needed about the scope of a specific session of assessment. Where a child or young person is acutely distressed and/or judged to be at high risk of self-harm then this will need to be the focus, with a more detailed and/or broader assessment taking place once the person's immediate safety needs are appropriately contained.

## **Knowledge of the relevance of the contexts in which children and young people are located**

An ability to draw on knowledge that it is important to take account of the 'systems' in which children and young people are located in order to aid understanding of their psychological problems and emotional distress

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:

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

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

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

## Assessment

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| An ability to draw on knowledge that the multiple contexts in which children and young people are located need to be considered in any assessment, and that these could include their:   |
| significant relationships (e.g. family or carers, girlfriend or boyfriend, close friends, and peer group)  |
| educational contexts such as school or college   |
| place of employment, if relevant   |
| social and community settings  |
| professional network(s) involved with them   |
| cultural setting   |
| sociopolitical environment   |
| an ability to draw on knowledge that these different contexts are connected and are likely to interact   |
| An ability to draw on knowledge of the contexts/environments of which a child or young person is a part and which may be relevant to their presentation (e.g. the beliefs and practices of their family or carers, or the beliefs associated with their faith community) |
| An ability to engage with, and gather information from, significant members of the systems relevant to a child or young person, such as:   |
| their parents/carers and wider family  |
| non-professionals who have an active role in caring for them   |
| other professionals (including other team members, referring agencies, and services)   |
| An ability (in conjunction with the child or young person and members of relevant 'systems') to identify:  |
| perceived problem areas and the beliefs concerning them  |
| their potential strengths (and the strengths of the wider system) that may support therapeutic change  |
| the solutions that have been tried or have been considered   |
| their achievements   |
| An ability to draw on knowledge that different members of the system may describe a child or young person differently because:   |
| there are always multiple perspectives and descriptions of any interaction/relationship  |
| their behaviour is influenced by the different set of contextual factors present in each setting   |

## Ability to develop a formulation

### Knowledge

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| An ability to draw on knowledge that the aim of a formulation is to explain the development and maintenance of a child or young person's difficulties, and that formulations:  | <p>comprise a set of hypotheses or plausible explanations which draw on biological, psychological and social theories to help to make sense of the information obtained by an assessment</p> <p>are tailored to the child or young person and their family or carers</p> <p>integrate a focus on suicide and/or self-harm into the overall formulation</p>  |
| An ability to draw on knowledge that formulations should be reviewed and revised as further information emerges (e.g. through ongoing contact with a child or young person, their family or carers, and others involved in their care and support) |   |
| An ability to draw on knowledge of models of suicidality and of self-harm that can help to guide the content of a formulation  |   |
| An ability to draw on knowledge of generic factors relevant to a formulation, such as:   | <p>risk factors that might predispose to the development of self-harm behaviours and suicidality (e.g., insecure attachment to caregivers, trauma, bullying, family history of self-harm or mental health problems)</p> <p>precipitating factors that might trigger the onset or exacerbation of difficulties (e.g. acute life stresses, family arguments, developmental transitions such as starting a new school, change in home or family circumstances or in care arrangements)</p> <p>maintaining factors that might perpetuate difficulties once they have developed (e.g. unhelpful coping strategies, inadvertent reinforcement of problematic behaviours)</p> <p>protective factors that might prevent a problem from becoming worse or may be enlisted to ameliorate the presenting problems (e.g. good family communication, supportive peer group and school)</p> |
| 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   |   |
|  | <p>an ability to draw on knowledge that the intervention plan usually aims to reduce the effects of identified precipitating and maintaining factors, and to promote protective factors (and so reduce the risk of self-harm and suicidality)</p>   |

### **Ability to construct a formulation:**

An ability to evaluate and integrate assessment information into an understanding of key factors that significantly influence the development of the presenting problem(s), drawing on sources of information such as:

