

3. Professional and legal issues



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

- An ability to draw on knowledge that clinical work with children/young people is underpinned by legal frameworks
- An ability to draw on knowledge that the sources and details of law may vary across the four home nations of the UK, and:
 - an ability to draw on knowledge of the relevant legislation and policies that apply to the settings in which interventions take place

Mental health

- An ability to draw on knowledge of mental health legislation

Capacity and informed consent

- An ability to draw on knowledge of the legal framework that determines the criteria for capacity and informed consent

Data protection

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

Equality

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

Education

- An ability to draw on knowledge of legislation and guidance that addresses the educational needs of children/young people who face barriers to their learning and who may therefore require additional support

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Resources



All relevant legal Acts can be accessed in full at: www.legislation.gov.uk

Mental health legislation

- Mind, Mental Health Act 1983: an outline guide.
Available at: www.mind.org.uk/media-a/2909/mha-1983-2018.pdf
- The Mental Health (Care and Treatment) (Scotland) Act 2003: easy read guide.
Available at: www.gov.scot/publications/new-mental-health-act-easy-read-guide-2/

Capacity and consent

- The Mental Capacity Act 2005: overview and guide to how it affects people.
Available at: www.mind.org.uk/information-support/legal-rights/mental-capacity-act-2005/overview/
- The Scottish Government, The New Mental Health Act: What's it all about – A Short Introduction (2005).
Available at: www.webarchive.org.uk/wayback/archive/20150219150627/http://www.gov.scot/Publications/2005/07/22145851/58527
- Mental Welfare Commission for Scotland: About mental health law.
Available at: www.mwscot.org.uk/law-and-rights
- Age of Legal Capacity (Scotland) Act 1991.
Available at: www.legislation.gov.uk/ukpga/1991/50/contents
- National Society for the Prevention of Cruelty to Children. Gillick competency and Fraser guidelines.
Available at: <https://learning.nspcc.org.uk/child-protection-system/gillick-competence-fraser-guidelines>

Confidentiality

- Department of Health, Confidentiality: NHS Code of Practice, November 2003.
Available at: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4069253

Data protection

- Data Protection Act 1998.
Available at: www.legislation.gov.uk/ukpga/1998/29/contents

Equality

- The Equality Act 2010.
Available at: www.legislation.gov.uk/ukpga/2010/15/contents

Human rights

- Human Rights Act 1998.
Available at: www.legislation.gov.uk/ukpga/1998/42/contents

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

The standards of conduct in this document are expected of all practitioners. It applies to a wide range of professionals as well as those who do not have a core profession (but who would be expected to follow the internal operating procedures of their organisation).



- An ability to draw on knowledge that ethical and professional guidance represents a set of principles that need to be interpreted and applied to unique situations
- An ability to draw on knowledge of mental health legislation relevant to professional practice
- An ability to draw on knowledge of the relevant codes of ethics and conduct that apply to all professions, and to the profession of which the worker is a member
- An ability to draw on knowledge of local and national policies in relation to:^c
 - capacity and consent
 - confidentiality
 - 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, supervision 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 users of services when the task moves beyond their competence, in a way that maintains their confidence and engagement with services

Ability to identify and minimise the potential for harm

- An ability to respond promptly when there is evidence that the actions of a colleague put a user of services or another colleague, at risk of harm by:
 - acting immediately to address the situation (unless there are clear reasons why this is not possible)
 - reporting the incident to the relevant authorities
 - cooperating with internal and external investigators

^c For more information on those policies, see the competences for 'Knowledge of legal frameworks relating to working with children and young people'.



