

Core competences for work with children and young people	Generic therapeutic competences	Basic competences for humanistic counselling with children and young people	Specific competences for humanistic counselling with children and young people	Metacompetences for humanistic counselling with children and young people	Working in an organisational context
Knowledge of development in children and young people and of family development and transitions Knowledge and understanding of mental health problems in children, young people and adults Professional/legal issues Knowledge of legal frameworks relating to working with children and young people Knowledge of, and ability to operate within, professional and ethical guidelines Knowledge of, and ability to work with, issues of confidentiality, consent and capacity Ability to work within and across agencies Ability to recognise and respond to concerns about child protection Ability to work in a 'culturally competent' manner Engagement & communication Ability to engage and work with children/young people, parents and carers Ability to communicate with children and young people of differing ages, developmental level and background Knowledge of psychopharmacology in work with children and young people	Knowledge of models of intervention, and their employment in practice Ability to foster and maintain a good therapeutic alliance, and to grasp the client's perspective and 'world view' Ability to work with the emotional content of the session Ability to manage endings and service transitions Ability to work with groups of children, young people and/or parents/carers Ability to make use of measures (including monitoring of outcomes) Ability to make use of supervision Assessment competences Ability to conduct a collaborative assessment Ability to conduct a collaborative assessment with younger clients and their parents/carers Ability to conduct a risk assessment	Knowledge of the basic assumptions and principles of humanistic counselling Ability to initiate therapeutic relationships Ability to explain and demonstrate the rationale for humanistic approaches to therapy Ability to establish and agree a therapeutic focus/goals Ability to develop a contract for the therapeutic work Ability to maintain and develop therapeutic relationships Ability to experience and communicate empathy Ability to experience and to communicate a fundamentally accepting attitude to children and young people Ability to maintain authenticity in the counselling relationship Ability to conclude counselling relationships	Approaches to working with, and making sense of, emotions Ability to help children and young people to access and express emotions Ability to help children and young people articulate emotions Ability to help children and young people reflect on emotions and develop new understandings Ability to help children and young people make sense of experiences that are confusing and distressing Ability to use creative methods and resources to help children and young people express, reflect upon, and make sense of their experiences Play in Therapy	Working with the whole person Capacity to balance therapeutic tasks Integrating the counsellor's experience into the therapeutic relationship Working with complex relational issues Working in the organisational context	Ability to work within a school context Ability to promote emotional health in schools Ability to work within a voluntary and community ('third') sector context Ability to use additional therapeutic interventions Ability to use self-help materials for a range of problems Ability to use applied relaxation Online and phone therapy (OPT) with children and young people

Competences for work with children and young people (4–18 years)

Core competences for work with children and young people

1. Knowledge of development in children and young people and of family development and transitions

1.1 Knowledge of child and adolescent development

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

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

Attachment

i.	An ability to draw on knowledge of attachment theory and its implications for:
a.	child and adolescent development, via the concept of internal working models and the links between attachment status (i.e., secure vs. insecure), cognitive, emotional and social development
b.	the development of parent/carer-child, sibling and peer relationships
c.	the development of emotional wellbeing, self-regulation, mental health and mental health problems
d.	the development of resilience (i.e., the ability to cope with stressful and adverse experiences, including difficult interpersonal experiences)
e.	children and young people who are adopted or looked after

Influence of parent/carer

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

Play activities

ix.	An ability to draw on knowledge of the importance of play for all aspects of social, cognitive and emotional development
x.	An ability to assess whether a child or adolescent's level and type of play is broadly normative for their age group
xi.	An ability to draw on knowledge about effective ways of stimulating play activity in children and young people (e.g., by providing them with appropriate materials, and by descriptive commenting)
xii.	An ability to draw on knowledge of the value of child/young person-led rather than adult-led play activity
xiii.	An ability to draw on knowledge of the positive and negative impacts of electronic media on child and adolescent development

1.3 Family development

i.	An ability to draw on knowledge that the child/young person and their family needs to be viewed in a number of different contexts including:
	a. their family and other significant relationships
	b. their social and community setting
	c. the professional network(s) involved with them
	d. their cultural setting
	e. the socio-political environment
ii.	An ability to draw on knowledge of different family structures and compositions
iii.	An ability to draw on knowledge of the family lifecycle and the ways this varies across social contexts and cultures, so as to understand the developmental tasks of specific families
iv.	An ability to draw on knowledge of the potential impact of significant family transitions both on the child/young person and their family (e.g., birth of new family member, starting school, bereavement, moving home, divorce, separation, step-families)
v.	An ability to draw on knowledge of the potential impact on families of social adversity (loss, abuse, social change, socio-economic disadvantage, health inequality)

1.4. Knowledge of the external environment and its interaction with child/adolescent development

i.	An ability to draw on knowledge of the challenges and positive opportunities the external environment can present for children and young people										
ii.	An ability to draw on knowledge of the impact of the school or college environment including: <table> <tr> <td>a.</td><td>the statutory requirement to attend school or college and the subsequent demands of the institution (e.g., having to wear a school uniform, and enforced attendance in particular curriculum areas) and the impact on the child/young person as a result of these limits to autonomy</td></tr> <tr> <td>b.</td><td>the effects of summative or continuous assessment through modular work or examinations and the impact this can have on emotional wellbeing</td></tr> <tr> <td>c.</td><td>the sense of achievement in acquiring new knowledge and skills</td></tr> </table>	a.	the statutory requirement to attend school or college and the subsequent demands of the institution (e.g., having to wear a school uniform, and enforced attendance in particular curriculum areas) and the impact on the child/young person as a result of these limits to autonomy	b.	the effects of summative or continuous assessment through modular work or examinations and the impact this can have on emotional wellbeing	c.	the sense of achievement in acquiring new knowledge and skills				
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c.	the sense of achievement in acquiring new knowledge and skills										
iii.	An ability to draw on knowledge of the challenges of school transitions in early and primary school years including: <table> <tr> <td>a.</td><td>the impact of transition and loss on the child</td></tr> <tr> <td>b.</td><td>the sense of 'powerlessness' that the child may be experiencing in the face of external change</td></tr> <tr> <td>c.</td><td>the difficulties that the child may experience in adapting to change (e.g. anxiety, fear of the unknown)</td></tr> </table>	a.	the impact of transition and loss on the child	b.	the sense of 'powerlessness' that the child may be experiencing in the face of external change	c.	the difficulties that the child may experience in adapting to change (e.g. anxiety, fear of the unknown)				
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iv.	An ability to draw on knowledge of the challenges of a becoming a working-aged adult following attendance at school including: <table> <tr> <td>a.</td><td>new and unfamiliar levels of autonomy</td></tr> <tr> <td>b.</td><td>new relationships with adults as workforce peers or managers</td></tr> <tr> <td>c.</td><td>an increasing sense of independence</td></tr> <tr> <td>d.</td><td>the need to behave in an adult and professional manner</td></tr> <tr> <td>e.</td><td>the implications of forthcoming employment or unemployment</td></tr> </table>	a.	new and unfamiliar levels of autonomy	b.	new relationships with adults as workforce peers or managers	c.	an increasing sense of independence	d.	the need to behave in an adult and professional manner	e.	the implications of forthcoming employment or unemployment
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v.	An ability to draw on knowledge of the impact of peer relationships including: <table> <tr> <td>a.</td><td>inclusion or exclusion in various peer groupings and gangs</td></tr> <tr> <td>b.</td><td>involvement in risk-taking behaviours, such as smoking, sniffing, alcohol, drugs, promiscuity</td></tr> <tr> <td>c.</td><td>involvement in antisocial behaviours, such as joyriding, shoplifting, vandalism, intimidation of others</td></tr> <tr> <td>d.</td><td>the experience of peer support and a growing sense of individual identity</td></tr> </table>	a.	inclusion or exclusion in various peer groupings and gangs	b.	involvement in risk-taking behaviours, such as smoking, sniffing, alcohol, drugs, promiscuity	c.	involvement in antisocial behaviours, such as joyriding, shoplifting, vandalism, intimidation of others	d.	the experience of peer support and a growing sense of individual identity		
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d.	the experience of peer support and a growing sense of individual identity										
vi.	An ability to draw on knowledge of social development and how children learn to develop relationships and peer groups, and the impact this can have.										

2. Knowledge and understanding of mental health problems in children, young people and adults

i.	An ability to draw on knowledge of factors that promote wellbeing and emotional resilience (e.g., good physical health, high self-esteem, secure attachment to caregiver, higher levels of social support)
ii.	An ability to draw on knowledge of the range of mental health and neuro-developmental conditions and how these emerge and present in children, young people and adults
iii.	An ability to draw on knowledge of the influence of normal child development and developmental psychopathology on the ways in which mental health difficulties present (e.g., younger children may somatise or act out (rather than verbalise) emotional difficulties)
iv.	An ability to draw on knowledge of the social, psychological, family and biological factors associated with the development and maintenance of mental health problems
v.	An ability to draw on knowledge of the diagnostic criteria for child and adolescent mental health conditions specified in the main classification systems (i.e., the Diagnostic and Statistical Manual (DSM) or the International Classification of Diseases (ICD))
vi.	An ability to draw on knowledge of the incidence and prevalence of mental health presentations across different cultures/ethnicities/social classes
vii.	An ability to draw on knowledge of problems which commonly co-occur with the mental health presentation
viii.	An ability to draw on knowledge of the ways in which mental health problems can impact on functioning and individual development (e.g., maintaining intimate, family and social relationships, or the capacity to maintain employment and study)
	an ability to draw on knowledge of the ways in which the mental health problems of children and young people can impact on family functioning
ix.	An ability to draw on knowledge of the ways in which mental health problems can manifest interpersonally, so as to avoid escalating or compounding difficult or problematic behaviour that is directly attributable to the client's mental health condition

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

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| i. | An ability to draw on knowledge that counselling work with children and young people is underpinned by a legal framework |
| ii. | An ability to draw on knowledge that the sources and details of child law vary across the four home nations of the UK <ul style="list-style-type: none"> • an ability to draw on knowledge of the relevant legislation and policies that apply to the settings in which interventions take place |

3.1 Capacity and informed consent

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

3.2 Parental rights and responsibilities

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| i. | An ability to draw on knowledge of the principles of the relevant legislation relating to parental/carer rights and responsibilities |
| ii. | An ability to draw on knowledge of the principles of the relevant legislation relating to working with children and young people who are adopted or 'looked after' |

3.3 Participation

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

3.4 Child protection

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| i. | An ability to draw on knowledge of contractual obligations, legislation and guidance which relate to the protection of children and young people |
| ii. | An ability to draw on knowledge of the legal position regarding the physical punishment of children and young people |

3.5 Mental health

An ability to draw on knowledge of mental health legislation

3.6 Education

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

3.7 Data protection

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

3.8 Equality

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

Sources/web links

Capacity and consent

Age of Legal Capacity (Scotland) Act 1991 at: <http://www.opsi.gov.uk/legislation/uk>

British Medical Association (2001) *Consent, Rights and Choices in Health Care for Children and Young People*. London: BMJ Publishing Group

Department for Constitutional Affairs (2007) Mental Capacity Act (2005): Code of Practice at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/497253/Mental-capacity-act-code-of-practice.pdf