- a child's or young person's and their family's or 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 self-harm and suicide behaviours and 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 (in order to identify delays in a child's or young person's development)
- knowledge of development in relation to adolescence (e.g. changes in brain development, personality and sexual development and the unique challenges this poses for the individual)
- associations between the onset, intensity and frequency of presenting problem(s) and the presence of factors in a child's or young person's psychosocial environment (e.g. relationship breakdown, traumatic life events or parental ill health)
- the results of a functional/chain analysis which records the antecedents and consequences of a particular behaviour

An ability to construct a comprehensive account that:

- identifies issues relating both to self-harm/suicide and to associated presenting problems
- addresses any apparently contradictory reports of a problem (e.g. where a child's or young person's account differs from that of their family or carers)
- demonstrates an understanding of a child's or young person's inner world, and affective and interpersonal experiences, and frames them in a developmental and contextual perspective

An ability to identify an intervention plan that accommodates and addresses the issues identified by the assessment and formulation

## **Ability to feedback the results of the assessment and formulation and agree an intervention plan**

### **Ability to provide information on the assessment and formulation**

An ability to discuss with children and young people and their families or carers how they would like information about the assessment and the formulation to be conveyed, such as:

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| whether they would like information to be conveyed to the family as a whole, or to parents/carers and the child/young person separately |
| how they would like the information conveyed (e.g. verbally or as a written summary)  |

An ability to outline the presenting problem(s), as seen by different family members

An ability to maintain an empathic, neutral, non-blaming and non-judgmental stance when talking about the presenting problems

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

An ability to discuss information from the assessment and formulation relevant to risks to the individual

An ability to discuss the relevance of any coexisting diagnoses

An ability to discuss protective factors and strengths shown by a child or young person and their family or carer

### **Ability to identify when further assessment is appropriate**

An ability to recognise when a child or young person requires more specialist assessment (e.g. in relation to neurodevelopmental assessment, cognitive assessment or coexisting mental and/or physical health conditions) and to include this in the intervention plan

### **Ability to adapt feedback**

An ability to adapt the pace, amount of information and level of complexity to the cognitive capacities of a child or young person and their family or carers, and their emotional readiness to accept the information

An ability to match feedback to a child or young person's level of understanding (e.g. by simplifying the way in which concepts are expressed, and/or by explicitly and frequently checking that the child or young person understands them)

### **Ability to seek the views of children and young people and their families or carers**

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| An ability to check regularly that children and young people and their families and carers understand what is being said to them, and whether they agree with the information being conveyed  |
| An ability to ensure that sessions are flexible so as to allow time for questions or comments   |
| An ability to encourage children and young people and their families and carers to ask questions when they are uncertain or confused (e.g. by responding positively to questions, validating the appropriateness of questions, or actively prompting them to ask questions) |
| An ability to provide answers to questions in an honest and straightforward manner:<br>an ability by the practitioner to recognise when they need more information to answer questions, and to seek this information from an appropriate authority or source                |

### **Ability to work towards and negotiate an agreed formulation**

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| An ability to consider the reasons for any significant differences between a child's, young person's or family's/carers' view of the formulation and the clinician's view, considering whether:   |
| information has been clearly explained in a sensitive non-blaming manner that highlights the strengths of a child or young person and their family or carers, as well as difficulties   |
| an understanding of a child's or young person's self-harming behaviour or suicidality has been made clear   |
| the reaction of a child or young person and their family or carers to a diagnosis or aspect of a formulation is a normal adjustment reaction to difficult news  |
| there are factors in the family's or carers' presentation and history that may make it hard for them to accept difficult news or specific aspects of the formulation (e.g. excessive parental anxieties around the emotional wellbeing and safety of their child) |
| the assessment fully explored their concerns and/or beliefs   |
| the assessment and formulation have taken into account the social and cultural context and its influence on the family's or carers' belief system   |

### **Ability to plan an intervention that draws on the agreed formulation**

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| An ability to draw on the formulation developed with a child or young person and their family or carers (which includes plans for helping reduce self-harm or suicidal behaviour) |
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### **Ability to promote informed choice and agree an intervention plan**