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■ When supervising colleagues, an ability to take reasonable steps to ensure that they recognise the limits of their competence and do not attempt to practise beyond them

■ An ability to consult or collaborate with other professionals when additional information or expertise is required

Ability to gain consent from users of services

■ An ability to help users of services make an informed choice about a proposed intervention by setting out its benefits and risks, along with providing information about any alternative interventions

■ An ability to ensure that the user of services grants explicit consent to proceeding with an intervention

■ In the event of consent being declined or withdrawn, and where the nature of their presentation means intervention in the absence of consent is not warranted, an ability to respect the person's right to make this decision

■ If a person withholds consent but the nature of their presentation warrants an immediate intervention:

■ an ability to evaluate the risk of the intervention and, where appropriate, proceed as required

■ an ability to attempt to obtain consent, although this may not be possible

■ an ability to ensure the person is fully safeguarded

Ability to manage confidentiality

■ An ability to ensure that information about the user of services 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

■ to restrict information to that needed to act appropriately

■ An ability to ensure that users of services 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 users of services

■ to those tasks for which permission has been given

■ An ability to ensure that data is stored and managed in line with data protection legislation



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Sharing information to maintain safety

- An ability to draw on knowledge that it is appropriate to breach confidentiality when withholding information could:
 - place an individual at risk of significant harm (e.g. family members/ carers, significant others, professionals or a third party)
 - prejudice the prevention, detection or prosecution of a serious crime
 - lead to an unjustified delay in making enquiries about allegations of significant harm to others

- An ability to judge when it is in the best interest of the person to disclose information, taking into account their wishes and views about sharing information, and holding in mind:
 - that disclosure is appropriate if it prevents serious harm to a person who lacks capacity
 - the immediacy of any suicide risk (e.g. the degree of planning, the type of suicide method planned or already attempted, circumstances such as being alone, refusing treatment, drinking heavily or being under the influence of drugs)

- An ability to draw on knowledge that the duty of confidentiality does not preclude listening to the views of family members/carers, significant others (if relevant), or providing them with non-person specific information about managing a crisis or seeking support

- An ability to judge when sharing information within and between agencies can help to manage risk

- An ability to discuss concerns about disclosure with colleagues (e.g. by discussing the case without revealing the person's identity)

- An ability to report critical incidents/near misses using locally agreed systems and procedures

Ability to maintain appropriate standards of conduct

- An ability to ensure that users of services 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 or role in relation to the user of services 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 and sexual boundaries with users of services, their families/carers, and significant others (if relevant)

- 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

- An ability for professionals to represent accurately their qualifications knowledge, skills and experience



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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 local management and the relevant registration body)

Documentation

- An ability to maintain a record for each user of services that:
 - is written promptly
 - is concise, legible and written in a style that is accessible to its intended readership
 - identifies the person who has entered the record (i.e. is signed and dated)
- An ability to ensure that records are maintained after each contact with users of services or with professionals connected with them
- An ability, where necessary, to update existing records in a clear manner that does not overwrite existing elements (e.g. to correct a factual error)
- An ability to ensure records are stored securely, in line with local and national policy and guidance

Ability to communicate

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

Ability appropriately to delegate tasks

- When delegating tasks, an ability to ensure that these are:
 - delegated to people 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 person to whom the task has been delegated
- An ability to respect the decision of any person who feels they are unable to fulfil the delegated task through lack of skill or competence



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Ability to advocate for users of services

■ An ability to work with others to promote the health and wellbeing of users of services, their families/carers and significant others (if relevant) in the wider community, by, e.g.:

- listening to their concerns
- involving them in plans for any interventions
- maintaining communication with colleagues involved in their care

■ An ability to draw on knowledge of local services to advocate for users of services in relation to access to health and social care, information and services

■ An ability to respond to complaints about care or treatment in a prompt, open and constructive fashion (including an ability to offer an explanation and, if appropriate, an apology, and/or to follow local complaints procedures)

- an ability to ensure that any subsequent care is not delayed or adversely affected by the complaint or complaint procedure

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

All professional codes relating to confidentiality make it clear that where there is evidence of imminent risk of serious harm to self or others, confidentiality can be breached and relevant professionals and family members/carers informed.



This applies to children/young people who are at risk of suicide or self-harm.

Decisions about issues of confidentiality and consent may be influenced by judgments about the individual's capacity.



Knowledge of policies and legislation

- An ability to draw on knowledge of local and national policies on confidentiality and information sharing both within and between teams or agencies
- An ability to draw on knowledge of the application of relevant legislation relating to legal capacity

Knowledge of legal definitions of consent to an intervention

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

Knowledge of capacity^d

- An ability to draw on knowledge relevant to the capacity of individuals to give consent to an intervention:
 - 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, and:
 - that a child under 16 with sufficient capacity and intelligence to understand the nature and consequences of what is proposed is deemed competent to give consent

^d Competences relevant to the assessment of capacity are detailed elsewhere in the relevant section of this framework.



