

Knowledge of organisational policies and procedures relevant to self-harm and suicide

An ability to draw on knowledge of the ways in which national and local policies* apply to the organisation and its response to, and responsibilities for, children and young people who self-harm and/or are suicidal, and that:

identify the expected range of responses to self-harm and suicide - for example, how the organisation and its practitioners will:

minimise physical opportunities for children and young people to engage in self-harm and suicidal behaviours (e.g. by identifying and removing potential ligature points)

respond to and support those who present with self-harm or suicidal behaviour

record (and, where required, share) information about interventions offered to children and young people who self-harm and/or are suicidal

support, supervise and train personnel who offer direct support to children and young people who self-harm and/or are suicidal

review and learn from serious incidents (e.g. a death by suicide)

describe procedures for communication within the organisation and with partner services

identify the responsibilities of practitioners at each level of the organisation (and so identify limits to responsibility and procedures to be followed when these are reached)

An ability for the organisation to ensure that new members of staff receive an induction that:

enables them to learn how relevant policies and procedures apply to their practice

identifies the principles that underlie policies and procedures (with the aim of making implementation responsive to individuals, rather than procedural)

An ability for the organisation to make appropriate arrangements:

to maintain practitioners' awareness of current policies and procedures

for ongoing supervision and training that enables practitioners to implement relevant policies and procedures

* For example:

[Suicide Prevention Strategy](#)

[NICE guidelines on suicide, self-harm, depression](#)

[The Five Year Forward View](#)

Local authority guidance for developing plans to respond to self-harm and suicide

Local guidance developed for a service or for an organisation

Ability to operate within and across organisations

Effective delivery of competences relating to work with and within organisations depends on their integration with the other core competences and in particular those relating to confidentiality and consent.

Similar principles apply when working with individuals from both within an organisation and from other organisations.

Knowledge of the responsibilities of each practitioner and of other services

An ability to draw on knowledge of the specific areas for which they and members of their own service are responsible (in relation to assessment, planning, intervention and review)

An ability to draw on knowledge of the roles, responsibilities, culture and practice of professionals from other agencies

An ability to draw on knowledge of the range of agencies working with children and young people and their families and carers, including community services

An ability to draw on knowledge of local pathways of care, and the inclusion and exclusion criteria that are applicable

Knowledge of the rationale for working across organisations

An ability to draw on knowledge that the principal reason for working across organisations is when there are indications that working in this way will benefit the child or young person
an ability to determine when work across agencies is an appropriate response to the needs of a child or young person and (where relevant) their family or carers

An ability to draw on knowledge of the importance of collaborating with:

agencies who are already involved with the care of a child or young person and (where relevant) their family or carers

agencies whose involvement is important or critical to the welfare and wellbeing of a child or young person and (where relevant) their family or carers

An ability to draw on knowledge of the importance of communicating with colleagues from other agencies at an early stage, before problems have escalated

Knowledge of local policies and of relevant legislation

An ability to draw on knowledge of local policies on confidentiality and information sharing both within the multidisciplinary team and between different agencies.

In relation to work that involves children and young people, an ability to draw on knowledge of national and local child protection standards, policies and procedures

An ability to draw on knowledge of national and local policies and procedures regarding the assessment and management of clinical risk

An ability to draw on knowledge of local procedures when a child or young person and (where relevant) their family or carers do not attend appointments, and where this has implications for planning care across agencies

Knowledge of interagency procedures

An ability to draw on knowledge of procedures for raising concerns when a child or young person is at risk of harm, including procedures for:

making a referral to other agencies

sharing concerns with other agencies

An ability to draw on knowledge of common recording procedures across agencies (e.g. shared IT systems/databases).

Information sharing within and across services

An ability to judge on a case-by-case basis the benefits and risks of sharing information against the benefits and risks of not sharing information

An ability to discuss issues of consent and confidentiality with a child or young person and (where relevant) their family or carers*:

in relation to sharing information across agencies

to secure and record their consent to share information

An ability to draw on knowledge of when it is appropriate to share information without the consent of a child or young person and (where relevant) their family or carers

An ability to collate and record relevant information gathered from other agencies

An ability to evaluate information received from other agencies, including:

distinguishing observation from opinion

identifying any significant gaps in information

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 ensure that information sharing is necessary, proportionate, relevant, accurate, timely and secure

