

Ability to prepare child/young person for transition to adult services

An ability to draw on knowledge that transition is defined as “a purposeful, planned process that addresses the medical, psychosocial and education/vocational needs of young people with chronic physical and medical conditions as they move from child-centred to adult-oriented health care systems”

Knowledge

An ability to draw on knowledge that “transfer” is the end-point of transition
An ability to draw on knowledge that transition is a time when the young person is at risk of disengaging from health services, as they move from having their health needs co-ordinated by others to taking responsibility for co-ordinating their own care
An ability to draw on knowledge that the timing of transfer should be patient centred rather than based on a rigid age threshold, and take place at a time of relative stability for the young person
An ability to draw on knowledge that healthcare professionals in child and adult services have joint responsibility for ensuring appropriate transfer of care
An ability to draw on knowledge that transition is a process that can take place over several years, and continues past the point of transfer
An ability to draw on knowledge that transition planning should be reviewed at least annually, to ensure changing needs are considered
An ability to draw on knowledge that, wherever possible a named healthcare professional should co-ordinate the transition process and signpost to appropriate support before, during and after transfer
An ability to draw on knowledge of the benefit of involving the GP in the transition process because of their role in providing continuity of care
An ability to draw on knowledge of the challenges of transition:
it is a time of change and uncertainty which can result in confusion and distress if managed poorly
young people may feel unsure and anxious about moving to adult services, especially if they have been with children's services for a long time
parents/carers may struggle with their child's increasing independence around their healthcare and might need additional support to manage their concerns
transition takes place during a period of developmental change when young people are establishing their own identity and differentiating from carers, which may have an adverse impact on their ability to manage their healthcare responsibly
where the young person's condition is less 'visible' they might attempt to shift their identity as an individual with a long-term condition by neglecting their health needs
moving from child services can feel like a significant loss to young people and their families
An ability to draw on knowledge of the importance of fully involving the young person in the transition process
An ability to draw on knowledge that a well-managed transition can lead to better engagement with adult services and improved health outcomes
An ability to draw on knowledge that transition can be challenging for staff who may have known the young person for a considerable amount of time

ASSESSMENT

An ability to assess the young person's needs at different stages throughout the transition period based on their developmental stage, maturity and the stability of their health condition
An ability to identify any specific stressors or anxieties that a young person and/or their parents/carers might have throughout the transition process
An ability to regularly review the young person's physical and mental health and social needs throughout the transition period
An ability to assess the young person's ability to manage their condition, their self-confidence in doing so and readiness to move to adult services
An ability to ensure that the young person is enabled to make informed decisions about their care, and to have their views and needs taken into account
where the young person has complex needs or cognitive difficulties, optimising their involvement in decision making through (for example) peer support, mentoring, advocacy, or the use of communication aids
An ability to assess and address any concerns that parents/carers might have as their child becomes more responsible for their own healthcare
An ability to identify potential upcoming challenges that might impact on a successful transition (e.g. moving to college; moving to independent living, changes to treatment)
An ability to help the young person to identify a single practitioner – who should act as a 'named worker' – to coordinate their transition care and support

INTERVENTION

An ability to support the young person and their parents/carers to transfer responsibilities for health and treatment management from parents/carers to the young person
An ability to help the young person discuss the challenges of becoming an adult with a physical health condition, and the implications for self-concept and self-management
An ability to consider how parents/carers are involved in the transition process, taking into account:
the views of the young person
the concerns of parents/carers (e.g. where parents struggle to step back from close involvement with their child's care)
An ability to help the young person, and their parents/carers to discuss their expectations about the transition process
an ability to help the young person and their parents/carers identify and discuss differing views and preferences about managing healthcare (where necessary taking into account the young person's capacity and following the principles of relevant legislation)
An ability to help the young person to develop confidence in working with adult services by giving them the chance to raise any concerns and queries separately from their parents or carers

Providing information about adult services

An ability to provide the young person and their family with information about adult services and the support available to them
an ability to ensure that information is provided early enough to allow young people time to reflect on and discuss it with parents, carers or practitioners