Mental Capacity Act in England and Wales (2005) at: <https://www.legislation.gov.uk/ukpga/2005/9/contents>

NSPCC (2009) Gillick competency and Fraser guidelines: http://www.nspcc.org.uk/inform/research/questions/gillick_wda61289.html

Gillick competency (England, Wales and Northern Ireland): Gillick v West Norfolk and Wisbech Area Health Authority and another (1985) at: http://www.hrcr.org/safrica/childrens_rights/Gillick_WestNorfolk.htm

Confidentiality

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

Parental Rights and Responsibilities

Children Scotland Act 1995 at: <http://www.opsi.gov.uk/legislation/uk>

The Parental Responsibilities and Parental Rights Agreement (Scotland) Amendment Regulations 2009 at: <http://www.legislation.gov.uk/ssi/2009/191/made?view=plain>

Competences for work with children and young people (4–18 years)

Core competences for work with children and young people

Participation

Children Scotland Act 1995 at: <http://www.opsi.gov.uk/legislation/uk>

Department for Education (2010) The United Nations Convention on the Rights of the Child: How legislation underpins implementation in England at: <https://www.gov.uk/government/publications/united-nations-convention-on-the-rights-of-the-child-uncrc-how-legislation-underpins-implementation-in-england>

UN Convention on the Rights of Children at: <http://www.unicef.org/crc/>

UNICEF (2008) *Implementation Handbook for the Convention on the Rights of the Child*, 3rd revised edition

Child protection

Children Acts (1989 and 2004 England and 1995 and 2014 Scotland) at: <http://www.opsi.gov.uk/legislation/uk>

Criminal Justice (Scotland) Act 2003 at: <http://www.opsi.gov.uk/legislation/uk>

Department for Education (2018) *Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers* at: <https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>

NSPCC (2017) *Physical abuse: Legislation, policy and guidance* at: <https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/physical-abuse/legislation-policy-guidance>

The Scottish Government (2008) *The guide to getting it right for every child (GIRFEC)* at: <http://www.gov.scot/resource/doc/238985/0065813.pdf>

Department for Education (2018) *Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children* at: <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

Mental Health Legislation

Mental Health Act for England and Wales (1983, 1995 and 2007) at: <http://www.opsi.gov.uk/legislation/uk>

Mental Health Act (1983): an outline guide at: http://www.mind.org.uk/help/rights_and_legislation/mental_health_act_1983_an_outline_guide

The Mental Health (Care and Treatment) (Scotland) Act 2003 at: <https://www.legislation.gov.uk/asp/2003/13/contents>

The Mental Capacity Act (England/Wales) (2005) at: <http://www.opsi.gov.uk/legislation/uk>

The Scottish Government (2005) *The New Mental Health Act: What's it all about? A short introduction* at: <http://www.scotland.gov.uk/Publications/2005/07/22145851/58527>

Mental Welfare Commission for Scotland: About mental health law at: <http://www.mwcscot.org.uk/the-law>

National Institute for Mental Health in England (2009) *The legal aspects of the care and treatment of children and young people with mental disorder: A guide for professionals*

NHS Education for Scotland (2010) Learning Resource: Mental Health (Care and Treatment) (Scotland) Act 2003 at: http://www.nes.scot.nhs.uk/media/846015/interactive_mh_act_resource_apr_11_.pdf

Education

Education Additional Support for Learning (Scotland) Act 2004 at: <http://www.opsi.gov.uk/legislation/uk>

Education Act (England) (1996, 2002) at: <http://www.opsi.gov.uk/legislation/uk>

Special educational needs changes to the law (England) (2007) at: http://www.legislation.gov.uk/ukxi/2007/1860/pdfs/ukxi_20071860_en.pdf

Data protection

Data Protection Act 2018 at: <http://www.opsi.gov.uk/legislation/uk>

Information Commissioners Office (2018). *Guide to the General Data Protection Regulation (GDPR)* at: <https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/>

Human Rights Act 1998 at: <http://www.opsi.gov.uk/legislation/uk>

Equality

The Equality Act 2010 at: <http://www.opsi.gov.uk/legislation/uk>

Human rights

Equality and Human Rights Commission. Equality Act guidance at: <https://www.equalityhumanrights.com/en/advice-and-guidance/equality-act-guidance>

General texts

British Association for Counselling and Psychotherapy (2018) Good Practice in Action Legal Resource 105, *The General Data Protection Regulation (GDPR) legal principles and practice notes for the counselling professions*

HM Treasury (2003) *Every Child Matters* at: <https://www.gov.uk/government/publications/every-child-matters>

Little, M. (2010) The law concerning services for children with social and psychological problems. In: M. Rutter, D. Bishop, D. Pine, S. Scott, J.S. Stephenson, E.A. Taylor & A. Thapar, *Rutter's Child and Adolescent Psychiatry*, 5th ed. Oxford: Blackwell

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

Counsellors working with children and/or young people may be members of different professional bodies and hence subject to different codes of practice and ethics, many of which have common elements. The following competences have been extracted from the standards set out by the Health Professions Council and a number of profession-specific codes, including those of clinical psychology and the British Association for Counselling and Psychotherapy.

i.	An ability to draw on knowledge that ethical and professional guidance represents a set of principles that need to be interpreted and applied to unique clinical situations
ii.	An ability to draw on knowledge of mental health legislation relevant to professional practice
iii.	An ability to draw on knowledge of the relevant codes of ethics and conduct that apply to all professionals, and to the profession of which the counsellor is a member
iv.	An ability to draw on knowledge of local and national policies in relation to:
	a. confidentiality and consent
	b. child protection
	c. data protection

4.1 Knowledge of ethical principles

i.	An ability to draw on knowledge that ethical practice is informed by a number of key principles:
	a. confidentiality and consent
	b. that counsellors should respect clients' rights to be autonomous and self-directed
	c. that counsellors act in the best interests of clients in order to promote their wellbeing
	d. that counsellors should strive to mitigate any harm being caused to the client
	e. that counsellors are committed to the fair and impartial treatment of all clients and the provision of equitable services
	f. that counsellors take steps to enhance their personal and professional wellbeing in order to maintain personal effectiveness
ii.	An ability to draw on knowledge that therapeutic work may confront counsellors with conflicts of ethical principles and in such circumstances clinical supervision should be used to resolve these

4.2 Ability to self-monitor levels of competence

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|-----|---|----|---|----|---|
| i. | An ability for professionals to recognise the boundaries of their own competence and not attempt to practise an intervention for which they do not have appropriate training or (where applicable) specialist qualification | | | | |
| ii. | An ability for professionals to recognise the limits of their competence, and at such points: <table border="1"> <tr> <td>a.</td> <td>an ability to refer to colleagues or services with the appropriate level of training and/or skill</td> </tr> <tr> <td>b.</td> <td>an ability for professionals to inform service users when the task moves beyond their competence in a manner that maintains their confidence and engagement with services</td> </tr> </table> | a. | an ability to refer to colleagues or services with the appropriate level of training and/or skill | b. | an ability for professionals to inform service users when the task moves beyond their competence in a manner that maintains their confidence and engagement with services |
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4.3 Ability to identify and minimise the potential for harm

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|------|--|----|--|----|--|----|--|
| i. | An ability to respond promptly when there is evidence that the actions of a colleague put a service user, or another colleague, at risk of harm by: <table border="1"> <tr> <td>a.</td> <td>acting immediately to correct the situation, if this is possible</td> </tr> <tr> <td>b.</td> <td>reporting the incident to the relevant authorities</td> </tr> <tr> <td>c.</td> <td>cooperating with internal and external investigators</td> </tr> </table> | a. | acting immediately to correct the situation, if this is possible | b. | reporting the incident to the relevant authorities | c. | cooperating with internal and external investigators |
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| b. | reporting the incident to the relevant authorities | | | | | | |
| c. | cooperating with internal and external investigators | | | | | | |
| ii. | When supervising colleagues, an ability to take reasonable steps to ensure that supervisees recognise the limits of their competence and do not attempt to practise beyond them | | | | | | |
| iii. | An ability to consult or collaborate with other professionals when additional information or expertise is required | | | | | | |

4.4 Ability to gain consent from service users

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|------|---|----|---|----|--|----|--|
| i. | An ability to help children and young people make an informed choice about a proposed therapeutic intervention by setting out its benefits and its risks, along with providing this information in relation to any alternative interventions | | | | | | |
| ii. | An ability to ensure that the child/young person grants explicit consent to proceeding with an intervention | | | | | | |
| iii. | An ability to assess whether children/young people under 16 years have the capacity to give consent using the Gillick criteria | | | | | | |
| iv. | An ability to gain consent from the person with parental responsibility if a child/young person is assessed as lacking the capacity to give consent | | | | | | |
| v. | In the event of consent being declined or withdrawn, and where the nature of their presentation means intervention in the absence of consent is not warranted, an ability to respect the child/young person's right to make this decision | | | | | | |
| vi. | In the cases where an individual withholds consent but the nature of their presentation warrants an immediate intervention: <table border="1"> <tr> <td>a.</td> <td>an ability to evaluate the risk of the intervention and, where appropriate, proceed as required</td> </tr> <tr> <td>b.</td> <td>an ability to attempt to obtain consent, although this may not be possible</td> </tr> <tr> <td>c.</td> <td>an ability to ensure the child/young person is fully safeguarded</td> </tr> </table> | a. | an ability to evaluate the risk of the intervention and, where appropriate, proceed as required | b. | an ability to attempt to obtain consent, although this may not be possible | c. | an ability to ensure the child/young person is fully safeguarded |
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| b. | an ability to attempt to obtain consent, although this may not be possible | | | | | | |
| c. | an ability to ensure the child/young person is fully safeguarded | | | | | | |

4.5 Ability to maintain confidentiality

i.	An ability to ensure that information about service users is treated as confidential and used only for the purposes for which it was provided
ii.	When communicating with other parties:
	a. an ability to identify the parties with whom it is appropriate to communicate
	b. an ability to restrict information to that needed in order to act appropriately
iii.	An ability to manage requests for information that are inappropriate (e.g., from estranged family members)
iv.	An ability to ensure that clients are informed when and with whom their information may be shared
v.	An ability to restrict the use of personal data:
	a. for the purpose of caring for the child/young person
	b. to those tasks for which permission has been given by the child/young person
vi.	An ability to ensure that data is stored and managed in line with the provisions of data protection legislation (i.e. GDPR, 2018)

4.6 Ability to maintain appropriate standards of conduct

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

4.7 Ability to maintain standards of competence

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

4.8 Record keeping

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

4.9 Ability to communicate

- | | |
|-------------|---|
| i. | An ability to communicate clearly and effectively with service users, parents/carers and other practitioners and services |
| ii. | An ability to share knowledge and expertise with professional colleagues for the benefit of the service user |
| iii. | When delegating tasks, an ability to ensure that these are: |
| | a. delegated to individuals with the necessary level of competence and experience to complete the task safely, effectively and to a satisfactory level |
| | b. completed to the necessary standard by monitoring progress and outcome |
| iv. | An ability to provide appropriate supervision to the individual to whom the task has been delegated |
| v. | An ability to respect the decision of any individual who feels they are unable to fulfil the delegated task through lack of skill or competence |