An ability to record what has been shared, with whom and for what purpose

An ability to seek advice when in doubt about sharing information

* Detailed consideration of consent and confidentiality can be found in the relevant section of the competence framework

Communication with other agencies

An ability to assure effective communication with professionals in other agencies by:

listening to their perspectives and concerns

ensuring that one's own perspective and concerns are listened to

explicitly acknowledging areas where there are common perspectives and concerns and where there are differences

identifying and acting on any implications of differences in perspective or concern for the delivery of an effective intervention

An ability to provide timely written and verbal communication:

an ability to hold in mind the fact that professional terms, abbreviations and acronyms may not be understood or interpreted in the same way by workers from different agencies

An ability to identify potential barriers to effective communication and, where possible, to develop strategies to overcome these

Coordinating work with other agencies

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| An ability to contribute to interagency meetings at which work across agencies is planned and coordinated |
| An ability to agree aims, objectives and timeframes for each agency's assessment and/or intervention |
| An ability to explain to workers in other agencies: |
| the model being applied |
| any assumptions that are made by the model, and that may not be obvious to, or shared with, workers in other agencies |
| An ability to regularly review the outcomes for a child or young person in relation to the specified objectives |

Recognising challenges to interagency working

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| An ability to recognise when effective interagency 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 (especially where this reflects the 'legacy' of previous contacts) |
| lack of clarity about who takes responsibility in each agency |
| An ability to recognise when another agency has failed to respond appropriately to a request, referral, or concern, and to address this directly |
| An ability to recognise when one is at risk of working beyond the boundaries of one's professional reach |

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

The standards of conduct set out in this document are those expected of all practitioners working with people who self-harm or are suicidal. They apply to a wide range of professionals as well as those who do not have a core profession, but who would be expected to adhere to the internal operating procedures of their organisation.

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

Autonomy

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| An ability for practitioners to recognise the boundaries of their own competence and not attempt to practise an intervention for which they do not have appropriate training, supervision or (where applicable) specialist qualification |
| An ability for practitioners to recognise the limits of their competence, and at such points: |
| an ability to refer to colleagues or services with the appropriate level of training and/or skill` |
| an ability for practitioners to inform a child or young person, and (where appropriate) their family or carer, 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

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| An ability to respond promptly when there is evidence that the actions of a colleague has put a child or young person or another colleague, at risk of harm by: |
| acting immediately to address the situation |
| 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

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

Ability to manage confidentiality

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| An ability to ensure that information about a child or young person 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 |
| restrict information to that needed in order to act appropriately |
| An ability to ensure that a child or young person is 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 service users |
| those tasks for which permission has been given |
| An ability to ensure that data are stored and managed in line with the provisions of data protection legislation |

Sharing information to maintain safety

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| An ability to draw on knowledge that it is appropriate to breach confidentiality when withholding information could: | |
| | place the child or young person or others (e.g. family members, carers, 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 interests of a child or young person to disclose information, taking into account their wishes and views (and those of their family or carers) about sharing information, holding in mind: | |
| | that disclosure is appropriate if it prevents serious harm to a child or young person who lacks capacity |
| | the immediacy of any suicide risk (e.g. the degree of planning, the type of suicide method planned or already attempted, circumstances such as being alone, refusing treatment, drinking heavily, or being under the influence of drugs) |
| An ability to draw on knowledge that the duty of confidentiality does not preclude listening to the views of family members or carers, or providing them with general 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 without revealing the child's or young person's identity | |

Ability to maintain appropriate standards of conduct

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| An ability to ensure that children and young people who self-harm or are suicidal are treated with dignity, respect, kindness and consideration | |
| An ability for professionals to maintain professional boundaries, for example by: | |
| | ensuring that they do not use their position and/or role in relation to a child or young person to further their own ends |
| | not accepting gifts, hospitality or loans that may be interpreted as a way for the person to gain preferential treatment |
| | maintaining clear and appropriate personal and sexual boundaries |
| An ability to recognise the need to maintain standards of behaviour, that conform to professional codes of conduct both in and outside of work | |
| An ability for practitioners to represent their qualifications, knowledge, skills and experience accurately | |

Ability to maintain standards of competence

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| 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 practise has been called into question and report this to the relevant parties (including both local management and the relevant registration body) | |

Documentation

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| An ability to maintain a record for each child and young person, which: |
| is written promptly |
| is concise, legible and written in a style that is accessible to its intended readership |
| identifies the person who has entered the record (i.e. is signed and dated) |
| An ability to ensure that records are maintained after each contact with a child or young person 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

