Ability to recognise and respond to concerns about child protection/safeguarding

Child protection competences are not 'stand alone' competencies and should be read as part of the competency framework.

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

Knowledge of policies and legislation

An ability to draw on knowledge of national and local child protection standards, policies and procedures
An ability to draw on knowledge of contractual obligations, legislation and guidance which relate to the protection of children
An ability to draw on knowledge of the legal position regarding the physical punishment of children
An ability to draw on knowledge of local policies and protocols regarding:
confidentiality and information sharing
recording of information about children/young people and their families
An ability to draw on knowledge of the statutory responsibilities of adults (e.g. parents, carers, school staff) to keep children and young people safe from harm
An ability to hold in mind the legal responsibilities of parents to adhere to recommended treatments for their child and to recognise when non-adherence may be a child protection issue
An ability to draw on knowledge that staff are responsible for acting on concerns about a child/young person even if the child/young person is not their patient

Knowledge of child protection principles

An ability to draw on knowledge of child protection principles underlying multiagency child protection work
An ability to draw on knowledge of the benefits of early identification of at risk children and families who can then receive appropriate and timely preventative and therapeutic interventions
An ability to draw on knowledge of the importance of maintaining a child-centred approach which ensures a consistent focus on the welfare of the child/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 the child/young person and family

Ability to contribute to an holistic assessment of the child and family's needs

An ability to contribute to a child-centred and holistic approach to the assessment of risks which includes consideration of:
the child/young person's developmental needs and the parents/carers capacity to respond to these needs
the child/young person's treatment needs and their parents/carers capacity to respond to and manage these needs
the child and carer "context" (including family, community, culture, educational setting, physical health treatment demands)
strengths and difficulties within the child/young person, their family and the context in which they live
An ability to use knowledge of child and family development* and well-being indicators as a frame of reference to inform judgments about any areas of concern (e.g. indicators of parental neglect or failure to thrive)

*detailed in the section of the CAMHS framework which details child/young person and family development and transitions

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

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	
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 the child's health/development/welfare	
An ability to draw on knowledge that significant harm can be indicated:		
	both by a 'one- off' incident, a series of 'minor' incidents, or as a result of an accumulation of concerns over a period of time	
	by repeated failure to provide the necessary care to manage a child/young person's physical health condition (e.g. improper administration of medication despite careful treatment advice)	
An ability to draw on knowledge of areas in which abuse and neglect are manifested:		
	physical abuse	
	emotional abuse	
		persistent emotional maltreatment which is likely to impact on the child's emotional development
	sexual abuse - the abuse of children through sexual exploitation, which includes:	
		penetrative and non-penetrative sexual contact
		non-contact activities (e.g. watching sexual activities or encouraging children to behave in sexually inappropriate ways)
	neglect- usually defined as an omission of care by the child's parent/carer (often due to unmet needs of their own)	
		persistent failure to meet a child's basic physical and / or psychological needs (including persistent failure to adhere to a treatment regime)
	non-organic failure to thrive	
		children who significantly fail to reach normal growth and developmental

	milestones, and where physical and genetic reasons for this delay have been medically eliminated
	children who are repeatedly noted to thrive significantly better during inpatient admissions during which feeding, and medication regimes are monitored and/or administered by clinical staff
An ability to draw on knowledge of the prevalence of abuse and neglect	
An ability to draw on knowledge of the short and long-term effects of abuse and neglect including their cumulative effects	
An ability to draw on knowledge that (while offering support and services to parents of abused children) the needs of the child/young person are primary	

Ability to recognise possible signs of abuse and neglect

An ability to recognise behaviours shown by children and young people that may be indicators of abuse or neglect, and which may require further investigation, for example:	
	children who appear to be frightened of the parent
	children who act in a way that is inappropriate to their age and development
An ability to recognise possible signs of physical abuse, for example:	
	explanations which are inconsistent with an injury, or an unexplained delay in seeking treatment
	parent/s who seem uninterested or undisturbed by an accident or injury
	bruising to a pre-crawling or pre-walking baby
	repeated or multiple bruising on sites unlikely to be injured as a consequence of everyday activity/ accidents (e.g. on the head, around the face or away from bony parts of the body such as knees and elbows)
	bite marks which may be of human, adult origin
	unexplained fractures in a non-mobile child or the first year of life
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 (e.g. anxious, indiscriminate or no attachment)
	markedly aggressive or appeasing behavior towards others
	frozen watchfulness, particularly in pre-school children
	indicators of serious scapegoating within the family
	indicators of low self esteem and lack of confidence
	marked difficulties in relating to others
An ability to recognise possible behavioural signs of sexual abuse, for example:	
	inappropriate sexualised conduct (e.g. sexually explicit behaviour, play or conversation, inappropriate to the child's age)
	continual and inappropriate or excessive masturbation
	self-harm (including eating disorder), self mutilation and suicide attempts
	involvement in sexual exploitation or indiscriminate choice of sexual partners
	anxious unwillingness to remove clothes for e.g. sports events (which is not related to cultural norms or physical difficulties)
An ability to recognise possible physical signs of sexual abuse, for example:	
	pain or itching of genital area
	blood on underclothes
	pregnancy in a child

An ability to recognise that allegations of sexual abuse by children 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 (i.e. a record of significant events) 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, warmth, hygiene and medical or dental care)
	failure by parents or carers to meet the child's treatment needs (e.g. frequent failure to attend appointments, follow treatment regimens or follow advice)
	failure by parents or carers to meet essential emotional needs (e.g. to feel loved and valued, to live in a safe, predictable home environment);
	the child seems to be listless, apathetic and unresponsive with no apparent medical cause
	the child is left with inappropriate carers (e.g. too young, complete strangers)
	the child is abandoned or left alone for excessive periods
	the child is left with adults who are intoxicated or violent
	the child thrives away from home environment
	the child is frequently absent from school
	the child fails to grow within normal expected pattern, with accompanying weight loss
	the child consistently thrives in the hospital environment but fails to do so when discharged
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
	when working in settings where children can have a multitude of physical health amongst difficulties that may seem directly linked to their condition

Ability to draw on knowledge of bullying

An ability to draw on knowledge that bullying can become a formal child protection issue when carers, school and other involved agencies fail to address the bullying in an adequate 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 e.g., teachers)
An ability to draw on knowledge that bullying can affect the health and development of children, and at the extreme, causes them significant harm (including self-harm and suicidal behaviour)	

An ability to recognise parental behaviours associated with abuse or neglect

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

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

An ability to draw on knowledge that abuse and neglect are more likely to occur when the accumulation of risk factors outweighs the beneficial effects of protective factors
An ability to recognise parental risk factors for abuse or neglect, for example:
parents who have serious mental health problems which they do not appear to be managing
parents who are misusing substances
parents who are involved in domestic abuse
parents who are involved in criminal activity
parents who experience learning difficulties etc.
An ability to recognise family/social risk factors for abuse or neglect, for example:
social isolation
socio-economic problems
frequent change of address
history of abuse in the family
male in the household who is not the father
siblings with chronic illness or disability etc.
An ability to recognise child risk factors for abuse or neglect, for example:
young age
early, prolonged separation from mother
recurring illness or hospital admissions
difficult or aggressive temperament
failure to achieve developmental milestones etc.