4.10 Ability to advocate for service users

i.	An ability to work with others to promote the health and wellbeing of service users, their families and carers in the wider community by, for example:
	a. listening to the concerns of service users
	b. involving service users in planning their intervention
	c. maintaining communication with others involved in their care
ii.	An ability to draw on knowledge of local services to advocate for the client in relation to access to health and social care, information and services
iii.	An ability to respond to a child/young person's complaint about their care in a prompt, open and constructive fashion (including an ability to offer an explanation and, if appropriate, an apology, and/or to follow local complaints procedures)
	an ability to ensure that any subsequent care is not delayed or adversely affected by the complaint or complaint procedure

Sources

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

5.1 Knowledge of policies and legislation

- | | |
|------|---|
| i. | An ability to draw on knowledge of local policies on confidentiality and information sharing both within the setting and between different agencies |
| ii. | An ability to draw on knowledge of the principles of the relevant legislation relating to age of legal capacity |
| iii. | An ability to draw on knowledge of the principles of the relevant legislation relating to parental/carer rights and responsibilities |
| iv. | An ability to draw on knowledge of national and local child protection standards, policies and procedures |

5.2 Knowledge of legal definitions of consent to an intervention

- | | | | | | | | |
|-----|---|----|--|----|----------------------------------|----|---|
| i. | An ability to draw on knowledge that valid legal consent to an intervention is composed of three elements: | | | | | | |
| | <table border="1"> <tr> <td>a.</td> <td>the person being invited to give consent must be capable of consenting (legally competent)</td> </tr> <tr> <td>b.</td> <td>the consent must be freely given</td> </tr> <tr> <td>c.</td> <td>the person consenting must be suitably informed</td> </tr> </table> | a. | the person being invited to give consent must be capable of consenting (legally competent) | b. | the consent must be freely given | c. | the person consenting must be suitably informed |
| a. | the person being invited to give consent must be capable of consenting (legally competent) | | | | | | |
| b. | the consent must be freely given | | | | | | |
| c. | the person consenting must be suitably informed | | | | | | |
| ii. | An ability to draw on knowledge that individuals have a right to withdraw or limit consent at any time | | | | | | |

5.3 Knowledge of capacity

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|---|--|
| An ability to draw on knowledge relevant to the capacity of individuals to give consent to an intervention: | |
| a. | that young people aged 16 or over are presumed to have capacity to give or withhold consent, unless there is evidence to the contrary |
| b. | that a child under 16, who is able to understand and make their own decisions, is able to give or refuse consent |
| c. | that the capacity to give consent is a 'functional test' and is not dependent on age: |
| | <ul style="list-style-type: none"> that a child with sufficient capacity and intelligence to understand the nature and consequences of what is proposed is deemed competent to give consent |

5.4 Knowledge of parental rights and responsibilities

An ability to draw on knowledge that if a child/young person is judged to be unable to consent to an intervention, consent can be sought from a carer with parental rights and responsibilities

- an ability to seek legal advice about specific circumstances when consent can be accepted from a person who has care or control of the child/young person, but who does not have parental rights or responsibilities

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

- i. An ability to give children/young people and their parents/carers the information they need to decide whether to proceed with an intervention, for example:
 - a. what the intervention involves
 - b. the potential benefits and risks of the proposed intervention
 - c. what alternatives are available to them
- ii. An ability to convey information relevant to decision-making in a form which is developmentally and age appropriate to the child/young person, for example:
 - a. using language which is developmentally appropriate
 - b. using pictures, toys and play activity, where appropriate
 - c. offering information at a pace matched to the child's needs
- iii. An ability to use an interpreter where the child/young person or parent/carer's first language is not that used by the practitioner and their language skills indicate that this is necessary
- iv. Where children and young people have a disability, an ability to ensure that information is provided in an accessible form (e.g., using an interpreter for children with hearing impairments)
- v. An ability to invite and to actively respond to questions regarding the proposed intervention
- vi. An ability to address any concerns or fears regarding the proposed intervention
- vii. An ability to draw on knowledge that a child/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 (e.g., a child/young person may be judged able to consent to relaxation training but not an admission to an inpatient unit)
- viii. An ability to draw on knowledge that even where consent has been granted it is usual to revisit this issue when introducing specific aspects of an assessment or intervention
- ix. Where a child/young person cannot consent, an ability to gain consent from one person with parental responsibility on behalf of the child/young person
 - where consent is gained on behalf of the child/young person, an ability to seek the child/young person's views as far as possible

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| x. | Where a child/young person is able to give informed consent, an ability to consider their consent or refusal where a parent/carer disagrees with their view: |
| a. | an ability to negotiate or problem solve with all parties to identify whether it is possible to reach an agreement |
| b. | where withdrawal of consent has implications for the child/young person's welfare, and an ability to seek and follow through legal advice |

5.6 Ability to draw on knowledge of confidentiality and information sharing

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| i. | An ability to draw on knowledge that a duty of confidentiality is owed: |
| a. | to the child/young person and family members/carers to whom the information relates |
| b. | to individuals who have provided information on the understanding it is to be kept confidential |
| ii. | An ability to draw on knowledge that children and young people under the age of 16 who are deemed capable of giving consent have the same right to confidentiality as an adult |
| iii. | An ability to draw on knowledge that confidence is breached where the sharing of confidential information is not authorised by those individuals who provided it or to whom it relates |
| iv. | An ability to draw on knowledge that there is no breach of confidence if: |
| a. | information was provided on the understanding that it would be shared with a limited range of people or for limited purposes, and information has been shared in accordance with that understanding |
| b. | there is explicit consent to the sharing |
| v. | An ability to maintain the child/young person's right to confidentiality even when a parent/carer or other professional requests information |
| vi. | An ability to draw on knowledge that it is appropriate to breach confidentiality when withholding information could: |
| a. | place a person (children and young people, family members, the therapist, or a third party) at risk of significant harm |
| b. | prejudice the prevention, detection or prosecution of a serious crime |
| c. | lead to an unjustified delay in making enquiries about allegations of significant harm to a child/young person or an adult |

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

i.	An ability to explain to children and young people, parents/carers and professionals the limits of confidentiality and circumstances in which it may be breached, for example when a child/young person is considered to be at risk
ii.	An ability to inform children and young people and parents/carers about their service's policy on how information will be shared (e.g., the ways information about counselling will be shared with school staff referrers and other agencies as relevant) and to seek their consent
iii.	An ability to discuss with the child/young person what information from individual sessions can be shared with their parent/carer
iv.	An ability to seek consent to share information again if:
a.	there is significant change in the way the information is to be used
b.	there is a change in the relationship between the agency and the individual
c.	there is a need for a referral to another agency that may provide further assessment or intervention
v.	An ability to draw on knowledge that the safeguarding needs of a child/young person take precedence over issues of consent and confidentiality (e.g., it may not always be necessary to seek consent or inform the family about a referral to a child protection agency if to do so might increase risk to the child/young person)

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

i.	An ability to gauge the child/young person's capacity to give consent by assessing whether they:
a.	have a reasonable understanding of what information might be shared, the main reason(s) for sharing it and the implications of sharing or not sharing the information
b.	appreciate and can consider the alternative courses of action open to them
c.	express a clear personal view on the matter (as distinct from repeating what someone else thinks they should do)
d.	are reasonably consistent in their view on the matter (i.e., are not changing their mind frequently)

5.9 Ability to share information appropriately and securely

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| i. | An ability to ensure that when decisions are made to share information the practitioner draws on knowledge of information sharing and guidance at national and local level, and: |
| | a. shares it only with the person or people who need to know |
| | b. ensures that it is necessary for the purposes for which it is being shared |
| | c. checks that it is accurate and up to date |
| | d. distinguishes fact from opinion |
| | e. understands the limits of any consent given (especially if the information has been provided by a third party) |
| | f. establishes whether the recipient intends to pass it on to other people, and ensures the recipient understands the limits of any consent that has been given |
| | g. ensures that the person to whom the information relates (or the person who provided the information) is informed that you are sharing information, where it is safe to do so |
| ii. | An ability to ensure that information is shared in a secure way and in line with agency, school and/or local authority policies |

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6. Ability to work within and across agencies

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

6.1 Knowledge of the rationale for interagency working

i.	An ability to draw on knowledge that the principal reason for interagency working is when there are indications that working in this way will benefit the welfare of the child/young person
	an ability to determine when work across agencies is an appropriate response to the needs of the child/young person
ii.	An ability to draw on knowledge of the importance of collaborating:
	a. with agencies who are already involved with the care of a child/young person and their family/carers
	b. with agencies whose involvement is important or critical to the welfare and wellbeing of the child/young person and their family/carers
iii.	An ability to draw on knowledge of the benefits of communicating with colleagues from other agencies at an early stage, before problems have developed further

6.2 Knowledge of the responsibilities of other professionals/agencies

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

6.3 Knowledge of local policies and of relevant legislation

i.	An ability to draw on knowledge of local policies on confidentiality and information sharing both within the organisation and between different agencies
ii.	An ability to draw on knowledge of national and local child protection standards, policies and procedures
iii.	An ability to draw on knowledge of national and local policies and procedures regarding the assessment and management of risk
iv.	An ability to draw on knowledge of local procedures when clients fail to attend appointments

6.4 Knowledge of inter-agency procedures

i.	An ability to draw on knowledge of procedures for raising concerns when a child/young person is at risk of harm or there are indicators that they are not achieving their potential (e.g., in educational or emotional/social domains), including:
	a. procedures for making a referral to other services
	b. procedures for sharing concerns with other services and professionals
	c. procedures for sharing concerns with a Designated Child Protection Teacher/child protection lead
ii.	An ability to draw on knowledge of common assessment procedures designed to achieve a holistic assessment of the child/young person (e.g., Integrated Assessment Framework (IAF), Local Assessment Processes)
iii.	An ability to draw on knowledge of common recording procedures across agencies (e.g., shared IT systems/databases)

6.5 Information sharing

i.	An ability to judge on a case-by-case basis the benefits and risks of sharing information against the benefits and risks of not sharing information
ii.	An ability to discuss issues of consent and confidentiality with the child/young person and their family/carers*:
	a. in relation to sharing information with other professionals/agencies
	b. to secure and record their consent to share information
iii.	An ability to draw on knowledge of when it is appropriate to share information without the consent of the child/young person or family/carer
iv.	An ability to collate relevant information gathered from others and enter this into the paper or electronic record
v.	An ability to evaluate information received from others, including:
	a. distinguishing observation from opinion
	b. identifying any significant gaps in information
vi.	An ability to share relevant information with the appropriate agencies (based on the principle of a 'need to know')
	• an ability to assess when sharing of information is not necessary and/or when requests for sharing information should be refused
vii.	An ability to ensure that information sharing is necessary, proportionate, relevant, accurate, timely and secure
viii.	An ability to record what has been shared, with whom and for what purpose
ix.	An ability to seek advice when in doubt about sharing information

* detailed consideration of consent and confidentiality can be found in the relevant section of the competence framework

6.6 Communication with other agencies/professionals

i.	An ability to assure effective communication with other professionals/agencies by:
	a. ensuring that their perspectives and concerns are listened to
	b. ensuring that one's own perspective and concerns are listened to
	c. explicitly acknowledging those areas where there are common perspectives and concerns, and where there are differences
	d. where there are differences in perspective or concern, identifying and acting on any implications for the delivery of an effective intervention
ii.	An ability to provide timely written and oral communication:
	an ability to hold in mind the fact that professional terms, abbreviations and acronyms may not be understood or interpreted in the same way by workers from different agencies
iii.	An ability to identify potential barriers to effective communication, and where possible to develop strategies to overcome these

6.7 Coordinating work with other agencies

i.	An ability to contribute to interagency meetings at which work across agencies is planned and coordinated*
ii.	An ability to negotiate aims, objectives and timeframes for each agency's assessment and/or intervention
iii.	An ability to explain to other professionals:
	a. the counselling approach being used b. any assumptions that are made by the approach, and that may not be obvious to, or shared with, workers in other agencies
iv.	An ability regularly to review the outcomes for the child/young person in relation to specified objectives

*detailed in the *Ability to recognise and respond to concerns about child protection* section of this framework

6.8 Recognising challenges to interagency working

i.	An ability to recognise when effective interagency working is compromised and to identify the reasons for this, for example:
	a. institutional/systemic factors (such as power differentials or struggles for dominance of one agency over another)
	b. conflicts of interest
	c. lack of trust between professionals (especially where this reflects the 'legacy' of previous contacts)
	d. lack of clarity about who takes responsibility in each agency
ii.	An ability to recognise when another agency has failed to respond appropriately to a request, referral or concern, and to address this directly
iii.	An ability to recognise when one is at risk of working beyond the boundaries of one's professional reach

Sources

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

Safeguarding and child protection competences are not 'standalone' competencies and should be read as part of the Competence framework for counselling children and young people (4-18 years).