An ability to provide information in an accessible format that takes into account the needs and preferences of the young person (e.g. written information, computer-based reading programmes, video, audio or braille)
An ability to describe the support available before and after transfer
An ability to describe sources of advice about benefits and financial entitlements
An ability to convey accurate information about the available healthcare services (specialist, general and community) and ways in which this can impact on other life choices (e.g. college, employment and/or where to live as independent adults)
where adult services might offer a reduced level of care, an ability to be clear about this, and its likely impact
An ability to involve healthcare professionals from adult services (including the GP) from an early stage, particularly where the circumstances are complex (e.g. where no equivalent adult service exists, where the young person is transitioning to several different services or where a young person is entering palliative care)

Promoting engagement with adult services

An ability to help the young person become familiar with adult services by:
encouraging them to take more of a role in healthcare and consultations (taking into account their developmental stage, emotional maturity, needs and wishes)
giving them the opportunity to meet practitioners who will take a lead role in their future care
promoting the role of GP involvement (particularly in situations where there is no appropriate or single adult specialist health service).

Transition planning

An ability to work collaboratively with the young person to develop a transition plan which can be shared across services and which aims to; build a young person's confidence and ability to direct their own care over time; reduce their concerns and; increase their willingness to have new practitioners involved in their care and which should:
be produced early enough to form part of discussions with the young person about planning their transition.
identify a key, accountable, individual responsible for supporting their move to adult health services
clarify roles and responsibilities regarding who is involved, what is expected of the young person and all professionals involved and over what timescales
clarify preferences regarding the extent of parent and carer involvement
outline the young person's strengths, achievements, hopes for the future and goals
summarise other relevant factors (e.g. plans for education, housing, available support services)
take into account the young person's maturity, cognitive abilities, psychological status, social and personal circumstances, caring responsibilities and communication needs
An ability to develop (or contribute to) a 'health passport' for inclusion in the transition plan which details the young person's past and current medical history and contact with services

Ability to promote adherence / concordance

Adherence to a treatment regimen should arise in the context of concordance. This refers to a process of consultation between health professionals and the child/young person and their family: it rests on the assumption that there will be shared decision making about treatment plans and how they will be managed. Viewing adherence as equivalent to compliance with a treatment plan decided by healthcare professionals is unhelpful, because it does not encourage consideration of ways to promote effective self-management.

Because all members of a healthcare team have a responsibility to monitor and to discuss adherence issues, competences described in this section apply to all healthcare workers in the 'team'

KNOWLEDGE

An ability to draw on knowledge that adherence is defined as “the extent to which a patient’s behaviour is consistent with the agreed clinical plan”

An ability to draw on knowledge that a child of consenting age or their parent/carer can decide not to follow a recommended treatment, as long as they have capacity and have been provided with the information needed to make such a decision

An ability to draw on knowledge that shared decision making and inter-disciplinary co-ordination is essential to optimise adherence and self-management

An ability to draw on knowledge that educational interventions alone are unlikely to be sufficient in promoting adherence in children and young people

An ability to draw on knowledge that non-adherence can be:

unintentional (for example, arising from simple forgetting, or difficulty understanding instructions)

intentional (where there is a decision not to follow treatment recommendations)

An ability to draw on knowledge that non-adherence is common, that most patients are non-adherent for at least some of the time, and that adherence can vary over time and with changes to the treatment regimen

An ability to draw on knowledge that interventions oriented to improving adherence are likely to need repeating over time, particularly with changes to a treatment regimen

An ability for health workers to recognise when frustration with non-adherence leads to a reactive stance, rather than maintaining a focus on understanding the reasons for non-adherence

Knowledge of factors linked to adherence

An ability to draw on knowledge of the ways that difficulties in adherence can manifest explicitly as well as implicitly, for example:

