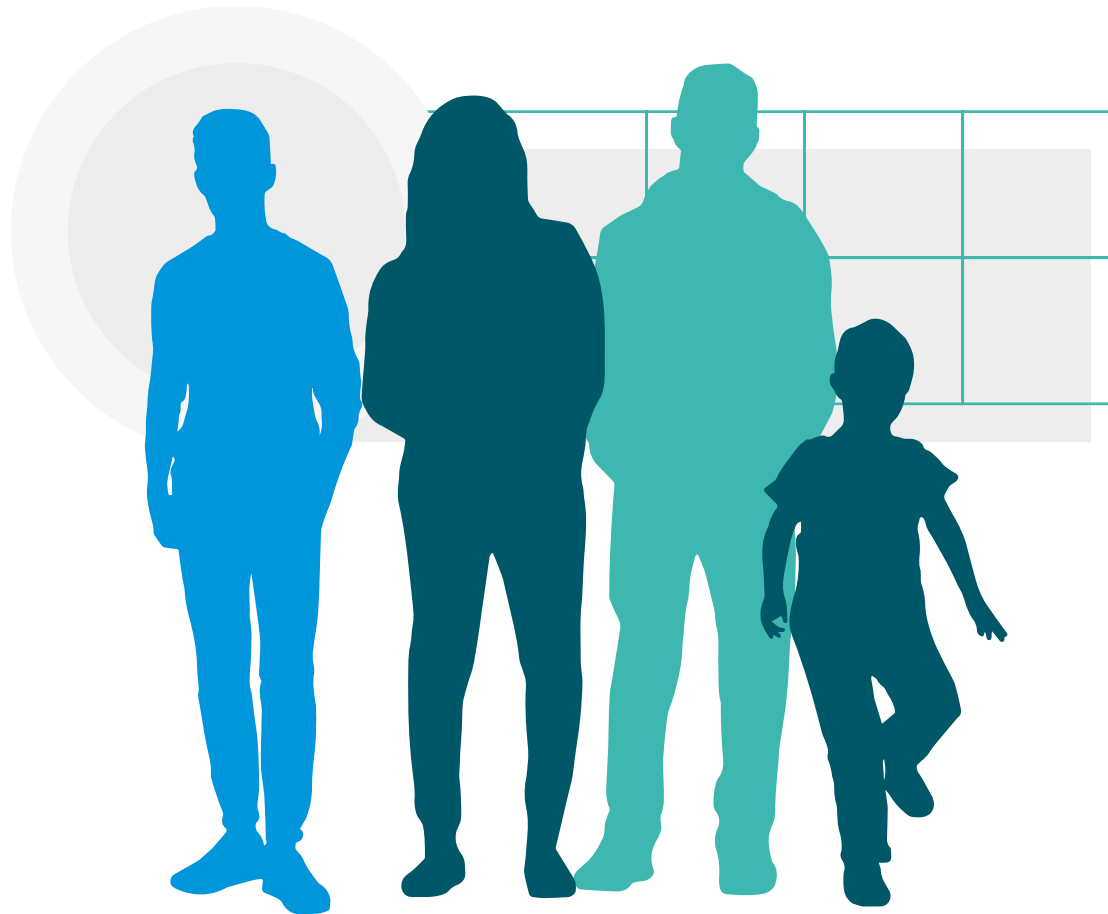


# Children and Young People's Mental Health and Wellbeing: **A Knowledge and Skills Framework for the Scottish Workforce**



Quickly navigate to each  
framework area by clicking here



## Executive Summary

---

This framework sets out the levels of knowledge and skills required by staff, across agencies, to deliver wellbeing and mental health supports and interventions within the framework of Getting it right for every child (GIRFEC).

It takes a right's-respecting approach that upholds the **United Nations Convention on the Rights of the Child** as well as the **European Convention on Human Rights**.

We hope this framework will be useful for all staff who work with children, young people, and their families. It is intended to inform workforce planning and commissioners of training, for educationalists to design training courses, to inform the professional learning and development plans of staff and to help to standardise mental health and wellbeing language and supports offered, across agencies in Scotland.

The framework will be available principally as an electronic resource to enhance accessibility and will include links to high quality training resources that map onto the knowledge and skills outlined in the framework.



**Julie Docherty** | Depute Principal Educational Psychologist | East Dunbartonshire

“ For all of us working with children and young people, this framework provides a common language and shared understanding of the mental health and wellbeing needs of children and how this links with staff learning and development. It highlights the important role that all staff (at all practice levels) have in supporting mental health and wellbeing, as part of the team around a child. It is helpful that it considers how to maintain staff wellbeing as they meet the mental health and wellbeing needs of the children that they work with.

We plan to use the practice levels (at the Informed and Skilled levels) as a structure for our training plans, for us to consider what everyone needs to know (informed) and what is more at the skilled level. The framework will signpost staff to the range of training options already on offer and guide the development of further training to assist staff to best meet the needs of children. ”

**Andy McDonald** | Depute Head | Kirkriggs Primary School

“ I think the framework will be useful to consider how we can meet the needs of particular children. It will help us to clarify what supports the child needs as well as where these sit within the framework, from knowledge and skills everyone should have (informed level) through to the specialist level.

We can consider whether we already have the knowledge and skills to support this child, and where there are any gaps, evaluate whether we need to involve someone with more enhanced or specialist skills, or to look at upskilling ourselves. ”

# Introduction

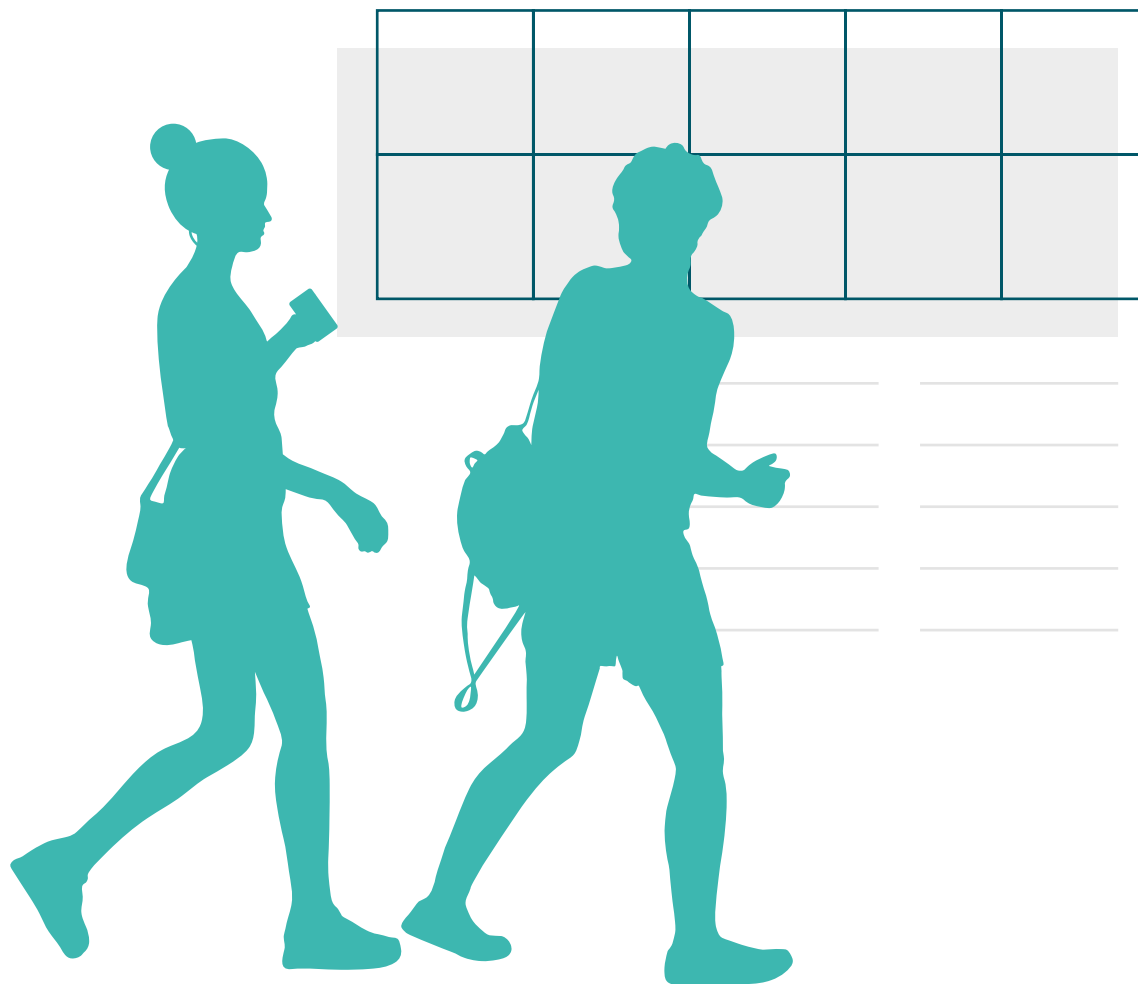
---

## Policy Context

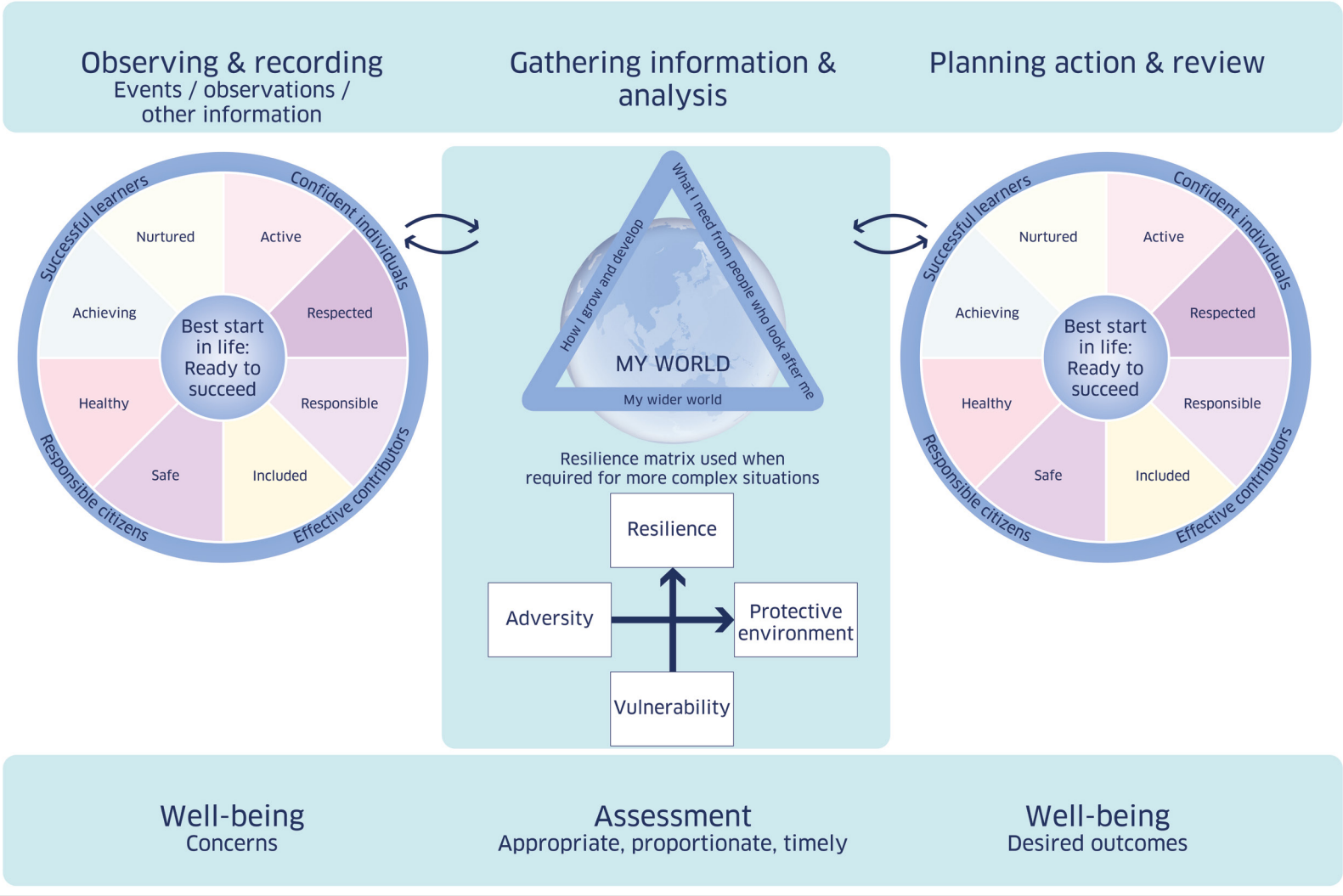
Scotland has a wide range of legislation and policies which support wellbeing and mental health across agencies and promote a child-centred and needs-led approach. Key to this approach is **Getting it right for every child**.

GIRFEC takes a right's-respecting approach, and its principles uphold the **United Nations Convention on the Rights of the Child** as well as the **European Convention on Human Rights**.

The **GIRFEC National Practice Model** is a multi-agency assessment and planning tool developed to allow agencies to work together to identify and meet children and young people's needs.



# National practice model



The GIRFEC approach is central to all Scottish government policies that support children, young people and their families and has been delivered through services and by people who work with families, across Scotland, since 2006. It aims to ensure all children receive the right help, at the right time, from the right people.

Children and young people can expect the services and people supporting them to be responsive, respect their rights, choices and privacy, and, put them at the centre of decision-making about the supports potentially available to them.

### **GIRFEC is delivered through the following core components:**

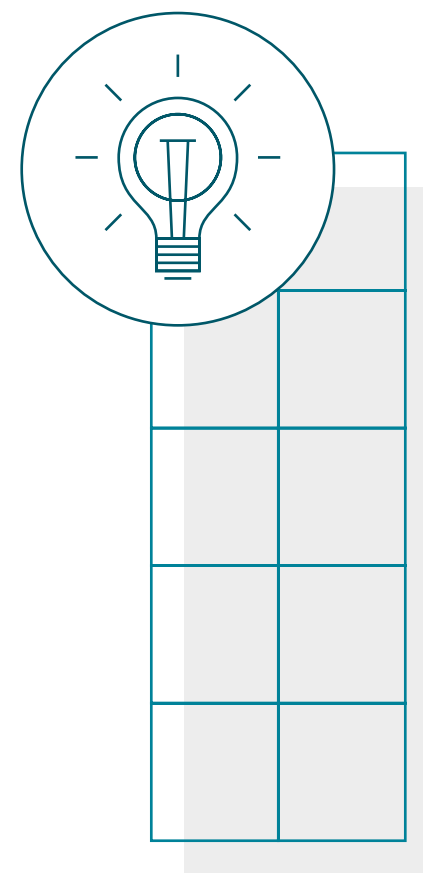
- A named person who is a clear point of contact for children, young people and parents to go to for initial support and advice. A named person can also connect families to a wider network of support and services
- Consideration of all aspects of children and young people's wellbeing, in the context of their family and unique circumstances, as well as their strengths and vulnerabilities
- Co-ordination of support for identified needs through a single child's plan by a lead professional

The Scottish Government decided in 2019 that the best way to promote and embed GIRFEC further was in partnership with local delivery partners, through practical help, guidance and support, and not on a statutory basis.

When planning and action are needed to support a child or young person, practitioners can draw on the GIRFEC National Practice Model, which can be used in a single or multi-agency context.

### **This assessment tool:**

- Supplies a framework for practitioners and agencies to structure and analyse information consistently to understand a child or young person's needs, their strengths and pressures, and what supports or interventions they might need
- Ensures the active participation of children, young people and their families in the assessment, planning and intervention process
- Delivers a shared understanding of a child or young person's strengths, skills and needs and, if required, a child's plan that sets out how these needs will be met



**The Community mental health & wellbeing supports and services: framework (Scottish Government, 2021)** sets out a ‘whole system’

vision for staff across children’s services to deliver wellbeing and mental health supports and interventions for Scotland’s children and young people. It takes a right’s-respecting approach, is embedded in GIRFEC principles and practices and has the following objectives:

- Every child and young person in Scotland will be able to access local community services which support and improve their mental health and emotional wellbeing.
- Every child and young person will get the help they need, when they need it, from people with the right knowledge, skills and experience to support them. This will be available in the form of easily accessible support close to their home, education, employment or community.