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

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

Ability to report concerns about child protection

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

Ability to contribute to the development of a child protection plan

An ability to contribute information to multi-agency child protection meetings including child protection case discussions, child protection case conferences, and core group meetings	
	where necessary, an ability to express a concern or position that is different from the views of others, and to do so during (rather than subsequent to) the meeting
An ability to participate in the development of a multi-agency protection plan/child plan that details:	
	the reasons for the plan
	who is involved in delivering the plan
	the views of the child/young person and their family/carers
	a summary of the child's needs
	the actions to be taken
	the specific outcomes which are required
	the resources required
	details of any compulsory measures
	the timescales for action and for change
	arrangements for review of the plan

Ability to implement protective interventions

An ability to implement protective interventions for which the paediatric healthcare team (and specific services within that team) is responsible and which are outlined in the child protection plan, aiming to:	
	reduce or eliminate risk factors for abuse or neglect
	build on the strengths and resilience factors of parent/carer, family and child/young person
An ability to maintain support for children and families when compulsory measures are necessary	

Where relevant, an ability to maintain therapeutic support for children/young people and families during an ongoing child protection investigation, and/or when the child is called to be a witness in court
An ability to respond appropriately to contingencies that indicate a need for immediate action, and:
to provide a single agency response without delay
where additional help is required, an ability to work with others to ensure that this is timely, appropriate and proportionate

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

An ability to document decisions and actions taken, and the evidence for taking these decisions
An ability to record and report information about:
what was done
why it was done
whether the desired outcomes have been met
what further help is required
whether the plan can still be managed within the current environment

Interagency working

An ability to draw on knowledge of the roles and responsibilities of other services available to the child/young person and family
An ability to draw on knowledge of the ways in which other services should respond to child protection concerns
An ability to collaborate with all potentially relevant agencies when undertaking assessment, planning, intervention, and review
An ability to ensure that there is timely communication with all agencies involved in the case, both verbally and in writing
An ability to escalate concerns within one's own or between other agencies (e.g. when the implementation of the child protection plan is problematic or to ensure sufficient recognition of risk factors and/or signs of abuse)

Ability to seek advice and supervision

An ability for the clinician to make use of supervision and support from other members of staff in order to manage their own emotional responses to providing care and protection for children
An ability to recognise the limits of one's own expertise and to seek advice from appropriate individuals e.g.:
supervisors and/or other members of the clinical team
social workers and other child protection experts
child and family lawyers (e.g. when a child/young person is due to become a witness)
Caldicott Guardian (regarding complex confidentiality issues)

Ability to work within and across systems and settings

Many families receive support from a number of services, each potentially operating independently of the other (for example, primary, secondary or tertiary care, CAMHS, education or local authority input). Each of these services will have its own structure, ways of operating, and ways of understanding their role and the scope of interventions offered. The competences in this section are those that are relevant to coordinating the work of these 'agencies' or systems.

Effective delivery of competences relating to work within and across systems or agencies depends on their integration with the other core competences and, in particular, those relating to confidentiality and consent.

The same principles apply when working with fellow-professionals from within a multidisciplinary paediatric healthcare team as when working with professionals from other agencies.

INTER-AGENCY AND ACROSS SYSTEMS WORKING

Knowledge of the rationale for interagency working

An ability to draw on knowledge that the principal reason for inter-agency working is when there are indications that working in this way will benefit the welfare of the child/young person and promote holistic management of their health condition	
	an ability to determine when work across agencies is an appropriate response to the needs of the child/young person
An ability to draw on knowledge of the importance of collaborating:	
	with agencies who are already involved with the care of children/young person and their families/carers
	with agencies whose involvement is important or critical to the welfare and well-being of the child/young person and their families/carers
An ability to draw on knowledge of the benefits of communicating with colleagues from other agencies at an early stage, before problems have developed further	

Knowledge of the responsibilities of each agency/discipline

An ability for workers to draw on knowledge of the specific areas for which they and their own agency are responsible (in relation to assessment, planning, intervention, and review)
An ability to draw on knowledge of the roles, responsibilities, culture and practice of other disciplines within the team, and professionals from other agencies
An ability to draw on knowledge of the range of agencies who may work with children/young people and their families, including community resources

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
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 families fail to attend appointments, and where this has implications for treatment planning across agencies

Knowledge of interagency procedures

An ability to draw on knowledge of procedures for raising concerns when a child/young person is at risk of harm or there are indicators that they are not achieving their potential (e.g. in educational or emotional/social domains), including:	
	procedures for making a referral to other agencies
	procedures for sharing concerns with other agencies
An ability to draw on knowledge of common assessment procedures designed to achieve a holistic assessment of the child/young person	
An ability to draw on knowledge of common recording procedures across agencies (e.g. shared IT systems/databases)	

Information sharing

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 the child/young person and their family/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 the child/young person or family/carer	
An ability to collate relevant information gathered from other agencies and enter this into the paper or electronic record	
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 a “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:	
	ensuring that their perspectives and concerns are listened to
	ensuring that one's own perspective and concerns are listened to
	explicitly acknowledging those areas where there are common perspectives and concerns, and where there are differences
	where there are differences in perspective or concern, identifying and acting on any implications for the delivery of an effective intervention
An ability to provide timely written and verbal communication:	
	an ability to be 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 (e.g. organising face to face meetings)	

Coordinating work with other agencies

An ability to contribute to interagency meetings at which work across agencies is planned and co-ordinated	
An ability to agree aims, objectives and timeframes for each agencies' assessment and/or intervention	
An ability to discuss with workers in other agencies:	
	the approach and interventions being applied by the paediatric healthcare team
	any ways in which the work of other agencies interacts with the paediatric healthcare plan (e.g. supporting a graded return to school or a school supporting a young person to manage their medication)
	any assumptions that are made by the paediatric team that may not be obvious to, or shared with, workers in other agencies
An ability to agree clear roles and responsibilities for each agency	
An ability to regularly to review the outcomes for the child/young person in relation to specified objectives	

Recognising challenges to interagency working

An ability to recognise when effective inter-agency working is compromised and to identify the reasons for this, for example:	
	institutional/systemic factors (such as power differentials or struggles for dominance of one agency over another)
	conflicts of interest
	lack of trust between professionals (especially where this reflects the 'legacy' of previous contacts)
	lack of clarity about who takes responsibility in each agency
	anxiety about making decisions that require judging a child's level of physical health (e.g. schools being asked not to send a child with chronic pain home in spite of reports of pain)
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	