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Knowledge of parental rights and responsibilities

- An ability to draw on knowledge of the principles of legislation relating to:
 - parental/carer rights and responsibilities
 - working with children/young people who are subject to care orders (looked-after children)
- 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 responsibilities, and:
 - 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

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

- An ability to give children/young people the information they need to decide whether to proceed with an intervention, e.g.:
 - what the intervention involves and who is offering it
 - the potential benefits and risks of the proposed intervention
 - what alternatives are available to them
- An ability to use an interpreter where the first language of the children/young person or their parents/carers is not that used by the practitioner and their language skills indicate that this is necessary
- Where children/young people have a disability, an ability to ensure that information is provided in an accessible form (e.g. using an interpreter for children/young people with hearing impairments)
- An ability to invite and to actively respond to questions about the intervention
- An ability to address any concerns or fears about the intervention
- An ability to draw on knowledge that even where consent has been granted, it is usual to revisit this issue when introducing specific aspects of an assessment or intervention

Ability to draw on knowledge of confidentiality

- An ability to draw on knowledge that a duty of confidentiality is owed:
 - to the person to whom the information relates
 - to any people who have provided relevant information on the understanding it is to be kept confidential
- An ability to draw on knowledge that confidence is breached where the sharing of confidential information is not authorised by the people who provided it or to whom it relates



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- An ability to draw on knowledge that there is no breach of confidence if:
 - information was provided on the understanding that it would be shared with a limited range of people or for limited purposes, and information has been shared in accordance with that understanding
 - there is explicit consent to the sharing

Sharing information to maintain safety

- An ability to draw on knowledge that it is appropriate to breach confidentiality when withholding information could:
 - place a child/young person others (e.g. family/carers, significant others, professionals or a third party) at risk of significant harm
 - prejudice the prevention, detection or prosecution of a serious crime
 - lead to an unjustified delay in making enquiries about allegations of significant harm to others

- An ability to judge when it is in the best interest of the child/young person to disclose information, taking into account their wishes and views about sharing information, holding in mind:
 - that disclosure is appropriate if it prevents serious harm to a child/young person who lacks capacity
 - the immediacy of any risk of suicide or self-harm (e.g. the degree of planning, the type of suicide method planned or already attempted, circumstances such as being alone, refusing treatment, or drinking heavily or being under the influence of drugs)

- An ability to draw on knowledge that the duty of confidentiality does not preclude listening to the views of family members/carers and significant others, or providing them with non-person specific information about managing a crisis or seeking support
- An ability to judge when sharing information within and between agencies can help to manage suicide risk
- An ability to discuss concerns about disclosure with colleagues (e.g. by discussing the case without revealing the child/young person's identity)

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

- An ability to explain to all relevant parties (e.g. the child/young person, family/carers and other 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 all relevant parties about local service policy on how information will be shared, and to seek their consent to these procedures (e.g. the ways information about the assessment and intervention will be shared with referrers)



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■ An ability to revisit consent to share information if:

- there is significant change in the way the information is to be used
- there is a change in the relationship between the agency and the child/young person
- there is a need for a referral to another agency who may provide further assessment or intervention

■ An ability to draw on knowledge that safeguarding needs usually take precedence over issues of consent and confidentiality

Ability to assess the capacity to consent to information sharing^e

■ An ability to gauge the child/young person’s capacity to give consent by assessing whether they:

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

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 whom the information relates (or the person who provided the information) is informed that information is being shared, where it is safe to do so

■ An ability to ensure that information is shared in a secure way and in line with relevant local and national policies

^e Competences relevant to the assessment of capacity are detailed elsewhere in the relevant section of this framework.

3.4. Ability to work with difference

There are many factors to be considered in the development of culturally competent practice, and finding a language that encompasses them all is a challenge. For example, issues in relation to gender, disability or sexual orientation may vary (or intersect) according to a specific cultural group. Nonetheless, the competences required to work in a culturally competent manner are similar. They relate to the capacity to value diversity and maintain an active interest in understanding how people may experience specific beliefs, practices and lifestyles, and to consider any implications for the way an intervention is carried out.