engaging with only part of a treatment plan

refusing to agree with a recommended treatment regimen

appearing to be co-operative but in practice not following recommendations

<ul style="list-style-type: none"> failing to keep appointments being defensive or distracting when health workers attempt to discuss adherence
An ability to draw on knowledge that poor adherence: <ul style="list-style-type: none"> can reflect a lack of understanding about the condition and/or the treatment regimen can be unintentional (for example where children/young people believe they are adhering correctly to treatment regimens/medications) can reflect poor adjustment and/or difficulty coping with condition and its treatment
An ability to draw on knowledge that maintaining consistency over time is challenging and that adherence difficulties are common
An ability to draw on knowledge that adherence can vary over time and across different parts of a treatment package
An ability to draw on knowledge that adherence difficulties are particularly common during adolescence, reflecting the developmental tasks associated with this period – for example: <ul style="list-style-type: none"> a desire for greater autonomy struggling with their identity as an individual with an illness, and so failing to adhere to the treatment regimen as a form of denial greater risk-taking behaviour denying the illness and its constraints by ignoring the treatment regimen
An ability to draw on knowledge of factors that challenge the capacity for adherence, for example: <ul style="list-style-type: none"> the severity of the condition and the impact and complexity of the treatment regimen beliefs about, and perceptions of, the illness and its management (both idiosyncratic and cultural) the actual or the feared impact of side effects procedural anxiety or procedural distress adverse impact of treatment on lifestyle and or peer relationships cognitive difficulties (e.g. memory and/or planning and organisational problems, poor literacy/numeracy) families operating under high levels of stress and trying to manage multiple competing demands lack of motivation for adhering to treatment or medication regime mental health difficulties (e.g. depression and/or anxiety) Non-adherence as form of self-harm avoidance (for example, reflecting to a lack of acceptance (denial) of the condition or due to traumatic prior experiences) adverse experiences of the condition that are assumed to apply to the current situation

ASSESSMENT

An ability to draw on knowledge that children and families are more likely to give an accurate account of adherence if the assessment encourages discussion of any difficulties and concerns about the treatment regimen
An ability to approach discussions of adherence with children/young people and families in a non-judgmental, patient centred and age appropriate manner

Assessing reasons for adherence difficulties

An ability to draw on knowledge that the capacity to take greater responsibility will depend on both age and developmental stage and their readiness to take on responsibility for their own treatment, as well as the parent/carer's ability to support the young person in achieving this
An ability to identify when adherence difficulties reflect expectations that the young person takes more responsibility for their treatment as they grow older:
an ability to judge whether the young person is ready to take on more control
an ability to identify anxieties that parents/carers have about a transfer of responsibility and to discuss the basis of these concerns
an ability to assess what additional support might be required to enable the young person to take on self-care
An ability to identify the impact of family lifestyle or of wider family stressors that lead to competing demands and so difficulty focussing on the treatment regimen
An ability to identify the impact of cognitive factors (such as memory or literacy difficulties)
An ability to identify when adherence difficulties are a form of self-harm and/or are related to a possible underlying mental health difficulty
An ability to identify when non- adherence signals a potential child protection or safeguarding concern

INTERVENTION

Formulating reasons for poor adherence and planning an appropriate intervention

An ability to derive an understanding of the factors contributing to the development or maintenance of adherence difficulties by drawing on relevant models of behaviour and behaviour change, for example:
behavioural models which help understand ways in which unhelpful behaviours are being reinforced (e.g. a child's refusal to take medication being negatively reinforced by increased parental attention)
social learning theory, which helps to understand the ways in which behaviours can be learned and shaped by the influence of significant others
motivational models (which help to understand 'stages' in the development of motivation for adherence to a treatment regimen
an ability to draw on knowledge of the 'stages of change' model as a framework for identifying the child and their family's current level of motivation
an ability to recognise when children and parents/carers may be at different motivational stages
cognitive models, which focus on the impact of beliefs about the treatment and/or its side effects and which lead to anxiety or concern about the treatment regimen

Strategies employed to promote adherence

An ability to draw on the formulation to identify strategies most likely to address adherence issues
an ability to use clinical judgment to employ a combination of strategies

Collaborative decision-making

An ability to provide information about conditions and treatments in a manner that is collaborative and which encourages discussion, ensuing that:
communication is adapted to age and stage of development, and to sensory and language needs
where appropriate, supplementing discussion with written information
all parties (children, young people and their carers/parents) are engaged in discussions
there is discussion both of the benefits and risks of treatment
An ability to help children / young people decide what level of involvement they would like to have in making decisions about their treatment
An ability to help discuss potential barriers to adherence in an open and non-judgmental manner that acknowledges the challenges faced in managing treatments
An ability to promote and support a child/young person's involvement in their own care, ensuring that this is age/developmentally-appropriate and that the family's expectations of their involvement are realistic
An ability to help children and families discuss their concerns and anxieties about the treatment regimen and to use appropriate methods (such as Socratic questioning) to help them consider alternative perspectives, or psychoeducation (to challenge misconceptions))