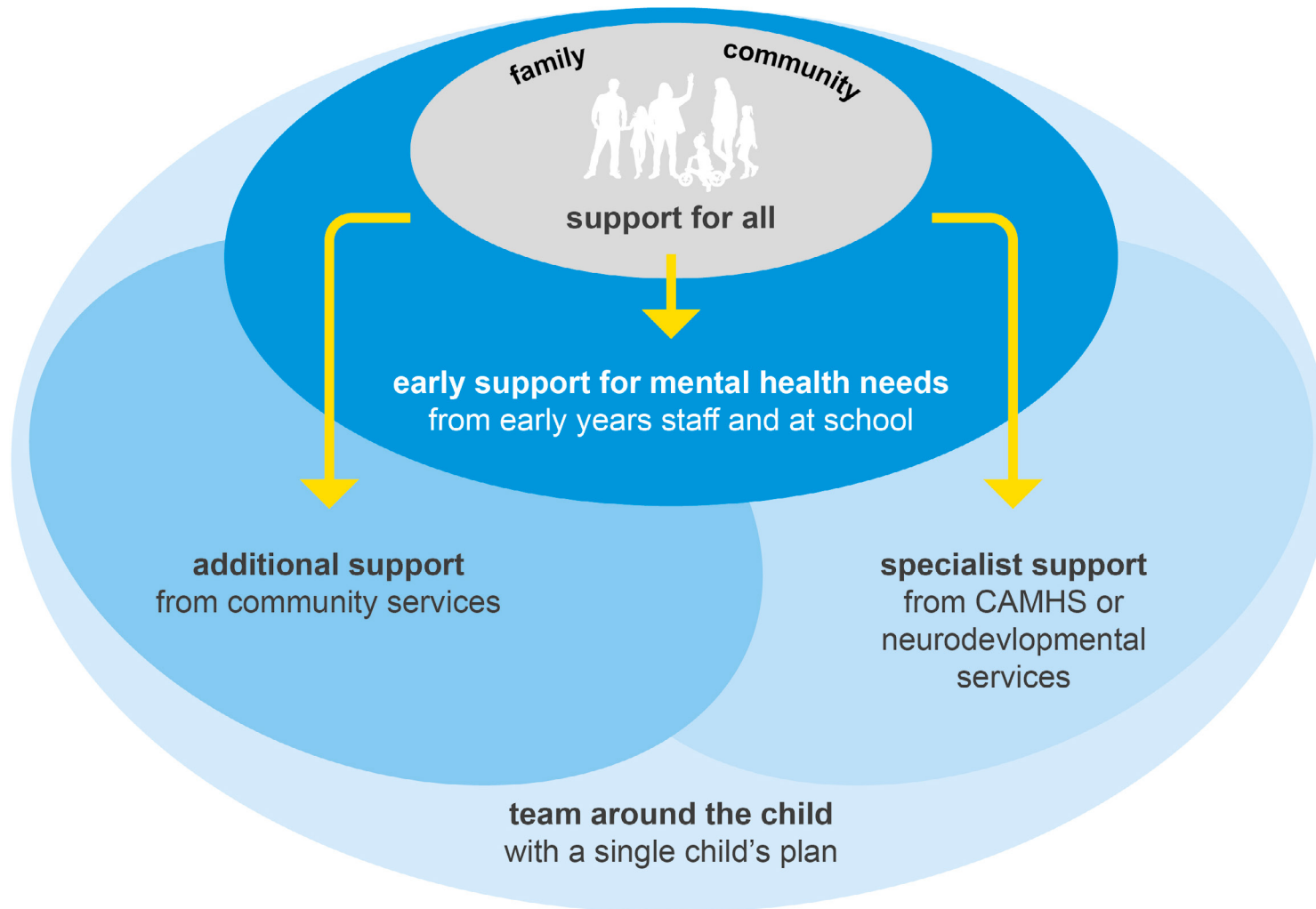
Child and Adolescent Mental Health Services (CAMHS) teams, along with other staff at the specialist level, e.g., in education, social work and third sector settings, will support both universal and additional children and young people’s services, including new and enhanced community mental health and wellbeing supports, by supplying consultation, advice

and training, and where appropriate, supervision for those staff who deliver psychological interventions. Children, young people and their families supported by CAMHS will also have access to the supports provided by universal and additional services.

**The CAMHS NHS Scotland National Service Specification document (2020)** sets out the levels of need and corresponding support and is captured in the model below.







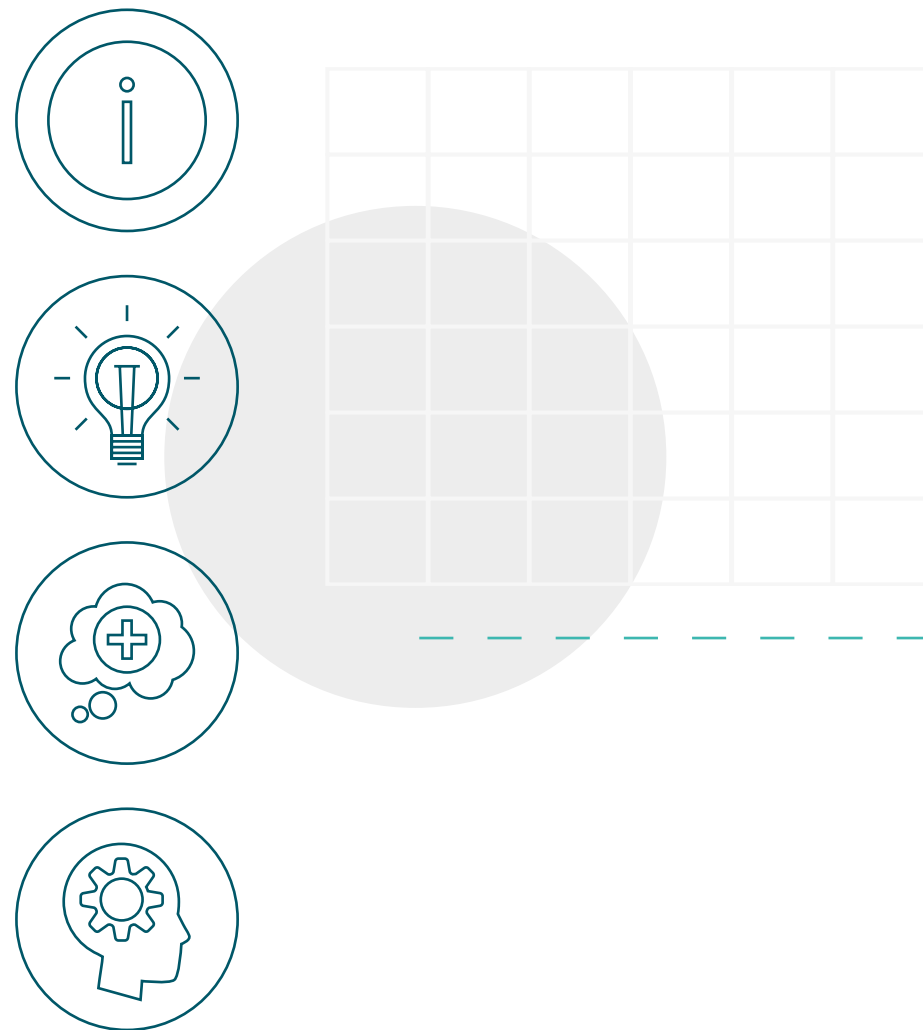
# The Knowledge and Skills Framework for Children and Young People's Mental Health and Wellbeing

The purpose of the present framework is to set out the knowledge and skills required by staff to deliver mental health and wellbeing supports and interventions across the four levels described in the Community Services Framework.

## These four levels map onto the levels of support outlined in the CAMHS Service Specification:

- **Informed** – Support for All
- **Skilled** – Early Support in early years settings and schools
- **Enhanced** – Additional Support from community services
- **Specialist** - Support from CAMHS or Neurodevelopmental Services

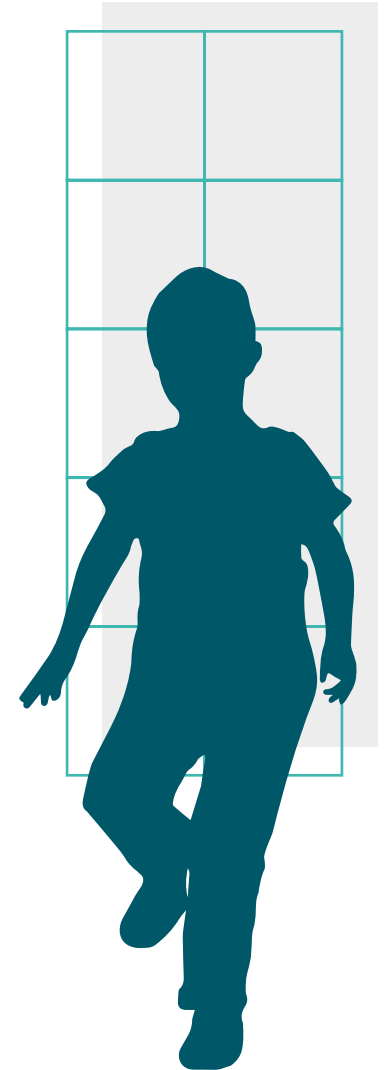
Importantly, this document will map onto high quality and evidence-based training resources that can help workers to develop their knowledge and skills to meet the demands of their role.



As well as GIRFEC and the Community Services Framework, the development of the Knowledge and Skills Framework has been informed by existing frameworks such as the **CAMHS Competence Framework (2011)** which set out the knowledge and skills required by CAMHS staff.

We are also mindful of the mental health and wellbeing needs of potentially vulnerable groups of children and young people and have drawn from the following documents to inform the present Mental Health and Wellbeing Framework as follows:

- **The Promise: Independent Care Review**
- **The NHS Education for Scotland Autism Training Framework: Optimising Outcomes**
- **NES: Transforming Psychological Trauma: A Knowledge and Skills Framework for the Scottish Workforce**
- **NES: Perinatal Mental Health Curricular Framework: a framework for maternal and infant mental health**
- **NES: Mental Health Improvement & Suicide Prevention Framework: Scotland's Knowledge and Skills Framework for Mental Health Improvement, Self-Harm and Suicide Prevention**
- **NES: A competence framework for multidisciplinary psychological approaches and interventions in paediatric settings**
- **Scottish Government: National Framework for Child Protection learning & development in Scotland 2012**



## Our Reference Group

This Mental Health and Wellbeing Knowledge and Skills Framework has been constructed by a wide reference group of key staff from across children's agencies in Scotland, including, Education, CAMHS, Social Care, 3<sup>rd</sup> Sector organisations, Scottish Government, Education Scotland, The Association of Principal Educational Psychologists as well as NHS Education for Scotland. Article 12 of the UNCRC states that due weight must be given to children and young peoples' views in matters that concern them.

To that end, we have co-produced and consulted with children and young people to ensure this document reflects and meets their needs and we have used the **Scottish Government's guidance** to achieve this. This process of consultation and co-production with our reference group will continue as the training resources are quality assured and mapped to the Knowledge and Skills in this document.



To date, we have engaged with children and young people both directly (16-25 years) and via research conducted by the 3<sup>rd</sup> Sector organisation, Children in Scotland. These samples have included LGBT+ individuals, young carers, neurodiverse individuals, individuals who have required specialist support, e.g., interventions for eating disorders, as well as individuals who have not had a formal mental health diagnosis. Other key groups such as gypsy traveller community members have been approached and their views will be incorporated.

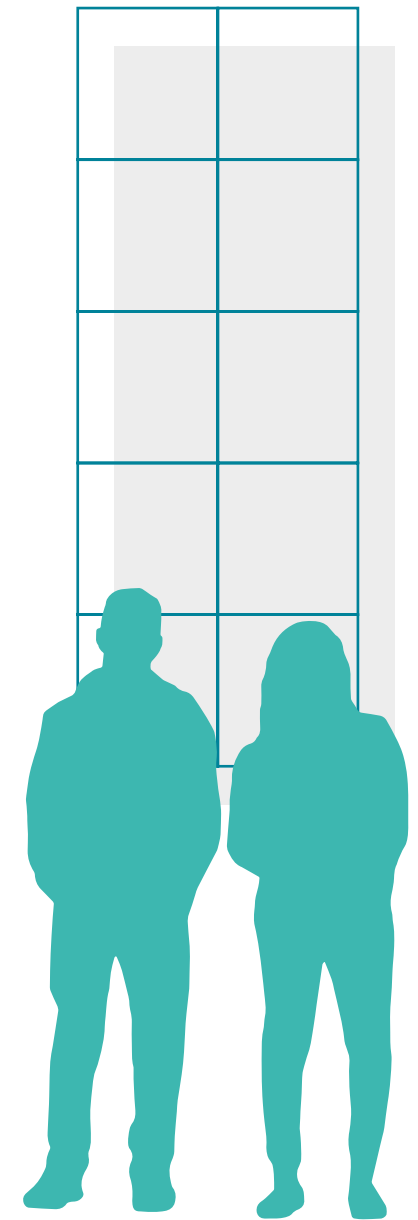
Key themes have emerged from discussions with children and young people; “we need to be treated as individuals”, i.e., consider the intersectionality of factors that may interact with their mental health and wellbeing, such as cultural sensitivities.

Members of the LGBT+ individuals commented about their experiences where their gender and/or sexuality was dismissed in the context of the support given or when practitioners were uninformed about issues of gender and sexuality. Conversely, other young people commented that practitioners focused solely on their gender identity or sexual orientation as if these were the only cause of their mental ill-health.

Communication skills also featured heavily, and young people suggested we develop a ‘road map’ for an ideal compassionate conversation with a children and young people when they first approach an adult for help. The young people offered their views about communicating with professionals; during therapy sessions, about confidentiality and levels of communication with parents/guardians, common language used, emotional literacy and accommodations to be made for their different communication needs.

Consultation is ongoing with children, young people and their parents to allow them to add additional notes such as ‘be aware of this’ and to provide examples of good practice along with quotes.

At their suggestion, we intend to work with children and young people to develop a ‘Curriculum Vitae’ with essential and desirable knowledge and skills for a caring adult. The word cloud on the previous page captures the key themes elicited so far and this, along with all comments from the children and young people, have been incorporated in our knowledge and skills tables.



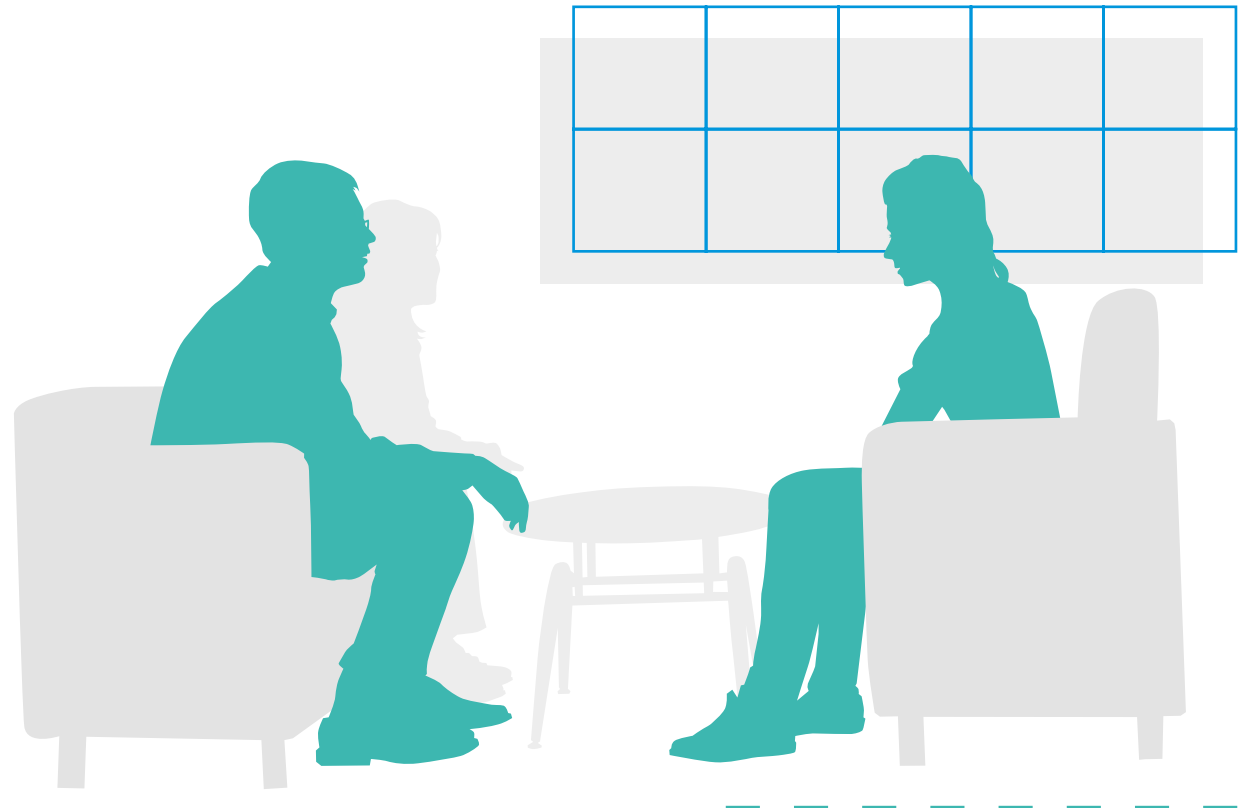
## Supports for Staff

---

All staff should be supported in their roles to deliver safe, high-quality, evidence-based, relational approaches while maintaining their own resilience and wellbeing.