Practitioners and the people they work with will vary in beliefs, practices and lifestyles. Some differences may not be immediately apparent, leading to a wrong assumption that they do not exist. Also, it is a person's sense of the impact of specific beliefs, practices and lifestyles that is important (the meaning these have for them) rather than the factors themselves. Almost any encounter requires the practitioner to consider carefully any potential issues relating to specific beliefs, practices and lifestyles, and their relevance to the intervention being offered.

Finally, it is worth bearing in mind that, because issues around specific beliefs, practices and lifestyles often relate to differences in power and inequalities, practitioners need to be able to reflect on the ways in which power dynamics play out, in the context of the service in which they work and when working with people.

Stance

- An ability to draw on knowledge that in working with specific beliefs, practices and lifestyles, it is stigmatising and discriminatory attitudes and behaviours that are problematic rather than any specific beliefs, practices and lifestyles, and therefore:
 - an ability to value equally all people for their individual constellation of characteristics, and to be aware of stigmatising and discriminatory attitudes and behaviours in the practitioner and others (and the ability to challenge these)
 - an awareness that there is no 'normative' state from which people may deviate, and therefore no implication that a 'normative' state is preferred and other states are problematic

Knowledge of the significance for practice of specific beliefs, practices and lifestyles

- An ability to draw on knowledge that it is the individualised impact of background, lifestyle, beliefs or religious practices that is critical
- An ability to draw on knowledge that the demographic groups included in discussion of 'different' beliefs, practices or lifestyles are often those that are subject to disadvantage and/or discrimination



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- An ability to draw on knowledge that a person will often be a member of more than one 'group' (e.g. someone from a minority ethnic community who is also gay), so the implications of combinations of lifestyle factors need to be held in mind

- An ability to maintain an awareness of the potential significance for practice of social and cultural variation across a range of domains, but including:

- ethnicity
- culture
- gender, gender identity and gender diversity
- sexual orientation
- religion and belief
- socioeconomic deprivation
- class
- age
- disability

- An ability to draw on knowledge of the relevance and potential impact of social and cultural factors on the effectiveness and acceptability of an assessment or intervention

Knowledge of social and cultural factors that may impact on access to the service

- An ability to draw on knowledge of cultural issues that commonly restrict or reduce access to interventions, for example:

- language
- marginalisation
- mistrust of statutory services
- lack of knowledge about how to access services
- the range of cultural concepts, understanding and attitudes about mental health that affect views about help-seeking, treatment and care
- stigma, shame and/or fear associated with mental health problems (which make it likely that help-seeking is delayed until or unless problems become more severe)
- stigma, shame and/or fear associated with receiving or having a mental health diagnosis
- preferences for getting support in the community rather than through 'conventional' referral routes (such as their GP)

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

- An ability to draw on knowledge of how social inequalities affect development and mental health

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



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Ability to communicate respect and valuing of people

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

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

- An ability to work collaboratively with children/young people to develop an understanding of their culture and world view, and the implications of any culturally specific customs or expectations for a therapeutic relationship and the ways in which problems are described and presented, and:
 - an ability to apply this knowledge to identify and formulate problems, and intervene in a manner that is culturally sensitive, culturally consistent and relevant
 - an ability to apply this knowledge in a manner that is sensitive to the ways in which children/young people interpret their own culture (and therefore recognises the risk of cultural stereotyping)
- An ability to take an active and explicit interest in a child/young person's experience of the beliefs, practices and lifestyles pertinent to their community to:
 - help them discuss and reflect on their experience
 - identify whether and how this experience has shaped the development and maintenance of their presenting problems
 - identify how and where they locate themselves if they 'straddle' cultures
- An ability to discuss the ways in which individual and family relationships are represented in a child/young person's culture (e.g. notions of the self, models of individuality and personal or collective responsibility), and to consider the implications for organisation and delivery of any interventions

Ability to adapt communication

- Where the practitioner does not share a child/young person's language, an ability to identify appropriate strategies to ensure and enable their full participation in the assessment or intervention:
 - where an interpreter/advocate is employed, an ability to draw on knowledge of the strategies that need to be in place for them to work effectively and in the child/young person's interests
- An ability to adapt communication with children/young people who have a disability (e.g. using communication aids, or altering the language, pace and content of sessions)