Practical strategies

An ability to identify when simple practical strategies would help promote adherence, and to help the implementation of these strategies (e.g. using diaries, reminder alarms, dosette boxes, carrying spare supplies of medication)
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Problem solving strategies

An ability to make use of problem solving techniques to address obstacles to adherence models

Identifying motivation for the treatment regimen

An ability to draw on motivational approaches to identify the child and family's readiness to undertake the treatment regimen (for example, in relation to their overall values and lifestyle)
An ability to employ specific motivational interviewing techniques, for example: using directing, following and guiding communication styles to begin to create a discrepancy between current behaviour and desired outcomes/goals; explore values and goals and begin to work towards change*

*refer to competency on behaviour change

Strategies to address cognitive difficulties

An ability to employ specific adaptations for children/young people or family members who have memory, literacy and/or numeracy difficulties by adapting the delivery and format of information

Systemic strategies

An ability to engage with the family on the basis (or assumption) that the family is doing its best to follow treatment plans (focussing on helping them to identify more effective ways of drawing on their own and available resources)

Strategies to manage procedural distress

An ability to employ a range of strategies to understand and manage procedural distress and anxiety for example:
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behavioural techniques such as distraction or relaxation
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providing information about the procedure/and or treatment
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increasing the child/young person's sense of control (e.g. by helping them to have as much choice about the procedure as is practical)
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Ability to respond to distress and promote adjustment and coping in children and young people with physical health conditions and their families

This section should be read in the context of other core competences in this framework, particularly those which set out:

‘Knowledge of distress & mental health in CYPs with physical health conditions, & factors contributing to risk & resilience’

‘Knowledge of generic models of adjustment to long term health conditions’

‘Knowledge of behaviour change and strategies to achieve it’ and

‘Ability to promote children and young people’s capacity for self-management’

An ability to draw on knowledge of factors that promote well-being and emotional resilience in children and young people with physical health conditions*

An ability to draw on knowledge that CYP with physical health conditions will be faced with a number of psychological tasks which can cause distress and impact on their psychological wellbeing and adjustment*

* as described in the competencies ‘Knowledge of distress and mental health in CYPs with physical health conditions & factors contributing to risk and resilience’ and ‘Knowledge of the potential impact of presenting conditions and their treatment on psychological functioning’

Responding to distress

An ability to draw on knowledge that distress is a normal reaction which will be experienced (to varying degrees) by all children and young people with physical health conditions, and their families

an ability to draw on knowledge that while most children and their families can be supported to manage distress without need for a specialist intervention, some will require referral for psychological and/or psychopharmacological therapy (e.g. if they show signs of severe psychological distress or mental health difficulties)

An ability to draw on knowledge of points in time that children/young people and their families are most likely to experience distress e.g.

at diagnosis

at times of major change (e.g. to original diagnosis and/or prognosis, deterioration in condition, major changes to treatment plans)

when undergoing traumatic treatments or surgery

when significant decisions need to be made about ongoing treatment, including decisions not to treat

at times of transition

in response to significant life stressors (not necessarily related to condition, such as wider family stressors)

An ability to draw on knowledge that levels of distress in children and their families will fluctuate over the course of the condition	
An ability to recognise signs of distress in children/young people and their families (for example changes in mood, physical wellbeing, behaviour and thoughts)	
	an ability to recognise signs of distress in children and young people at different ages/stages of development
	internalizing symptoms including anxiety, low mood, social withdrawal, reduced or low self-esteem, changes in self-concept
	externalizing symptoms including hyperactivity, aggression, oppositional behaviour
An ability to draw on knowledge of the ways in which the child's developmental stage influences their coping, understanding and ability to manage distress	
An ability to draw on knowledge of systemic, psychosocial, individual and illness factors that may impact on the child/young person and their family's ability to manage distress	
An ability to draw on knowledge of social, psychological, family and biological factors associated with the development and maintenance of psychological distress and difficulties	
An ability to draw on knowledge of the impact on current functioning of prior experiences with the healthcare system	
An ability to respond appropriately and proportionately to distress in children, young people and their parents/carers	
	an ability to provide containment and normalise distress reactions
	an ability to use age appropriate psychological strategies to reduce distress with both children and their families
An ability to decide when early intervention is appropriate	
	an ability to distinguish between proportionate distress levels and signs of more severe psychological distress or mental health difficulties
	an ability to offer (or refer on for) specialist support where this is indicated (e.g. where a child shows signs of trauma after an admission to ICU)