To that end, supervision and the use of reflective practice, is accepted good practice within the therapeutic professions. Supervision plays a critical role in the development of skills and the safe, effective delivery of psychological interventions. The ability to make use of supervision is included in the present framework.

Skills associated with the delivery of supervision are detailed in a separate framework, available on the **CORE website**.



## Levels of Practice within the Knowledge and Skills Framework

We have used four terms; **Informed, Skilled, Enhanced** and **Specialist** to capture the levels of practice described in this knowledge and skills framework. These levels do not describe the child or young person's level of need because this is captured in GIRFEC.

This document is intended to capture what the workforce needs to know and be able to do to support children and young people's wellbeing and mental health. As a result, children and young people might receive mental health care and wellbeing supports from workers at different practice levels depending on the care or support that worker can deliver to meet their needs.

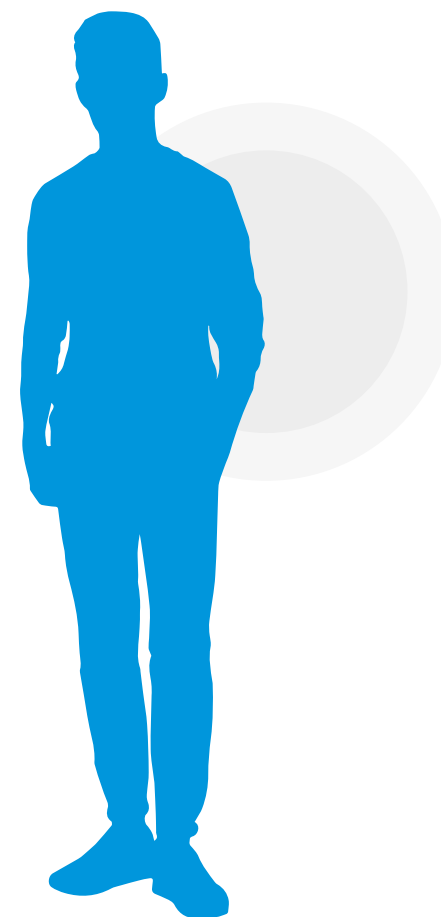
### For example

Lawrie is 13 years old. He struggles with friendships and he gets anxious about transitions and change. He has not coped well with the move to secondary school. Lawrie has no contact with his dad and his mum struggles to manage his behaviour at home.

Lawrie potentially receives mental health and wellbeing support from a range of professionals in his life, e.g., his English teacher (who considers themselves to be at the 'Informed' level) is someone that Lawrie trusts and can confide in.

They supply important relationship-based positive experiences for Lawrie by listening to him and empathising with his emotional experience. Lawrie's Pastoral Care teacher (Skilled Level, who is his named person/key point of contact within the GIRFEC framework), has sign-posted Lawrie's mum to a local positive parenting group. Lawrie has time with the School Nurse who delivers anxiety management sessions (the Enhanced Level) with coaching from a member of the local specialist CAMHS team. Lawrie is on the waiting list for a neurodevelopmental assessment with a specialist level service because he may have Autism.

All these professionals, who are helping Lawrie, need distinct levels of knowledge and skill to deliver these supports and these are captured in the tables below, including issues around appropriate information sharing among Lawrie and his mum/the professionals who provide support.

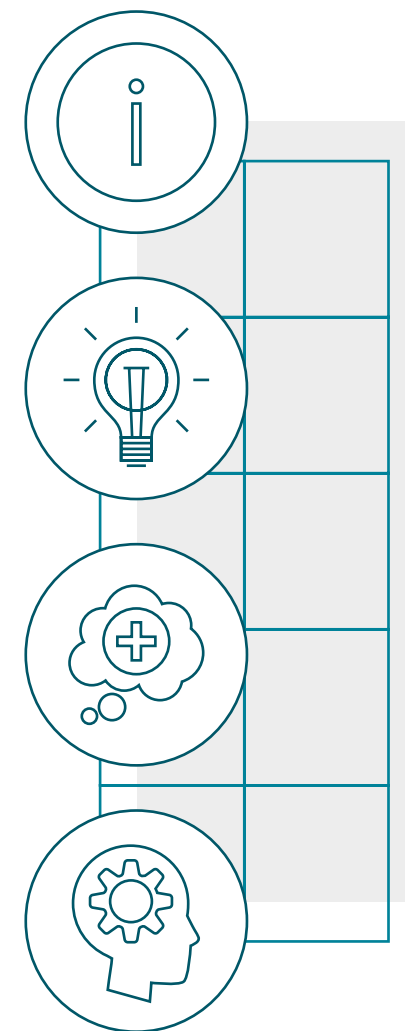


Each level describes the expected knowledge and skills specific to a worker's role in relation to mental health and wellbeing for children and young people. Rather than being hierarchical, the levels reflect the level of responsibility the worker has, to respond to CYP who experience psychological distress and to deliver supports and interventions. This will vary across schools and other organisations that look after children and young people such as social work services, hospitals, voluntary organisations and so on, and it will also vary by job role.

Each level defines the responsibility a worker carries, but this does not necessarily correspond to the worker's seniority within the organisation or profession. All levels correspond to the levels of intervention set out in the **CAMHS NHS Scotland National Service Specification document** and are also described within the **community mental health and wellbeing supports and services: framework**.

- The **Informed Practice level** describes the baseline knowledge and skills required by everyone who works with children and young people in the Scottish workforce (**Support for All**)
- The **Skilled Practice level** describes the knowledge and skills required by all workers who have direct and/or substantial contact with children and young people who may be experiencing mental health challenges (**Early Support**)

- The **Enhanced Practice level** details the knowledge and skills required by workers who have more regular and intense contact with children and young people who are known to have difficulties with their mental health, and who provide specific supports or interventions and/or who direct or manage services. This level is likely to be relevant to the range of services and organisations that deliver psychological care, under clinical supervision, applying theory to their practice and working to the evidence-base (**Additional Support**)
- The **Specialist Practice level** details the knowledge and skills required by staff who, by virtue of their pre-registration specialist training, job role and practice setting, play a specialist role in directly providing specialist neurodevelopmental assessments, mental state examinations or interventions, including medical interventions, and evidence-based psychological interventions or therapies to children and young people. Staff at the specialist level can also offer consultation, coaching and supervision to inform the care and treatment of those affected by mental health difficulties and/or in managing services and/or lead in the development of services and/or co-ordinate multi-agency, service-level responses to mental health provision for children and young people (**Specialist Support**)



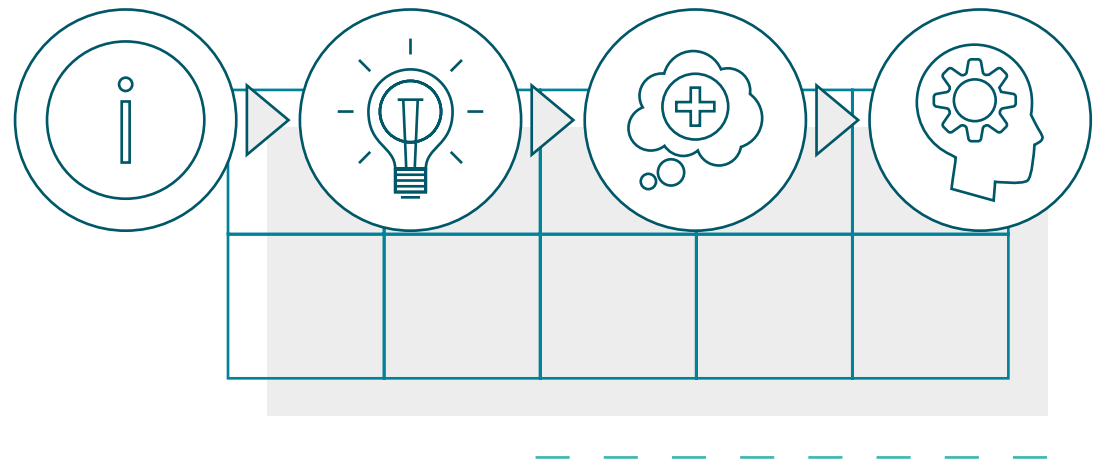


To enhance readability, the knowledge and skills outlined at each level of the framework are constructed in an incremental way meaning that, for example, staff operating at the Enhanced Practice level would also be expected to possess the knowledge and skills described at the Informed and Skilled Practice level.

The framework does not aim to specify which staff roles correspond to which practice level. The expectation instead is that workers and their employers will take responsibility for ensuring that they relevantly interpret and apply the content and aspirations of the framework.

Specialist skills relating to prescribing medication are not detailed in the framework; these have been specified by the Royal College of Psychiatrists as part of the training curriculum for psychiatrists (Royal College of Psychiatrists (2013-18)). Specialist skills relating to the delivery of specific psychological therapies are not set out in this framework because they are outlined in detail within the **CAMHS Competence Framework**.

Skills and knowledge that relate to Child Protection, the activity that is undertaken to protect specific children and young people who are suffering or likely to suffer significant harm, are woven through the framework rather than having a separate dimension, on the basis that Child Protection permeates every aspect of mental health and wellbeing activity, and is central to GIRFEC.



# Dimensions within the Framework

---

In consultation with the reference group, what professionals should know and what they should be able to do, at each practice level, have been mapped against the following five Dimensions:

## 1. Child Development and Attachment

- a. Child development
- b. Parent-child relationships (attachment)
- c. Importance of play
- d. Developmental tasks and transitions
- e. Children and young people viewed in context
- f. Impact of Trauma and Adversity on Attachments and Development
- g. Neurodevelopmental diversity and/or Additional Support Needs

## 2. Mental Health in Children, Young People and their Families

- a. Overview of mental health
- b. Interaction between mental health and development
- c. Relationship between physical and mental health
- d. Diagnostic criteria
- e. Promotion of wellbeing and prevention of mental health difficulties
- f. Parental mental health
- g. Stigma and mental health

## 3. Engagement, Containment and Communication

- a. Relationship-based practice
- b. Emotional containment
- c. Adapting communication
- d. Confidentiality, consent and capacity

## 4. Identification and Understanding of Need

- a. Identification of need
- b. Able to use different methods to obtain information
- c. Risk of harm
- d. Impact on staff of work with children and young people at risk of harm
- e. Reaching a shared understanding or formulation of difficulties

## 5. Supports and Interventions

- a. Methods and models of intervention
- b. Psychoeducation
- c. Endings and transitions
- d. Working with and across agencies
- e. Noticing and measuring change (routine outcome measures and psychometrics)
- f. Psychopharmacology
- g. Coaching, supervision and reflective practice
- h. Neurodevelopmental complexity and additional support needs

## Case Studies

### Example 1

#### **Informed Practice Level use to support staff who do not have a Mental Health specific remit within their job role.**

A music teacher has been delivering regular individual lessons to Finn, an S3 pupil for the past 3 years. The teacher notices Finn's presentation has changed; he is usually outgoing and enthusiastic but recently Finn has been quiet, seems distracted and has not completed his usual practice between lessons. Concerned about these changes, and aware that a young person can show their emotional distress in a variety of ways, the teacher asks Finn how he is. Finn says he is fine and does not elaborate further.

The teacher tells Finn that if there is anything he would like to talk about, they are always there to listen. The teacher takes their concerns to their line manager aware that it is important to notice and record such changes using the GIRFEC National Practice Model. The teacher asks Finn how he is during his next music lesson. This time, Finn shares that his granny has been very unwell and is undergoing various medical tests.

She usually visits every day and is very much involved in their family life; however, this has changed during her illness. The teacher takes time to listen actively, be empathic and reflects on how this may have had an impact on Finn's mental health and wellbeing and ability to function at school. Together they decide who and what else could help and agree that they will speak to Finn's named person, who is his key point of contact within the GIRFEC framework, and they plan together what feels ok to share with them.

The teacher reflects on this experience and understands the importance of safe and confiding relationships for good mental health and wellbeing and decides to routinely check in with pupils about their wellbeing. In addition, they seek regular support from their line manager to talk through the impact that this aspect of work has on their own wellbeing.

With their line manager, they review the relevant sections of the Mental Health and Wellbeing Knowledge and Skills Framework and identify an online training resource that captures the key elements of a helpful conversation with a child or young person and Finn's music teacher completes this training and feels more confident about the skills they already have about how to ask children how they are and how to best respond when problems arise.



## Example 2

### Skilled Practice Level

The Mental Health and Wellbeing Knowledge and Skills Framework is used to inform a review of an existing pre-registration training programme in social care. A systematic review is completed comparing the existing course content against the Informed and Skilled levels of each dimension of the framework.

Following this review, it is noted that there are areas of strength within the course content, for example, in relation to child development and attachment as well as knowledge about mental health. The relevant themes within these dimensions are covered in appropriate depth for this training group.

The review highlighted a need for increased course content about neurodevelopmental complexity and supports and interventions for neurodiverse children. The Mental Health and Wellbeing Knowledge and Skills Framework signposts to existing, high quality and evidence-based training resources that can be incorporated into the training course.

## Example 3

### Enhanced Practice Level


Jane has transitioned into a new role in her organisation and following training, she will be delivering a mental health intervention, supported by coaching from a colleague with Specialist level knowledge and skills.

Jane and her line manager use the Mental Health and Wellbeing Knowledge and Skills Framework to discuss her development needs for this new role. First, they identify that her role in relation to Mental Health and Wellbeing is at the Enhanced Practice level. Then they map Jane's current knowledge and skills against the framework, across the Informed, Skilled and Enhanced Practice levels.

In addition to the training about the psychological intervention, Jane identifies a need to hone her communication skills and increase knowledge and skills in the area of stigma and discrimination associated with mental health. Jane and her manager generate a training plan, which includes reading, training events, observing colleagues and being observed and given constructive feedback.