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

7.1 Knowledge of policies and legislation

i.	An ability to draw on knowledge of national and local child protection standards, policies and procedures
ii.	An ability to draw on knowledge of contractual obligations, legislation and guidance which relate to the protection of children
iii.	An ability to draw on knowledge of the legal position regarding the physical punishment of children
iv.	An ability to draw on knowledge of local policies and protocols regarding:
	a. confidentiality and information sharing
	b. recording of information about children, young people and their families
v.	An ability to draw on knowledge of the statutory responsibilities of adults (e.g., parents/carers, school staff) to keep children and young people safe from harm
vi.	An ability to draw on knowledge that staff are responsible for acting on concerns about a child/young person even if the child/young person is not their client

7.2 Knowledge of child protection principles

i.	An ability to draw on knowledge of child protection principles applicable to the setting
ii.	An ability to draw on knowledge of the benefits of early identification of at-risk children, young people and families who can then receive appropriate and timely, preventative and therapeutic interventions
iii.	An ability to draw on knowledge of the importance of maintaining a child/young person-centred approach which ensures a consistent focus on the welfare of the child/young person and on their feelings and viewpoints
iv.	An ability to draw on knowledge that assessment and intervention processes should be continuously reviewed, and should be timed, and tailored to the individual needs of the child/young person and family

7.3 Ability to contribute to a holistic assessment of the child/young person's and family's needs

i.	An ability to contribute to a child/young person-centred and holistic approach to the assessment of risks which includes consideration of:
	a. the child/young person's developmental needs and the parents'/caregivers' capacity to respond to these needs
	b. the child/young person and caregiver 'context' (including family, community, culture, educational setting)
	c. strengths and challenges within the child/young person, their family and the context in which they live
ii.	An ability to use knowledge of child and family development* and wellbeing indicators as a frame of reference to inform judgements about any areas of concern (e.g., indicators of parental neglect or failure to thrive)

*detailed in the section of the framework regarding child/young person and family development and transitions

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

i.	An ability to draw on knowledge of the concept of significant harm:
	a threshold that justifies intervention in family life in the best interests of children and young people
ii.	An ability to draw on knowledge that there are no absolute criteria for significant harm, but that this is based on consideration of:
	a. the degree and the extent of physical harm
	b. the duration and frequency of abuse and neglect
	c. the extent of premeditation
	d. the presence or degree of threat
	e. the actual, or potential, impact on the child/young person's health/development/welfare
iii.	An ability to draw on knowledge that significant harm can be indicated both by a 'one-off' incident, a series of 'minor' incidents, or as a result of an accumulation of concerns over a period of time

iv. An ability to draw on knowledge of areas in which abuse and neglect are manifested:	
a.	physical abuse
b.	emotional abuse • persistent emotional maltreatment which is likely to impact on the child/young person's emotional development
c.	sexual abuse: the abuse of children and young people through sexual exploitation, which includes: • penetrative and non-penetrative sexual contact • non-contact activities (e.g., watching sexual activities or encouraging children to behave in sexually inappropriate ways)
d.	neglect: usually defined as an omission of care by a child/young person's parent/carer (often due to unmet needs of their own) • persistent failure to meet a child/young person's basic physical and/or psychological needs
e.	non-organic failure to thrive • children who significantly fail to reach normal growth and developmental milestones, and where physical and genetic reasons for this delay have been medically eliminated
v. An ability to draw on knowledge of the prevalence of abuse and neglect	
vi. An ability to draw on knowledge of the short- and long-term effects of abuse and neglect including their cumulative effects	
vii. An ability to draw on knowledge that (while offering support and services to parents of abused children) the needs of the child/young person are primary	

7.5 Ability to recognise possible signs of abuse and neglect

i. An ability to recognise behaviours shown by children and young people that may be indicators of abuse or neglect, and which may require further investigation, for example:	
a.	children and young people who appear to be frightened of the parent
b.	children and young people who act in a way that is inappropriate to their age and development
ii. An ability to recognise possible signs of physical abuse, for example:	
a.	explanations which are inconsistent with an injury, or an unexplained delay in seeking treatment
b.	parents who seem uninterested or undisturbed by an accident or injury
c.	repeated or multiple bruising on sites unlikely to be injured as a consequence of everyday activity/accidents (e.g., on the head, around the face, or away from bony parts of the body such as knees and elbows)
d.	bite marks which may be of human, adult origin

iii.	An ability to recognise possible signs of emotional abuse, for example:
a.	indicators of serious attachment problems between parent and child/young person (e.g., anxious, indiscriminate or no attachment)
b.	markedly aggressive or appeasing behaviour towards others
c.	indicators of serious scapegoating within the family
d.	indicators of low self-esteem and lack of confidence
e.	marked difficulties in relating to others
iv.	An ability to recognise possible behavioural signs of sexual abuse, for example:
a.	inappropriate sexualised conduct (e.g., sexually explicit behaviour, play or conversation, inappropriate to the child/young person's age)
b.	continual and inappropriate or excessive masturbation
c.	self-harm (including eating disorder), self-mutilation and suicide attempts
d.	involvement in sexual exploitation or indiscriminate choice of sexual partners
e.	anxious unwillingness to remove clothes at, for example, sports events (which is not related to cultural norms or physical difficulties)
v.	An ability to recognise possible physical signs of sexual abuse, for example:
a.	pain or itching of genital area
b.	frequent urine infections in young children
c.	blood on underclothes
d.	pregnancy in a young person
vi.	An ability to recognise that allegations of sexual abuse by children and young people may initially be indirect (in order to test the professional's response)
vii.	An ability to recognise that, in most cases, evidence of neglect accumulates over time and across agencies
	an ability to compile a chronology and discuss concerns with other agencies in order to determine whether minor incidents are indicative of a broader pattern of parental neglect

viii. An ability to recognise possible signs of neglect, for example:	
a.	failure by parents or carers to meet essential physical needs (e.g., adequate or appropriate food, clothes, warmth, hygiene and medical or dental care)
b.	failure by parents or carers to meet essential emotional needs (e.g., to feel loved and valued, to live in a safe, predictable home environment)
c.	the child/young person seems to be listless, apathetic and unresponsive with no apparent medical cause
d.	the child/young person is left with inappropriate carers (e.g., too young, complete strangers)
e.	the child/young person is abandoned or left alone for excessive periods
f.	the child/young person is left with adults who are intoxicated or violent
g.	the child/young person thrives away from home environment
h.	the child/young person is frequently absent from school
i.	the child/young person fails to grow within normal expected pattern, with accompanying weight loss
ix. An ability to recognise the potential for professionals to be desensitised to indicators of neglect when working in areas with a high prevalence of poverty and deprivation	

7.6 Ability to draw on knowledge of bullying

i.	An ability to draw on knowledge that bullying can become a formal child protection issue when carers, school and other involved agencies fail to address the bullying in an adequate manner
ii.	An ability to draw on knowledge that bullying is defined as deliberately hurtful behaviour, usually repeated over a period of time, where it is difficult for those bullied to defend themselves
iii.	An ability to draw on knowledge that bullying can take many forms, but the four main types are:
a.	physical (e.g., hitting, kicking, theft)
b.	verbal (e.g., racist or homophobic remarks, threats, name-calling)
c.	emotional (e.g., isolating an individual from the activities and social acceptance of their peer group)
d.	cyber-bullying (use of new technologies by children and young people to intimidate peers, and sometimes those working with them, such as teachers)
iv.	An ability to draw on knowledge that bullying can affect the health and development of children, and at the extreme, causes them significant harm (including self-harm)

7.7 An ability to recognise parental behaviours associated with abuse or neglect

An ability to recognise parental behaviours that are associated with abuse or neglect, and which may require further investigation, for example

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| a. | parents who persistently avoid routine child health services and/or treatment when the child/young person is ill |
| b. | parents who persistently refuse to allow access on home visits |
| c. | parents who persistently avoid contact with services or delay the start or continuation of treatment |
| d. | parents who persistently complain about/to the child/young person and may fail to provide attention or praise (high criticism/low warmth environment) |
| e. | parents who display a rejecting or punitive parenting style or are not appropriately responsive to their child/young person's signals of need |
| f. | parents who are regularly absent or leave the child/young person with inappropriate carers |
| g. | parents who fail to ensure the child/young person receives an appropriate education |

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

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|-------------|--|
| i. | An ability to draw on knowledge that abuse and neglect are more likely to occur when the accumulation of risk factors outweighs the beneficial effects of protective factors |
| ii. | An ability to recognise child, parental and family/social protective factors |
| iii. | An ability to recognise parental risk factors for abuse or neglect, for example: |
| a. | parents who have serious mental health problems which they do not appear to be managing |
| b. | parents who are misusing substances |
| c. | parents who are involved in domestic abuse |
| d. | parents who are involved in criminal activity |
| e. | parents who experience learning difficulties etc. |
| iv. | An ability to recognise family/social risk factors for abuse or neglect, for example: |
| a. | social isolation |
| b. | socio-economic problems |
| c. | frequent change of address |
| d. | history of abuse in the family |
| e. | male in the household who is not the father |
| f. | sibling with chronic illness or disability etc. |

v. An ability to recognise child risk factors for abuse or neglect, for example:

- a.** young age
- b.** early, prolonged separation from mother
- c.** recurring illness or hospital admissions
- d.** difficult or aggressive temperament
- e.** failure to achieve developmental milestones etc.