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| An ability to provide a child or young person and their family or carers with information on the various options for intervention, including information on their likely efficacy                            |
| An ability to seek the views of a child or young person and their family or carers on each intervention option   |
| An ability to discuss any negative effects or side effects of the intervention(s)  |
| An ability to gauge motivation and preference for particular intervention options, considering the impact of any interventions that have already been tried  |
| An ability to discuss any differences in the intervention preferences of a child or young person and their family or carers  |
| An ability to discuss any predictable difficulties with engagement   |
| An ability to reach agreement on an appropriate intervention plan  |
| An ability to help a child or young person and their family or carers identify aims for the intervention(s)  |
| An ability to agree on the sequencing, intensity and timing of intervention(s)   |
| Where an external agency is involved in the intervention plan, an ability to:  |
| obtain consent to refer to (and share information with) external agencies  |
| draw on knowledge of consent and confidentiality procedures, and to identify when the safeguarding needs of the child or young person take precedence over obtaining consent and maintaining confidentiality |

## **Ability to coordinate casework across different agencies and/or individuals**

### **General principles**

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| An ability to draw on knowledge that a focus on children's and young people's welfare should be the overarching focus of all intra- and interagency work     |
| An ability to ensure that communication with professionals is effective both within and across agencies by ensuring:   |
| that their perspectives and concerns are listened to   |
| that there is explicit acknowledgement of any areas where perspectives and concerns are held in common, and where there are differences                      |
| where differences in perspective or concern are identified, an ability to identify and act on any implications for the delivery of an effective intervention |
| When working with other agencies, ensuring that the perspectives and concerns of the person coordinating care are listened to                                |

### **Case management**

#### **Receiving referrals from other professionals/agencies**

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| An ability to recognise when the referral contains sufficient information to make an informed decision about how to proceed (including response to risk and identification of care pathways) |
| where there is insufficient information to make an allocation decision, 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                      |
| Where a decision is taken to place a child or young person on a waiting list, an ability to regularly monitor risk levels of those on the list   |

#### **Initial contact phase (initiating cross-agency casework)**

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| An ability to establish which partner agencies are also involved with a child or young person and their family or carers  |
| An ability to establish/clarify the roles/responsibilities of other agencies in relation to the various domains of a child's or young person's life   |
| An ability to discuss with a child or young person and their family or carers issues of consent and confidentiality in relation to the sharing of information across agencies and to secure and record their consent to share information |
| An ability to identify and record which service, and which individuals within that service, will act as the lead professional for the overall plan  |
| An ability to gather relevant information from involved agencies and to enter this into a child's or young person's record  |

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| An ability to share relevant information with the appropriate agencies (based on the principle of 'need to know')  | an ability to assess when sharing of information is not necessary and/or when requests for sharing information should be refused   |
| An ability to share assessment information in a manner which supports partner agencies in:   | <p>understanding and recognising areas of risk</p> <p>sharing the risk plan</p> <p>understanding the implications of information held by the referrer's service and the work in which they are engaged</p> <p>understanding the potential impact of current interventions on a child's or young person's functioning, and the ways in which this may manifest in other settings</p> <p>understanding what it means for a child or young person to be involved with multiple agencies</p> |
| Where there are indications that agencies may employ different language and definitions from those used in the referrer's service, an ability to clarify this in order to identify:  | <p>the child or young person over whom there are concerns</p> <p>the reasons for these concerns</p> <p>the professionals and agencies who are best placed to respond to these concerns</p> <p>the outcomes which are being sought from any planned response</p>  |
| An ability to draw on knowledge of custom and practise in each agency in order to ensure that there is a clear understanding of the ways in which each agency will respond to events (e.g. their procedures for following-up concerns, or for escalating their response where there is evidence of risk) |  |
| An ability to co-ordinate with other agencies using both verbal and written communication, and to agree with them:   | <p>the tasks assigned to each agency</p> <p>the specific areas of responsibility for care and support assumed by each agency, and by individuals within each agency</p>  |
| 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:  | <p>record relevant information in the shared record</p> <p>make active use of the shared record (to reduce redundancy in the assessment process)</p> <p>maintain a shared record of current plans, goals and functioning</p>   |