## Dimension 1 | Child Development and Attachment

	→ Informed	→ Skilled	→ Enhanced	→ Specialist
<b>Child Development</b>				
<b>Knowledge</b>	<p>Be aware that child development results from a combination of genetic and environmental influences from conception onwards</p> <p>Be aware of physical, emotional, communication and social developmental milestones across childhood and adolescence</p>	<p>Be aware of the changing development needs of children and young people, such as relationships with peers and adults, education, regular patterns of diet, sleep and exercise</p> <p>Be aware of the range of typical developmental stages</p> <p>Be aware of the range of factors that impact typical development, including adverse experiences, trauma, physical health conditions and their treatment</p>	<p>Understand the factors that support optimal brain and psychological development in infancy, childhood and adolescence</p> <p>Understand theories of child development including physical, cognitive and social - emotional development, and how they relate to supporting the child</p>	<p>Have specialist and current knowledge of child development theories and models</p>
<b>Parent-child Relationships (attachment) </b>				
<b>Knowledge</b>	<p>Be aware that the infant's early relationship with their primary caregiver is critical to how a child develops</p>	<p>Be aware of the components of a healthy parent-infant relationship, and how it develops through childhood</p>	<p>Have a good understanding of attachment theory, including its limitations and critiques</p>	<p>Have a detailed understanding of the theoretical underpinnings of infant psychological development and of the caregiver-infant relationship, including an understanding of attachment and related theories</p>


 Further details available about IMH in Perinatal mental health curricular framework: a framework for maternal and infant mental health

	→ Informed	→ Skilled	→ Enhanced	→ Specialist
<b>Parent-child Relationships (attachment) continued</b>				
<b>Knowledge</b>	<p>Be aware that encouraging good parent-infant relationships promotes optimal child development</p> <p>Be aware that ill health may mean infants experience separation from their parents and this can interfere with bonding</p>	<p>Be aware of the changes in relationships with parents, authority figures and peers in adolescence</p> <p>Have a broad understanding of the factors which promote good parent-child relationships, including an understanding of attachment theory and different parenting styles</p> <p>Be aware that some families, such as those whose child has long-term physical health conditions face additional challenges and complexities which impact on usual patterns of parenting</p> <p>Have a good working knowledge of resources available to support families, particularly those who face additional challenges and/or are vulnerable</p>	<p>Understand how difficulties in early relationships can impact;</p> <ul style="list-style-type: none"> <li>▪ cognitive, emotional, and social skills</li> <li>▪ parent-child, sibling and peer relationships</li> <li>▪ Emotional wellbeing</li> <li>▪ Self-regulation</li> <li>▪ Mental health</li> <li>▪ Resilience</li> </ul> <p>Know about the importance of the care-givers' experiences of attachment relationships and being parented (including the experience of developmental trauma and adverse experiences) and how these can impact parenting capacity and ability to form secure attachments with their own children</p> <p>Know about evidence-based interventions that support parent-child attachments and parenting capacity</p>	<p>Have a detailed understanding of theoretical models of adolescent development and changing relationships</p>


	→ Informed	→ Skilled	→ Enhanced	→ Specialist
<b>Importance of Play</b>				
<b>Knowledge</b>	<p>Be aware play is vital for all aspects of child development</p> <p>Be aware of the value of child-led rather than adult-led play activity</p> <p>Be aware of how play provides opportunities to develop language and communication</p>	<p>Be aware that some children will have had few opportunities to play, due to physical health conditions, disability or early adversity</p> <p>Be aware of the positive and negative impacts of electronic media on child development</p>	<p>Understand how play links with child development and relationships</p> <p>Be aware of potential barriers to play</p> <p>Understand how to link language to play to support language and communication development</p>	<p>Have specialist and current knowledge of theories of emotional development and their relationship to play</p>
<b>Developmental Tasks and Transitions</b>				
<b>Knowledge</b>	<p>Be aware that there are significant transitions and developmental tasks in childhood such as puberty, school moves, and life events</p> <p>Be aware that adolescence has discreet phases that alter relationships with family and peers and ends with an understanding of themselves as an individual</p> <p>Be aware that transition points can be especially challenging for some groups of children and young people such as neurodiverse children and young people, those with long term health conditions and care experienced children and young people</p>	<p>Be aware of the factors that help child, young people and their families to successfully manage transitions</p> <p>Be aware that transitions can be emotionally challenging, even when generally experienced as positive</p> <p>Be aware of the importance of understanding the transition from the perspective of the child or young person, and how this might differ from the perspectives of others</p>	<p>Be aware of the interaction between developmental stage, and the number and nature of transitions at any one time</p> <p>Be aware of the potential impact of family transitions, such as a family member moving out of home, retirement, on both child and young person and their family</p> <p>Be aware of the impact on children, young and their families of not being able to complete developmental tasks</p>	<p>Have specialist knowledge of systemic theory and developmental transitions</p>


	→ Informed	→ Skilled	→ Enhanced	→ Specialist
<b>Children and Young People Viewed in Context</b>				
<b>Knowledge</b>	<p>Be aware of the world around the child or young person such as their family, wider society, culture, ethnicity, religion and sexuality</p> <p>Be aware of the principles of social inclusion equality and diversity</p> <p>Be aware that there are legal frameworks relating to working with children, young people and their families, such as GIRFEC and UN Convention on the Rights of the Child (UNHCR)</p> <p>Know about parental rights and responsibilities</p> <p>Be aware that cultural beliefs and practices may influence family relationships and parenting style</p> <p>Be aware young people may need to balance differing culture and beliefs from family, peers and wider community</p>	<p>Be aware of the wide range of different family structures, including kinship care and other care provision</p> <p>Be aware of the potential impact on families of adversity, such as loss, abuse, social change, socio-economic disadvantage and health inequalities</p> <p>Be aware that experience of emotional distress and symptoms of mental health are influenced by culture and background</p> <p>Be aware of the range of cultural, social and religious differences in relation to family relationships, and parenting style that are likely to be present in the local population</p> <p>Be aware that internal beliefs and expectations may affect a child, young person and their family's ability to engage with helping agencies</p>	<p>Understand theories of family lifecycle across social contexts and cultures to understand the developmental tasks of specific families</p> <p>Be aware of how to improve health outcomes for individuals, families and communities to address inequalities and support people's access to occupational, vocational and leisure opportunities</p> <p>Know the core principles of, and responsibility to uphold, the Human Rights and Equality Acts in their practice, including the PANEL principles (Participation, Accountability, Non-Discrimination and Equality, Empowerment and Legality)</p> <p>Understand that mental health, distress and disorder are viewed through the lens of cultural, religious and social norms, and gender, and that these may impact on the child or young person's mental health</p>	<p>Have a specialist and current knowledge of systems theory</p> <p>Understand that professional practice, including your own, may be influenced by personal, cultural and societal beliefs and expectations around childhood and parenting</p> <p>Have a detailed understanding of how individual, family and social practices vary in relation to childhood and family life in different cultures, and the pressure faced by some children and young people to conform to cultural and societal expectations</p>



	→ Informed	→ Skilled	→ Enhanced	→ Specialist
	<b>Impact of Trauma and Adversity on Attachments and Development</b> 			
<b>Knowledge</b>	<p>Be aware trauma and adverse experiences are common experiences that can impact children and young people in many ways, including their mental health and ability to form healthy relationships</p> <p>Be aware that the impact of trauma and adversity can be lifelong</p> <p>Know about trauma-informed practice and the potential importance of ‘one good adult’</p>	<p>Be aware trauma and adverse experiences can impact a child or young person’s development and the ability to form attachment/therapeutic relationships</p> <p>Be aware that trauma can cause developmental regression and/or delays, such as in language development and learning difficulties due to emotional dysregulation (fight, flight, freeze response), preoccupation with danger</p> <p>Be aware that children and young people can be affected by sensory reminders of traumatic experiences</p> <p>Be aware that the amount of adversity is related to the likelihood of negative impact for children</p>	<p>Understand how the impact of trauma can present across stages of child and adolescent development</p> <p>Be aware that repeated complex developmental trauma can affect neurodevelopment, functioning and development of the self</p> <p>Be aware that trauma occurring at critical developmental points, such as in infancy and childhood, has particularly damaging effects due to its potential to disrupt healthy development</p>	<p>Understand the impact of trauma and disrupted attachments for a child’s emotional health</p> <p>Understand that attachment trauma and child abuse create a “biological paradox” during which the child is caught between conflicting drives for attachment and survival</p>

 See NES Transforming Psychological Trauma: A Knowledge and Skills Framework for the Scottish Workforce

	→ Informed	→ Skilled	→ Enhanced	→ Specialist
	<b>Neurodevelopmental Diversity and/or Additional Support Needs</b> 			
<b>Knowledge</b>	<p>Be aware of the importance of recognising the significant strengths that neurodiverse children and young people have</p> <p>Be aware of common neurodevelopmental conditions, such as Autism, ADHD and Learning Disabilities</p> <p>Be aware of the potential harm of stereotyped views of neurodiverse children and young people</p> <p>Understand that difficulties and needs may be invisible, or uncommunicated, and could go unrecognised</p> <p>Be aware that children and young people who have additional support needs can reach their development milestones at a different rate and their quality of play can be different</p> <p>Be aware neurodevelopmental diversity can impact the child and young person's social skills and ability to relate to others</p>	<p>Be aware that neurodevelopmental conditions occur on a spectrum and presentation will vary depending on factors such as age, developmental stage, gender and setting</p> <p>Be aware of how impaired communication can be a marker for common neurodevelopmental conditions and the importance of early intervention</p> <p>Be aware that neurodevelopmental diversity can impact wellbeing and mental health</p>	<p>Be aware of the impact of neurodiversity on attachment, and parental attunement</p> <p>Be aware of current research and clinical evidence, in relation to co-occurring mental health and medical conditions, such as, epilepsy, sensory processing and restricted eating</p> <p>Understand the links between speech, language and communication needs and social disadvantage: poverty can result in a reduction of opportunities for learning of language</p> <p>Be aware that children and young people with language and communication difficulties are at greater risk of developing behavioural, cognitive, emotional and social difficulties</p> <p>Be aware of the role of communication in accessing and being able to benefit from a service</p>	<p>Have specialist and current knowledge of neurodevelopmental diversity and co-occurring physical, medical and mental health difficulties</p> <p>Understand the role of environmental factors in highly complex presentations, such as proximity requirements in relation to personal space, sensory sensitivities, communication, environment, routines and structures</p>


 See NES Autism Training Framework Optimising Outcomes A framework for all staff working with people with Autism Spectrum Disorders, their families and carers

→ Informed	→ Skilled	→ Enhanced	→ Specialist
------------	-----------	------------	--------------

**Neurodevelopmental Diversity and/or Additional Support Needs** continued


<b>Knowledge</b>	<p>Be aware that neurodiversity and additional support needs may impact on a child or young person’s ability to engage with usual practices, such as, waiting rooms, dentists, changes in teaching staff, such as supply teachers</p> <p>Be aware of relevant educational legislation such as Additional Support for Learning Act</p>		
------------------	---	--	--

## Dimension 2 | Mental Health in Children, Young People and their Families

	→ Informed	→ Skilled	→ Enhanced	→ Specialist
	<b>Overview of Mental Health</b> 			
<b>Knowledge</b>	<p>Be aware that it is important to consider the mental health needs of all children and young people from infancy to adolescence</p> <p>Be aware that mental health and wellbeing is as important as physical health</p> <p>Be aware that children and young people can experience emotional distress in response to life events, and this is normal and usually short-lived</p> <p>Be aware that emotional distress can be associated with risk (<b>Dimension 4: Risk of Harm</b>)</p> <p>Be aware that multiple mental health difficulties can occur at the same time</p> <p>Be aware that the universal ‘right to health’ also includes mental health</p>	<p>Be aware of the common mental health difficulties in children and young people, including anxiety and low mood</p> <p>Be aware that sustained change in presentation, distress and impact on daily functioning are key indicators of mental health and wellbeing needs</p> <p>Be aware that mental health difficulties can impact on family functioning</p> <p>Be aware that some groups of children and young people are more at risk of mental ill health, and the barriers they may face in accessing help and support</p> <p>Be aware of the links between mental health and wellbeing and mental ill health</p> <p>Be aware of the potential for social media to have adverse and/or protective effects on mental health</p>	<p>Have a detailed knowledge about the theories of mental health and mental illness</p> <p>Understand social, psychological, family and biological factors associated with the development and maintenance of mental health problems</p> <p>Be aware of the role that inequalities play at an individual, community and population level to increase the risk of mental ill health, self-harm and/or suicide</p> <p>Be aware of the role of social exclusion, isolation and lack of access to services and support on mental ill health</p> <p>Know the relevant national policies and national guidelines relating to your work with children and young people’s mental health including, National Institute for Health and Care Excellence (NICE), Scottish Intercollegiate Guidelines Network (SIGN), and National Standard Frameworks</p>	<p>Have a specialist and current knowledge of the range of mental health difficulties experienced by children and young people</p> <p>Know the relevant mental health legislation including the Mental Health Act and how it aims to help people diagnosed as having a mental disorder access effective treatment quickly and easily</p>


 See CAMHS Competence Framework

	→ Informed	→ Skilled	→ Enhanced	→ Specialist
<b>Interaction Between Mental Health and Development</b>				
<b>Knowledge</b>	<p>Be aware that how a child or young person shows distress will vary depending on their age and stage of development</p> <p>Know how the children and young people that you work with might demonstrate emotional distress</p> <p>Be aware that what a child or young person finds distressing may differ from what adults find distressing</p>	<p>Be aware of how common mental health difficulties may present at different ages</p> <p>Be aware that differences in development, not just age can impact how distress and mental health difficulties present</p> <p>Be aware that a child or young person may experience distress in non-verbal and sensory ways and communicate distress through actions, or experience physical health symptoms</p> <p>Be aware that different mental health difficulties are more common at different ages and stages of development</p> <p>Be aware that experiences of distress, mental illness and trauma can interrupt the typical building blocks of child development, and that this can have effects throughout development and into adulthood</p>	<p>Have a detailed knowledge of how mental health difficulties present from infancy to adolescence</p> <p>Have detailed knowledge about how mental health difficulties may present in children or young people with differences in development, such as neurodiverse children and young people</p>	<p>Have a specialist and current knowledge of how children and young people with mental health difficulties and neurodiversity present from infancy to adolescence</p>

	→ Informed	→ Skilled	→ Enhanced	→ Specialist
<b>Relationship Between Physical and Mental Health</b> 				
<b>Knowledge</b>	<p>Be aware that physical health can impact mental health and wellbeing and vice versa</p> <p>Be aware that physical activity can support mental wellbeing</p>	<p>Be aware that long-term conditions can impact wellbeing and mental health and that children and young people may need additional supports to manage this</p>	<p>Be aware of the importance of trauma-informed approaches to underpin medical procedures</p>	<p>Have specialist knowledge of how mental health can impact on physical health and development</p>
<b>Diagnostic Criteria</b>				
<b>Knowledge</b>		<p>Be aware that there are recognised diagnostic criteria for mental health difficulties and disorders in children and young people</p>	<p>Be aware of the diagnostic criteria for child and adolescent mental health conditions specified in the main classification systems, such as Diagnostic and Statistical Manual of Mental Disorders (DSM) or International Classification of Diseases (ICD)</p> <p>Understand the rationale for using diagnostic systems and how a diagnosis fits within a wider understanding/formulation of presenting difficulties</p>	<p>Have detailed knowledge of current diagnostic criteria relevant to child and adolescent mental health, including differences between classification systems</p>

 See also: NES: A competence framework for multidisciplinary psychological approaches and interventions in paediatric settings

	→ Informed	→ Skilled	→ Enhanced	→ Specialist
<b>Promotion of Wellbeing and Prevention of Mental Health Difficulties</b>				
<b>Knowledge</b>	<p>Be aware that health inequities such as poverty and poor housing can impact mental health and wellbeing</p> <p>Be aware of what your service or organisation does to promote emotional wellbeing and resilience</p>	<p>Be aware of how self-esteem, self-worth, self-identity and confidence impact mental health and wellbeing</p> <p>Know that the ability of children to regulate their emotions arises from multiple experiences of co-regulation with attuned adults/others</p> <p>Be aware of services in the community that can support children, young people and their families in these areas</p>	<p>Be aware of the wider environmental influences on health including the availability of good quality housing, green space, employment, education and access to social and cultural opportunities</p> <p>Be aware of the key areas where there is strong evidence for action such as poverty, unemployment, childhood adversity, low income, social isolation, and problem debt</p> <p>Know how to improve health outcomes for individuals, families and communities to address inequalities and support people's access to occupational, vocational and leisure opportunities</p>	<p>Be aware how to improve health outcomes for individuals, families and communities to address inequalities and support people's access to occupational, vocational and leisure opportunities</p>

	→ Informed	→ Skilled	→ Enhanced	→ Specialist
<b>Parental Mental Health</b> 				
<b>Knowledge</b>	<p>Be aware that parental wellbeing and child wellbeing are interlinked</p> <p>Be aware that caring for a physically or mentally unwell child can impact on parental wellbeing</p> <p>Be aware of that children and young people may have a caring role in relation to their parent's mental health</p>	<p>Be aware of the importance of good parental mental health for the parent-child relationship and child development</p> <p>Be aware that parental mental health difficulties can impact on a child or young person's wellbeing</p> <p>Know about local services and organisations that can support adults with their mental health</p>	<p>Be aware of the importance of obtaining a history of parental mental health difficulties and neurodevelopmental conditions during assessment and formulation of the child and young person's strengths and difficulties</p>	<p>Knowledge of parental wellbeing and mental ill health and the additional supports or accommodations that may be required to tailor an intervention for a child, young person and family</p> <p>Knowledge of adult mental health difficulties/disorders and how these can impact parent's capacity to support their child's mental health and wellbeing and engage in interventions</p>

 Specific issues relating to the Perinatal period are covered in Perinatal mental health curricular framework: a framework for maternal and infant mental health



