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:

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

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

**Capacity and consent**

Mental Capacity Act 2005:

Mental Welfare Commission for Scotland:
www.mwcscot.org.uk/the-law/

Age of Legal Capacity (Scotland) Act 1991:


**Confidentiality**

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

**Data protection**

Data Protection Act 2018:

**Equality**

The Equality Act 2010:

**Human rights**

Human Rights Act 1998:
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*

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

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

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

<table>
<thead>
<tr>
<th>Ability to draw on knowledge that a duty of confidentiality is owed to:</th>
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</thead>
<tbody>
<tr>
<td>the person to whom the information relates</td>
</tr>
<tr>
<td>anyone who has provided relevant information on the understanding it is to be kept confidential</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>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</th>
</tr>
</thead>
<tbody>
<tr>
<td>An ability to draw on knowledge that there is no breach of confidence if:</td>
</tr>
<tr>
<td>information was provided on the understanding that it would be shared with a limited range of people or for limited purposes, and information has been shared in accordance with that understanding</td>
</tr>
<tr>
<td>there is explicit consent to the sharing</td>
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</tbody>
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### Sharing information to maintain safety

<table>
<thead>
<tr>
<th>Ability to draw on knowledge that it is appropriate to breach confidentiality when withholding information could:</th>
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</thead>
<tbody>
<tr>
<td>place a person or others (e.g. family members, carers, professionals or a third party) at risk of significant harm</td>
</tr>
<tr>
<td>prejudice the prevention, detection or prosecution of a serious crime</td>
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<tr>
<td>lead to an unjustified delay in making enquiries about allegations of significant harm to others</td>
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</table>

<table>
<thead>
<tr>
<th>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:</th>
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<tbody>
<tr>
<td>that disclosure is appropriate if it prevents serious harm to a person who lacks capacity</td>
</tr>
<tr>
<td>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)</td>
</tr>
</tbody>
</table>

| 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 |

| Ability to judge when sharing information within and between agencies can help to manage suicide risk |

| 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

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*

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

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

| 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

<table>
<thead>
<tr>
<th>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</th>
</tr>
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<tbody>
<tr>
<td>an ability to identify ways to overcome barriers to communication (where possible)</td>
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<table>
<thead>
<tr>
<th>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:</th>
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<tbody>
<tr>
<td>speaking at the level and pace of their understanding and 'processing' speed</td>
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<tr>
<td>avoiding jargon</td>
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<tr>
<td>repeating and clarifying information, and asking them to repeat information in their own words</td>
</tr>
<tr>
<td>using ‘open’ questions (rather than ‘closed’ questions to which the answer could be ‘yes’ or ‘no’)</td>
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<tr>
<td>using visual aids</td>
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<table>
<thead>
<tr>
<th>An ability to determine capacity if a person has significant cognitive impairments and/or memory problems, for example:</th>
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<tr>
<td>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</td>
</tr>
<tr>
<td>deciding when further formal assessment is required in order to determine capacity</td>
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</table>
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

- 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

- 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)
An ability to draw on knowledge of the potential impact of socioeconomic status on access to resources and opportunities

An ability to draw on knowledge of the ways in which social inequalities affect development and mental health

An ability to draw on knowledge of the impact of factors such as socioeconomic disadvantage or disability on practical arrangements that influence attendance and engagement (e.g. transport difficulties, poor health)

### Ability to communicate respect and valuing of people

Where 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

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

| 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: |
| help them discuss and reflect on their experience |
| identify whether and how this experience has shaped the development and maintenance of their presenting problems |
| identify how they locate themselves if they ‘straddle’ cultures |
| An ability to discuss the ways in which individual and family relationships are represented in a person’s culture (e.g. notions of the self, models of individuality and personal or collective responsibility), and to consider the implications for organisation and delivery of any interventions |
## Ability to adapt communication

Where the practitioner does not share a 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

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

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

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

<table>
<thead>
<tr>
<th>An ability to identify inequalities in access to services and take steps to overcome these:</th>
</tr>
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<tbody>
<tr>
<td>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)</td>
</tr>
<tr>
<td>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</td>
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</table>
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**

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

**Ability to reflect on supervision quality**

<table>
<thead>
<tr>
<th>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:</th>
</tr>
</thead>
<tbody>
<tr>
<td>there is concern that supervision is below an acceptable standard</td>
</tr>
<tr>
<td>the supervisor’s recommendations deviate from acceptable practice</td>
</tr>
<tr>
<td>the supervisor’s actions breach national and professional guidance (e.g. abuses of power and/or attempts to create dual [sexual] relationships)</td>
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</tbody>
</table>