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Ability to use and interpret standardised assessments and measures

- Where standardised assessments/measures are used in a service, an ability to ensure that they are interpreted in a manner that takes into account any individual or familial demographic factors, e.g.:
 - If the measure is not available in their 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 standardised data (norms) are not available for the demographic group of which they are a member, an ability to explicitly consider this issue when interpreting the results

Ability to adapt psychological interventions

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

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

- An ability for practitioners of all backgrounds to draw on an awareness of their own group membership, values and biases, how these may influence their perceptions of a child/young person, their problem and the therapeutic relationship
- An ability for practitioners to reflect on power differences between themselves and the child/young person they are working with

Ability to identify and to challenge inequality

- An ability to identify inequalities in access to services and take steps to overcome these:
 - considering ways in which access to, and use of, services may need to be facilitated for some people (e.g. home visiting, flexible working, linking families/carers with community resources)
 - where it is within the practitioner's role, identifying groups whose needs are not being met by current service design/procedures and the possible reasons for this, and identifying and implementing potential solutions

3.5. Ability to recognise and respond to concerns about child protection

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

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Knowledge of policies and legislation

- An ability to draw on knowledge of national and local child protection standards, legal frameworks and guidance which relate to the protection 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/carers
- An ability to draw on knowledge of the statutory responsibilities of all adults (e.g. parents, carers, school staff) to keep children/young people safe from harm
- An ability to draw on knowledge that practitioners are responsible for acting on concerns about a child/young person even if they are not their client

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/young people and families/carers, who can then receive appropriate and timely preventative and therapeutic interventions
- An ability to draw on knowledge of the importance of maintaining a child-centred approach that 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 continually reviewed, and should be timed and tailored to the individual needs of the child/young person and their family/carers

Ability to draw on knowledge of how neglect and abuse can present

- An ability to draw on knowledge of the concept of significant harm, and of:
 - a threshold that justifies intervention in home life in the best interests of children/young people



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<ul style="list-style-type: none"> ■ An ability to draw on knowledge that there are no absolute criteria for significant harm, but that it is based on consideration of: <ul style="list-style-type: none"> ■ the degree and extent of physical harm ■ the degree and extent of physical harm ■ the extent of premeditation ■ the presence or degree of threat ■ the actual or potential impact on the child/young person’s health, development and/or welfare 	■ An ability to draw on knowledge that significant harm can be indicated by a one-off incident, a series of ‘minor’ incidents, or as a result of an accumulation of concerns over a period of time
	■ An ability to draw on knowledge of areas in which abuse and neglect are manifested, including: <ul style="list-style-type: none"> ■ physical abuse (e.g. causing deliberate harm, or female genital mutilation) ■ emotional abuse, including: <ul style="list-style-type: none"> ■ persistent emotional maltreatment that is likely to impact on the child/young person’s emotional development ■ sexual abuse – the abuse of a child/young person through sexual exploitation, which includes: <ul style="list-style-type: none"> ■ penetrative and non-penetrative sexual contact ■ non-contact activities (e.g. watching sexual activities or encouraging a child/young person to behave in sexually inappropriate ways) ■ neglect – usually defined as an omission of care by the child/young person’s parent/carer (often due to unmet needs of their own) <ul style="list-style-type: none"> ■ persistent failure to meet a child/young person’s basic physical and/or psychological needs
	■ An ability to draw on knowledge of the short- and long-term effects of abuse and neglect, including their cumulative effects
	■ An ability to draw on knowledge that (while offering support and services to parents of abused children/young people) the needs of the child/young person are primary
	■ An ability to draw on knowledge that children/young people may experience multiple forms of abuse from different people or groups during their development to adult

Ability to recognise possible signs of abuse and neglect

■ An ability to recognise behaviours shown by children/young people that could indicate abuse or neglect, and that may require further investigation, e.g.:
<ul style="list-style-type: none"> ■ appearing to be frightened or intimidated by an adult or peer ■ acting in a way that is inappropriate for their age and development