	→ Informed	→ Skilled	→ Enhanced	→ Specialist
	<b>Stigma and Mental Health</b>			
<b>Knowledge</b>	<p>Be aware that stigma and discrimination is commonly experienced by those with emotional distress and mental ill health</p> <p>Be aware that experience of stigma and discrimination can lead to emotional distress</p>	<p>Be aware that stigma can lead to discrimination</p> <p>Understand that children, young people and their families may be reluctant to disclose difficulties or seek help for fear of being stigmatised</p> <p>Be aware that stereotypes and negativity surrounding mental ill health may mean that many children and young people feel that they have no one to talk with</p> <p>Understand how stigma is framed and reinforced by myths and language</p>	<p>Be aware that there may be a lack of understanding of mental health issues by family, friends, and others</p> <p>Understand how bullying, physical violence or harassment may influence the development of distress and mental ill-health and impede help-seeking behaviour</p> <p>Be aware that stigma exists at several levels including public, societal, systems, structures and individual levels</p> <p>Know how self-stigma may impact a child or young person's ability to access support and services</p> <p>Know how stigma can be multi-factorial, and people may experience multiple stigmas in relation to mental health, and wider equality issues</p> <p>Be aware of societal discrimination issues such as structural racism</p>	<p>Understand that stigma and discrimination can have a negative impact on adherence to treatment plans and on the professional-patient relationship</p> <p>Understand that complex team and organisational dynamics may contribute to stigma and discriminatory practice</p> <p>Be aware of the complex social processes associated with stigma and the impact this has on people experiencing mental ill health and their friends and families</p> <p>Know how evidence informed practice, and theoretical models can enhance understanding of the causes and consequences of stigma at all levels</p>

## Dimension 3 | Engagement, Containment and Communication

	→ Informed	→ Skilled	→ Enhanced	→ Specialist
<b>Relationship-based Practice</b>				
<b>Knowledge</b>	<p>Understand that all behaviour is communication</p> <p>Be aware of the importance of safe, confiding, reliable relationships for good mental health and wellbeing</p> <p>Be aware of the concept of ‘one good adult’ and the basis of nurture approaches</p>	<p>Be aware of the importance of having a good relationship with a child or young person based on trust and openness while also maintaining professional boundaries</p> <p>Be aware that professional boundaries can be challenged by an urge to be overly involved with and/or avoidant of a child or young person</p>	<p>Understand what makes an effective therapeutic alliance including unconditional positive regard and the importance of therapeutic boundaries</p> <p>Be aware of the types of things that can negatively impact a therapeutic alliance including being distant, distracted, overly rigid or critical or making inappropriate self-disclosure</p>	<p>Understand multiple theories underlying the therapeutic alliance for example, psychodynamic, systems and attachment theories</p>
<b>Skills</b>	<p>Be present and listen actively and reflectively</p> <p>Be reliable, doing what you say you’ll do</p> <p>Demonstrate empathy, ‘feeling with’</p> <p>Use active listening demonstrating undivided attention, eye contact, facial expression, and non-verbal encouragement</p> <p>Work in a way that empowers and takes account of the necessary changes in language for example relating to care experienced young people and how young people self-identify</p>	<p>Be flexible and allow the child or young person to discuss issues which are important to them being respectful, warm, friendly and affirming</p> <p>Be open and trustworthy demonstrating honesty through self-reflection</p> <p>Demonstrate genuine interest in the child or young person’s activities and friendships, including the sense they are making of their identity, sexuality and cultural/spiritual beliefs</p>	<p>Maintain a good therapeutic relationship within a protocol-driven intervention, such as cognitive behaviour therapy informed approaches</p> <p>Be able to recognise and address threats to the therapeutic alliance including being able to manage rupture and repair</p> <p>Be able to make sense of and use process issues in therapy, for example transference and countertransference</p>	<p>Work to understand what barriers children, young people and their families face in accessing services and support, and design interventions to identify and implement potential solutions</p> <p>Contribute to, or lead, multi-disciplinary/agency assessments, share information confidentially, and provide advocacy for families from ethnic, cultural, disability and LGBT+ minorities to ensure equitable standards of care</p>

	→ Informed	→ Skilled	→ Enhanced	→ Specialist
<b>Relationship-based Practice</b> continued				
<b>Skills</b>	<p>Be able to work with children and young people to meet their developmental needs which may be at a different level to their chronological age</p> <p>Work in a culturally sensitive manner, being respectful and valuing diversity and difference of experiences, approaches and opinions</p> <p>Listen to, and acknowledge, children and young people's experiences of stigma and discrimination</p> <p>Be able to work in a trauma informed way, that recognises the potential impact of trauma and adversity on a child or young person's ability to form trusting healthy relationships</p>	<p>Assess how differences in language, literacy, culture and disability may affect the relationship with the practitioner and consider how to manage this, and be able to arrange appropriate support, for example, interpreting services, where appropriate</p> <p>Be able to help children and young people who may struggle to disclose their difficulties within their community, taking this into account when accessing interpreting services or groups which provide support to people from a particular cultural, ethnic, religious or disability background</p> <p>Provide support that accepts each person for who they are regardless of age, disability, gender identity, race, ethnic or national origin, religion or belief, sexual orientation or socioeconomic background</p> <p>Incorporate an awareness of issues relating to stigma surrounding mental health concerns into sensitive and respectful communication</p> <p>Demonstrate responsibility by challenging unhelpful language and myths</p>	<p>Take steps to reduce the power imbalance where possible</p> <p>Consider ways that access to and use of services could be facilitated to allow for engagement for example, home visiting, flexible working, linking families with community resources</p> <p>Empower children, young people and their families by using collaborative working practice</p> <p>Be able to conduct assessments and therapy sessions via interpreters or advocates when this will aid engagement and communication with a child or young person and their family</p>	

	→ Informed	→ Skilled	→ Enhanced	→ Specialist
<b>Emotional Containment</b>				
<b>Knowledge</b>	<p>Know the importance of identifying and understanding the emotional communication of children and young people and not being overwhelmed</p>	<p>Be able to discuss different emotions and communicate with children and young people that having these emotions is OK and typical</p> <p>Know that emotions can be ‘projected’ into other people if they are too painful to be tolerated, for example, in situations of bullying</p>	<p>Understand theories of emotional containment, including how these are applied within intervention approaches and programmes</p> <p>Understand models of supervision and use supervision for managing the emotional impact of work on the self</p> <p>Know that emotional containment within the context of therapeutic relationships can make a significant contribution to managing clinical risk</p>	<p>Be aware of structured therapeutic approaches to regulate strong emotions</p>
<b>Skills</b>	<p>Support the development of emotional literacy through everyday interactions with children and young people, for example labelling emotions</p> <p>Be able to encourage a discussion about a range of emotional experiences and normalise these experiences, knowing all emotions are valid</p> <p>Be empathetic and recognise that the feelings of distress are very real</p> <p>Be able to listen to and empathise with the emotional expressions of children and young people without becoming overwhelmed</p>	<p>Be able to encourage the expression of all emotions, including those which may be strong/negative emotions by using OARs model (open ended questions, affirmations and reflections)</p> <p>Be able to talk to children when they are distressed, and help them cope with their feelings using emotion coaching strategies</p> <p>Be able to teach and model emotional self-regulation techniques</p>	<p>Elicit emotions that facilitate change and provide containment of strong emotions which interfere with effective change</p> <p>Be able to get alongside the child or young person’s experience and convey your felt understanding of that experience so making strong emotions more tolerable</p> <p>Be able to help parents and other adults to support the child or young person’s capacity to express emotion appropriately</p>	<p>Be able to work across agencies and systems to manage strong emotions in the context of risk and complexity</p>

	→ Informed	→ Skilled	→ Enhanced	→ Specialist
<b>Adapting Communication</b>				
<b>Knowledge</b>	<p>Be aware that child and young people communicate differently at different developmental ages and stages</p> <p>Be aware that children and young people communicate in a range of ways, such as verbally and through gesture, play and behaviour</p> <p>Be aware that communication needs to be adapted to age, developmental stage and take account of neurodevelopmental diversity and trauma history</p>	<p>Be aware of the impact of development on a child or young person's understanding</p> <p>Understand that developmental stage, neurodiversity and trauma history may impact how children and young people communicate their mental health needs</p>	<p>Understand the impact of child development and neurodiversity on the child and family's understanding of, and participation in, clinical work</p> <p>Be aware of the importance of ensuring all children, young people and their families can fully participate in assessments and interventions</p>	<p>Have specialist knowledge about how communication can be impacted by mental health disorders and how this can co-occur with neurodiversity and trauma history</p>
<b>Skills</b>	<p>Be able to identify when a child and young person may have difficulty understanding language and communication</p> <p>Be able to use simplified language, visuals and other language and communication friendly approaches</p> <p>Be able to use clear and unambiguous language</p>	<p>Be able to provide developmentally appropriate information and activities to help children and young people express their views</p> <p>Be able to adapt communication using a range of methodologies for communicating with and listening to children and young people</p> <p>Be able to check that the child or young person has understood a question or piece of information</p> <p>Be able to seek guidance on further adapting communication as required</p>	<p>Be able to support parents to modify and adapt their language and communication to take account of their child's needs</p> <p>Be able to adapt an assessment to match the strengths and abilities of a child or young person which may include use of questionnaires with visuals or at different language levels depending on need</p> <p>Engage families with physical and sensory impairment or poor physical health (for example by offering them a choice in assessment venue, or altering the pace and content of the session)</p>	<p>Able to design services to meet the developmental stages/needs of the children and young people they are intended for</p> <p>Ensure that information about how to enhance capacity or decisions is available in a child's plan and risk assessments</p>

	→ Informed	→ Skilled	→ Enhanced	→ Specialist
	<b>Confidentiality, Consent and Capacity</b>			
<b>Knowledge</b>	<p>Be aware of children, young people and their parent’s right to privacy and confidentiality</p> <p>Be aware that children and young people may have difficulty giving informed consent due to underlying language or communication difficulties that are not readily evident</p> <p>Understand GIRFEC policies on confidentiality and information sharing both within teams and between different agencies</p> <p>Be aware of parental rights and responsibilities and how these relate to rights and responsibilities and how this relates to information sharing, for example when parental rights and responsibilities have been moved to the local authority</p> <p>Know about GDPR and follow rules put in place by your organisation to comply with this</p>	<p>Be aware that withholding information could place a person at risk of significant harm</p> <p>Know the legal definitions of consent to an intervention, for example that consent must be freely given, the young person must be suitably informed, and that consent can be withdrawn at any time</p> <p>Understand capacity, for example, that young people age 16 or over are presumed to have capacity to give or withhold consent, and unless there is evidence to the contrary, that a child under 16, who can understand and make their own decisions, can give or refuse consent</p> <p>Know that capacity and competence are functional (not dependent on age) such that a child with sufficient capacity and intelligence to understand the nature and consequences of what is proposed is deemed competent to give consent</p> <p>Be aware of parental rights and responsibilities, including the right to consent to an intervention on behalf of a child who does not have capacity</p>	<p>Be aware of the Mental Health Act and the different levels of restrictions within the act and the least restrictive alternative</p> <p>Be aware of the young person’s and named person’s legal rights within the Mental Health Act</p> <p>Be aware of advocacy available to ensure young people have access to an independent representative</p>	<p>Understand that a child or young person’s capacity to give or withhold consent is not absolute, and varies with the complexity of the intervention and perceptions of risks versus benefits, for example, a young person may be judged able to consent to relaxation training but not an admission to an in-patient unit</p> <p>Be aware of the Deprivation of Liberty Safeguards and its impact on consent</p>

	→ Informed	→ Skilled	→ Enhanced	→ Specialist
<b>Confidentiality, Consent and Capacity</b> continued				
<b>Knowledge</b>		Know that the safety needs of a child or young person take precedence over issues of consent and confidentiality for example if a young person is at risk of self-harm or any other harm		
<b>Skills</b>	<p>Be able to respect a child or young person's privacy and maintain confidentiality appropriately and seek guidance if unsure</p> <p>Ensure that a child or young person's views are incorporated into any support and intervention plan</p> <p>Follow local procedures and protocols to share information appropriately and securely</p> <p>Ensure that not all information about a child or young person is shared automatically with a family/team/colleagues and be able to negotiate with the young person what is useful to share</p> <p>Ensure all information regarding confidentiality, consent and capacity is given in an accessible way to the young person</p> <p>Seek advice if unsure about any aspects of consent, confidentiality and capacity</p>	<p>Be able to explain and discuss information sharing, confidentiality and its limits, with a child or young person</p> <p>Be able to explain and discuss information sharing, confidentiality and its limits with parents</p> <p>Be able to gain informed consent from a child or young person to conduct an intervention</p> <p>Be able to seek specialist advice to make information accessible</p> <p>Be able to explain the benefits and risks of a proposed intervention to a child or young person using adapted communication as required</p> <p>Be able to maintain confidentiality appropriately, for example be able to respond to requests for information that are inappropriate, such as estranged family members</p>	<p>Be able to assess a child or young person's capacity to consent to information sharing using adaptations to ensure understanding if necessary</p> <p>Seek legal advice about specific circumstances when consent can be accepted from a person who has care or control of the child, but who does not have parental rights or responsibilities</p>	<p>Where a child can give informed consent, be able to consider their consent or refusal where a parent disagrees with their view and negotiate, or problem solve with all parties to identify whether it is possible to reach an agreement</p> <p>Be able to seek and follow legal advice when the withdrawal of consent has implications for the child or young person's welfare</p> <p>Be able to explain to a young person and their named person their right to legal representation if held under the Mental Health Act and ensure all relevant information is given both verbally and in writing</p>

## Dimension 4 | Identification and Understanding of Need


	→ Informed	→ Skilled	→ Enhanced	→ Specialist
<b>Identification of Need</b>				
<b>Knowledge</b>	<p>Understand the role of the named person and lead professional as specified within the core components of the GIRFEC National Practice Model</p> <p>Know that the child or young person's view needs to be given appropriate weight when making decisions that concern them</p> <p>Be aware of the benefits of early identification of difficulties</p> <p>Be aware that the views and aims for intervention can vary significantly between children, parents, school and other professionals involved</p> <p>Be aware of the role and duties of the lead professional in relation to the development of the child's plan</p>	<p>Be aware that the initial assessment and plan should be regularly updated in response to progress, and being responsive to new information, and all stakeholders kept informed</p> <p>Know of the role of services and agencies in the assessment and development of a child's plan</p>	<p>Be aware that the initial assessment generates working hypotheses which may need to be updated or corrected in response to obtaining further information during the course of contact with the family</p> <p>Be aware that the assessment process can, in itself, be helpful as it provides an opportunity for new understanding</p>	<p>Knowledge of multiple theories and methods to make sense of complex mental health difficulties from a systemic perspective</p>
<b>Skills</b>	<p>Be able to identify any change in a child or young person's usual presentation and understand why it is important to record and take further action when required</p> <p>Share information for GIRFEC single or multi-agency wellbeing assessment</p>	<p>Be able to identify risk and protective factors</p> <p>Be able to draw together different strands of information to contribute to the child's assessment and plan</p> <p>Be able to use and apply the GIRFEC tools for a single agency wellbeing assessment and child's plan</p>	<p>Be able to co-ordinate a multidimensional assessment using multiple methods (observations, interviews, measures), sources (child, family, school) and levels (physical, emotional, cognitive, social, cultural)</p>	<p>Be able to recognise and address challenges to inter-agency work, such as, conflicts of interests, lack of clarity about roles, lack of trust, and address these to ensure good communication obtain good outcomes for children, young people and their families</p>



	→ Informed	→ Skilled	→ Enhanced	→ Specialist
<b>Identification of Need</b> continued				
<b>Skills</b>	<p>Maintain records at appropriate level, in line with GDPR guidance</p> <p>Work within boundaries of your professional role as outlined by your professional body and seek support/supervision where necessary</p>	<p>Be able to identify people, services and agencies who need to be included in the assessment and development of a child's plan and involve children and young people in all aspects of their care</p> <p>Be able to share information across agencies within the constraints of consent and confidentiality, on a 'need to know' basis and in a proportionate, relevant, accurate, timely and secure manner with the aim of supporting children and young people and preventing the need for them to re-tell painful life-stories over and over again</p> <p>Work collaboratively with children and young people, using strength-based communication skills to promote their participation in gathering information and making decisions</p> <p>Document decisions that have been taken and ensure the evidence for taking these decisions is recorded</p>	<p>Acknowledge and evaluate the different views of the difficulties and aims for intervention (child, family, school)</p> <p>Be able to focus assessment, such as develop initial hypotheses and get more information from partner agencies in advance</p> <p>Be able to engage all family members in mental health assessment in an empathic, respectful and even-handed way</p> <p>Make explicit and value the unique perspective of each individual on the functioning of the family</p>	<p>Establish and maintain effective links with partner agencies, at both operational and strategic levels</p> <p>Contribute to the management of inter-agency concerns about the sharing of sensitive information</p>