Promoting Adjustment and Coping

An ability to draw on knowledge of models of coping and adjustment in the context of physical health	
	an ability to draw on knowledge that adaptation is less likely to be successful when factors associated with risk (disease/disability, functional independence, psychosocial stressors) are significant, and factors associated with resilience (intrapersonal, socio-ecological, stress processing/coping strategies) are low
An ability to draw on knowledge that adjustment may be particularly challenging where a physical illness/condition impacts on achieving age-appropriate developmental tasks (e.g. opportunities for attachment to main caregiver, play, peer relationships, academic achievement, independence and autonomy)	
An ability to recognise signs of poor adjustment in children/young people with physical health conditions and their families (e.g. poor adherence, withdrawal from peers and/or education, evidence of psychological distress or mental health difficulties)	
An ability to help children/young people and their families use both problem-focused coping strategies (e.g. efforts to change or manage some aspect of the environment) and emotion-focused coping strategies (e.g. efforts to reduce, manage or regulate the negative emotions associated with the stressful episode)	

An ability to help children/young people and their families recognise that adjustment is an outcome of their understanding of their condition and to make use of resources (including their own (or their child's) capacity for self-management) to achieve optimum psychological and physical functioning whilst living with the condition

An ability to help children/young people and their families shift their focus from the condition itself to the personal and interpersonal resources they can draw on for its management (not only 'what' the condition is but the resources of the child/young person who has it)

An ability to help parents/carers and the systems engaged with the child to promote adjustment despite their physical health condition – for example:

encouraging parents to promote activities and routines appropriate to the child's developmental age and stage

encouraging education systems to promote normal engagement and routine (e.g. facilitating attendance and socialisation by identifying appropriate adaptations that allow the child/young person to participate in desired activities)

Promoting reflection on the adverse impact of illness

An ability to acknowledge and help the child, young person and their families to discuss potentially challenging emotional reactions to the illness (for example grief associated with loss of the healthy 'self'/child/sibling, or despair, anger, shame, and resentment of healthy others)

An ability to acknowledge and promote discussion of mood and/or behavioural changes associated with the illness, including depression and anxiety about the future

An ability to identify and help the child/young person and their family to manage difficult thoughts in response to an unwelcome diagnosis (e.g. catastrophic thinking such as "my life is over", or "nothing will be the same again")

An ability to help the child/young person reflect on any ways in which their condition impacts on their family and peer relationships and who they wish to involve in discussion of their condition and its management

Promoting reflection on adaptation to illness

An ability to help children/young people and their family review and reflect on the nature and management of the condition with the aim of promoting a sense of control, containing emotional responses and allowing a gradual shift of focus to managing in the present

An ability to help the children/young people and their family identify realistic expectations of outcome, particularly where these are initially either over-optimistic or overly pessimistic with regard to treatment options and/or prognosis

An ability to help children/young people and their family to recognise when a condition or symptom will not be improved by further medical interventions and to work with them to consider other approaches (such as self-management, psychological interventions or adjunctive approaches such as pacing and graded exercise)

Identifying the children/young people and their family’s aims for adjustment, and their resources for achieving this