Working within hospital and other settings

An ability to manage engagement and confidentiality in settings which may not be conducive to this (e.g. at a bed-side in a busy ward, in a disruptive home setting)
An ability to manage boundaries in scenarios which may blur traditional boundaries (e.g. working with a child/young person in pyjamas in a hospital setting, working in a family's home and being asked by the family for input that goes beyond the job role)
An ability to offer a flexible pattern of contact to meet the needs of the child / young person whilst still adhering to the fidelity of the intervention (e.g. judging when to re-schedule and/or adapt focus and timing of session if the child / young person is in pain, fatigued as part of their long-term condition
An ability to manage confidentiality in the context of a multidisciplinary paediatric healthcare team and to judge what needs to be shared with whom

Ability to engage and work with families, parents and carers

Where first contact is planned, an ability to begin the process of engagement prior to the initial appointment by providing CYP and families with information about the clinical specialty/service/hospital and the nature of the initial appointment (e.g. by sending information leaflets), with the aim of reducing anxiety about the appointment.
Where the first contact is unplanned (e.g. an emergency admission) an ability to address and contain distress in both the child/young person and their parents/carers

An ability to consider information from the referral and from the family itself to identify whether the appointment venue will impact on engagement (e.g. families who find it difficult to travel because of physical and/or sensory impairments or poor health)	
	where feasible, an ability to offer families who may face barriers to access, a choice of appointment venue.
An ability to consider practical issues that may impact on engagement, for example:	
	scheduling sequential appointments on the same day for families who have to travel far and attend multiple clinic and hospital appointments
	offering a child whose autism leads them to struggle with noisy waiting rooms an appointment time when the clinic is likely to be quieter
An ability to adapt the physical environment of the clinic room in ways which reduce anxiety and promote engagement with the family (e.g. through the provision of developmentally appropriate toys/child friendly materials	

Ability to engage all family members

An ability to engage all members of the family involved in the appointment/consultation in an empathic, respectful and even-handed way
An ability to give each member of the family the opportunity to communicate/participate
An ability to show an interest in all communications, including the behaviour, drawings and play interactions of younger children
An ability to be able to engage with ad hoc family groups (e.g. when the child/young person is in a ward setting)
An ability to make explicit and value the unique perspective of each individual on the functioning of the family
An ability to facilitate the involvement of individuals who have a restricted capacity to participate (e.g. through developmental, sensory or emotional problems)

Ability to communicate with family members

An ability to tailor the language, pace and content of the session to match the strengths, abilities and capacities of the family		
An ability to alter pace and content in response to heightened emotion and stress		
An ability to decide whether to involve an interpreter (e.g. when the first language of some or all members of the family is different from that of the professional working with them)		
An ability to work with an interpreter, for example:		
	meeting with the interpreter before a consultation to agree how they will operate, and to identify any key issues, e.g.:	
		identifying those members of the family for whom the interpreter's services are required
		discussing issues relating to confidentiality

checking that the interpreter understands technical terms and/or concepts and can communicate these accurately (and agreeing a process for checking that these have been understood by the child/young person/family)
self-monitoring during sessions to ensure that the language used can be interpreted accurately (e.g. speaking slowly and clearly and using short, unambiguous phrases, avoiding jargon, clarifying any terminology that the interpreter does not understand)
where appropriate, an ability to encourage the child/young person or their family to involve an advocate (e.g. to aid in the process of engagement and communication)
An ability to check regularly that the family understand what is being said to them
An ability to summarise information the family has conveyed in order to check that this has been understood accurately
An ability to help the family feel comfortable and confident to ask questions when they are uncertain or confused (e.g. by responding positively to questions, validating the appropriateness of questions, or actively prompting them to ask questions)
an ability for the clinician over time to support the child/young person in directing specific questions to the relevant members of the multidisciplinary team
An ability to provide answers to questions in an honest and straightforward manner
an ability for the clinician to be clear when they need more information in order to answer questions, and to seek this information from an appropriate authority or source

Ability to develop a positive alliance

An ability to draw on knowledge from research into "therapist" factors to promote communication styles which help develop a positive alliance (e.g. being respectful, warm, friendly, open and affirming)
An ability to maintain a non-judgemental, non-blaming stance
An ability to work in a culturally sensitive manner
An ability to be respectful and valuing of diversity and difference of experiences, approaches and opinions
An ability to draw on knowledge of the impact of cultural and religious beliefs on understanding of certain medical conditions and the implications for consenting to treatment

Ability to use and respond to humour and play

An ability to use humour and play in a manner that is matched to the developmental level of its intended recipients
An ability to use humour as an aid to help CYPs (e.g. to normalise their experience or to reduce tension), but also recognising its risks (e.g. of invalidating feelings, acting as a distraction to/ avoidance of feelings, or creating "boundary violations")
An ability to respond to CYP's humour in a manner that is congruent with its intent, and responsive to any implied meanings

Ability to promote understanding about the service/interventions on offer

An ability to explore the family's expectations of their involvement with a particular clinical service and to identify any concerns they may have about engaging with services.
An ability to generate a sense of hope for positive change, by for example providing information on the service and treatment options.
An ability to ensure that all family members understand:

the rationale for treatments/interventions (e.g. tests and assessments, interagency meetings, or interventions), using developmentally appropriate methods (written and verbal) to aid this understanding
how the service will manage confidentiality
when and how information will be communicated to other healthcare professionals and/or other agencies (e.g. education or social work)

Ability to work in partnership with the family.

An ability to work in a manner that is collaborative and aims to empower families by:
helping each family member to identify their goals and objectives
translating technical concepts into “plain” language that families can understand and follow
sharing responsibility for agendas and session content
promoting joint formulation and problem-solving
acknowledging that the clinician and the family bring different but complementary expertise
reinforcing and validating insights of family members

Ability to manage challenges to engagement

An ability to monitor the level of engagement throughout the intervention
An ability to identify threats to engagement which arise from:
in-session issues (e.g. family members withdrawing from the intervention because they feel guilty or blamed, children who run out of the clinic room unexpectedly)
heightened levels of distress (for example, due to hospital admissions, receiving news of an unexpected diagnosis or significant changes to prognosis)
practical issues (e.g. the families' transport to the service, parent/carer’s working hours)
social issues (e.g. the stigma of mental illness, and fear of discrimination)
the setting (e.g. confidentiality issues due to being on ward, or interruptions from other staff for ward tests)
An ability to recognise and explore any impacts of the family’s previous experiences of mental health services and other statutory services on their current engagement
An ability to detect and manage the impact of psychological factors that might impact on the family’s capacity to attend sessions, process information and learn new skills (e.g. family illness /substance misuse or the carer’s attachment history)
An ability to manage these factors e.g. by sequential or parallel work with adult mental health services.
An ability for the clinician to use supervision to reflect and act on any threats to engagement that arise from their own behaviours.
An ability to judge when it is appropriate to act as advocate to the family to promote communication e.g. where the family feel their concerns/opinions are not being listened to by the wider clinical team