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| An ability to communicate clearly and effectively with children and young people, their families and carers and other practitioners and services |
| An ability to share knowledge and expertise with professional colleagues for the benefit of a child or young person |

Ability appropriately to delegate tasks

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| 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 children and young people

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| An ability to work with others to promote the health and wellbeing of children and young people and their families and carers, and others in the wider community, by for example: |
| 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 children and young people 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 |

Ability to recognise and respond to concerns about child protection

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

Knowledge of policies and legislation

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| 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 information about children and young people and their families and carers |
| An ability to draw on knowledge of the statutory responsibilities of all adults (e.g. parents, carers, school staff) to keep children and young people safe from harm |
| An ability to draw on knowledge that practitioners are responsible for acting on concerns about a child or young person even if they are not directly responsible for their care |

Knowledge of child protection principles

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

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

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| An ability to draw on knowledge of the concept of significant harm: | a threshold that justifies intervention in family life in the best interests of children and young people |
| 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 neglect |
| | the extent of premeditation |
| | the presence or degree of threat |
| | the actual, or potential, impact on a child's or young person's health, development and welfare |
| An ability to draw on knowledge that significant harm can be indicated by a 'one-off' incident, a series of 'minor' incidents, and an accumulation of concerns over time | |
| An ability to draw on knowledge of areas in which abuse and neglect are manifested: | physical abuse (e.g. causing deliberate harm, or female genital mutilation) |
| | emotional abuse |
| | persistent emotional maltreatment that is likely to impact on a child's or young person's emotional development |
| | sexual abuse - the abuse of children and young people through sexual exploitation, which includes: |
| | penetrative and non-penetrative sexual contact |
| | non-contact activities (e.g. watching sexual acts or encouraging children and young people to behave in sexually inappropriate ways) |
| | neglect - usually defined as an omission of care by a child's or young person's parent/carer (often due to unmet needs of their own) |
| | persistent failure to meet a child's or young person's basic physical and/ or psychological needs |
| An ability to draw on knowledge of the short- and long-term effects of abuse and neglect including their cumulative effects | |
| An ability to draw on knowledge that, while offering support and services to families or carers of abused children and young people, the needs of children and young people person are primary | |
| An ability to draw on knowledge that children and young people may experience multiple forms of abuse from different individuals or groups of people during their development | |

Ability to recognise possible signs of abuse and neglect

An ability to recognise behaviours that may be indicators of abuse or neglect, and which may require further investigation, for example a child or young person who:

- appears to be frightened or intimidated by an adult or peer
- acts in a way that is inappropriate to their age and development

An ability to recognise possible signs of physical abuse, for example:

- explanations that are inconsistent with an injury
- unexplained delay in seeking treatment
- parents or carers who seem uninterested or undisturbed by an accident or injury
- repeated or multiple bruising or other injury on sites unlikely to be injured during everyday activities or accidents

An ability to recognise possible signs of emotional abuse, for example:

- 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 or care environment
- 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, for example:

- inappropriate sexualised conduct (e.g. sexually explicit behaviour, play or conversation, inappropriate to a child's or young person's age)
- self-harm and suicide attempts
- involvement in sexual exploitation or indiscriminate choice of sexual partners
- anxious unwillingness to remove clothes (e.g. for sports), which is not related to cultural norms or physical health problems or disabilities

An ability to recognise possible physical signs of sexual abuse, for example:

- genital discomfort
- blood on underclothes
- pregnancy

An ability to recognise that allegations of sexual abuse by children and young people may initially be indirect (in order to test the professional's response)

An ability to recognise that, in most cases, evidence of neglect accumulates over time and across agencies

- an ability to compile a chronology and discuss concerns with other agencies in order to determine whether minor incidents are indicative of a broader pattern of parental neglect

An ability to recognise possible signs of neglect, for example:

- 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)
- a child or young person thrives away from the home environment
- a child or 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

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

An ability to recognise parental behaviours associated with abuse or neglect

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

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

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| 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, for example: |
| parents who have significant problems that impact on their ability to parent (such as markedly poor mental health or significant 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, for example: |
| social isolation |
| socio-economic problems |
| history of abuse in the family |
| An ability to recognise child risk factors for abuse or neglect, for example: |
| recurring illness or hospital admissions or disability |
| difficult or aggressive temperament |