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

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

7.10 Ability to report concerns about child protection

- i.** An ability to work collaboratively with children and young people and families to promote their participation in gathering information and making decisions
- ii.** An ability to report suspicions of risk to appropriate agencies (e.g., the Designated Teacher for Child Protection (DTCP)) and:
 - a.** to share information with relevant parties, with the aim of drawing attention to emerging concerns
 - b.** to use information from other relevant agencies, such as health visitors, GPs, specialist CAMHS
- iii.** An ability to follow local referral procedures to social work and other relevant agencies, for investigation of concerns or signs of abuse or neglect
- iv.** An ability to record information, setting out the reasons for concern and the evidence for it:
 - including the ability to record the reasons for a decision not to report concerns if it is agreed that there is insufficient evidence
- v.** An ability to contact and communicate with all those who are at risk, ensuring that they understand the purpose for the contact with, and referral to, other agencies
- vi.** An ability to follow local procedures where there is difficulty contacting children and young people and families and there is a concern that they are missing from the known address
- vii.** An ability to follow guidelines on how confidentiality and disclosure will be managed

7.11 Ability to contribute to the development of a child protection plan

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

7.12 Ability to contribute to the implementation of protective interventions

i.	An ability to contribute to the implementation of protective interventions which are outlined in the child/young person's protection plan, aiming to:
	a. reduce or eliminate risk factors for abuse or neglect
	b. build on the strengths and resilience factors of the child/young person, parent/carer and family
ii.	An ability to maintain support for children and young people and families when compulsory measures are necessary
iii.	Where relevant, an ability to maintain therapeutic support for children/young people and families during an ongoing child protection investigation, and/or when the child/young person is called to be a witness in court

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

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

7.14 Interagency working

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

7.15 Ability to seek advice and supervision

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

Sources

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8. Ability to work in a ‘culturally competent’ manner

There are many factors that need to be considered in the development of culturally competent practice, and finding a language that encompasses all of them is a challenge. For example, issues in relation to gender, disability or sexual orientation may vary according to a specific cultural group. Nonetheless, the competences required to work in a culturally competent manner are probably similar, since they relate to the capacity to value diversity and maintain an active interest in understanding the ways in which children, young people and families/carers may experience specific beliefs, practices and lifestyles, and considering any implications for the way in which an intervention is carried out.

There are of course many ways in which both counsellors and those with whom they work may vary in beliefs, practices and lifestyles. Some may not be immediately apparent, leading to the erroneous assumption that they do not exist. It is also the case that it is the individual's sense of the impact of specific beliefs, practices and lifestyles that is important (the meaning these have for them) rather than the factors themselves. Almost any therapeutic encounter requires the counsellor to carefully consider potential issues relating to specific beliefs, practices and lifestyles, and relevance to the therapeutic work being offered.

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

8.1 Basic stance

An ability to draw on knowledge that in working with specific beliefs, practices and lifestyles, it is stigmatising and discriminatory attitudes and behaviours that are problematic, rather than any specific beliefs, practices and lifestyles in children and young people or their families, and hence:

- a.** counsellors should equally value all children and young people for their particular and unique constellation of characteristics and be aware of (and challenge) stigmatising and discriminatory attitudes and behaviours in themselves and others
- b.** there is no normative state from which children, young people and families/carers may deviate, and hence no implication that the normative state is preferred and other states problematic

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

i.	An ability to draw on knowledge that it is the individualised impact of background, lifestyle, beliefs or religious practices which is critical
ii.	An ability to draw on knowledge that the demographic groups included in discussion of 'different' beliefs, practices or lifestyles are usually those who are potentially subject to disadvantage and/or discrimination, and it is this potential for disadvantage that makes it important to focus on this area
iii.	An ability to draw on knowledge that a service user will often be a member of more than one 'group' (for example, a gay adolescent from a minority ethnic community) and that, as such, the implications of combinations of lifestyle factors need to be held in mind by counsellors
iv.	An ability to maintain an awareness of the potential significance for practice of social and cultural variation across a range of domains, but including:
a.	ethnicity
b.	culture
c.	gender and gender identity
d.	religion/belief
e.	sexual orientation
f.	socio-economic deprivation
g.	class
h.	age
i.	disability
j.	family configuration, such as step-parent, single parent
v.	For all clients with whom the counsellor works, an ability to draw on knowledge of the relevance and potential impact of social and cultural factors on the accessibility, effectiveness and acceptability of assessment or therapeutic intervention

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

i.	An ability to draw on knowledge of cultural issues which commonly restrict or reduce access to interventions, for example:
	a. language
	b. marginalisation
	c. mistrust of statutory services
	d. lack of knowledge about how to access services
	e. the range of cultural concepts, understanding and attitudes about emotional wellbeing and mental health which affect views about help-seeking and the value of a counselling intervention
	f. stigma, shame and/or fear associated with emotional and mental health problems (which makes it likely that help-seeking is delayed until/unless problems become more severe)
	g. stigma or shame and/or fear associated with being diagnosed with a mental health disorder
h.	history of displacement and/or trauma
ii.	An ability to draw on knowledge of the potential impact of socio-economic status on access to resources and opportunities
iii.	An ability to draw on knowledge of the ways in which social inequalities impact on development and on mental health in children, young people and parents/carers
iv.	An ability to draw on knowledge of the impact of factors such as socio-economic disadvantage or disability on practical arrangements that impact on attendance and engagement (e.g., transport difficulties, poor health)

8.4 Ability to communicate respect and valuing of children, young people and families

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

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

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

8.6 Ability to adapt communication

i.	Where the counsellor does not share the same language as clients, an ability to identify appropriate strategies to ensure and enable the client's full participation in the assessment or intervention:
	where an interpreter/advocate is employed, an ability to draw on knowledge of the strategies which need to be in place for an interpreter/advocate to work effectively and in the interests of the client
ii.	An ability to adapt communication with children, young people and parents/carers with a disability (e.g., using communication aids or by altering the language, pace and content of sessions)

8.7 Ability to employ and interpret standardised assessments/measures

An ability to ensure that standardised assessments/measures are employed and interpreted in a manner which takes into account the demographic membership of the child/young person and their carers, for example:

- a. if the measure is not available in the client's first language, an ability to take into account the implications of this when interpreting results
- b. if a bespoke translation is attempted, an ability to cross-check the translation to ensure that the meaning is not inadvertently changed
- c. if standardisation data (norms) is not available for the demographic group of which the client is a member, an ability explicitly to reflect this issue in the interpretation of results

8.8 Ability to adapt interventions

- i. An ability to 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
- ii. Where there is evidence that specific beliefs, practices and lifestyles are likely to impact on the accessibility of an intervention, an ability to make appropriate adjustments to the intervention and/or the manner in which it is delivered, with the aim of maximising its potential benefit to the client
- iii. An ability to draw on knowledge that culturally adapted treatments should be judiciously applied, and are warranted:
 - a. if evidence exists that a particular clinical problem encountered by a client is influenced by membership of a given community
 - b. if there is evidence that clients from a given community respond poorly to certain evidence-based approaches

8.9 Ability to demonstrate awareness of the effects of counsellor's own background

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

*See *Engaging children, young people and their families* competences

8.10 Ability to identify and to challenge inequality

An ability to identify inequalities in access to services and take steps to overcome these:

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

9. Ability to engage and work with children and young people, parents and carers

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|-------------|---|
| i. | An ability to begin the process of engagement prior to the initial appointment by providing clients and/or referrers, parents/carers with information about the service and the nature of the initial appointment (e.g., by providing service information leaflets), with the aim of reducing anxiety about the appointment |
| | <ul style="list-style-type: none"> • an ability to adapt information in line with the developmental stage of the child/young person (including children and young people with learning disabilities/sensory impairments, etc.) |
| ii. | An ability to consider information from the referral and from the child/young person themselves about whether the appointment venue will present any access difficulties (due to disability, etc.) |
| | <ul style="list-style-type: none"> • where feasible, an ability to offer the child/young person who may face barriers to access, a choice of appointment venue |
| iii. | An ability to adapt the physical environment of the counselling room in ways which reduce anxiety and promote engagement with the child/young person (e.g., through the availability of comfortable seating, the provision of developmentally and culturally appropriate creative/non-verbal communication materials) |

9.1 Ability to engage all family members

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|-------------|---|
| i. | Where a counsellor is meeting with the family of a child/young person, an ability to engage all members of the family attending the appointment in an empathic, respectful and even-handed way: |
| | a. an ability to give each member of the family the opportunity to communicate/participate |
| | b. an ability to show an interest in all communications, including the behaviour, drawings and play interactions of younger children |
| ii. | An ability to make explicit and value the unique perspective of each individual on the functioning of the family |
| iii. | An ability to facilitate the involvement of individuals who have a restricted capacity to participate (e.g., through developmental, sensory or emotional problems) |

9.2 Ability to communicate with a child and/or young person and other family members

i.	An ability to tailor the language, pace and content of the session to match the strengths, abilities and capacities of the child/young person and other family members, as required										
ii.	An ability to decide whether to involve an interpreter (e.g., when the first language of some or all members of the family is different from that of the professional working with them)										
iii.	An ability to work with an interpreter, for example: <table> <tr> <td>a.</td><td>meeting with the interpreter before sessions to agree how they will operate, and to identify any key issues, for example: <table> <tr> <td>•</td><td>identifying those members of the family for whom the interpreter's services are required</td></tr> <tr> <td>•</td><td>discussing issues relating to confidentiality</td></tr> </table> </td></tr> <tr> <td>b.</td><td>checking that the interpreter understands technical terms and/or concepts and can communicate these accurately (and agreeing a process for checking that these have been understood by the child/young person/family)</td></tr> <tr> <td>c.</td><td>self-monitoring during sessions to ensure that the language used can be interpreted accurately (e.g., speaking slowly and clearly and using short, unambiguous phrases, avoiding jargon, clarifying any terminology that the interpreter does not understand)</td></tr> </table>	a.	meeting with the interpreter before sessions to agree how they will operate, and to identify any key issues, for example: <table> <tr> <td>•</td><td>identifying those members of the family for whom the interpreter's services are required</td></tr> <tr> <td>•</td><td>discussing issues relating to confidentiality</td></tr> </table>	•	identifying those members of the family for whom the interpreter's services are required	•	discussing issues relating to confidentiality	b.	checking that the interpreter understands technical terms and/or concepts and can communicate these accurately (and agreeing a process for checking that these have been understood by the child/young person/family)	c.	self-monitoring during sessions to ensure that the language used can be interpreted accurately (e.g., speaking slowly and clearly and using short, unambiguous phrases, avoiding jargon, clarifying any terminology that the interpreter does not understand)
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c.	self-monitoring during sessions to ensure that the language used can be interpreted accurately (e.g., speaking slowly and clearly and using short, unambiguous phrases, avoiding jargon, clarifying any terminology that the interpreter does not understand)										
iv.	Where appropriate, an ability to encourage the child/young person or their family to involve an advocate (e.g., to aid in the process of engagement and communication)										
v.	An ability to check regularly that the child/young person and other family members understand what is being said to them										
vi.	An ability to summarise information the child/young person or family has conveyed in order to check that this has been understood accurately										
vii.	An ability to help the child/young person and other family members feel comfortable and confident to ask questions when they are uncertain or confused (e.g., by responding positively to questions, validating the appropriateness of questions, or actively prompting them to ask questions)										
viii.	An ability to provide answers to questions in an honest and straightforward manner <table> <tr> <td>•</td><td>an ability for the therapist to be clear when they need more information in order to answer questions, and to seek this information from an appropriate authority or source</td></tr> </table>	•	an ability for the therapist to be clear when they need more information in order to answer questions, and to seek this information from an appropriate authority or source								
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9.3 Ability to develop a positive alliance