Ability to engage the family in routine service user participation

An ability to engage the family in routine service user participation by working in a collaborative manner which involves the family in decisions about their care
An ability to involve the family in the routine evaluation of interventions/services
An ability to involve the families in the planning of service developments where appropriate

Ability to communicate with children/young people of differing ages, developmental level and background

An ability to draw on knowledge of the ways in which developmental differences usually manifest themselves, in relation to the child/young persons:	
	language
	thinking and understanding
	expression of affect
	behaviour
An ability to draw on knowledge that engagement and contact takes place at two levels:	
	through speech and conversation
	through play and behaviour

Knowledge of the impact of development on the child/young person's understanding of, and participation in, clinical work

An ability to draw on knowledge of attachment theory and its implications for engagement	
An ability to draw on knowledge that children/young people with physical health conditions may be at increased risk of attachment problems (e.g. if bonding is interrupted by neonatal illness or frequent inpatient admissions)	
An ability to draw on knowledge that:	
	developmental differences change across childhood and adolescence
	children vary widely in their clinical presentation and adjustment
An ability to draw on knowledge that younger children and children with developmental delay will have a more concrete and egocentric understanding of:	
	their own mental state
	the mental states of others
	interpersonal situations
	their physical health condition and its treatment
An ability to draw on knowledge that children may have only a rudimentary understanding of the purpose of clinical procedures (such as consultation, admissions or treatments)	
An ability to draw on knowledge that children/young people show a wide-range of behaviours in clinical consultation that can complicate the clinical process	
	that behaviour can vary widely within a single consultation (e.g. from withdrawn to restless to "disobedient")
An ability to understand that the child/young person's behaviour is a form of communication	
An ability to reflect on the meaning of the behavioural expression and its relation to the current and past context – for example:	
	'challenging' behaviour may reflect underlying anxiety or distress about a procedure, or a reaction to information about treatment
	'challenging' behaviour in younger children, children with learning difficulties or those on the autistic spectrum may reflect overstimulation (e.g. a noisy clinic environment), change to normal routines (leading them to feel unsafe), or a lack of understanding as to what is going to happen to them
An ability to draw on knowledge that children/young people often have difficulty putting their concerns and feelings into words, and an awareness of the fact:	

that children need support to share concerns and feelings
that children with additional needs e.g. those with autism may need additional support to convey emotions
that younger children use fewer, simpler words
that short replies (such as 'I don't know', and shrugs are staples of child interviewing
An ability to draw on knowledge that children/young people have difficulty comprehending questions not tailored to their age and developmental stage
An ability to draw on knowledge that using leading, multiple and double questions can be confusing for a child/young person

Providing developmentally appropriate information about the session(s)

An ability to provide developmentally appropriate information about the consultation in order to reduce anxiety and increase trust in the clinician, and to discuss:
the aim of the consultation
how the clinician/therapist will manage confidentiality and its limits
how and what information will be shared with the parent/carer, the multidisciplinary team, school and other agencies

Ability to engage with the child/young person's perspective

An ability to draw on knowledge that children/young people often need to have spent some time with a healthcare professional before feeling able to express themselves
An ability to show patience and persistence in helping the child/young person to express themselves
An ability to draw on knowledge of the language, attitudes, behaviours and interests of children and young people of comparable age to the child/young person
An ability to draw on knowledge that children/young people with certain physical health and/or neurological conditions may be at a different developmental stage to children of the same age, and communication with them may need to be adapted appropriately
An ability to show interest in the child/young person as an individual
An ability to show 'neutrality' in relation to problematic behaviour
An ability to stay close to the child/young person's language, emotional state, and developmental capacities
An ability to help the child/young person adjust to the clinical consultation, for example by:
using play materials
using the presence of the family

Choosing developmentally appropriate activities to aid engagement

An ability to draw on knowledge that some children/young people may find it difficult to engage with the healthcare professional in particular settings (e.g. a formal 1:1 interview room, busy clinic environment) so alternative settings or adjustments to the setting may be considered
An ability to engage children/young people in discussions by using developmentally appropriate approaches (e.g. using dolls/models/ pictures to explain parts of the body or treatments)
An ability to engage younger children by observing and commenting on their play and

behaviour with a variety of toys/creative activities
An ability to communicate with children using play activities (e.g. by using puppets)
An ability to encourage engagement by introducing “fun” activities where appropriate (e.g. games at the end of an appointment)
An ability to help the child/young person communicate and engage with the clinician by making use of a diverse range of creative activities (e.g. play materials, art and drama activities, vocational activities)
An ability to engage children/young people by using technologies that they are familiar with (e.g. texts, e-mail diary etc)

Ability to help the child/young person express themselves verbally.

An ability to help the child/young person understand by “scaffolding” communication to their age and/or developmental stage	
An ability to initiate contact by:	
	keeping ideas concrete
	using simple words (and few of them)
	breaking-down questions into component parts
	moving from less to more difficult questions
	moving from less to more difficult topics
	letting the child express some positives first
	giving the child choices about what they speak about
An ability to use scales to help the child communicate:	
	analogue scales (e.g. “1-10”; ‘little, medium, lots’ etc.)
	visual scales (e.g. smiley or sad faces)
An ability to encourage the child by thinking aloud for them (e.g. ‘I wonder if …’)	
An ability to normalise the child’s experience (e.g. ‘children often think that…’)	
An ability to help the child offer an opinion (e.g. ‘Do you think that …’)	
An ability to move back to easier “terrain” if the child becomes distressed or anxious	
An ability to move between “trivial” and clinically relevant issues in order to moderate distress or anxiety	
An ability to move from play materials to verbal discussion and back again	

Engaging the child/young person when the parent/carer is present

When children/young people and parents/carers are seen together, an ability to set out the parameters of the meeting, in particular to ensure that the child/young person is aware:	
	that all parties will be given an opportunity to talk and to have their point of view heard
	that the clinician understands that they may have a different point of view from their parents/carers, and that the clinician is interested in hearing this
An ability to repeat and re-phrase important interview content for the child/young person	
An ability to explain to the child/young person the content and purpose any assessment procedures which are given to parents/carers (e.g. consent forms, rating scales)	
An ability to ensure that children/young people are involved in decisions about their treatment (bearing in mind their age and developmental stage)	

Ability to work with difference (cultural competence)

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, visible difference 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, since they relate to the capacity to value diversity and maintain an active interest in understanding the ways in which children, young people and families 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 clinicians and those with whom they work may vary in beliefs, practices and lifestyles. Some may not be immediately apparent, leading to their erroneous assumption that they do not exist. It is also the case that it is the individual'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 therapeutic encounter requires the clinician carefully to consider 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) clinicians need to be able to reflect on the ways in which power dynamics play out, in the context both of the service they work in and when working with children, young people and their families.