→	Informed	→	Skilled	→	Enhanced	→	Specialist
<b>Able to use Different Methods to Obtain Information</b>							
<b>In addition to the knowledge contained in Dimensions 1 and 2</b>							
<b>Knowledge</b>	Be aware that identification and understanding of mental health and wellbeing involves gathering information from a wide range of people, across a wide range of settings		Be aware of standardised questionnaires and assessments that help to gather information on strengths and difficulties of a child		Knowledge of the use, and interpretation of structured assessments		Have specialist knowledge of the use, limitations and interpretation of structured assessments
<b>Skills</b>	<p>Be able to observe, describe and record the behaviour of the child in the context of where you work</p> <p>Recognise whether a child's level and type of play is broadly typical for their age</p> <p>Be able to recognise when a child or young person is experiencing signs linked to poor self-esteem, self-worth and confidence, and explore with them ways they can be supported</p>	<p>Using knowledge of developmental stages, including physical, emotional, interpersonal, cognitive, language and social milestones, identify if a child or young person's development is broadly typical for their age</p> <p>Be able to notice when a child or young person has regressed, or not made the progress expected of them</p> <p>Be able to observe and describe the interactions between a child or young person, and their family</p> <p>Be able to gather information from speaking to a child or young person and their family about their history</p> <p>Be able to use facilitation, empathy, clarification, and summary statements to gather information</p> <p>Be able to gather the views of all the members of the family</p>	<p>Observe, describe and interpret a child/young person's behaviour and interactions in the context of relevant theories</p> <p>Be able to use play as a therapeutic method including to assess the quality and nature of relationships between children and their parents</p> <p>Be able to conduct and interpret structured mental health, cognitive, functional, and developmental assessments and any neurodevelopmental assessments as appropriate</p> <p>Be able to take a history of the child's strengths and difficulties, development, family, school and medical history, within the family's social and cultural context</p> <p>Be able to ask about topics such as early family relationships in a sensitive non-blaming manner</p>	<p>Observe, describe and interpret a child/young person's behaviour and interactions in the context of relevant theories</p> <p>Be able to use play as a therapeutic method including to assess the quality and nature of relationships between children and their parents</p> <p>Be able to conduct and interpret structured mental health, cognitive, functional, and developmental assessments and any neurodevelopmental assessments as appropriate</p> <p>Be able to take a history of the child's strengths and difficulties, development, family, school and medical history, within the family's social and cultural context</p> <p>Be able to ask about topics such as early family relationships in a sensitive non-blaming manner</p>	<p>Be able to use clinical judgement to integrate material from observation, mental state examination, research, clinical tools, history taking and other agencies</p> <p>Be able to conduct a physical health assessment to support a holistic assessment of mental health</p> <p>Be able to conduct and interpret structured mental health, cognitive, functional, and developmental assessments and any neurodevelopmental assessments as appropriate and to adapt these to suit children and their families who have very complex needs</p> <p>Be able to adapt questions or approaches where necessary to enable participation in, and completion of, the assessment</p>		

→	Informed	→ Skilled	→ Enhanced	→ Specialist
<b>Able to use Different Methods to Obtain Information</b> continued				
Skills		<p>Be able to gather the views of the child on their wellbeing using developmentally appropriate means and the SHANARRI wellbeing indicators within the GIRFEC framework</p> <p>Be able to elicit specific, detailed and concrete examples of behaviour when assessing and exploring the concerns of family members</p> <p>Recognise the signs that a child may have experienced trauma through their behaviour, emotions and ability to relate to others</p> <p>Recognise when further assessment of the impact of trauma on a child's development is required and make requests for assistance as necessary</p> <p>Be able to describe features of possible neurodiversity and where to seek advice about diagnosis and supports</p>	<p>Explore with families their own understanding and beliefs about parenting, childhood, adolescence and the meaning of family</p> <p>Be able to draw on knowledge, theory and research about child and family development and mental health, to focus on topics which appear to be problematic or of particular significance for the child, such as taking a more detailed developmental history if there are indicators of developmental delays</p>	<p>Be able to supervise within-service assessments for mental health and neurodiversity and offer consultation to professionals outside that service</p>

	→ Informed	→ Skilled	→ Enhanced	→ Specialist
	<b>Risk of Harm</b> 			
<b>Knowledge</b>	<p>Be aware that all adults have a statutory responsibility to keep children and young people safe from harm, even if not working with them directly</p> <p>Be aware of the wide range of risks that could affect a child or young person: risk of harm to self (self-harm, suicide), self-neglect, harm from or neglect from others, harm to others, non-engagement in treatments (physical and mental health)</p> <p>Be aware that self-harm can take many forms, including suicidal and non-suicidal self-injury</p> <p>Be aware that self-harm may be used by a child or young person as a coping strategy</p> <p>Be aware that thoughts of self-harm and suicide are common in young people but much less common in children</p> <p>Be aware of the legal position regarding the physical punishment of children and young people</p> <p>Know local child protection standards, policies and procedures</p>	<p>Be aware of and understand the role partnership plays in safeguarding and have knowledge of the procedures adopted by partner agencies</p> <p>Be aware that an element of risk-taking behaviour is typical and necessary part of development</p> <p>Be aware that bullying can become a formal child protection issue</p> <p>Be aware of risk and protective factors for different forms of harm</p>	<p>Be aware that the assessment of risk may need to be an ongoing process due to the dynamic nature of some risk factors</p> <p>Know about assessment and management processes</p> <p>Have knowledge of risk assessment measures and their limitations</p> <p>Be aware of the cumulative and interactive nature of different types of risk, such as parental risk factors limiting the ability to support and protect a child or young person at risk of self-harm</p> <p>Know national and local policies, standards, procedures and legislation</p>	<p>Have an understanding of more specialist or inherently risky groups, such as children and young people presenting with forensic risk, eating disorders, and those at risk from multiple forms of harm</p> <p>Understand patterns of concern at individual level and clusters of concern at local population level such as sexualised behaviour, self-harm, suicide</p> <p>Know current and proposed policy, standards, guidance and recommendations that impact on children and young people and families, including in response to Case Reviews and Significant Case Reviews</p> <p>Ensure planning meets a child or young person's longer-term needs (including specialist and therapeutic support for recovery) as well as immediate safety</p>



For further detail see

NES: Mental Health Improvement and Suicide Prevention Framework  
 NES: Core Competency Framework for the Protection of Children

	→ Informed	→ Skilled	→ Enhanced	→ Specialist
<b>Risk of Harm</b> continued				
<b>Knowledge</b>	<p>Know who to report concerns to within GIRFEC framework</p> <p>Know that some children and young people are more at risk than others, such as care-experienced children</p>			
<b>Skills</b>	<p>Be able to give a child or young person a safe space and the time to talk about their feelings by asking and listening</p> <p>Be able to ask child about risky behaviours that they may be showing or referring to</p> <p>Act urgently, in conjunction with other professional colleagues, to protect a child where there is evidence of immediate risk</p> <p>Use the GIRFEC National Practice Model including the wellbeing indicators and My World Triangle as a frame of reference to inform judgments about any areas of risk and unmet need</p> <p>Be able to jointly decide with the child or young person who and what else could help</p> <p>Adopt a trauma informed approach underpinned by the five principles of trauma Informed practice (safety, choice, collaboration, trust and empowerment)</p>	<p>Identify families at risk of multiple adversities and refer to appropriate services in a timely manner</p> <p>Work with other professionals to manage and mitigate risk and to boost protective factors</p> <p>Contribute to the development of a risk plan by attending and contributing to multi-agency meetings including case conferences, and core group meetings</p> <p>Practice in a non-discriminatory manner to respect and support parental autonomy, while always prioritising safety and welfare</p> <p>Be able to support children who have experienced adversity through child protection processes, advocacy and relationship-based approaches designed to create external and internal safety and reduce risk</p>	<p>Be able to carry out a comprehensive risk assessment which combines information from multiple sources including such as clinical interviews, measures, observations, other family members and other agencies</p> <p>Be able to conduct a risk formulation which identifies factors which are likely to increase the risk of harm, and factors which are likely to decrease the risk of harm</p> <p>Be able to conduct risk management planning in collaboration with children, young people and families and inter-agency colleagues</p> <p>Be able to escalate concerns (within own or other agencies) when the implementation of the risk management plan is problematic and where necessary, express a concern or position that is different from the views of others and do so during (rather than subsequent to) any meeting</p>	<p>Be able to use specialist multi-disciplinary/agency risk assessments for different specialist service settings, such as in-patient facilities</p> <p>Be able to use structured professional judgement approaches</p> <p>Develop and lead on the implementation of an overall risk assessment plan including identifying and addressing barriers to the delivery of appropriate, timely and proportionate support, at both operational and strategic levels</p> <p>Take a lead role in quality assurance and self-evaluation processes by reviewing local risk assessment procedures and auditing local operational systems and procedures</p>


	→ Informed	→ Skilled	→ Enhanced	→ Specialist
<b>Risk of Harm</b> continued				
<b>Skills</b>	<p>Recognise limits of own skills and service setting and escalate concerns as appropriate</p> <p>Seek advice and support where parental practice may seem in conflict with the need to safeguard the child or young person</p> <p>Identify concerns of fitness to practice responding promptly when there is evidence that the actions of a colleague put a child or young person or another colleague, at risk of harm</p>		<p>Be able to highlight when information is missing, contradictory or unclear</p> <p>Record and report on interventions/ any part of the plan that the clinician is responsible for</p> <p>Be able to refer to, and work with, more specialised agencies, such as inpatient units or forensic services, in line with local referral protocols</p> <p>Work with others to enact Mental Health Act legislation if required</p>	<p>Be able to recognise risk to physical health associated with mental disorder and/or trauma and how best to manage this, for example, provide direct treatment/monitoring or referral to appropriate services</p>
<b>Impact on Staff of Working with Children and Young People at Risk of Harm</b>				
<b>Knowledge</b>	<p>Be aware of the emotional impact on you of working with children and young people at risk of harm</p>	<p>Be aware of the ongoing need to reflect on your own practice while working with children and young people at risk of harm</p>	<p>Know theories of supervision regarding how best to provide support for workers including supporting critical thinking and self-awareness for self and others</p>	<p>Know the role of different professionals carrying out risk assessment and the impact on both the practitioners and on those supervising them</p>
<b>Additional skills in Dimension 5: Coaching, Supervision and Reflective Practice</b>				
<b>Skills</b>	<p>Be able to seek support from a work colleague to talk through your feelings and reactions about doing this work</p> <p>Be able to seek further support to manage the impact of this work on yourself, such as, from your line manager</p>	<p>Seek support to enhance both your practice and for you to manage your emotional response to working with children and young people at risk of harm</p>	<p>Provide support and guidance for others working with children and young people at risk of harm</p>	<p>Facilitate provision of appropriate specialist support, supervision and consultation across traditional professional and organisational boundaries for all staff doing this work</p>

	→ Informed	→ Skilled	→ Enhanced	→ Specialist
<b>Reaching a Shared Understanding or Formulation of Difficulties</b>				
<b>Knowledge</b>	<p>Be aware that the aim of the assessment process is to help build an understanding of the child's strengths and needs to help guide intervention and improve the quality of life for child and family</p>	<p>Understand the aim is to reach an agreed description of the strengths and difficulties and to explain the development and maintenance of the child or young person's strengths and difficulties and provide options for intervention and supports</p> <p>Be aware the assessment process can be an emotional time for children, young people and their families</p>	<p>Knowledge of generic formulations including, predisposing, precipitating, maintaining and protective factors</p> <p>Knowledge of one relevant theoretical model</p> <p>Understand that the formulation may include an embedded mental health or neurodevelopmental diagnosis</p>	<p>Have knowledge of multiple theoretical methods of formulating</p> <p>Have knowledge of model specific formulations which conceptualise a presentation in relation to a specific therapeutic model (such as, psychodynamic, cognitive- behavioural or, systemic models) and which usually overlap the generic formulation</p> <p>Know how to unpack and diagnose/ formulate the contributions of trauma and adverse experiences and neurodiversity to a child's attachment/ mental health presentation</p>
<b>Skills</b>	<p>Understand your role in supporting a child or young person during assessment of need</p> <p>Encourage and support people to get help and support</p>	<p>Be able to seek the views of the child, young person and family throughout the process</p> <p>Support a child or young person to understand the outcome of any assessment</p>	<p>Within a coaching relationship, be able to identify and formulate mild to moderate mental health difficulties, within protocol driven programmes</p> <p>Integrate information from various sources and contexts</p> <p>Assess and respond to children, young people and families' understanding and beliefs regarding mental health</p> <p>Apply theoretical models, such as, psychodynamic, cognitive behaviour therapy, systemic therapy, to collaboratively develop, communicate formulations to guide intervention</p>	<p>Be able to integrate multiple theoretical models/approaches to collaboratively develop understanding and communicate this to relevant others, and plan interventions</p> <p>Be able to diagnose/formulate highly complex and ambiguous neurodevelopmental and mental health difficulties as appropriate and work with children, young people and their families to articulate and plan for support needs</p>

→	Informed	→ Skilled	→ Enhanced	→ Specialist
<b>Reaching a Shared Understanding or Formulation of Difficulties</b> continued				
<b>Skills</b>			<p>Be able to contribute to a diagnostic assessment of neurodevelopmental and mental health difficulties, and consult with colleagues around whether diagnostic criteria are met</p> <p>Identify and describe a child's developmental needs, acknowledging gaps which may have occurred in developmental experiences and skill acquisition, for example, as a result of trauma and adversity</p> <p>Be able to discuss the use of diagnosis with a child or young person and their family</p> <p>Be able to consider the reasons for any different perspectives amongst the child, young person and their family, and all working with them, related to the formulation</p> <p>Able to adapt the pace and amount of information and level of complexity to the family's level of understanding and emotional readiness to accept the information</p> <p>Able to seek the views of the child and family throughout the feedback process</p>	<p>Be able to explore and reconcile different perspectives and opinions related to the formulation and diagnosis, with the group of professionals working with the children, young person and their family</p> <p>Be able to recognise and assess potential differential / additional diagnoses, such as ADHD, Dyspraxia, Learning Difficulties, Developmental Language Disorder</p> <p>As part of the formulation and intervention plan, address the risk of stigma and discrimination</p> <p>Develop and share individualised trauma and attachment-informed psychological formulations with parents to help them understand and connect with their child's needs</p>



## Dimension 5 | Supports and Interventions

	→ Informed	→ Skilled	→ Enhanced	→ Specialist
	<b>Methods and Models of Intervention</b> 			
Knowledge	<p>Be aware that all people that work with children and young people have a valuable role in supporting mental health and wellbeing</p> <p>Be aware that support for children and young people’s mental health can take many different forms, including work directly with children, working with parents and working to change aspects of the environment</p> <p>Be aware of how and where to sign-post people to appropriate self-help activities, peer support or other agencies and resources</p> <p>Be aware of community resources and projects relevant to the promotion of mental wellbeing (such as youth clubs, drop-in centres, sports facilities and so on)</p>	<p>Be aware that while potentially offering support and services to parents, the needs of the children and young people are primary</p> <p>Know the difference between universal preventive programmes and targeted interventions</p> <p>Have a good working knowledge of resources available to support families, particularly those facing additional vulnerability</p> <p>Have a broad understanding of evidence-based practice and how this informs the selection of both universal and targeted interventions across settings</p>	<p>Know about protocol driven programmes for mild to moderate mental health difficulties: individual or group delivery</p> <p>Keep up to date with evidence-base and draw upon knowledge of therapeutic models appropriate to work setting (such as, behavioural, cognitive behavioural therapy, systemic therapies, psychodynamic, interventions based on social learning theory)</p> <p>Know the range of psychological interventions that may be indicated when a young person may be at risk of self-harm or suicide</p> <p>Knowledge of the range of interventions offered by your service and by other services</p> <p>Know about the range of social care options that may improve the quality and length of life for children and young people living with mental ill health, including access to self-directed support</p> <p>Know theory and models underpinning group intervention</p>	<p>Have specialist and current knowledge of multiple mental health interventions</p> <p>Know the range of psychological theories and models which are relevant to understanding distress and crisis intervention</p> <p>Draw on knowledge of the conceptual and empirical research-base which informs thinking about the impact of social and cultural factors on the effectiveness of psychological interventions</p> <p>Know how health promotion and prevention strategies relate to, and can contribute to, the protection of children</p>