### **Involving children and young people and their families or carers**

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| An ability to ensure that (when appropriate) a child or young person and/or their family or carers are informed of any interagency discussions and the associated outcomes |
| When deemed appropriate, an ability to include a child or young person and/or their family or carers in any interagency meetings   |
| An ability to support a child or young person and their family or carers in making choices about how they use or engage with the partner agencies involved                 |

## **Referring on for parallel work**

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| An ability to draw on knowledge of local referral pathways (i.e. the individuals to approach and the protocols and procedures to follow)  |
| In relation to any agency to whom a child or young person is referred, an ability to draw on knowledge of:  |
| the agency's reach and responsibilities   |
| the agency's culture and practice   |
| the extent to which the agency shares a common language and definitions with 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 the work of other agencies)           |
| An ability to communicate a current understanding of a child's or young person's difficulties, and to ensure that this is updated when additional information emerges   |
| An ability to maintain a proactive approach to monitoring the activity of other agencies and to challenge them if they do not meet agreed responsibilities  |
| Where appropriate, an ability to act as a conduit for information exchange between agencies   |
| An ability to recognise when effective inter-agency working is compromised and to identify the reasons for this, for example:   |
| institutional/systemic factors (such as power differentials or struggles for dominance of one agency over another)  |
| conflicts of interest   |
| lack of trust between professionals (e.g. where this reflects the 'legacy' of previous contacts)  |
| An ability to detect and to manage any problems that arise as a result of differing custom and practice across agencies, particularly where these differences have implications for the management of the case          |
| an ability to identify potential barriers to effective communication and, where possible, to develop strategies to overcome them  |
| An ability to identify transitions that have implications for the range of agencies involved (e.g. 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 and management of any risks  |
| the identification and engagement of relevant services  |

### **Discharge and monitoring phase**

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| An ability to inform all agencies involved with a child or young person of the intention to discharge them from the referrer's service   |
| An ability to ensure all partner agencies are aware of current risk levels and have appropriate safety plans and monitoring in place <ul style="list-style-type: none"><li>an ability to ensure that partner agencies receive updated safety plans (e.g. if plans are revised in response to further episodes of self-harm or suicidal behavior)</li></ul> |
| An ability to inform partner agencies of the circumstances under which links with the referrer should be reinstated  |
| An ability to take a proactive stance in relation to monitoring the functioning of a child or young person and their family or carers after discharge (either directly or via the services with whom they are in contact) and to reconnect with them if functioning deteriorates   |
| An ability to ensure that partner agencies have plans for monitoring a child or young person's wellbeing   |

## **Ability to collaboratively engage children and young people with intervention plans**

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| An ability to engage children and young people in a collaborative discussion of the options open to them (which may include medication), informed by the assessment, the formulation emerging from the assessment, and their aims and goals |
| An ability to convey information about treatment options in a manner that is tailored to the capacities, context and circumstances of children and young people and that helps them to raise and discuss queries and/or concerns            |
| An ability to provide children and young people with sufficient information about the intervention options open to them, such that they are:  |
| aware of the range of options available to young people<br>in a position to make an informed choice from the options available to them  |
| An ability to ensure that children and young people have a clear understanding of the interventions being offered to them (e.g. their broad content and the way they usually progress)  |
| While maintaining a positive stance, an ability to convey a realistic sense of:   |
| the effectiveness and scope of each intervention<br>any challenges associated with each intervention  |
| An ability to use clinical judgement to determine whether a child's or young person's agreement to pursue an intervention:  |
| is based on a collaborative choice<br>appears to be a passive agreement, or an agreement which they experience as imposed on them (and if so, an ability to address this)   |