Basic 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 in children/young people or their families, and hence:
healthcare professionals should equally value all children and young people for their particular and unique constellation of characteristics and be aware of (and challenge) stigmatising and discriminatory attitudes and behaviours in themselves and others
there is no normative state from which children and young people and families may deviate, and hence no implication that the normative state is preferred and other states 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 which is critical
An ability to draw on knowledge that the demographic groups included in discussion of 'different' beliefs, practices or lifestyles are usually those who are potentially subject to disadvantage and/or discrimination, and it is this potential for disadvantage that makes it important to focus on this area
An ability to draw on knowledge that a service user will often be a member of more than one "group" (for example, a gay adolescent from a minority ethnic community), and that as such, the implications of combinations of lifestyle factors needs to be held in mind by clinicians
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/ belief
sexual orientation
socio-economic deprivation
class
age
disability
For all children/young people, parents/carers with whom the clinician works, 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 which may impact on access to the service

An ability to draw on knowledge of cultural issues which commonly restrict or reduce access to interventions e.g.:
language
marginalisation
mistrust of statutory services
lack of knowledge about how to access services
the range of cultural concepts, understanding and attitudes about physical and mental health which affect views about help-seeking, treatment and care
stigma, shame and/or fear associated with physical and mental health problems (which makes it likely that help-seeking is delayed until/unless problems become more severe
stigma or shame and/or fear associated with being diagnosed with a physical and/or mental health disorder
preferences for gaining support via community contacts/ contexts rather than through 'conventional' referral routes (such as the GP)

religious beliefs that proscribe particular treatments or procedures (e.g. blood transfusions)
An ability to draw on knowledge of the potential impact of socio-economic status on access to resources and opportunities
An ability to draw on knowledge of the ways in which social inequalities impact on development and on physical and mental health in children/young people and parents/carers
An ability to draw on knowledge of the impact of factors such as socio-economic disadvantage or disability on practical arrangements that impact on attendance and engagement (e.g. transport difficulties, poor health)

Ability to communicate respect and valuing of children/young people and families

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

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

An ability to work collaboratively with the child/young person and their families/ carers in order to develop an understanding of their culture and world view, and the implications of any culturally-specific customs or expectations for:
consent to medical tests, interventions or procedures e.g. blood transfusions
the clinical or therapeutic relationship
the ways in which childhood is represented
gender roles
parenting beliefs and practices
the ways in which problems are described, presented and understood
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 (but which prioritises the wellbeing and safety of the child)
An ability to apply this knowledge in a manner that is sensitive to the ways in which service users interpret their own culture (and hence recognises the risk of culture-related stereotyping)
An ability to take an active and explicit interest in the child/young person's experience of the beliefs, practices and lifestyles pertinent to their community:
to help them to discuss and reflect on their experience
to identify whether and how this experience has shaped the development and maintenance of their presenting problems
to identify how they locate themselves if they 'straddle' cultures
to help them reflect on decisions regarding treatment that have been informed by

cultural beliefs
to help them reflect on coping with disability and visible differences in the context of how such issues are culturally received
An ability to discuss with the child/young person and their family/carers the ways in which individual and family relationships are represented in their 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 the intervention

Ability to adapt communication

Where the clinician does not share the same language as the child/young person, parent/carers, 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 which need to be in place for an interpreter/advocate to work effectively and in the interests of patients
An ability to adapt communication with children/young people and parents/carers with a disability (e.g. using communication aides or by altering the language, pace, and content of sessions)

Ability to employ and interpret standardised assessments/measures

An ability to ensure that standardised assessments/ measures are employed and interpreted in a manner which takes into account the demographic membership of the young person and their carers e.g.:
if the measure is not available in the child/young person, parent/carers first language, an ability to take into account the implications of this when interpreting results
if a bespoke translation is attempted, an ability to cross-check the translation to ensure that the meaning is not inadvertently changed
if standardisation data (norms) is not available for the demographic group of which the child/young person, parent/carer is a member, an ability explicitly to reflect this issue in the interpretation of results

Ability to adapt 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 the intervention and/or the manner in which it is delivered, with the aim of maximising its potential benefit to the child/young person, parent/carer
An ability to draw on knowledge that culturally-adapted treatments should be judiciously applied, and are warranted:
if evidence exists that a particular clinical problem encountered by a child/young person, parent/carer is influenced by membership of a given community
if there is evidence that child/young person, parent/carers from a given community respond poorly to certain evidence-based approaches

Ability to demonstrate awareness of the effects of clinician's own background

An ability for clinicians of all backgrounds to draw on an awareness of their own group membership and values and how these may influence their perceptions of the child/young person, parent/carer, their problem, and the clinical or therapeutic relationship
An ability for clinicians to reflect on power differences between themselves and the child/young person or parent/carer.
An ability to empower families through using collaborative working practices*

* see engaging families list

Ability to identify and to challenge inequality

An ability to identify inequalities in access to services and take steps to overcome these:
an ability to consider ways in which access to, and use of, services may need to be facilitated for individual children and families with whom the clinician is working (e.g. home visiting, flexible working, linking families with community resources)
where it is within the remit/role of the clinician, an ability to identify client groups whose needs are not being met by current service design/procedures, to identify potential reasons for this, and to identify and implement potential solutions

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

There are a range of professions who work with children and young people with physical health conditions, each with a code of practice and ethics within which their respective practitioners are expected to operate. While some aspects of these codes are profession-specific, many aspects are common and describe standards of conduct expected of all practitioners.

The following competencies have been extracted from the standards set out by the Health Professions Council and from profession-specific codes:

- Speech & Language therapy
- Occupational therapy
- Physiotherapy
- Clinical Psychology
- Nursing and Midwifery
- General Medical Council

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 clinical situations
An ability to draw on knowledge of legislation and protocols relevant to professional practice in a children's physical health setting
An ability to draw on knowledge of medical ethics in relation to particularly challenging situations e.g. considering not to treat
An awareness of who in the organisation could act as a source of information for discussing medical ethics
An ability to draw on knowledge of mental health legislation relevant to professional practice in a children's health setting
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 worker is a member
An ability to draw on knowledge of local and national policies in relation to:
confidentiality and consent
child protection
data protection

Autonomy

An ability for professionals to recognise the boundaries of their own competence and not attempt to practise an intervention for which they do not have appropriate training or (where applicable) specialist qualification
An ability for professionals 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 professionals to inform service users when the task moves beyond their competence in a manner that maintains their confidence and engagement with services

Ability to identify and minimise the potential for harm

- An ability to maintain the principle of 'doing no harm' which may include considering options not to treat
- An ability to seek advice from appropriate colleagues to ensure adherence to this principle
- 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
- An ability to respond promptly when there is evidence that the actions of a colleague put a service user, or another colleague, at risk of harm by:
  - acting immediately to correct the situation, if this is possible
  - reporting the incident to the relevant managers/ authorities
  - cooperating with internal and external investigators