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

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| An ability to ensure that actions taken in relation to child protection are consistent with relevant legislation and local policy and procedure |
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Ability to report concerns about child protection

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| An ability to work collaboratively with children and young people and their families and carers to promote their participation in gathering information and making decisions |
| An ability to report suspicions of risk to appropriate agencies, and to: |
| share information with relevant parties, with the aim of drawing attention to emerging concerns |
| gather information from other relevant agencies (e.g. schools, 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 a child or young person, and their family or carers, and there is a concern that they are missing from the known address |
| An ability to follow guidelines on how confidentiality and disclosure will be managed |

Ability to contribute to the development of a child protection plan

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| 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

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| An ability to implement protective interventions within the remit of the service and which are outlined in the child protection plan, aiming to: |
| reduce or eliminate risk factors for abuse or neglect |
| build on the strengths and resilience factors of children and young people and their families and carers |
| An ability to maintain support for children and young people and their families and carers when compulsory measures are necessary |
| Where relevant, an ability to maintain therapeutic support for a child or young person and their family or carers during an ongoing child protection investigation, and/or when a child or 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, to work with others to ensure that this is timely, appropriate and proportionate |

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

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| 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 |
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Interagency working

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| An ability to draw on knowledge of the roles and responsibilities of other services available to a child or young person and their family or carers |
| 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 agency 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 and young people

An ability to recognise the limits of one's own expertise and to seek advice from appropriately trained and experienced individuals (such as senior colleagues, social workers and other child protection experts)

Ability to recognise and respond to concerns about safeguarding

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| 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 children and young people vulnerable, such as unmet developmental needs, unstable family circumstances, and poor and/or erratic parenting |
| An ability to draw on knowledge of type of abuse and neglect that could trigger a safeguarding concern, such as: |
| physical abuse |
| domestic violence |
| psychological abuse |
| financial or material abuse or exploitation |
| sexual abuse or exploitation |
| neglect |
| abuse in an organisational context |
| An ability to identify signs or indicators that could flag the need to institute safeguarding procedures |
| An ability to draw on knowledge of national guidance and legal frameworks regarding responsibility for acting on safeguarding concerns |
| An ability to act on knowledge of local agencies and local procedures for invoking, investigating and acting on safeguarding concerns |
| An ability to approach the management of safeguarding procedures in a way that protects the safety of a child or young person and does so in a manner that is compassionate, empathic and supportive |

Knowledge of legal frameworks relating to working with children and young people who self-harm or are suicidal

An ability to draw on knowledge that clinical work with children and young people who self-harm or are suicidal 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 people with disabilities)

Resources

Mental health legislation

Mental Health Act 1983:

<https://www.legislation.gov.uk/ukpga/1983/20/contents>

Mental Health (Care and Treatment) (Scotland) Act 2003:

<https://www.legislation.gov.uk/asp/2003/13/contents>

Outline guides:

www.mind.org.uk/help/rights_and_legislation/mental_health_act_1983_an_outline_guide

www.scotland.gov.uk/Publications/2005/07/22145851/58527

www.scotland.gov.uk/Resource/Doc/196881/0052725.pdf

Capacity and consent

Mental Capacity Act 2005:

<https://www.legislation.gov.uk/ukpga/2005/9/contents>

Mental Welfare Commission for Scotland:

www.mwcscot.org.uk/the-law/

Age of Legal Capacity (Scotland) Act 1991:

<https://www.legislation.gov.uk/ukpga/1991/50/contents>

National Society for the Prevention of Cruelty to Children. Gillick competency and Fraser Guidelines:

www.nspcc.org.uk/preventing-abuse/child-protection-system/legal-definition-child-rights-law/gillick-competency-fraser-guidelines/

Confidentiality

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

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4069253

Data protection

Data Protection Act 2018:

<https://www.legislation.gov.uk/ukpga/2018/12/contents>

Equality

The Equality Act 2010:

<https://www.legislation.gov.uk/ukpga/2010/15/contents>

Human rights

Human Rights Act 1998:

<https://www.legislation.gov.uk/ukpga/1998/42/contents>

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

All professional codes relating to confidentiality make it clear that where there is evidence of imminent risk of serious harm to self or others, confidentiality can be breached and relevant practitioners and family members and carers informed. This applies to people, including children and young people, who are at risk of self-harm or suicide.