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| i. | An ability to draw on knowledge of therapist factors which help to develop a positive alliance (e.g., being respectful, warm, friendly, open and affirming) |
| ii. | An ability to maintain a non-judgemental, non-blaming stance |
| iii. | An ability to work in a culturally sensitive, anti-discriminatory manner |
- an ability to be respectful and valuing of diversity and difference of experiences, approaches, opinions, beliefs, age, gender, sexuality, lifestyles, ability/disability, race/ethnicity

9.4 Ability to use and respond to humour and play

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

9.5 Ability to promote understanding about the service/ interventions on offer

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| i. | An ability to explore the child/young person and other family members' expectations of their involvement with the counselling service and to identify any concerns they may have about engaging |
| ii. | An ability to generate a sense of hope for positive change, for example by providing information on the service and intervention/service options |
| iii. | An ability to ensure that children and young people and other family members understand: |
- | | |
|----|---|
| a. | how the counselling service works, using developmentally appropriate methods (written and oral) to aid this understanding |
| b. | how the service will manage confidentiality |
| c. | when and how information will be communicated to other agencies |

9.6 Ability to work in partnership with children/young people and other family members

An ability to work in a manner that is collaborative and aims to empower children and young people and any other family members involved by:

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| a. | helping the child/young person to identify their goals and objectives |
| b. | translating technical concepts into 'plain' language that children and young people and families can understand and follow |
| c. | sharing responsibility for agendas and session content |
| d. | promoting collaborative problem-solving |
| e. | acknowledging that the counsellor and child/young person and other family members involved bring different expertise to counselling |
| f. | reinforcing and validating the insights of children and/or young people and other family members involved |

9.7 Ability to manage challenges to engagement

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|-------------|---|-----------|--|-----------|--|-----------|---|
| i. | An ability to monitor the level of engagement throughout the counselling | | | | | | |
| ii. | An ability to identify threats to engagement which arise from: <table border="1"> <tr> <td>a.</td> <td>in-session issues (e.g., child/young person/family member(s) withdrawing because they feel guilty or blamed, or leaving the counselling room unexpectedly before the end of the session)</td> </tr> <tr> <td>b.</td> <td>practical issues (e.g., school timetable clashes, parent/carer's working hours if they are involved in the counselling at any point and where applicable, fees and payments)</td> </tr> <tr> <td>c.</td> <td>social issues (e.g., stigma associated with mental distress and accessing counselling, or fear of discrimination)</td> </tr> </table> | a. | in-session issues (e.g., child/young person/family member(s) withdrawing because they feel guilty or blamed, or leaving the counselling room unexpectedly before the end of the session) | b. | practical issues (e.g., school timetable clashes, parent/carer's working hours if they are involved in the counselling at any point and where applicable, fees and payments) | c. | social issues (e.g., stigma associated with mental distress and accessing counselling, or fear of discrimination) |
| a. | in-session issues (e.g., child/young person/family member(s) withdrawing because they feel guilty or blamed, or leaving the counselling room unexpectedly before the end of the session) | | | | | | |
| b. | practical issues (e.g., school timetable clashes, parent/carer's working hours if they are involved in the counselling at any point and where applicable, fees and payments) | | | | | | |
| c. | social issues (e.g., stigma associated with mental distress and accessing counselling, or fear of discrimination) | | | | | | |
| iii. | An ability to recognise and explore any impacts of the child/young person or wider family's previous experiences of mental health and/or contact with psychological services on their current engagement | | | | | | |
| iv. | An ability to detect and manage the impact of psychological factors that might impact on the child/young person, or their family's capacity to attend sessions, process information and learn new skills (e.g., family illness, substance misuse, attachment histories) <table border="1"> <tr> <td>•</td> <td>an ability to manage these factors, for example by sequential or parallel work with adult mental health services</td> </tr> </table> | • | an ability to manage these factors, for example by sequential or parallel work with adult mental health services | | | | |
| • | an ability to manage these factors, for example by sequential or parallel work with adult mental health services | | | | | | |
| v. | An ability for the counsellor to use supervision to reflect and act on any threats to engagement that arise from their own behaviours | | | | | | |

9.8 Ability to engage the child/young person and family/carers in routine service user participation

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|------|---|
| i. | An ability to engage the child/young person and any other relevant family members/carers in routine service user participation by working in a collaborative manner which involves everyone in decisions about their care |
| ii. | An ability to involve the child/young person and any other relevant family members/carers in the routine evaluation of interventions/services |
| iii. | An ability to involve the child/young person and any other relevant family members/carers in the planning of service developments, where appropriate |

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10. Ability to communicate with children and/or young people of differing ages, developmental levels and backgrounds

i.	An ability to draw on knowledge of the ways in which developmental differences usually manifest themselves, in relation to the child/young person's:
	a. language
	b. thinking and understanding
	c. expression of affect
	d. behaviour
ii.	An ability to draw on knowledge that engagement and contact takes place at two levels:
	a. through speech and conversation
	b. through play, behaviour and other non-verbal channels

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

i.	An ability to draw on knowledge of attachment theory and its implications for engagement
ii.	An ability to draw on knowledge that:
	a. there is a significant span of developmental stages across childhood and adolescence which has implications for therapeutic work
	b. developmental differences mean that children and young people vary widely in their presentation and adjustment/adaption
iii.	An ability to draw on knowledge that younger clients will have a more concrete and egocentric understanding of:
	a. their own mental state
	b. the mental states of others
	c. interpersonal situations
iv.	An ability to draw on knowledge that because children and young people may have only a rudimentary understanding of the purpose of counselling the counsellor should help to extend their awareness and understanding by communicating information about counselling in a developmentally appropriate way (e.g., using visual aids when working with younger clients)
v.	An ability to understand that, when working with children and young people, behaviour which may be perceived as difficult or challenging is often a form of communication

vi.	An ability to draw on knowledge that children and young people may often have difficulty putting their concerns and feelings into words, and:
a.	that children and young people may need support to share concerns and feelings
b.	that younger clients may use fewer, simpler words
c.	that short replies (such as 'I don't know', and shrugs) are common in children/young people-focused counselling conversations
vii.	An ability to draw on knowledge that, because children/young people will have difficulty understanding questions that are not tailored to their developmental level, the counsellor will need to adjust their language appropriately
viii.	An ability to draw on knowledge that using leading, multiple and double questions can be confusing for a child/young person

10.2 Providing developmentally appropriate information about the session(s)

An ability to provide developmentally appropriate information about the session(s) in order to reduce anxiety and increase trust in the counsellor, and to discuss:	
a.	the aim of the session(s)
b.	how the therapist will manage confidentiality and its limits
c.	how and what information will be shared with the parent/carers and other agencies

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

i.	An ability to draw on knowledge that children/young people often need to have spent some time with the counsellor before feeling able to express themselves
	an ability to show patience and persistence to help the child/young person to express themselves
ii.	An ability to draw on knowledge of the language, attitudes, behaviours and interests of children and young people of comparable age to the client
iii.	An ability to show interest in the child/young person as a person
iv.	An ability to show 'neutrality' in relation to problematic behaviour
v.	An ability to stay close to the child/young person's language, emotional state, and developmental capacities
vi.	An ability to help the child/young person adjust to the counselling conversation, for example by:
	using play materials and other creative resources

10.4 Utilising developmentally appropriate activities to aid engagement

- | | |
|-------------|--|
| i. | An ability to draw on knowledge that, where children/young people find it difficult to engage with the counsellor in particular settings (e.g., a formal one-to-one interview room) alternative settings or adjustments to the setting may need to be considered |
| ii. | An ability to engage clients of a younger age by observing and commenting on their play and behaviour with a variety of toys/creative activities |
| iii. | An ability to communicate with younger clients using play activities* |
| iv. | An ability to help the child/young person communicate and engage with the counsellor by making use of a diverse range of creative activities (e.g., play materials, pictures, art and drama activities)* |

* See also *Play in therapy* competences in this framework

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

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

*See also *Play in therapy* competences in this framework

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

i.	If children/young people and parents/carers are seen together, an ability to set out the parameters of the meeting, in particular to ensure that the child/young person is aware:
	a. that all parties will be given an opportunity to talk and to have their point of view heard
	b. that the counsellor understands that they may have a different point of view from their parents/carers, and that the counsellor is interested in hearing this
ii.	An ability to repeat and re-phrase important content from the counselling conversation for the child/young person
iii.	An ability to explain to the child/young person the content and purpose of any assessment procedures which are given to parents/carers (e.g., consent forms, rating scales)*

*See also *Ability to conduct a collaborative assessment with younger clients and their parents/carers* in this framework

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11. Knowledge of psychopharmacology in work with children and young people

Knowledge of psychopharmacology for children and young people with mental health problems

i.	An ability to draw on knowledge of the role of medication in the treatment of children and young people with mental health problems
ii.	An ability to draw on knowledge of evidence for the benefits both of medication alone and medication offered in combination with psychological interventions
iii.	An ability to draw on knowledge of medications commonly prescribed in child and adolescent psychopharmacology, and the conditions for which they are employed
iv.	An ability to draw on knowledge that medications have both benefits and risks
v.	An ability to draw on knowledge of national guidance for treatment of child and adolescent disorders that includes recommendations regarding the role of medication (e.g., NICE or SIGN guidelines)
vi.	An ability to discuss with children, young people and their families the potential role of medication in their treatment
vii.	An ability to discuss with appropriately qualified health professionals the risks, benefits and appropriateness of medication for particular clients

Generic therapeutic competences

1. Knowledge of models of intervention, and their employment in practice

1.1 Knowledge of therapeutic models

i.	An ability to draw on knowledge of the theory and principles underpinning therapeutic models commonly applied in counselling children and young people, e.g.:
a.	humanistic counselling
b.	cognitive behavioural therapy
c.	psychodynamic therapy
d.	play and expressive arts-based therapies
e.	systemic therapies
f.	interventions based on social learning theory (e.g. group work, parenting work)
g.	solution-focused therapy
h.	narrative therapy
i.	integrative, eclectic and pluralistic therapies
ii.	An ability for counsellors to draw on detailed knowledge of any therapeutic models that they are applying
iii.	An ability to draw on knowledge of the evidence base as it relates to the models employed in counselling children and young people and to:
a.	update this knowledge regularly (e.g. as new guidelines are published through research digests, or through reading original research reports)
b.	apply this knowledge to inform decision-making about the range of models employed

iv. An ability to draw on knowledge of factors common to all therapeutic approaches*:	
a. supportive factors:	
	• a positive working relationship between counsellor and client characterised by warmth, respect, acceptance and empathy, and trust
	• the active participation of the client
	• counsellor expertise
	• opportunities for the client to discuss matters of concern and to express their feelings
b. learning factors:	
	• advice
	• corrective emotional experience
	• feedback
	• exploration of internal frame of reference
	• changing expectations of personal and interpersonal effectiveness
	• assimilation of problematic experiences
c. action factors:	
	• emotional and behavioural regulation
	• developing a sense of agency
	• encouragement to face difficult feelings
	• reality testing
	• experience of successful coping
v. An ability to draw on knowledge of the principles which underlie the particular model being applied, using this to inform the application of the specific techniques which characterise it	
vi. An ability to draw on knowledge of the age group or developmental level for whom the intervention is appropriate	
vii. An ability to draw on knowledge of the principles of the model in order to implement counselling in a manner which is flexible and responsive to client need, but which also ensures that all relevant components are included:	
	• an ability to adapt the techniques used in an intervention so as to match them to the age and developmental level of the child/young person.