Ability to gain consent from service users

- An ability to help service users make an informed choice about a proposed treatment by setting out its benefits and its risks, along with providing this information in relation to any alternative interventions (including a decision not to treat)
- An ability to ensure that the service user grants explicit consent to proceeding with a treatment
  - where a child/ young person is not of legal age or capacity to consent, helping them to 'have a say' by providing age/developmentally appropriate information about their treatment
- In the event of consent being declined or withdrawn, and where the nature of their presentation means treatment in the absence of consent is not warranted, an ability to respect the individual's right to make this decision.
- An ability to draw on knowledge of the impact of cultural and religious beliefs on understanding of certain medical conditions and the implications for consenting to treatment
- An ability to recognise when a decision to withhold consent is due to procedural distress / anxiety, and to facilitate appropriate discussion/intervention to address this
- In the cases where a child/young person, parent/carer withholds consent but the nature of their presentation warrants an intervention:
  - an ability to work with healthcare colleagues to evaluate the risk of withholding or postponing 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 service user is fully safeguarded
    - an ability to seek advice (e.g. from senior clinicians, child protection services or regulatory bodies) to inform decision as to how to proceed

Ability to maintain confidentiality

- An ability to ensure that information about service users is treated as confidential and used only for the purposes for which it was provided
- When communicating with other parties:
  - an ability to identify the parties with whom it is appropriate to communicate
  - an ability to restrict information to that needed in order to act appropriately
- An ability to draw on knowledge national legislation and local policies governing procedures for patient access to medical records/clinical notes
- An ability to manage requests for information that are inappropriate (e.g. from estranged family members)

An ability to ensure that clients are informed when and with whom their information may be shared	
An ability to restrict the use of personal data:	
	for the purpose of caring for the service user
	to those tasks for which permission has been given by the service user.
An ability to ensure that data is stored and managed in line with the provisions of Data Protection legislation	

Ability to maintain appropriate standards of conduct

An ability to ensure that child/young person and family are treated with dignity, respect, kindness and consideration	
An ability for professionals to maintain professional boundaries e.g. by:	
	ensuring that they do not use their position and/or role in relation to the child/young person and family to further their own ends
	not accepting gifts, hospitality or loans that may be interpreted as attempting to gain preferential treatment
	maintaining clear and appropriate personal boundaries with service users, their families and carers
	maintaining clear and appropriate sexual boundaries with service users, their families and carers
An ability for professionals to recognise the need to maintain standards of behaviour that conform with professional codes both in and outside the work context (including their use of social media)	
An ability for professionals to represent accurately their qualifications knowledge, skills and experience	

Ability to maintain standards of competence

An ability to have regard to best available evidence of effectiveness when employing therapeutic approaches
An ability to maintain and update skills and knowledge through participation in continuing professional development
An ability to recognise when fitness to practice has been called into question and report this to the relevant parties (including both local management and the registration body)

Record keeping

An ability to maintain a record for each service user in line with local and professional guidelines 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, and when the record was created (i.e. is signed and dated)
An ability to ensure that records are maintained after each contact with service users or with professionals connected with the service user	
An ability, where necessary, to update existing records in a clear manner that does not overwrite existing elements (e.g. in order to correct a factual error)	
An ability to ensure records are stored securely, in line with local and national policy and guidance	

Ability to communicate

An ability to communicate clearly and effectively with service users and other practitioners and services
An ability to share knowledge and expertise with professional colleagues for the benefit of the service user
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 service users

An ability to work with others to promote the health and well-being of service users, their families and cares in the wider community by e.g.:
listening to the concerns of service users
involving service users in their care planning
maintaining communication with colleagues involved in their care
An ability to draw on knowledge of local services to advocate for the child/young person in relation to access to health and social care, information and services
An ability to respond to child/family's complaints about their 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

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

This section links closely to the section of this framework focused on the "ability to assess capacity"

Knowledge of policies and legislation

- An ability to draw on knowledge of local policies on confidentiality and information sharing both within the multidisciplinary team and between different agencies
- An ability to draw on knowledge of the principles of the relevant legislation relating to age of legal capacity
- An ability to draw on knowledge of the principles of the relevant legislation relating to parental rights and responsibilities
- An ability to draw on knowledge of national and local child protection standards, policies and procedures

Knowledge of legal definitions of consent to an intervention

- An ability to draw on knowledge that valid legal consent to an intervention (whether it be for physical or mental health) is composed of three elements:
  - the person being invited to give consent must be capable of consenting (legally competent)
  - the consent must be freely given
  - the person consenting must be suitably informed
- An ability to draw on knowledge that individuals have a right to withdraw or limit consent at any time

Knowledge of capacity

- An ability to draw on knowledge relevant to the capacity of individuals to give consent to an intervention (for physical or mental health):
  - that young people age 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.
  - Where a young person is age 16 years who (by reason of learning disability, mental health problems (or because of an inability to communicate because of severe 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 that capacity should be assessed in relation to major decisions that affect peoples' lives (e.g. appraisal of their health needs)
An ability to draw on knowledge that capacity is not 'all or nothing' and may vary across specific areas of functioning, (e.g. a person's ability to consent may change as their physical health condition improves and/or deteriorates; a person's ability to consent to physical health interventions may change if they develop a serious mental health condition)
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

Knowledge of parental rights and responsibilities

An ability to draw on knowledge that if a child/young person is judged to be unable to consent to an intervention, consent should be sought from a 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/young person, but who does not have parental rights or responsibilities
ensuring any actions taken should:
be of benefit to the child/young person
be the least restrictive intervention
take account of the child/young person's wishes and feelings
take account of the views of relevant others
encourage independence

Ability to gain informed consent to an intervention from children, young people and their carers

An ability to give children, young people and their carers the information they need to decide whether to proceed with an intervention (for both physical or mental health) e.g.:
what the intervention involves
the potential benefits and risks of the proposed intervention
what alternatives are available to them
the likely consequence of not proceeding with a treatment
An ability to convey information relevant to decision-making in a form which is age and/or developmentally appropriate to the child or young person and maximise the likelihood that they will understand the nature and consequences of any decision e.g.:
speaking at the level and pace appropriate for the child/young person's age and developmental stage and the parent/carers level of understanding, and 'processing' speed
avoiding jargon
repeating and clarifying information, and asking the person 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
	using language which is age- or developmentally appropriate
	using pictures toys and play activity, where appropriate
	where appropriate, involving other professionals (such as play therapists) with specialist knowledge in explaining procedure to children and young people
An ability to ensure that judgments regarding capacity take into account any factors that make it hard for the child/young person, parent/carer to understand or receive communication, or for them to make themselves understood	
An ability to use an interpreter where the child's or parent's first language is not that used by the practitioner and their language skills indicate that this is necessary	
Where children have a disability, an ability to ensure that information is provided in an accessible form (e.g. using an interpreter for children with hearing-impairments)	
An ability to determine capacity where the child/young person, parent/carer has significant cognitive impairments and/or memory problems e.g.:	
	where a person is able to make a decision but is 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 the person's capacity and organising this as required
An ability to invite and to actively respond to questions regarding the proposed intervention	
An ability to address any concerns or fears regarding the proposed intervention	
An ability to recognise when refusal to consent is driven by an underlying anxiety and taking appropriate steps to address this	