An ability to help the children/young people and their family specify their own sense of what positive adjustment would look like for them
an ability to hold in mind that what constitutes adjustment will differ from person to person (e.g. achieving full time attendance at school and/or returning to sporting activities may be important for one child/young person, but not for another)
An ability to help the child/young person and their parents/carers explore the pros and cons of treatment options in relation to alignment with their values and beliefs and their aims for adjustment
an ability to help child/young person and their parents/carers consider how they can represent their choices to health professionals, especially where these relate to lifestyle choices and choices between treatment options
An ability to help the child/young person and their parents/carers identify the existing coping strategies and personal resources on which they habitually draw when confronting new challenges
an ability to promote optimistic thinking by identifying successful outcomes
an ability to promote adaptive coping strategies with which they are familiar and which have application to the challenges they are facing

Adopting strategies to facilitate adaptation

An ability to introduce and facilitate the child/young person’s skills in self-management* that are appropriate to their age and stage of development
An ability to help the child/young person build optimistic beliefs about their capacity to self-manage by:
working in a systematic and gradual way to achieve steps towards their definition of positive adjustment
identifying priorities and setting realistic targets so as to help achieve an experience of early successes
An ability to help child/young person and their family make effective and appropriate use of information resources (for example, identifying internet sites with good quality, accurate content), and by helping them to strike a balance between avoidance and excessive consumption of information
Where the child/young person and their family are finding it difficult to engage with their medical team, an ability to help them identify areas of disagreement or misunderstanding so as to promote better utilisation of resources (including adherence to treatment plans, medication use and sources of emotional support)
Where the child/young person and their family find it difficult to discuss their needs openly with other family/ friends/carers, an ability to help them identify and accept sources of help and support (e.g. education, social work, voluntary agencies)
Where the child/young person is finding it difficult to establish and/or maintain engagement in education, an ability to facilitate and/or encourage them and their parents/carers to work with the education system to implement adaptations to promote optimal participation, attendance and achievement (so minimising the impact of the physical health condition and its symptoms)
Where the child/young person is finding it difficult to establish and/or maintain peer relationships, an ability to encourage and/or signpost them and their parents/carers to adaptations which optimise peer interaction (e.g. using social media, identifying local clubs/groups which they could participate in)

* (fully described in the section of this framework describing competences for ‘Supporting the client’s capacity for self-management)

Ability to promote child/young person and carers' capacity for self-management

Self-management refers to a capacity to take a developmentally appropriate level of responsibility for managing a condition (which includes the capacity to recognise when help and support is required).

Knowledge

An ability to draw on knowledge that because self-management is a process, the challenges presented and the techniques for overcoming these, will change (for example as the child gets older and at different stages in treatment) and will therefore need to be reviewed routinely
An ability to draw on knowledge of psychological and developmental theory in explaining how children respond to illness, and particularly the impact of age and stage of cognitive and emotional development on their:
knowledge of, and beliefs about, their illness
attitudes to risk (especially as they become more independent)
perceptions of the illness, its management and its impact as they grow older
An ability to draw on knowledge of the relationship between illness, psychological factors and individual differences in predicting disability and positive adjustment to illness (e.g. anxiety and depression, beliefs about control, dispositional optimism, coping style)
An ability to draw on knowledge of lifestyle factors that impact on disease outcomes and treatment efficacy, particularly as the young person reaches adolescence and young adulthood (e.g.: smoking, diet, weight management, exercise/activity, alcohol and substance abuse)
An ability to draw on knowledge of the concept of disability as a behaviour (i.e. that disability is a product of the person's response to illness, rather than the illness <i>per se</i>)
An ability to draw on knowledge of the evidence for the benefits of self-management
An ability to draw on knowledge that a child/young person's capacity for self-management will depend on both their age and developmental stage as well as their parent/carer's ability to support them in taking more responsibility for their healthcare
an ability to draw on knowledge that parents / carers may need additional support to enable their child to take on more of their self-care
An ability to draw on knowledge of ways in which clinical teams can progressively support self-care in young people as they become developmentally ready (e.g. by seeing them on their own without a parent/carer, or ensuring that they have the information to make informed decisions regarding their own healthcare)