Decisions about issues of confidentiality and consent may be influenced by judgements regarding a person's capacity. Capacity is referred to in this document, 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 and information sharing both within and between teams or agencies

An ability to draw on knowledge of the application of relevant legislation relating to legal capacity

Knowledge of legal definitions of consent to an intervention

An ability to draw on knowledge that valid legal consent to an intervention is composed of three elements:

the person being invited to give consent must be capable of consenting (legally competent)

the consent must be freely given

the person consenting must be suitably informed

An ability to draw on knowledge that a person has a right to withdraw or limit consent at any time.

Knowledge of capacity*

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

*Competences relevant to the assessment of capacity are detailed elsewhere in the relevant section of this framework

Knowledge of parental rights and responsibilities

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| 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 parent or carer with parental rights and responsibilities |
| 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 |

Ability to gain informed consent to an intervention

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| An ability to give people the information they need to decide whether to proceed with an intervention, such as: |
| 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 when a person's first language is not that used by the practitioner and their language skills indicate that this is necessary |
| If a person has 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 about the proposed intervention |
| An ability to address any concerns or fears about the proposed intervention |
| An ability to draw on knowledge that even when consent has been granted it is usual to revisit this issue when introducing specific aspects of an assessment or intervention |

Ability to draw on knowledge of confidentiality

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| An ability to draw on knowledge that a duty of confidentiality is owed to: |
| the person to whom the information relates |
| anyone who has provided relevant information on the understanding it is to be kept confidential |
| An ability to draw on knowledge that confidence is breached when the sharing of confidential information is not authorised by the person who provided it or to whom it relates |
| An ability to draw on knowledge that there is no breach of confidence if: |
| information was provided on the understanding that it would be shared with a limited range of people or for limited purposes, and information has been shared in accordance with that understanding |
| there is explicit consent to the sharing |

Sharing information to maintain safety

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| An ability to draw on knowledge that it is appropriate to breach confidentiality when withholding information could: |
| place a person or others (e.g. family members, carers, 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 interests of the person to disclose information, taking into account their wishes and views about sharing information, holding in mind: |
| that disclosure is appropriate if it prevents serious harm to a person who lacks capacity |
| the immediacy of any risk of self-harm or suicide (e.g. the degree of planning, the type of suicide method planned or already attempted, circumstances such as being alone, refusing treatment, or drinking heavily or being under the influence of drugs) |
| An ability to draw on knowledge that the duty of confidentiality does not preclude listening to the views of family members and carers, or providing them with general 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 without revealing the person's identity |

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

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| An ability to explain to all relevant parties (e.g. the person, their family or carers and other professionals) the limits of confidentiality and circumstances in which it may be breached (e.g. when a person is considered to be at risk) |
| An ability to inform all relevant parties about local service policy on how information will be shared and to seek their consent to these procedures (e.g. the ways information about the assessment and intervention will be shared with referrers) |
| An ability to revisit consent to share information if there is: |
| significant change in the way the information is to be used |
| a change in the relationship between the agency and the person |
| a need for a referral to another agency for further assessment or intervention |
| An ability to draw on knowledge that safeguarding needs usually take precedence over issues of consent and confidentiality |

Ability to assess the capacity to consent to information sharing*

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

*Competences relevant to the assessment of capacity are detailed elsewhere in the relevant section of this framework

Ability to share information appropriately and securely

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| When a decision is made to share information, an ability to draw on knowledge of information sharing and guidance at a national and local level, and: |
| share it only with the person or people who need to know |
| ensure that it is necessary for the purposes for which it is being shared |
| check that it is accurate and up-to-date |
| distinguish fact from opinion |
| understand the limits of any consent given (especially if the information has been provided by a third party) |
| establish whether the recipient intends to pass it on to other people, and ensure they understand the limits of any consent that has been given |
| ensure that the person to whom the information relates (or the person who provided the information) is told that information is being shared, where it is safe to do so |
| An ability to ensure that information is shared in a secure way and in line with relevant local and national policies |