Ability to draw on knowledge of confidentiality and information sharing

An ability to draw on knowledge that a duty of confidentiality is owed:	
	to the child/young person and family members/carers to whom the information relates
	to individuals who have provided information on the understanding it is to be kept confidential
An ability to draw on knowledge that children/young people under the age of 16 who are deemed capable of giving consent have the same right to confidentiality as an adult	
An ability to draw on knowledge that confidence is breached where the sharing of confidential information is not authorised by those individuals who provided it or to whom it relates	
An ability to draw on knowledge that there is no breach of confidence if:	
	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
An ability to maintain the child/young person's right to confidentiality even when a parent/carer or other professional requests information	
An ability to draw on knowledge that it is appropriate to breach confidentiality when withholding information could:	
	place a person (children, young people, family members, the clinician, 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 a child or an adult

Ability to inform children, young people and their families about issues of confidentiality and information sharing

An ability to explain to children, young people, parents and professionals the limits of confidentiality and circumstances in which it may be breached e.g. when a child/young person is considered to be at risk
An ability to inform children, young people and families about their service's policy on how information will be shared, and to seek their consent. (e.g. identifying the ways in which information about the assessment and intervention will be shared with referring agencies and schools)
An ability to discuss with the child/young person about what information from individual child sessions can be shared with their parent/carer
An ability to discuss with the parent/carer about what information from individual sessions can be shared with their child and/or the wider multidisciplinary healthcare team
An ability to seek consent to share information again if:
there is significant change in the way the information is to be used.
where not sharing the information with other members of the wider multidisciplinary healthcare team may have a detrimental impact on treatment outcomes
there is a change in the relationship between the agency and the individual
there is a need for a referral to another agency who may provide further assessment or intervention.
An ability to draw on knowledge that the safeguarding needs of a child/young person take precedence over issues of consent and confidentiality (i.e. under these circumstances seeking consent or informing the family about a referral to other child protection agency (while desirable) is not necessary)

Ability to assess the child/young person's capacity to consent to information sharing

An ability to gauge the child'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
can appreciate and consider the alternative courses of action open to them
express a clear personal view on the matter (as distinct from repeating what someone else thinks they should do)
are reasonably consistent in their view on the matter (i.e. are not changing their mind frequently)

Ability to share information appropriately and securely

An ability to ensure that when decisions are made to share information the practitioner draws on knowledge of information sharing and guidance at national and local level, and:
shares it only with the person or people who need to know
ensures that it is necessary for the purposes for which it is being shared
check that it is accurate and up-to-date
distinguishes fact from opinion
understand the limits of any consent given (especially if the information has been provided by a third party)
establishes whether the recipient intends to pass it on to other people, and

ensure the recipient understands the limits of any consent that has been given;
ensures that the person to which the information relates (or the person who provided the information) is informed that you are sharing information, where it is safe to do so
An ability to ensure that information is shared in a secure way and in line with NHS and/or local authority policies
in Scotland, ensuring appropriate and timely information is shared with the named person in line with the Children's Scotland Act 2015

Knowledge of development in CYP and of family development and transitions, and the impact of treatment on development & neurodevelopment

Knowledge of child & adolescent development

- An ability to draw on knowledge of the needs of children and young people in relation to their physical, social, cognitive and emotional development (e.g. need for attachment relationships, education, appropriate patterns of diet, sleep and exercise)
- An ability to draw on knowledge of normal child and adolescent development and its impact on behaviour
  - an ability to draw on knowledge of theories of child and adolescent development including:
    - physical development (including brain development in the first years of life (and the interaction of this development with affective experiences and deprivation); sensory and psychomotor development)
    - cognitive development (intelligence, language and symbolisation, the Piagetian model, mentalisation, awareness of self and others)
      - an ability to draw on knowledge that a child/young person's level of cognitive development will impact on their ability to understand their condition and its treatment
    - social and emotional development (emotional intelligence, interpersonal competence, identity and moral development at adolescence, compassion and self-management, the impact of the social context)
  - an ability to draw on knowledge of age-appropriate and problematic behaviours
  - an ability to draw on concepts of developmental stages, including physical, affective and interpersonal, cognitive, language and social milestones
  - an ability to draw on knowledge of the effects of developmental transitions e.g. onset of puberty
  - an ability to draw on knowledge of the interaction between different aspects of a child/young person's development and between individual and contextual factors such as people and circumstances
- An ability to draw on knowledge that physical health conditions can interrupt and/or have a significant impact on development
  - an ability to draw on knowledge that treatments for physical health conditions can have a direct impact on child development (including development of the brain)

Knowledge of the care environment and its interaction with child/adolescent development

Attachment

- An ability to draw on knowledge of attachment theory and its implications for:
  - child/adolescent development, via the concept of internal working models and the links between attachment status (i.e. secure vs. insecure), cognitive, emotional and social development
  - the development of parent-child, sibling and peer relationships

the development of emotional well-being, self-regulation, mental health and mental health problems
the development of resilience (i.e. the ability to cope with stressful and adverse experiences, including difficult interpersonal experiences)
An ability to draw on knowledge that childhood illness may have an impact on attachment (e.g. neonatal illness may interfere with bonding; frequent hospital admissions may lead to multiple separations from parents/caregivers)
an ability to draw on knowledge that parents/carers should be offered opportunities to promote bonding and attachment whilst in hospital settings

Influence of parent/carer

An ability to draw on knowledge of the impact of the pre-natal and peri-natal environment on infant and child development
An ability to draw on knowledge of parenting styles
An ability to draw on knowledge that the parent/carer's communication, interaction and stimulation of their child interacts with the child's development, attainment and developing mental health
An ability to draw on knowledge that effective forms of parental / carer engagement change as children and young people develop
An ability to draw on knowledge that the balance of influence from parents, peers, authority figures and others alters as the child or young person develops
An ability to draw on knowledge of factors that make it harder for parents/carers to offer consistent or positive parenting (e.g. emotional and cognitive immaturity, mental health difficulties (particularly substance misuse), loss, abuse, social adversity or negative experience of parenting in their own lives; baby/child/young person having a physical health condition)
An ability to draw on knowledge of the positive effects of parent/carer support on:
attachment relationships
child and adolescent development