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■	An ability to recognise possible signs of physical abuse, e.g.:
	<ul style="list-style-type: none"> ■ explanations that are inconsistent with an injury, or an unexplained delay in seeking treatment ■ parents/carers who seem uninterested or undisturbed by an accident or injury ■ repeated or multiple bruising or other injury on sites unlikely to be injured as a consequence of everyday activity/accidents

■	An ability to recognise possible signs of emotional abuse, e.g.:
	<ul style="list-style-type: none"> ■ developmental delay and/or non-organic failure to thrive ■ indicators of serious attachment problems between parent and child ■ markedly aggressive or appeasing behaviour towards others ■ indicators of serious scapegoating within the family ■ 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, e.g.:
	<ul style="list-style-type: none"> ■ inappropriate sexualised conduct (e.g. sexually explicit behaviour, play or conversation, inappropriate to the child/young person's age) ■ self-harm and suicide attempts ■ involvement in sexual exploitation or a child/young person's indiscriminate choice of sexual partners ■ anxious unwillingness to remove clothes (for example, for a sports events) which is not related to cultural norms or physical difficulties)

■	An ability to recognise possible physical signs of sexual abuse, e.g.:
	<ul style="list-style-type: none"> ■ genital discomfort ■ blood on underclothes ■ pregnancy

■	An ability to recognise that allegations of sexual abuse by children/young people may initially be indirect (to test the professional's response)
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■	An ability to recognise that, in most cases, evidence of neglect accumulates over time and across agencies, and:
	<ul style="list-style-type: none"> ■ an ability to compile a chronology and discuss concerns with other agencies to determine whether minor incidents indicate a broader pattern of parental neglect

■	An ability to recognise possible signs of neglect, e.g.:
	<ul style="list-style-type: none"> ■ failure by parents/carers to meet essential physical needs (e.g. adequate or appropriate food, clothes, hygiene and medical care) ■ failure by parents/carers to meet essential emotional needs (e.g. to feel loved and valued, to live in a safe, predictable home environment); ■ the child/young person thrives away from home environment ■ the child/young person is frequently absent from school

- An ability to recognise the potential for professionals to be desensitised to indicators of neglect when working in areas with a high prevalence of poverty and deprivation

Ability to draw on knowledge of bullying

- An ability to draw on knowledge that bullying can become a formal child protection issue when parents/carers, schools 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 technology by children/young people to intimidate/humiliate peers, and sometimes those working with them, such as teachers)
- An ability to draw on knowledge that bullying can affect the health and development of children/young people, and at the extreme, causes them significant harm (including triggering self-harm)

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, e.g.:
 - parents/carers persistently avoid routine child health services and/or treatment when the child is ill
 - parents/carers persistently avoid contact with services or delay the start or continuation of treatment
 - parents/carers persistently complain about/to the child and may fail to provide attention or praise (high criticism/low warmth environment)
 - parents/carers display a rejecting or punitive parenting style or are not appropriately responsive to their child's signals of need
 - parents/carers are regularly absent or leave the child with inappropriate carers
 - parents/carers fail to ensure the child receives an appropriate education



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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 child, parental and family/social protective factors
- An ability to recognise parental risk factors for abuse or neglect, e.g.:
 - parents/carers have significant problems which impact on their ability to parent (such as markedly poor mental health or significant substance misuse)
 - parents/carers are involved in domestic abuse or involvement in other criminal activity
- An ability to recognise family/social risk factors for abuse or neglect, e.g.:
 - social isolation
 - socioeconomic problems
 - history of abuse in the family
- An ability to recognise child risk factors for abuse or neglect, e.g.:
 - recurring illness or hospital admissions or disability
 - difficult or aggressive temperament

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/young people and their families/carers to promote their participation in gathering information and making decisions
- An ability to report suspicions of risk to appropriate agencies, and:
 - to share information with relevant parties, with the aim of drawing attention to emerging concerns
 - to gather information from other relevant agencies (e.g. school, GPs)
- An ability to follow local referral procedures to social work and other relevant agencies, for investigation of concerns or signs of abuse or neglect
- An ability to record information, setting out the reasons for concern and the evidence for it
- An ability to contact and communicate with all those who are at risk, ensuring that they understand the purpose for the contact with, and referral to, other agencies
- An ability to follow local and national procedures where there is difficulty contacting children/young people and families/carers and there is a concern that they are missing from the known address
- An ability to follow guidelines on how confidentiality and disclosure will be managed