Knowledge of, and ability to assess, capacity

Knowledge of how capacity is defined

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| An ability to draw on knowledge that assessment of capacity refers to a specific issue at a specific point in time |
| An ability to draw on knowledge that relevant legislation on capacity applies to people over the age of 16 who (by reason of mental health problems or because of an inability to communicate because of physical disability) may be deemed to lack capacity if they meet one or more of the following criteria, and are incapable of: |
| acting, or |
| making decisions, or |
| communicating decisions, or |
| understanding decisions, or |
| retaining the memory of decisions |
| An ability to draw on knowledge relevant to capacity to give consent to an intervention: |
| that young people aged 16 or over are presumed to have capacity to give or withhold consent, unless there is evidence to the contrary |
| that a child under 16 who is able to understand and make their own decisions is able to give or refuse consent |
| that the capacity to give consent is a 'functional test' and is not dependent on age: |
| that a child with sufficient ability to understand the nature and consequences of what is proposed is deemed competent to give consent |
| An ability to draw on knowledge that when a person is judged not to have capacity, any actions taken should: |
| be of benefit to them |
| be the least restrictive intervention |
| consider their wishes and feelings |
| consider the views of relevant others |
| encourage independence |
| An ability to draw on knowledge that capacity should be assessed in relation to major decisions that affect people's lives (e.g. safety/risk taking, appraisal of their health needs) |
| an ability to draw on knowledge that capacity is not 'all or nothing' and may vary across time and across specific areas of functioning |
| An ability to draw on knowledge that incapacity can be temporary, indefinite, permanent or fluctuating, and that it is important to consider the likely duration and nature of the incapacity |
| An ability to draw on knowledge that diagnosis alone cannot be used to make assumptions about capacity |

Assessment of capacity

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| An ability to ensure that judgements regarding capacity consider any factors that make it hard for a person to understand or receive communication or for them to make themselves understood |
| an ability to identify ways to overcome barriers to communication (where possible) |
| An ability to maximise the likelihood that a person understands the nature and consequences of any decisions they are being asked to make, for example, by: |
| speaking at the level and pace of their understanding and 'processing' speed |
| avoiding jargon |
| repeating and clarifying information, and asking them to repeat information in their own words |
| using 'open' questions (rather than 'closed' questions to which the answer could be 'yes' or 'no') |
| using visual aids |
| An ability to determine capacity if a person has significant cognitive impairments and/or memory problems, for example: |
| if they are able to make a decision but unable to recall it after an interval, asking for the decision to be made again, using the consistency of their response as a guide to capacity |
| deciding when further formal assessment is required in order to determine capacity |

Ability to work with difference

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 in relation to gender, disability or sexual orientation may vary according to a specific cultural group. Nonetheless, the competences required to work in a culturally competent manner are probably similar. They relate to the capacity to value diversity and maintain an active interest in understanding the ways in which people may experience specific beliefs, practices and lifestyles, and considering any implications for the way in which an intervention is carried out.

There are of course many ways in which both practitioners and those with whom they work 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 also the case that it is a person's sense of the impact of specific beliefs, practices and lifestyles that is important (the meaning these have for them) rather than the factors themselves. Almost any encounter requires the practitioner to consider carefully any potential issues relating to specific beliefs, practices and lifestyles, and relevance to the intervention being offered.

Finally, it is worth bearing in mind that, 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

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| 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 community); as such, the implications of combinations of lifestyle factors needs to be held in mind |
| An ability to maintain an awareness of the potential significance for practice of social and cultural variation across a range of domains, but including: |
| ethnicity |
| culture |
| gender and gender identity |
| religion and belief |
| sexual orientation |
| 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

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| An ability to draw on knowledge of cultural issues that commonly restrict or reduce access to interventions, for example: |
| language |
| marginalisation |
| mistrust of statutory services |
| lack of knowledge about how to access services |
| the range of cultural concepts, understanding and attitudes about mental health that affect views about help-seeking, treatment and care |
| stigma, shame and/or fear associated with mental health problems (which 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 (such as their GP) |

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| 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

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

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

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| An ability to work collaboratively with people in order 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 |
| <ul style="list-style-type: none"> 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 people interpret their own culture (and therefore recognises the risk of culture-related stereotyping) |
| An ability to take an active and explicit interest in a person's experience of the beliefs, practices and lifestyles pertinent to their community to: |
| <ul style="list-style-type: none"> 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

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| Where the practitioner does not share a person's language, an ability to identify appropriate strategies to ensure and enable their full participation in the assessment or intervention |
| where an interpreter/advocate is employed, an ability to draw on knowledge of the strategies that need to be in place for them to work effectively and in the person's interests |
| An ability to adapt communication with people 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

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| 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, for example if: |
| the measure is not available in their first language, an ability to take into account the implications of this when interpreting results |
| a bespoke translation is attempted, an ability to cross-check the translation to ensure that the meaning is not inadvertently changed |
| standardised data (norms) are not available for the demographic group of which they are a member, an ability to explicitly consider this issue when interpreting the results |