Play activities

An ability to draw on knowledge of the importance of play for all aspects of social, cognitive and emotional development
An ability to assess whether a child's level and type of play is broadly normative for their age group
An ability to draw on knowledge about effective ways of stimulating play activity in children/young people (e.g. by providing them with appropriate materials, and by descriptive commenting)
An ability to draw on knowledge of the value of child-led rather than adult led play activity
An ability to draw on knowledge of the positive and negative impacts of electronic media on child development
An ability to draw on knowledge that children/young people with physical health conditions may have fewer opportunities for play and may require adaptations to enhance their ability to engage in play opportunities

Family development

An ability to draw on knowledge that the child/young person and their family needs to be viewed in a number of different contexts including:	
	their family and other significant relationships
	their social and community setting
	the professional network(s) involved with them including the paediatric health care team
	their cultural setting
	the socio-political environment
An ability to draw on knowledge of different family structures and compositions	
An ability to draw on knowledge of the family lifecycle and the ways this varies across social contexts and cultures, so as to understand the developmental tasks of specific families	
	an ability to draw on knowledge that the presence of a physical health condition in a child/young person can impact on family roles and lifecycle leading to additional challenges and stress
An ability to draw on knowledge of the potential impact of significant family transitions both on the child/young person and their family (e.g. birth of new family member, starting school, bereavement)	
	an ability to draw on knowledge that the presence of a physical health condition in a child/young person can make transitions more challenging, e.g. anxiety about increased risk of infections when starting nursery, ability to trust child to manage treatment regime when developmentally appropriate
An ability to draw on knowledge of the potential impact on families of social adversity (loss, abuse, social change, socio-economic disadvantage, health inequality)	

Knowledge of distress in children and young people with physical health conditions and factors contributing to risk and resilience

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

'Knowledge of mental health presentations in CYPs with physical health conditions'

'Knowledge of generic models of adjustment to long term health conditions'

'Knowledge of behaviour change and strategies to achieve it' and

'Ability to promote CYPs capacity for self-management'

Knowledge of Distress

An ability to draw on knowledge that distress is a normal reaction which will be experienced by all CYP and families with physical health conditions to varying degrees	
	An ability to draw on knowledge that most CYP and families can be supported to manage distress without need for specialist intervention
	An ability to draw on knowledge that some CYP and families will need specialist psychological support to manage distress
An ability to draw on knowledge of the social, psychological, family and biological factors associated with the development and maintenance of psychological distress and difficulties	
An ability to draw on knowledge of times that CYP and families are most likely to experience distress e.g.	
	at diagnosis
	at times of change e.g. to original diagnosis, prognosis, deterioration in condition
	at times of significant treatment changes, traumatic treatments or surgery
	at times when significant decisions need to be made about ongoing treatment, including decisions not to treat
	at times of transition
	at other times of significant stress (not necessarily related to condition) e.g. wider family stressors
An ability to draw on knowledge that levels of distress in CYP and families will fluctuate over the course of the condition	

Factors contributing to risk and resilience

An ability to draw on knowledge of factors that promote well-being and emotional resilience in children/young people with physical health conditions	
	a well-managed and predictable condition and symptoms that do not disrupt normal routines and family life
	treatments that are well-tolerated and manageable

a good understanding of the illness and treatment (in keeping with developmental stage)
higher pre-morbid self esteem
more secure attachment to caregiver
high pre-morbid and ongoing levels of social support
an “easy” temperament
An ability to draw on knowledge of factors that are risk factors for poorer well-being and emotional resilience
older age at onset (particularly if this coincides with significant life tasks such as. Puberty or a transition to secondary school)
greater “burden” of symptoms
greater visibility of condition and/or symptoms
the predictability of the of the condition
the severity of the condition and likelihood of survival
greater impact of the condition (e.g. on family routine, or engagement with education)
unhelpful “compensating” behaviours by parents/carers

Knowledge of legal frameworks relating to working with children and young people

An ability to draw on knowledge that clinical work with children and young people is underpinned by a legal framework
An ability to draw on knowledge that the sources and details of child law 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

Capacity and informed consent

An ability to draw on knowledge of the legal framework which determines the criteria for capacity and informed consent, including:
legislation in relation to consent and capacity to consent to physical health treatment
An ability to draw on knowledge of mental health legislation

Parental rights and responsibilities

An ability to draw on knowledge of the principles of the relevant legislation relating to parental rights and responsibilities
an ability to draw on knowledge of the conditions under which children/young people can go against their parent/carer's wishes and consent to or refuse treatment

Participation

An ability to draw on knowledge that the legal framework endorses the principle that the child's view needs to be taken into account when making welfare and/or treatment decisions that concern them

Child protection

An ability to draw on knowledge of contractual obligations, legislation and guidance which relate to the protection of children
an ability to consider these factors in relation to parental adherence to recommended treatments for their child and to recognise when non-adherence may be a child protection issue
An ability to draw on knowledge of the legal position regarding the physical punishment of children

Education

An ability to draw on knowledge of legislation and guidance which addresses the educational needs of children and young people who may face barriers to their learning (e.g. related to their disabilities, physical or emotional health, social or family difficulties, or to their being gifted children) and who may therefore require additional support (e.g. from education, social work, and health)

Data protection

An ability to draw on knowledge of legislation which addresses issues of data protection and the disclosure of information

Equality

An ability to draw on knowledge of equality legislation designed to protect people from discrimination when accessing services (including the statutory requirement for service providers to make reasonable adjustments for disabled service users)

Knowledge of mental health presentations in children and young people with physical health conditions

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

'Knowledge of distress 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 CYPs capacity for self-management'

For further detail regarding interventions for specific mental health conditions please refer to the Child and Adolescent Competence Framework (www.ucl.ac.uk/core/)

Knowledge of mental health

An ability to draw on knowledge that physical health difficulties and their associated interventions can be risk factors for the development of mental health problems in both children/young people and their family
An ability to draw on knowledge of the range of mental health and neurodevelopmental conditions usually seen in clinical services and the ways these emerge and present in children/young people and adults
An ability to draw on knowledge of the influence of normal child development and developmental psychopathology on the ways in which mental health difficulties present (e.g. younger children may somatise or act out (rather than verbalise) emotional difficulties)
An ability to draw on knowledge of the social, psychological, family and biological factors associated with the development and maintenance of mental health problems
An ability to draw on knowledge of the diagnostic criteria for child and adolescent mental health conditions specified in the main classification systems (i.e. the Diagnostic and Statistical Manual (DSM) or the International Classification of Diseases (ICD))
An ability to draw on knowledge of the incidence and prevalence of mental health presentations across different cultures/ethnicities/social classes
An ability to draw on knowledge of the ways in which mental health problems can impact on functioning and individual development (e.g. on the maintenance of intimate, family and social relationships, or the capacity to maintain study and employment)
An ability to draw on knowledge of the ways in which mental health problems can impact on family functioning and/or the capacity to manage distress
An ability to draw on knowledge of the ways in which mental health problems can manifest, so as to avoid escalating or compounding difficult or problematic behaviour that is directly attributable to the child/young person or their parent/carer's mental health condition