 Further detail at the enhanced and specialist practice level is contained within CAMHS Competence Framework

	→ Informed	→ Skilled	→ Enhanced	→ Specialist
<b>Methods and Models of Intervention</b> continued				
<b>Skills</b>	<p>Direct families to sources of information that promote good health, positive parenting practices and caring for their child</p> <p>Provide information and support families to link in with services that can help</p> <p>Be able to talk to children and parents about typical development</p> <p>Be able to support children and young people consistent with role and child's plan</p> <p>Understand the importance of working within the limits of own competence and role</p> <p>Be able to use evidence and information relating to children and young people to agree interventions to support them at the earliest opportunity</p> <p>Be able to draw on knowledge of the relevant legislation and policies that apply to the settings in which interventions take place</p>	<p>Use strengths-based approaches, that recognise and build upon a child and family's own abilities, knowledge skills and potential</p> <p>Promote social and emotional development through universal approaches, such as supporting play, positive parenting interventions and personal social education (PSE)</p> <p>Work with others in the wider professional network to ensure children and their families are supported when compulsory measures are necessary</p> <p>Ensure that support and services are accessible to children, young people and their families who may face barriers in accessing help and support</p> <p>Talk with children, young people, and their families about the impact of social media on protective and adverse factors for mental health and wellbeing</p> <p>Encourage and scaffold child and young people to engage in valued and meaningful social activities</p> <p>Adapt your usual practice to meet the developmental needs of a child or young person</p>	<p>Support parent's emotional regulation, attunement and confidence to understand and meet their child's needs</p> <p>Support parents to understand and meet their child's needs at an appropriate developmental level</p> <p>Explain the value of play to parents and support them if necessary</p> <p>Support others to deliver universal/preventative intervention in social and emotional learning</p> <p>Deliver targeted approaches for mild to moderate mental health difficulties, such as cognitive behaviour therapy informed programmes</p> <p>Be able to deliver effective, evidence-based interventions to support attachment and optimal child development</p> <p>Apply knowledge of therapeutic models and evidence-based practice to inform decision-making about the range of interventions employed</p> <p>Be able to plan and deliver group interventions</p>	<p>Be able to provide evidence based psychological therapy, based on a collaborative formulation</p> <p>Be able to apply integrative practice for difficulties without a clear evidence base</p> <p>Be able to provide children, young people, and families with information on the various options for intervention if deemed necessary, including information about their efficacy and potential side effects</p> <p>Be able to tailor interventions to suit developmental stage/tasks and family lifecycle stage/attachment style</p> <p>Contribute to public mental health interventions which seek to explain and promote healthy parent-child relationships and optimal child development</p> <p>Where there is evidence that specific beliefs, practices, and lifestyles are likely to impact on the accessibility of an intervention, make appropriate adjustments to the intervention and/or the way it is delivered, with the aim of maximising its potential benefit to the child or young person</p>

→	Informed	→ Skilled	→ Enhanced	→ Specialist
<b>Methods and Models of Intervention</b> continued				
<b>Skills</b>		Create environments that are inclusive and allow children and young people to be understood		<p>Directly involve and engage people with lived experience to influence service improvement and redesign</p> <p>Maximise community links to enhance vocational and employment opportunities for people</p> <p>Design services that promote emotional wellbeing and resilience.</p> <p>Integrate and influence mental health as a priority within policy and strategy both locally and nationally</p> <p>Act to mitigate any negative impacts of wider policy on mental health and wellbeing</p> <p>Use data to analyse and understand the prevalence of stigma and discrimination as appropriate to role and work context</p>

	→ Informed	→ Skilled	→ Enhanced	→ Specialist
<b>Psychoeducation</b>				
Knowledge relating to psychoeducation is covered in Dimension 2				
<b>Skills</b>	<p>Be able to talk to children, young people and families about mental health and wellbeing</p>	<p>Be able to talk with children and young people and/or families, about common mental health difficulties</p> <p>Share knowledge about mental health in children and young people with colleagues</p> <p>Explain to families the approaches available to support parent – child relationships</p> <p>Share information about typical development with children and young people and colleagues as required</p> <p>Reduce and challenge discrimination and stigma against CYP experiencing mental health issues</p>	<p>Be able to share knowledge about how mental health presents across the age range</p> <p>Be able to share knowledge on the impact on developmental difference on mental health difficulties</p> <p>Help parents to understand the impact of trauma on attachment, and develop strategies to manage this and help the child feel safe</p> <p>Be able to explain concepts in mental health in helpful, easy to understand, and non-stigmatising ways</p>	<p>Be able to provide psychoeducation to children, young people, and their families, as part of a holistic intervention</p> <p>Be able to educate others about mental health difficulties and disorders in children and young people</p> <p>Work with others to reduce stigma that occurs at various levels including self, public, institutional, and service levels, as appropriate to role and work context</p>


	→ Informed	→ Skilled	→ Enhanced	→ Specialist
<b>Endings and Transitions</b>				
<b>Knowledge</b>	<p>Be aware that transitions and change can be particularly difficult for some children and young people, such as those who are neurodiverse and/or have experienced trauma or adverse experiences</p> <p>Be aware of the impact of endings, such as the end of contact with a child or young person</p> <p>Be aware of that ending can happen for many reasons, including job changes, and can be planned or unplanned</p>	<p>Be aware of the impact of endings and transitions on staff working with children and young people</p> <p>Be aware of the importance of clear and timely communication about endings and transitions</p> <p>Be aware of any unhelpful avoidance of endings</p> <p>Be aware that ending a relationship with a professional in a therapeutic relationship can trigger feelings for a child or young person that relate to previous losses or bereavements that they have experienced</p>	<p>Understand the process of beginning, middle and end of therapy</p> <p>Be aware of how to respond to unplanned endings, including local procedures in response to 'failure to attend' appointments</p> <p>Be aware of local services that can continue to support children and young people that can continue to support at the end of contact with service</p>	<p>Have specialist theoretical knowledge of the endings and transitions and how they relate to attachment theory and systems theory</p> <p>Understand how endings and transitions impact the wider system working with a child or young person and their family</p>
<b>Skills</b>	<p>Be able to identify transition points</p> <p>Prepare child and young people and families for transitions and change appropriately to meet their needs</p> <p>Communicate upcoming endings to others working the child or young person</p>	<p>Be able to assist children, young people, and their families with managing transitions in a healthy way</p> <p>Prepare children and young people and their families for a planned ending of contact and assess any risk associated during or after this ending</p>	<p>Be able to incorporate understanding of transitions into wider understanding of a child or young person</p> <p>Be able to work with planned endings: preparation; risk; exploration of feelings in connection with ending; opportunity for reflection on the process of intervention; preparation for transition to another service where appropriate</p> <p>Be able to work with premature or unplanned endings</p>	<p>Be able work with multi-disciplinary and multi-agency teams to manage endings and transitions for children, young people, and their families</p> <p>Be able to design joined up services that manage transitions well</p> <p>Develop organisational guidelines about good practice in managing transitions</p>

	→ Informed	→ Skilled	→ Enhanced	→ Specialist
<b>Working with and Across Agencies</b>				
<b>Knowledge</b>	Be aware of GIRFEC and the importance of multiagency working and information sharing	<p>Know the responsibilities of each agency and discipline</p> <p>Be aware of wider support and services that provide services to adults that may be working with parents</p>	Be aware of systemic factors that support and challenge multi-disciplinary and multi-agency working	Challenge stigma in multidisciplinary and professional settings
<b>Skills</b>	<p>Be able to effectively communicate with all partners and agencies involved in supporting a child or young person using local Information Sharing Policy and Guidance</p> <p>Be able to seek advice on information sharing if unsure</p>	<p>Contribute to multi-professional/ multi-agency intervention</p> <p>Support parents to access mental health support as required</p>	<p>Develop multi-disciplinary and multi-agency holistic support and intervention plans/pathways with clearly stated responsibilities for delivery</p> <p>Co-ordinate multi professional/ multi agency assessments and interventions</p>	Be able to deliver cross agency interventions into complex family situations with fidelity and producing outcomes consistent with the evidence-base

	→ Informed	→ Skilled	→ Enhanced	→ Specialist
<b>Noticing and Measuring Change: Routine Outcome Measures and Psychometrics</b>				
<b>Knowledge</b>	Be aware that noticing and recording change in a child or young person's presentation is important to support their mental health and wellbeing		Be aware of commonly used measures including their purpose and application such as, outcome measures and goal-based outcomes	<p>Have specialist knowledge of outcome measures and psychometrics for assessing change</p> <p>Have a specialist knowledge of the psychometric properties of measures, such as validity and reliability, and applicability</p> <p>Understand the methods of audit and evaluation</p> <p>Inform practice at all levels by leading the dissemination of research evidence and theoretical knowledge</p>
<b>Skills</b>	Be able to provide information about any changes using the GIRFEC national practice model	Be able to complete questionnaires, and other measures to inform the interventions of other agencies and specialist services	<p>Be able to use outcome measures and goal setting as part of protocol driven intervention</p> <p>Be able to explain the use of measures to people being asked to complete them</p> <p>Develop mechanisms for monitoring clinical outcomes which focus on positive outcomes that are important to the individual and link to the formulation and intervention plan</p> <p>Seek information from multiple sources, including children and young people, on change and integrate feedback into intervention planning</p>	<p>Be able to support others in the appropriate selection and use of measures and goals setting.</p> <p>Be able to interpret and feedback results of measures to child or young person, and wider services</p> <p>If a measure is not available in the client's first language, take account of the implications of this when interpreting results</p> <p>Use results to inform intervention on an individual level as well as service wide improvement</p>

	→ Informed	→ Skilled	→ Enhanced	→ Specialist
<b>Psychopharmacology</b>				
<b>Knowledge</b>	Be aware that for some children and young people medication is part of a holistic intervention	Where appropriate have basic knowledge of medication that a child or young person is taking, such as ADHD medication	Be aware of the role of medication in the treatment of children and young people with mental health problems, including in conjunction with psychological intervention	Have detailed knowledge of national guidance, where medication is potentially part of an intervention
<b>Skills</b>	<p>Be able to support a child or young person to take medication as part of holistic treatment intervention.</p> <p>Be able to report concerns as required</p>		<p>Be able to identify when medication may be helpful and seek specialist opinion</p> <p>Be able to monitor medication efficacy and side effect and report to prescriber</p> <p>Be aware of when urgent action / assistance is required due to side effects of medication, such as oculogyric crisis</p>	Prescribe medication while considering developmental context, patient preference, side effects profile, safety issues, capacity and consent issues



	→ Informed	→ Skilled	→ Enhanced	→ Specialist
<b>Coaching, Supervision, and Reflective Practice</b> 				
<b>Knowledge</b>	<p>Be aware of the concepts of self-care and emotional toil</p> <p>Be aware of that self-care is particularly important when working with distressed young people and/or those who have experienced trauma</p> <p>Understand what impacts one's own wellbeing and mental health, its impact on others, and how to improve it</p>	<p>Be aware of theories of coaching and adult learning theory and how this support using new skills in practice</p> <p>Be aware of the range of services and resources available to support self-care and staff wellbeing</p>	<p>Know the purpose and theoretical models of supervision and learning and how supervision of clinical practice enhances the quality of the interventions delivered</p>	<p>Detailed knowledge of multiple theories of relational supervision and reflective practice</p> <p>Devise and answer research questions relating to supervision 'fit' for multi-professional and multi-agency colleagues</p> <p>Have a specialist knowledge of supervision of psychological therapy and therapeutic modality specific supervision</p> <p>Be aware of the difference between case management supervision, restorative supervision, coaching and supervision of psychological therapies</p>
<b>Skills</b>	<p>Be able to identify your own need for self-care/restorative supervision and seek this appropriately within your place of work</p> <p>Be a positive role model in managing emotional wellbeing</p> <p>Maintain and update skills and knowledge through participation in continuing professional development</p>	<p>Make use of supervision and support from other members of staff to manage your own emotional responses to providing care and protection for children</p> <p>Reflect on your practice and use reflective tools to do so</p> <p>Use coaching to translate new skills into practice</p> <p>Be able to present an honest and open account of work undertaken</p>	<p>Be able to work collaboratively with supervisor; use self-appraisal and reflection; engage in active learning; use supervision to reflect on developing personal and professional roles; reflect on supervision quality.</p> <p>Be able to determine the appropriateness to target interventions according to need and deliver interventions under coaching or refer on for more specialist support</p>	<p>Be able to monitor and support the delivery of supervision of psychological therapy across a team of service</p> <p>Be able to train and support others to deliver clinical supervision, coaching, and restorative support</p>

 For further detail please see **A competence framework for the supervision of psychological therapies**

→	Informed	→	Skilled	→	Enhanced	→	Specialist
<b>Coaching, Supervision, and Reflective Practice</b> continued							
<b>Skills</b>			<p>Be able to recognise when your ability to self-regulate is compromised and take steps to seek supports with this, such as supervision/reflective practice/self-care</p> <p>Promote the use of self-care and staff wellbeing resources in your workplace</p>		<p>Discuss clinical work with supervisor as an active and engaged participant, without becoming passive or avoidant, or defensive or aggressive</p> <p>When supervising colleagues, take reasonable steps to ensure that they recognise the limits of their competence and do not attempt to practice beyond them</p>		

	→ Informed	→ Skilled	→ Enhanced	→ Specialist
<b>Neurodiversity and Additional Support Needs</b>				
<b>Knowledge in Dimension 1: Child Development and Attachment</b>				
<b>skills</b>	<p>Be able to be flexible and adjust usual practices to meet the needs of children and young people with neurodiversity and additional support needs.</p>	<p>Be able to identify where usual practices and/or the environment is impacting on a child or young person's wellbeing and adjust accordingly</p> <p>Be able to use practical strategies, such as technology and adapting communication, to help meet the needs of the individual by facilitating effective communication about supports and interventions</p> <p>Able to adjust intervention work in accordance with any additional support needs of children and young people</p>	<p>Be clear that the aim of any intervention is not to try to cure neurodiversity, but to understand needs and access support, strategies, and medication where appropriate.</p> <p>Be able to use guidelines about ways to respond so that needs are met, such as National Institute for Health and Care Excellence (NICE), Scottish Intercollegiate Guidelines Network (SIGN)</p> <p>Consider sensory processing issues in the development of any support or intervention plan</p> <p>Design support and interventions plans that address medium to longer term needs, such as plans for future transitions</p> <p>Apply knowledge of environmental factors to deliver effective interventions for complex needs</p> <p>Consider the impact on the child young person and family in relation to complex and co-occurring conditions</p>	<p>Be able to identify and assess support and intervention needs in the context of complexity of presentation and systems</p> <p>Consider the role of communication in accessing and being able to benefit from a service</p> <p>Be able to apply extensive theoretical knowledge to complex individual presentations</p> <p>Be able to use neurodevelopmental diagnoses embedded within a formulation to understand a child's needs, strengths and weaknesses following complex trauma, and use this to inform intervention plans</p> <p>Ensure that neurodiversity or additional support needs are not a barrier to accessing mental health interventions</p> <p>Consider how psychological therapies for co-occurring mental health difficulties might be developed.</p> <p>Able to deliver and adapt psychological therapies for children and young people with neurodevelopmental conditions</p>

## Membership of the Framework Reference Group

---

### **Joane Aitken**

Children & Young People Development Manager -  
Scottish Association for Mental Health

### **Lorna Aitken**

Senior Education Officer - Education Scotland

### **Dr Ruth Astbury**

Programme Leader Pg Dip SCPHN School Nursing  
Programme – University of the West of Scotland

### **Donna Bailie**

Quality Improvement Officer Inclusion -  
Glasgow City Council

### **Pauline Beirne**

AHP CYP National Lead - Scottish Government

### **Chris Bonnar**

Coaching and Modelling Officer Health, Wellbeing  
and Nurture (Secondary) Inverclyde Attainment  
Challenge