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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, as per local and national guidance

Ability to implement protective interventions

- An ability to implement protective interventions within the remit of the service and which are outlined in the child protection plan, aiming to:
 - reduce or eliminate risk factors for abuse or neglect
 - build on the strengths and resilience factors of parent/carer, family and child/young person
- An ability to maintain support for children/young people and families/carers when compulsory measures are necessary
- Where relevant, an ability to maintain therapeutic support for the child/young person and families/carers during an ongoing child protection investigation, and/or when the child/young person is called to be a witness in court
- An ability to respond appropriately to contingencies that indicate a need for immediate action, and:
 - to provide a single agency response without delay
 - where additional help is required, an ability to work with others to ensure that this is timely, appropriate and proportionate

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

- An ability to document decisions and actions taken, and the evidence for taking these decisions, what further help is required and how this will be actioned

Interagency working

- An ability to draw on knowledge of the roles and responsibilities of other services available to the child/young person and family/carers, and:
 - an ability to draw on knowledge of how 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, verbally and in writing



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- An ability to escalate concerns within one's own service 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 signs of abuse)

Ability to seek advice and supervision

- An ability for the practitioner to make use of supervision and support from other members of staff to manage their own emotional responses to providing care and protection for children/young people
- An ability to recognise the limits of one's own expertise and to seek advice from appropriately trained and experienced people

3.6. Ability to recognise and respond to concerns about safeguarding

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- An ability to draw on knowledge that safeguarding concerns can arise across the lifespan, from infancy through to old age
- An ability to draw on knowledge of factors that make adults vulnerable, such as mental health or physical health problems, communication difficulties or dependence on others
- An ability to draw on knowledge of type of abuse and neglect that could trigger a safeguarding concern, such as:
 - physical abuse
 - domestic violence
 - psychological abuse
 - financial or material abuse or exploitation
 - sexual abuse or exploitation
 - neglect
 - abuse in an organisational context
- An ability to identify signs or indicators that could flag the need to institute safeguarding procedures
- An ability to draw on knowledge of national guidance and legal frameworks regarding responsibility for acting on safeguarding concerns
- An ability to act on knowledge of local agencies and local procedures for invoking, investigating and acting on safeguarding concerns
- An ability to approach the management of safeguarding procedures in a way that protects the safety of the individual but does so in a manner that is compassionate, empathic and supportive

3.7. Ability to make use of supervision

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



This definition distinguishes supervision from line management or case management.

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

Ability to work collaboratively with the supervisor

- An ability to work with the supervisor to generate an explicit agreement about the parameters of supervision (e.g. setting an agenda, being clear about the respective roles of supervisor and supervisee, the goals of supervision and any contracts that specify these factors)
- An ability to help the supervisor be aware of your current state of competence and your training needs
- An ability to present an honest and open account of the work being undertaken
- An ability to discuss work with the supervisor as an active and engaged participant, without becoming passive or avoidant, or defensive or aggressive
- An ability to present material to the supervisor in a focused manner, selecting (and so concentrating on) the most important and relevant issues

Capacity for self-appraisal and reflection

- An ability to reflect on the supervisor's feedback and to apply these reflections in future work
- An ability to be open and realistic about your capabilities and to share this self-appraisal with the supervisor
- An ability to use feedback from the supervisor to further develop the capacity for accurate self-appraisal

Capacity for active learning

- An ability to act on suggestions for relevant reading made by the supervisor, and to incorporate the material into practice
- An ability to take the initiative over learning, by identifying relevant papers or books based on (but independent of) supervisor suggestions, and to incorporate the material into practice

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

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

Ability to reflect on supervision quality

- An ability to reflect on the quality of supervision as a whole, and (in accordance with national and professional guidelines) to seek advice from others where:
 - there is concern that supervision is below an acceptable standard
 - where the supervisor's recommendations deviate from acceptable practice
 - where the supervisor's actions breach national and professional guidance (e.g. abuses of power and/or attempts to create dual (sexual) relationships)