Ability to adapt psychological interventions

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

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

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| An ability for practitioners of all backgrounds to draw on an awareness of their own group membership and values and 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 a person |

Ability to identify and to challenge inequality

An ability to identify inequalities in access to services and take steps to overcome these:

considering ways in which access to, and use of, services may need to be facilitated for some people (e.g. home visiting, flexible working, linking families 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

Ability to make use of supervision

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

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

Ability to work collaboratively with the supervisor

An ability to work with a supervisor to generate an explicit agreement about the parameters of supervision (e.g. setting an agenda, being clear about the respective roles of supervisor and supervisee, the goals of supervision and any contracts that specify these factors)

An ability to help the supervisor be aware of one's current state of competence and any training needs

An ability to present an honest and open account of the work being undertaken

An ability to discuss work with the supervisor as an active and engaged participant, without becoming passive or avoidant, or defensive or aggressive

An ability to present material to the supervisor in a focused manner, selecting (and thereby 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 one's capabilities and to share this self-appraisal with the supervisor

An ability to use feedback from the supervisor to further develop the capacity for accurate self-appraisal

Capacity for active learning

An ability to act on suggestions regarding relevant reading made by the supervisor, and to incorporate this material into practice

An ability to take the initiative in relation to learning, by identifying relevant papers or books, and to incorporate this material into practice

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

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| An ability to use supervision to discuss the personal impact of the work, especially where this reflection is relevant to maintaining its potential effectiveness |
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| An ability to use supervision to reflect on the impact of the work in relation to professional development |
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Ability to reflect on supervision quality

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| 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: |
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| there is concern that supervision is below an acceptable standard |
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| the supervisor's recommendations deviate from acceptable practice |
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| the supervisor's actions breach national and professional guidance (e.g. abuses of power and/or attempts to create dual [sexual] relationships) |
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Responding to, and learning from, incidents at an organisational level

Responding to a suicide

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| An ability to provide guidance and support for all employees affected by a child's or young person's suicide |
| An ability to maintain services and to provide stability and appropriate information to staff, other children and young people and their families and carers |
| An ability to appoint appropriate individuals to investigate the circumstances leading up to the death |
| An ability to offer support to individuals and teams who worked with the child or young person who has died, aimed at helping them review the death, discussing their reactions and feelings and receiving help if necessary |
| An ability to communicate with other children and young people and families and carers involved and affected by the death (e.g. providing clinical follow-up and support) |

Family and carer engagement and communication

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| An ability to ensure that the terms of reference of any investigation explicitly include arrangements for engaging and communicating with the family or carers of the child or young person who has died |
| An ability to ensure that that the people making contact are suitable to take up this role (e.g. have the appropriate communication skills and an appropriate level of authority) |
| An ability to ensure that information is provided to the family or carers of the child or young person who has died in a timely and compassionate manner (in line with the duty of candour) |
| An ability to put in place appropriate support for the family or carers of the child or young person who has died |
| Where the child's or young person's family includes other children or young people, an ability to put in place developmentally appropriate support for them, and to support the parents or carers to care for them |

Establishing an independent review

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| An ability to identify an independent team with relevant experience, expertise and authority, including lay membership where appropriate, which is empowered to: |
| investigate the circumstances of the death |
| compile a record of the child's or young person's care and treatment |
| write a clear report |
| An ability to ensure that reviews are set-up, completed and disseminated in as timely a manner as is practicable |

Competences for the investigating team

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| An ability for the investigating team to: | |
| | review relevant documentation |
| | identify the agencies and services with which the child or young person was in contact |
| | interview members of the clinical and professional teams with whom the child or young person was in contact |
| | review and evaluate the course and quality of treatment |
| | review legal and ethical matters, particularly those concerning sharing of information within and between services |
| | seek the views of the child's or young person's family or carers |
| An ability to review the degree to which the service is operating in line with national and local guidance designed to reduce the risk of suicide, such as: | |
| | monitoring the physical environment for risks (such as ligature points) and actively taking steps to modify dangers when these are identified |
| | ensuring that there is an appropriate response when children and young people leave inpatient wards without staff agreement (e.g. use of the Mental Health Act) |
| | having agreed protocols in place for managing a child or young person with comorbid substance misuse |
| | maintaining safe staffing levels |
| | maintaining a consistent staff group who are familiar with the children and young people in their care (by minimising staff turnover) |
| | putting in place appropriate training for staff carrying out critical tasks (such as direct observations, searching and restraint) |