* classification adapted from:

Lambert, M.J. and Ogles, B.M (2004) The efficacy and effectiveness of psychotherapy pp139–193 in M.J. Lambert Bergin and Garfield's *Handbook of Psychotherapy and Behaviour Change* (5th Edition) New York: Wiley

2. Ability to foster and maintain a good therapeutic alliance, and to grasp the client's perspective and 'world view'

In relation to working with children and young people (and throughout this document) the term 'client' can refer to the child/young person, carer/parent or family.

2.1 Understanding the concept of the therapeutic alliance

i.	An ability to draw on knowledge that the therapeutic alliance is usually seen as having three components:
	a. the relationship or bond between counsellor and client
	b. consensus between counsellor and client regarding the techniques/ methods employed in the therapy
	c. consensus between counsellor and client regarding the goals of therapy
ii.	An ability to draw on knowledge that all three components contribute to the maintenance of the alliance

2.2 Knowledge of therapist factors associated with the alliance

i.	An ability to draw on knowledge of counsellor factors which increase the probability of forming a positive alliance:
	a. being flexible and allowing the client to discuss issues which are important to them
	b. being respectful
	c. being warm, friendly and affirming
	d. being open
	e. being alert and active
	f. being able to show honesty through self-reflection
	g. being trustworthy
	h. being able to demonstrate an understanding of the client's perspective and their situation
ii.	Knowledge of counsellor factors which reduce the probability of forming a positive alliance:
	a. being rigid
	b. being critical
	c. making inappropriate self-disclosure
	d. being distant
	e. being aloof
	f. being distracted
	g. making inappropriate use of silence

2.3 Capacity to develop the alliance

- | | |
|------|---|
| i. | An ability to listen to the client's concerns in a manner which is non-judgmental, supportive and sensitive, and which conveys a comfortable attitude when the client describes their experience |
| ii. | An ability to ensure that the client is clear about the rationale for the intervention being offered |
| iii. | An ability to gauge whether the client understands the rationale for the intervention, has questions about it, or is sceptical about the rationale, and to respond to these concerns openly and non-defensively in order to resolve any ambiguities |
| iv. | An ability to help the client express any concerns or doubts they have about the intervention and/or the counsellor, especially where this relates to mistrust or scepticism |
| v. | An ability to help the client articulate their goals for the therapy, and to gauge the degree of consistency between the aims of the client and counsellor |

2.4 Capacity to grasp the client's perspective and 'world view'

- | | |
|------|---|
| i. | An ability to apprehend the ways in which the client characteristically understands themselves and the world around them |
| ii. | An ability to hold the client's world view in mind throughout the course of the therapy and to convey this understanding through interactions with the client, in a manner that allows the client to correct any misapprehensions |
| iii. | An ability to hold the client's world view in mind, while retaining an independent perspective and guarding against identification with the client |

2.5 Capacity to maintain the alliance

Capacity to recognise and to address threats to the therapeutic alliance ('alliance ruptures')

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|-----|--|----|--|----|---|----|--|
| i. | An ability to recognise when strains in the alliance threaten the progress of therapy | | | | | | |
| ii. | An ability to deploy appropriate interventions in response to disagreements about task <table border="1"> <tr> <td>a.</td> <td>an ability to check that the client is clear about the rationale for counselling and to review this with them and/or clarify any misunderstandings</td> </tr> <tr> <td>b.</td> <td>an ability to help clients understand the rationale for counselling through using/drawing attention to concrete examples in the session</td> </tr> <tr> <td>c.</td> <td>an ability to judge when it is best to refocus on tasks and goals which are seen as relevant or manageable by the client (rather than explore factors which are giving rise to disagreement)</td> </tr> </table> | a. | an ability to check that the client is clear about the rationale for counselling and to review this with them and/or clarify any misunderstandings | b. | an ability to help clients understand the rationale for counselling through using/drawing attention to concrete examples in the session | c. | an ability to judge when it is best to refocus on tasks and goals which are seen as relevant or manageable by the client (rather than explore factors which are giving rise to disagreement) |
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| b. | an ability to help clients understand the rationale for counselling through using/drawing attention to concrete examples in the session | | | | | | |
| c. | an ability to judge when it is best to refocus on tasks and goals which are seen as relevant or manageable by the client (rather than explore factors which are giving rise to disagreement) | | | | | | |

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| iii. An ability to deploy appropriate interventions in response to strains in the bond between therapist and client: |
| a. an ability for the counsellor to give and ask for feedback about what is happening in the here-and-now interaction, in a manner which invites exploration with the client |
| b. an ability for the counsellor to acknowledge and accept their responsibility for their contribution to any strains in the alliance |
| c. where the client recognises and acknowledges that the alliance is under strain, an ability to help the client make links between the rupture and their usual style of relating to others |
| d. an ability to allow the client to assert any negative feelings about their relationship with the counsellor |
| e. an ability to help the client explore any fears they have about expressing negative feelings about their relationship with the counsellor |
| iv. An ability to draw on understanding of the potential impact of silence on children and young people, and to work appropriately with silence taking account of the individual child/young person's needs |

Sources

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3. Ability to work with the emotional content of the session

3.1 Management of strong emotions which interfere with effective change

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|------|--|
| i. | An ability to help the child/young person achieve an optimal level of emotional arousal by containing emotions that are overwhelming and helping them get in touch with emotions which are being avoided |
| ii. | An ability to help the child/young person process emotional issues that interfere with effective change (e.g. hostility, anxiety, excessive anger, avoidance of strong affect). |
| iii. | An ability to introduce techniques designed to help children and young people manage and contain strong emotions and their associated behaviours (e.g. anger and aggression), and which are appropriate to the developmental stage of the child/young person e.g.: |
| a. | naming emotions exhibited by the child/young person |
| b. | stating the 'rules' of the therapy room, and indicating what behaviour is appropriate/inappropriate |
| c. | use of time out procedures |
| iv. | An ability to help parents/carers support the child/young person's capacity to express emotion in an appropriate manner in the session |

3.2 Eliciting emotions that facilitate change

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|-----|--|
| i. | An ability to help the child/young person access, differentiate and experience his/her emotions so as to facilitate change. |
| ii. | An ability to explore children and young people's emotions using developmentally appropriate techniques (e.g. by exploring themes in a child/young person's play or other symbolic communications, by ascribing feelings to characters in the child/young person's play, or through role play exercises) |

3.3 Ability to reflect on the child/young person's emotional expression/behaviour

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|------|--|
| i. | An ability to understand that the child/young person's emotional expression (including aggressive behaviour) is a form of communication |
| ii. | An ability to reflect on the meaning of the behaviour/emotional expression and its relation to the current and past context |
| iii. | An ability to describe the emotion/behaviour and to explore its meaning in collaboration with the child/young person |
| iv. | An ability for the counsellor to reflect on their own reaction to the emotional/behavioural expression and their influence on the child/young person's behaviour |
| | <ul style="list-style-type: none">• an ability for the counsellor to make use of supervision to reflect (and if need be act) on these issues |

4. Ability to manage endings and service transitions

4.1 Knowledge

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|-------------|--|
| i. | An ability to draw on knowledge of national and local guidance on the assessment of risk relating to a child/young person ending contact with the counselling service, including policies, procedures and standards in relation to: |
| | a. child protection. |
| | b. risk assessment and management. |
| | c. consent, confidentiality and information sharing. |
| ii. | An ability to draw on knowledge of local procedures in response to 'failure to attend' appointments |
| iii. | An ability to draw on knowledge of local services to which the child/young person may be referred at the end of contact with the counselling service (e.g. adult mental health services, community-based services, CAMHS, school pastoral staff) |

4.2 Working with planned endings

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| i. | An ability to prepare the child/young person for ending therapy by explicitly referring to the time-limited nature of the counselling at the outset, and throughout therapy, as appropriate (e.g. in connection with discussions about loss) |
| ii. | An ability to assess any risks to the child/young person that may arise during or after discharge from the service |
| iii. | An ability to help the child/young person express feelings about endings including any feelings of hostility and disappointment with the limitations of the counselling and the counsellor |
| iv. | An ability to help the child/young person make connections between their feelings about ending in therapy and other losses/separations |
| v. | An ability to help the child/young person explore any feelings of anxiety about managing without the counsellor |
| vi. | An ability to reflect on the process of the intervention as well as what they have learnt and gained from counselling |
| vii. | An ability to prepare the child/young person for any transition to another service (e.g. by providing them with information about what the service offers, or arranging joint appointments with the new service) |

4.3 Working with premature or unplanned endings

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| i. | Where possible, an ability to explore with the child/young person and their parents/carers (if relevant) why they wish to terminate contact with the service earlier than originally planned |
| ii. | An ability to establish whether it is the child/young person's individual wish to end contact with the service or whether it has been influenced by other family members, peers etc |
| iii. | An ability to explore with the child/young person and any involved parents/carers whether their concerns about the intervention or service can be addressed |
| iv. | An ability to assess any risk to the child/young person from an early ending with the service |
| v. | An ability to contact relevant professionals or agencies regarding an early ending |

5. Ability to work with groups of children/young people and/or parents/carers

5.1 Knowledge

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| i. | An ability to draw on knowledge of the characteristics of the target group population for whom the group intervention is designed e.g. age/developmental stage, presenting problems etc. |
| ii. | An ability to draw on knowledge of the theory or model of therapy underpinning the group intervention (e.g. humanistic theory, anger management, improving communications skills, social learning theory, CBT, psychodynamic theory) |

5.2 Ability to plan the group

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| i. | An ability to estimate the likely demand for the group by identifying the number of clients who: |
| | a. meet the criteria for the group (e.g. age, presenting difficulties) |
| | b. are likely to be receptive to a group approach |
| | c. would be able to attend the group at a specified time and on a regular basis |
| ii. | An ability to ensure that there is managerial/ team support for the group (e.g. obtaining appropriate accommodation, resources and referrals) |
| iii. | An ability to plan the basic structure and content of the group, such as: |
| | a. practicalities (e.g. setting, timing, refreshments, child care facilities) |
| | b. outline content of sessions |
| | c. roles of all staff running the group |
| | d. any additional/specific resources required for group sessions |
| | e. any evaluation procedures |

5.3 Ability to recruit service users to the group

i.	An ability to specify and apply inclusion and exclusion criteria for the group.
ii.	An ability to explore collaboratively with children and young people the appropriateness of the group for their needs:
	a. an ability to provide information on the content and likely effectiveness of the group intervention
	b. an ability to outline any alternative intervention options or services which may be more acceptable to the service user
iii.	An ability to explore (and where possible address) any barriers to participation in the group, such as:
	a. practical barriers (e.g. transport, school-work etc.)
	b. social barriers (e.g. worries about the stigma of attending)
	c. emotional barriers (e.g. social anxiety, guilt, shame, hopelessness)
	d. historical factors (e.g. previous negative experiences of groups)
iv.	An ability to negotiate individualised goals with each group member