### **Carolan Burnet**

ASN Manager, North Lanarkshire Council

### **Dr Helen Bradford**

Head of Programme Children and Young People -  
NHS Education for Scotland

### **Gwyneth Bruce**

Head of Occupational Therapy - CAMHS, NHS Lothian

### **Dr Fiona Calder**

Head of Programme - CAMHS,  
NHS Education for Scotland

### **Brid Corrigan**

Specialist Speech and Language Therapist - CAMHS  
Tier 4 – NHS Greater Glasgow & Clyde

### **Dr Jean Cowie**

Principal Educator - Women, Children, Young People  
& Families - NMAP Directorate -  
NHS Education for Scotland

### **Lee Cowie**

Clinical Services Manager - Fife CAMHS

### **Fiona Crook**

Team Leader - Fife School Nursing Service

### **Dr Laura-Ann Currie**

Head of Inclusion, Equalities, Health and Wellbeing -  
Education Scotland

### **Julie Docherty**

East Dunbartonshire Council

### **Julia Donaldson**

Clinical Director - Glasgow Infant and Family Team  
(GIFT) - NSPCC

### **Carron Douglas**

Principal Educational Psychologist  
Aberdeenshire Council

### **Joanna Duff**

Advisor - Scottish Social Services Council

### **Dr Camila Dyer**

Principal Educator - Children's Mental Health  
and Wellbeing  
NHS Education for Scotland

### **Maggie Fallon**

Mental Health Directorate - Scottish Government

### **Dr Lorna Ferguson**

Principal Educator - CAMHS - NHS Education for  
Scotland

### **Frances Foreman**

Senior Education Officer – Education Scotland

### **Dr Dianne Forsyth**

Consultant Psychiatrist - CAMHS – Royal College of  
Psychiatrists

### **Kim Hartley-Keen**

Head of the Royal College of Speech and Language  
Therapists Scotland

### **Karen Holmes**

Clinical Nurse Manager - Community Health Visiting  
and School Nursing Services

### **Jacqui Howison**

Professional Lead for Psychology - Specialist  
Children's Services - NHS Greater Glasgow & Clyde

**Susan Hynes**

Regional Network Manager - North of Scotland  
Regional CAMHS Network

**Kerry Jarivs**

School Counselling Coordinator  
East Ayrshire Council

**Robert Kelman**

Learning and Development Adviser - Scottish Social  
Services Council

**Dale Meller**

Senior Manager - Protection & Learning - East  
Ayrshire HSCP

**Kirsty Merriman**

Getting it right for every child - Directorate for  
Children and Families - Scottish Government

**Julie Metcalfe**

Clinical Director - NHS Greater Glasgow & Clyde

**Andy McDonald**

Depute Head - Kirkriggs Primary School, Glasgow

**Annie McGovern**

Business Development Manager - Place2Be

**Dr Suzy O'Connor**

Programme Lead - Early Interventions -  
NHS Education for Scotland

**Graham Paterson**

Social Work Lecturer/MHO Course Leader -  
Robert Gordon University

**Sara Preston**

Scottish Government

**Prof. Cathy Richards**

Lead Clinician/Head of Psychology  
NHS Lothian CAMHS - NHS Lothian

**Louise Stean**

Lead Champion - Fife Council Education and  
Children's Services

**Dr Elinor Steel**

Healthy Schools Manager

**Tracy Stewart**

Lecturer in Developmental Psychology - Moray House  
- University of Edinburgh

**Dr Gillian Strachan**

Clinical Psychologist, CAMHS, NHS Grampian

**Audrey Taylor**

Principal Educator - Nursing, Midwifery and Allied  
Health Professionals - NHS Education for Scotland

**Tracey Tiley**

Arts Therapies and Arts Psychotherapist

**Judy Thomson**

Director of Training for Psychology Services  
NHS Education for Scotland

**Carolyn Wales**

Health and Wellbeing Team - Learning Directorate -  
Scottish Government

**Susan Warren**

School Nurse and Practice Educator - NHS Tayside

**Kate Watson**

Principal Educational Psychologist - Inverclyde

**Rona Weir**

Education Manager - Education and Children's  
Services Directorate - Fife Council

**Debbie Wilson**

Lead Nurse - Fife School Nursing Service

**Shirley Windsor**

Organisational Lead Public Mental Health - Public  
Health Scotland

**Fiona Young**

Speech and Language Therapist - Tayside CAMHS  
and North Inpatient Unit

# Glossary of Terms

---

## Adverse Childhood Experiences (ACEs)

---

This is a group of traumatic and adverse experiences in childhood which significant research has suggested can lead to increased risk of long-term impacts on physical and mental health as well as social consequences for some, particularly when several of these experiences are part of someone's early life.

ACEs include physical, emotional and sexual abuse; physical and emotional neglect; parental/key caregivers' substance misuse, mental health difficulties or incarceration; witnessing domestic abuse or violence in the household and divorce. They include experiences traditionally understood as traumatic but extend to include these additional experiences of adversity.

## Attunement

---

Attunement usually refers to a parent's ability to notice and appropriately respond to a child or young person's emotional state.

## Care experienced

---

Following the views expressed in The Promise: Independent Care Review, this framework uses the term care experienced in preference to 'looked after' to describe "the environment that a child or young person is growing up in and as an identity definition, and to denote access to specific rights and entitlements."

This is "expansive and holistic understanding of 'care experience' that includes all the various settings and experiences of care.(pg 10)" The balance of using the term care experienced to identify rights and entitlements, whilst ensuring that the experience of being cared for is not stigmatising is further explored within the Care Review.

## Containment

---

Containment involves supporting someone to process their emotions, including anxiety and distress, to help restore an individual's capacity to think clearly. In children, this is a core part of emotion regulation, but it is also key for adults, particularly during times of high stress.

## Diagnosis

---

Mental health conditions in children are diagnosed and treated based on signs and symptoms and how the condition affects a child's daily life. To make a diagnosis a child or young person would be assessed by a mental health professional(s) who would draw on their knowledge of mental health conditions and reference the Diagnostic and Statistical Manual of Mental Disorders (DSM) and International Classification of Diseases (ICD) diagnostic guidelines.

These guidelines provide criteria for making a diagnosis based on the nature, duration and impact of signs and symptoms.

## Emotional Distress

---

Every child is different, however, common indicators of emotional distress in children may include physical symptoms, such as tummy aches, lack of concentration, withdrawing from social interactions, mood swings and/or changes in behaviour. Emotional distress can vary across time and intensity.

## Emotional toil

---

Work that involves strong emotional content and an empathic response from the worker.

## Evidence based practice

---

Evidence-based practice is the integration of individual practitioner expertise with the best available external evidence from systematic research in order to reach decisions about client care.

## Formulation

---

A theory-based explanation or conceptualisation of the information obtained from a clinical assessment that informs the psychological intervention.

## GIRFEC

---

A Scottish Government approach based on children's rights. Its principles reflect the United Nations Convention on the Rights of the Child (UNCRC) and provide a framework of practice for those supporting children and their families so that children and young people can grow up feeling loved, safe and respected and can realise their full potential.

## Learning Difficulty / Disability

---

Intellectual Disability/Intellectual Developmental Disorder (commonly known as Learning Disability) are heterogeneous conditions, but are defined by 3 core criteria: lower intellectual ability (usually defined as an IQ of less than 70), significant impairment of social or adaptive functioning and onset in childhood. Learning disabilities are pervasive and are different from specific learning difficulties such as dyslexia, which do not affect intellectual ability.

## Mental Health Act

---

The Mental Health Act (1983) is the main piece of legislation that covers the assessment, treatment and rights of people with a mental health disorder.

## Mental illnesses/disorders

---

The World Health Organisation (WHO) definition states that mental disorders comprise a broad range of problems with different symptoms. They are generally characterised by some combination of abnormal thoughts, emotions, behaviour and relationships with others. Examples include schizophrenia, depression, intellectual disabilities and disorders due to drug abuse.

Most disorders can be successfully treated. The terms mental illness and mental disorder are used almost interchangeably.

## Named person

---

A core component of GIRFEC is a named person who is a clear point of contact for children, young people and parents to go to for initial support and advice. A child, young person or family may be offered direct support from their named person, and the named person can also help to connect families to relevant services offered by the NHS, local authorities and third sector or community groups. The named person role is fulfilled by different professions, depending on the age of the child or young person.

This contact will be someone whose existing role already involves providing advice and support to families, and will usually be a:

- health visitor from birth to school age
- head teacher or deputy during primary school years
- head teacher, deputy or guidance teacher during secondary school years

## Neurodevelopmental diversity

---

A relatively new term that draws from the Essence Model (Gilbert), the autistic community and clinician experience that neuro-divergent individuals tend to present with a range of conditions such as autism, ADHD and/or specific learning difficulties such as dyslexia and dyscalculia.

Discussion around accepted terminology for this diversity is ongoing. All neurodiverse children and young people have a distinct neurodevelopmental profile and may have related mental health and wellbeing support needs.



## One good adult

---

‘One Good Adult’ refers to the importance of having a dependable adult who can support and protect the mental health and wellbeing of a child and/or a young person.

The presence of One Good Adult has been found to be a key indicator of how well a young person copes with their struggles.

## Parent and family

---

Reflecting the views captured in the Promise: Independent Care review, this framework takes a holistic view of parents and family. The term parent is used to describe adults with parenting responsibilities, and family refers to biological, kinship, adoptive, foster and others.

## Protocol-driven interventions

---

This is usually taken to mean a psychological intervention that is very clearly described to make it easy for a range of professionals to deliver in a standardised manner.

## Psychoeducation

---

The process of providing education and information about mental health and wellbeing and healthy coping to users of mental health services.

## Routine outcome measures and psychometrics

---

Routine Outcome Measures are questionnaires completed by a young person/family/therapist and are used to routinely evaluate change in an individual’s presenting difficulties, functioning and progress towards goals over the course of treatment.

## Self-care

---

Self-care refers to activities and practices that we can engage in on a regular basis to reduce stress and maintain and enhance our short- and longer-term health and wellbeing. Self-care is necessary for your effectiveness and success in both professional and personal commitments.

## Self-harm and suicide

---

Self-harm is ‘[...] any act of non-fatal self-poisoning or self-injury carried out by a person, irrespective of their motivation. This commonly involves self-poisoning with medication or self-injury by cutting. Self-harm is not used to refer to harm arising from overeating, body piercing, body tattooing, excessive consumption of alcohol or recreational drugs, starvation arising from anorexia nervosa or accidental harm to oneself.’ (NICE)

Suicides are defined as ‘deaths by intentional self-harm and deaths of undetermined intent by individuals aged 10 and over’, following the 2017 report from the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH).

## Strengths based approach

---

Strengths-based approaches focus on individuals' strengths (including personal strengths and social and community networks) and not on deficits. Strengths-based practice is holistic and multidisciplinary and works with the individual to promote their wellbeing.

## Supervision and the use of reflective practice

---

Supervision is an activity that gives professionals the opportunity to review and reflect on their clinical work. This includes talking about areas or events that might have been experienced as difficult or distressing for the professional. The person who provides supervision (the 'supervisor') will be a more senior and/or experienced professional, but some organisations also use peer supervision effectively. Supervision is distinct from line management or case management.

Reflective practice is the process by which professionals reflect on their own actions, learn from their experience and consider how to make improvements in their practice. This is part of continuous self-learning by professionals and it requires them to be self-aware and appropriately self-critical. There is evidence that this stance can improve the way care is delivered.

## Trauma

---

Trauma is a widely used term but, in this context, refers to “an event, a series of events or a set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening.” (SAMHSA). The perception (meaning) of the experience is more important than reality.

## Wellbeing Indicators

---

The Getting it right for every child (GIRFEC) approach uses 8 wellbeing indicators which help make it easier for children and families and the people working with them to discuss how a child or young person is doing at a point in time and if there is a need for support. These are: Safe; Healthy; Achieving; Nurtured; Active; Respected; Responsible; and Included.

## References

---

Child and Adolescent Mental Health Services: national service specification (Scottish Government, 2020)

<https://www.gov.scot/publications/child-adolescent-mental-health-services-camhs-nhs-scotland-national-service-specification/>

A Competency Based Curriculum for Specialist Training in Psychiatry: Specialists in Child and Adolescent Psychiatry (Royal College of Psychiatrists, 2013-18) Substance Abuse and Mental Health Services Administration (SAMHSA)

A Competence Framework for Child and Adolescent Mental Health Services (Roth AD, Calder F & Pilling S, 2011)

<https://learn.nes.nhs.scot/44058/child-and-adolescent-mental-health/camhs-competence-framework>

A Competence Framework for Multidisciplinary Psychological Approaches and Interventions in Paediatric Settings (NHS Education for Scotland, 2018)

<https://www.ucl.ac.uk/pals/research/clinical-educational-and-health-psychology/research-groups/core/competence-frameworks-13>

A Competence Framework for the Supervision of Psychological Therapies (Roth AD & Pilling S, 2015)

<https://www.ucl.ac.uk/pals/research/clinical-educational-and-health-psychology/research-groups/core/competence-frameworks-8>

Community Mental Health and Wellbeing Supports and Services Framework (Scottish Government, 2021)

<https://www.gov.scot/publications/community-mental-health-wellbeing-supports-services-framework/>

Core Competency Framework for the Protection of Children (NHS Education for Scotland, 2011)

<https://www.knowledge.scot.nhs.uk/media/5352752/child%20protection%20web%20-%20core%20competency%20framework.pdf>

Decision-Making: children and young people's participation (Scottish Government, 2020)

<https://www.gov.scot/publications/decision-making-children-and-young-peoplesparticipation/pages/participation/>

European Convention on Human Rights

[https://www.echr.coe.int/documents/convention\\_eng.pdf](https://www.echr.coe.int/documents/convention_eng.pdf)

Getting it Right for Every Child (GIRFEC)

(Scottish Government)

<https://www.gov.scot/policies/girfec/>

The ESSENCE in child psychiatry: Early Symptomatic Syndromes: Eliciting Neurodevelopmental Clinical Examinations (Gilberg C, 2010). Research in Developmental Disabilities 31(6):1543-51. doi: 10.1016/j.ridd.2010.06.002.

GIRFEC National Practice Model (Scottish Government, 2016)

<https://www.gov.scot/publications/girfec-national-practice-model/>

Mental Health Improvement & Suicide Prevention Framework: Scotland's Knowledge and Skills Framework for Mental Health Improvement, Self-Harm and Suicide Prevention (NHS Education for Scotland, 2019)

<https://learn.nes.nhs.scot/17100/mental-health-improvement-and-prevention-of-selfharm-and-suicide/mental-health-improvement-and-suicide-prevention-framework>

National Framework for Child Protection learning & development in Scotland 2012 (Scottish Government, 2012)

<https://www.webarchive.org.uk/wayback/archive/20170110053445/http://www.gov.scot/Topics/People/Young-People/protecting/child-protection/national-framework-cp-learning-2012>

The NHS Education for Scotland Autism Training Framework: Optimising Outcomes (NHS Education for Scotland, 2014)

[http://www.knowledge.scot.nhs.uk/media/12392691/sct0117216030-3%20asd%20training%20framework%20cov\\_final.pdf](http://www.knowledge.scot.nhs.uk/media/12392691/sct0117216030-3%20asd%20training%20framework%20cov_final.pdf)

Perinatal Mental Health Curricular Framework: A framework for maternal and infant mental health (NHS Education for Scotland, 2018)

<https://learn.nes.nhs.scot/10383/perinatal-and-infant-mental-health/perinatalmental-health-curricular-framework-a-framework-for-maternal-and-infantmental-health>

The Promise (Independent Care Review, 2020)

<https://www.carereview.scot/wp-content/uploads/2020/02/The-Promise.pdf>

Transforming Psychological Trauma: A Knowledge and Skills Framework for the Scottish Workforce (NHS Education for Scotland, 2017)

<https://transformingpsychologicaltrauma.scot/media/x54hw43l/nationaltraumatrainframework.pdf>

United Nations Convention on the Rights of the Child

<https://cypcs.org.uk/rights/uncrc/articles/>



## Children and Young People's Mental Health and Wellbeing: A Knowledge and Skills Framework for the Scottish Workforce

This resource may be made available, in full or summary form, in alternative formats and community languages.

Please contact us on **0131 656 3200** or email [altformats@nes.scot.nhs.uk](mailto:altformats@nes.scot.nhs.uk)