Engaging the child/young person and parents/carers in self-management

An ability to help the child/young person and parents/carers discuss their understanding of their condition
an ability to explain the condition in a form and format that is developmentally appropriate (e.g. through play and story books with younger children, or through discussion and direction to websites for older children)
an awareness that because children's understanding will change with age and stage of development discussions about their condition need to be re-visited and updated

	an ability to relate beliefs about the condition with their personal, social and cultural contexts
An ability to engage children/young people and their parents/carers with the treatment model	
	an ability to explain treatment in a form and format that is developmentally appropriate (e.g. through play and story books with younger children, or through discussion and direction to websites for older children)
	an awareness that because children's understanding will change with age and stage of development discussions about their treatment need to be re-visited and updated
	an ability to relate beliefs about the treatment with their personal, social and cultural contexts
An ability to help the child/young person and parents/carers discuss how they manage their condition and the ways in which this is shaped by:	
	their values (e.g. ways in which their condition forces them to behave at variance with their sense of how they <i>should</i> behave)
	the resources available to them
	their roles and identity
	their emotions (e.g. finding themselves frustrated or angry)
	their motivation to self-manage (based on their positive and negative beliefs about self-management)
	the 'systems' around them (e.g. where peers or teachers engage in unhelpful illness behaviours such as making illness the focus of conversations)
An ability to assess the child/young person and parents/carers likely capacity to self-manage in terms of their:	
	capability (e.g. the necessary physical and psychological resources)
	opportunity (e.g. physical opportunities in terms of time, or social opportunities in terms of a socially supportive network)
	motivation
An ability to employ strategies such as Motivational Interviewing to help to identify both the costs and benefits of self-management	
An ability to ensure that self-management is a collaborative partnership characterised by shared responsibility and a joint agreement with regard to treatment plans between the health provider and the child/young person, their parents/carers/family	
	an ability to ensure that there is good communication and joint planning with other systems involved with the child/young person regarding treatment plans
An ability to help discuss any anxieties about tasks associated with self-management (e.g. worries about attending school or about safe activities with peers)	
	an ability to ensure that self-management is a choice exercised by the child/young person and parents/carers

Negotiating opportunities to engage in self-management

An ability to help the child/young person and parents/carers account for the emotional impact of the condition (e.g. loss and bereavement, anxiety about the future)
An ability to help the child/young person and parents/carers recognise and manage psychological issues which impact adversely on their capacity to manage their physical health*
An ability to help identify factors that may help or hinder their capacity to achieve positive outcomes
An ability to help identify and modify unhelpful or incorrect beliefs or expectations that directly impact on their capacity for, or willingness to undertake, self-management

An ability to help the child/young person and parents/carers identify and make use of developmentally appropriate resources for education, self-care and support (including family, school or relevant voluntary organisations)

* detailed in the 'competences to promote adjustment' section of this competence framework

Applying self-management strategies

An ability to help the child/young person and parents/carers identify goals that they find meaningful and that relate to behaviours that they wish to change

An ability to help the child/young person and parents/carers institute the most appropriate change techniques, guided by principles of behavioural change and so following the sequence of:

setting goals

instituting self-monitoring

'action planning'

problem solving any difficulties that emerge

planning appropriate levels of activity (e.g. matching activities to developmental stage and capacity)

embedding change through habit formation (e.g. identifying cues to action/memory prompts)

identifying and instituting incentives/self-reward

identifying ways to adapt their environment to support self-management goals

An ability to work with the child/young person and parents/carers to identify any challenges to effective self-management

Maintaining change

An ability to work with the child/young person and parents/carers to devise and implement strategies aimed at maintaining change (for example, recruiting help from significant others, planning ahead, 'if-then' planning)

An ability to help the child/young person and parents/carers understand the rationale for focusing on habit formation in sustaining behavioural change (using strategies to make new behaviours 'automatic' rather than being dependent on 'willed' action)

an ability to collaboratively identify opportunities to establish new habits (for example by pairing new behaviours (such as following healthcare regimens or taking medication) with existing routines)

An ability to encourage reflection about the self-management techniques that they have found effective (so as to foster a sense of expertise and mastery)

An ability to help the child/young person and parents/carers review and revise goals over time

An ability to collaboratively design bespoke action plans tailored to developmental age and stage (e.g., ensuring appropriate use of healthcare resources (including GP or A&E attendance), adjusting medication in response to symptom changes, managing condition-specific emergencies, recognising and responding to changes in the capacity to self-manage)

* described fully in the 'Knowledge of models of behavioural change and strategies to achieve it' section of this framework