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

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

Use of information and reporting systems

An ability to draw on knowledge of the information systems used by NHS trusts, and the reporting arrangements used locally and nationally to record and to flag serious incidents

An ability to examine information and reporting systems to ascertain the degree to which:

staff in the organisation routinely and systematically record information, particularly information potentially relevant to the management of self-harm and suicide (e.g. in care plans, risk assessments, clinical summaries and communication with other parts of the service or with other services)

the organisation follows up and acts on reports of adverse events and potential areas of concern (e.g. use of seclusion and restraint)

reporting of serious incidents to national external bodies is appropriate (e.g. CQC, NHS Improvement)

Effectiveness of leadership

An ability to identify how information about potential adverse events or areas of concern are considered by senior leaders in the organisation, for example:

whether, how and at what level the trust and/or its delegated authority (e.g. sub-committee of the trust board, clinical governance lead, patient safety service, quality oversight group) receives, takes account of and responds appropriately to information about serious incidents, unexpected deaths and previous incident reports

An ability to consider the quality of reports of previous investigations (such as Serious Incidents Requiring Investigation reports), for example to consider:

the standard of investigation

the quality of the report

the appropriateness of the actions it recommends

An ability to determine whether and how recommendations from previous investigations have been implemented

Dissemination

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

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

An ability to recommend that reports are disseminated in a timely manner to:

all professionals who can potentially learn from them, for example:

managers

staff (including front-line clinical staff, and particularly those with whom the child or young person who has died was in contact)

clinical and professional partners (such as local services or local agencies)

the child's or young person's family or carers

Providing support for staff after a death by suicide

This section focuses on the competences associated with providing support for individuals and teams after a child or young person has died by suicide. Separate sections detail competences associated with the formal inquiry that constitutes an organisational response to suicide.

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

An ability to ensure that all relevant staff are informed after a suicide and that support is offered in a timely manner

An ability to ensure that working arrangements are adjusted so that all staff who wish to attend meetings are able to do so

An ability to identify a moderator (an impartial expert with experience and expertise in working with suicide postvention, with either individuals or groups)

An ability for the moderator to establish boundaries to any discussions and ensure that there is clarity about confidentiality

Working with individuals or teams

An ability to provide information to staff about the 'normal' consequences of a suicide

An ability to help staff discuss their emotional reactions to the death, and to:

identify and discuss the breadth of emotions evoked by a child's or young person's suicide (e.g. sorrow, guilt, anger, disappointment, compassion or relief)

identify and discuss emotions related to their sense of the role they played in the child's or young person's treatment (e.g. a sense of failure, incompetence, fear or shame)

discuss the ways in which they are managing feelings about the death (e.g. denial of feelings or, conversely, feeling overwhelmed)

discuss (and so recognise) limits to the control that they had over a child's or young person's behaviour

recognise that (at least in the short term) the death is likely to affect their work with other children and young people and their sense of professional identity

verbalise fears of disciplinary or legal action

An ability to help staff reconstruct the known circumstances and child's or young person's behaviour before suicide, and to discuss:

how they understand the child's or young person's decision to die

their sense of involvement with the child or young person and their view of themselves after the suicide (including, for example, feelings of guilt or a sense of failure)

accusations of blame towards individuals or groups seen as responsible for the child's or young person's welfare

an ability to contain accusations of blame against others (e.g. by distinguishing between feelings of guilt and actual responsibility for the child or young person)

Where a staff member has found the body, an ability to organise or provide appropriate support (for example, where there is evidence of trauma)

Working with teams

An ability to draw on knowledge that the reactions of different members of the team will vary, and be influenced by their:

relationship with the child or young person

understanding and knowledge of the child or young person

understanding and anticipation of the event

personal traits

professional experience

An ability to draw on knowledge that because different team members will vary in the extent and depth of their reactions, the support offered (to the team as a whole and to individual members) needs to reflect this, for example by:

offering individual as well as group support

being sensitive to what each team member knows, and what level of detail they need to know (e.g. if detailing the manner of the death is potentially traumatising, or where the family has indicated a wish to restrict information about the manner of death)

An ability to extend support to staff (such as administrative staff or cleaners) who had no formal clinical role, but whose duties brought them into regular contact with the child or young person who has died