5.4 Ability to follow the model of group intervention

i.	An ability to implement the components of the group intervention, including:
	a. structuring the group (e.g. ordering and timing of material, use of media, homework)
	b. specific intervention techniques
	c. management of group and change processes
ii.	For manualised groups, an ability to adhere to the sequence of activities outlined in the manual.
	an ability to draw on knowledge of manualised activities so that they can be introduced fluently and in a timely manner

5.5 Ability to manage group process

Establishing the group

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| i. | An ability to apply knowledge of group processes to establish an environment which is physically and emotionally safe, by: |
| | a. discussing the 'ground rules' of the group (e.g. maintaining the confidentiality of group members, taking turns to speak, starting and ending the group on time) in a manner that is appropriate to the developmental stage of group members |
| | b. 'safeguarding' the ground rules by drawing attention to any occasions on which they are breached, in a manner that is sensitive to the developmental stage of group members |
| | c. helping all group members to participate by monitoring and attending to their emotional state |
| | d. monitoring and regulating self-disclosure by both members and group leaders in order to maintain an environment where members can share |
| ii. | An ability to identify and manage any emotional or physical risk to group leaders, group participants and (where parents/carers are involved) children of group members. |

Engaging group members

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| iii. | An ability to engage group members in a manner that is appropriate to their developmental stage and congruent with the therapeutic model being employed |
| iv. | An ability to match the content and pacing of group sessions, presentations and discussions to the characteristics of group members (e.g. in terms of age range, ability levels, attention span, cultural characteristics) |
| v. | An ability to build positive rapport with individual members of the group: |
| | <ul style="list-style-type: none"> an ability to monitor the impact of these individual relationships on other members of the group, and if necessary address and manage any tensions that emerge |
| vi. | An ability to manage the group environment in a way that helps all members to participate on a level with which they feel comfortable |
| vii. | When appropriate to the model of intervention, an ability to use modelling and explicit social reinforcement to encourage the participation of group members |

Managing potential challenges to group engagement

viii.	An ability to promote and encourage regular attendance, while not stigmatising those who fail to attend sessions
ix.	An ability to recognise when individuals form subgroups and to manage the impact of these relationships on overall group dynamics
x.	Where appropriate to the model of therapy, an ability to circumvent behaviour problems by actively redirecting and re-engaging children/young people who are distracted and selectively attending to pro-social behaviours
xi.	An ability to plan for, reflect on, and manage potential challenges to the group including:
a.	disruptive behaviour
b.	persistent lateness/absence, or non-engagement in sessions
c.	group members who leave the group early
d.	members who are over voluble or who dominate the group
e.	high levels of distress displayed by a group member
f.	where the emotional states of individuals impact on the other members of the group, an ability to attend to this so as to ensure others do not become overwhelmed or disengaged

Ability to manage the ending of the group

xii.	An ability to prepare group members for the ending of the group by signalling the ending of the therapy at the outset and throughout group sessions, as appropriate
xiii.	An ability to draw on knowledge that the ending of the group may elicit feelings in the group member connected to other personal experiences of loss/separation
xiv.	An ability to help the group member express any feelings of anxiety, anger or disappointment that they may have about ending the group
xv.	An ability to review the themes covered in the group, in a manner that is appropriate to the developmental stage of the service user and the model being applied
xvi.	An ability to reflect on progress made as a result of participation, and to celebrate this in a manner that is appropriate to the developmental stage of the service user and model being applied

Ability to evaluate the group

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|---------------|---|
| xvii. | An ability to prepare group members for the ending of the group by signalling the ending of the therapy at the outset and throughout group sessions, as appropriate |
| xviii. | An ability to draw on knowledge that the ending of the group may elicit feelings in the group member connected to other personal experiences of loss/separation |
| a. | to draw on knowledge regarding the interpretation of measures |
| b. | to draw on knowledge of the ways in which the reactivity of measures and self-monitoring procedures can bias client feedback |
| c. | to provide a rationale for the evaluation strategy to group participants |
| d. | to process feedback in a sensitive and meaningful manner |

Ability to use supervision

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|-------------|--|
| xix. | An ability to use supervision to reflect on group processes |
| xx. | An ability for group leaders to reflect on their own impact on group processes |

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6. Ability to make use of measures (including monitoring of outcomes)

6.1 Knowledge of commonly used measures

An ability to draw on knowledge of measures commonly used in counselling children and young people:

- a.** measures of the child/young person's functioning (e.g. YP Core; Goodman's Strengths and Difficulties Questionnaire (SDQ); Child Outcome Rating Scale (CORS), Outcome Rating Scale (ORS))
- b.** goal-based measures (e.g., Goal based Outcome Measure)
- c.** symptom-specific measures (e.g. RCADS)
- d.** service satisfaction questionnaires (e.g. Experience of Service Questionnaire (ESQ))

6.2 Knowledge of the purpose and application of measures

- i.** An ability to draw on knowledge of the purpose of the measure (i.e. what it specifically aims to detect or to measure), for example:
 - a.** measures used in outcome evaluation that are sensitive to therapeutic change
 - b.** measures used in a comprehensive assessment to assess particular clinical symptoms (e.g. symptoms of depression).
- ii.** An ability to draw on knowledge relevant to the application of a measure, e.g.:
 - a.** scoring and interpretation procedures
 - b.** guidance on the confidentiality of the measure and how results should be shared with other professionals and families.
 - c.** any qualifications required in order to administer the measure
 - d.** characteristics of the test that may influence its use (e.g. brevity, or 'user-friendliness')
- iii.** An ability to draw on knowledge of procedures for scoring and for interpretation of the measure

6.3 Ability to administer measures

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| i. | An ability to judge when a child/young person may need assistance when completing a measure |
| ii. | Where relevant, an ability to administer parallel versions of a measure to children/young people, parents and teachers |
| iii. | An ability to take into account the child/young person's attitude to the measure, and their behaviours while completing it, when interpreting the results |
| iv. | An ability to score and interpret the results of the measure using the appropriate guidelines |
| v. | An ability to interpret information obtained from the measure in the context of assessment information obtained by other means |

6.4 An ability to select outcome measures

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|------|--|----|--|----|--|----|--|----|---|
| i. | An ability to draw on knowledge that a single measure of outcome will fail to capture the complexities of the child/young person's functioning, and that these complexities can be assessed by: | | | | | | | | |
| | <table border="1"> <tr> <td>a.</td> <td>measures focusing on the child/young person's functioning drawn from different perspectives (e.g. child, parent, teacher, therapist)</td> </tr> <tr> <td>b.</td> <td>measures using different technologies such as global ratings, specific symptom ratings and frequency of behaviour counts</td> </tr> <tr> <td>c.</td> <td>measures assessing different domains of functioning (e.g. home and school functioning)</td> </tr> <tr> <td>d.</td> <td>measures that assess different symptom domains (e.g. affect, cognition and behaviour)</td> </tr> </table> | a. | measures focusing on the child/young person's functioning drawn from different perspectives (e.g. child, parent, teacher, therapist) | b. | measures using different technologies such as global ratings, specific symptom ratings and frequency of behaviour counts | c. | measures assessing different domains of functioning (e.g. home and school functioning) | d. | measures that assess different symptom domains (e.g. affect, cognition and behaviour) |
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| c. | measures assessing different domains of functioning (e.g. home and school functioning) | | | | | | | | |
| d. | measures that assess different symptom domains (e.g. affect, cognition and behaviour) | | | | | | | | |
| ii. | An ability to select measures that are designed to detect changes in the aspects of functioning that are the targets of the intervention | | | | | | | | |
| iii. | An ability to draw on knowledge that pre- and post-intervention measures are a more rigorous test of improvement than the use of retrospective ratings post-therapy. | | | | | | | | |

6.5 Ability to use diaries

Knowledge

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| i. | An ability to draw on knowledge of the ways in which systematic recording is used to help identify the function of a specific behaviour by analysing its antecedents and consequences (i.e. what leads up to the behaviour, and what happens after the behaviour has occurred) |
|----|--|

Ability to integrate systematic 'diary recordings' into assessment and intervention

ii.	An ability to explain and demonstrate the use of parent/carer-completed frequency charts (designed to record the frequency of child/young person behaviours)						
iii.	An ability to explain and demonstrate the use of parent/carer-completed behavioural diaries (designed to record problematic child/young person behaviours and their antecedents and consequences).						
iv.	An ability to explain the function of structured charts to children/young people, and to help them use charts to monitor their own behaviour.						
v.	An ability to gauge when children/young people and parents/carers would benefit from a graduated approach to systematic monitoring • where indicated, an ability initially to introduce a simpler recording system which is made more complex at a later stage (e.g. starting with a simple frequency count before recording the behaviour along with its antecedents and consequences)						
vi.	An ability to review completed frequency charts and behaviour diaries with parents/carers and children/young people in order to: <table border="1"> <tr> <td>a.</td><td>find out the parent/carer and/or child/young person's interpretation of the data</td></tr> <tr> <td>b.</td><td>find out how easy it was for the parent/carer or child/young person to record information</td></tr> <tr> <td>c.</td><td>motivate them to carry out any further data collection</td></tr> </table>	a.	find out the parent/carer and/or child/young person's interpretation of the data	b.	find out how easy it was for the parent/carer or child/young person to record information	c.	motivate them to carry out any further data collection
a.	find out the parent/carer and/or child/young person's interpretation of the data						
b.	find out how easy it was for the parent/carer or child/young person to record information						
c.	motivate them to carry out any further data collection						
vii.	An ability to use diary and chart information to help assess the frequency of problems, degree of distress caused, antecedents and patterns of behaviour and reinforcement						

Ability to make use of 'Star Charts'

viii.	An ability to draw on knowledge that the function of star charts is to draw attention to desirable child behaviours						
ix.	An ability to draw on knowledge of learning theory in order to design charts which offer positive reinforcement						
x.	An ability to introduce and explain the use of star charts						
xi.	An ability to review completed star charts with parents/carers and children/young people in order to: <table border="1"> <tr> <td>a.</td><td>identify the presence and extent of desirable child/young person behaviours and the parent/carer's ability to reinforce them</td></tr> <tr> <td>b.</td><td>identify whether the parent/carer had any difficulties using star charts</td></tr> <tr> <td>c.</td><td>motivate them to use further charts and other forms of positive reinforcement</td></tr> </table>	a.	identify the presence and extent of desirable child/young person behaviours and the parent/carer's ability to reinforce them	b.	identify whether the parent/carer had any difficulties using star charts	c.	motivate them to use further charts and other forms of positive reinforcement
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7. Ability to make use of supervision

An ability to hold in mind that a primary purpose of supervision and learning is to protect the client and support the counsellor, thereby enhancing the quality of the counselling clients receive

7.1 An ability to work collaboratively with the supervisor

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

7.2 Capacity for self-appraisal and reflection

- i. An ability to reflect on the supervisor's feedback, to apply these reflections in future work and to evaluate their impact and effectiveness
- ii. An ability for the counsellor to be open and realistic about their capabilities and to share this self-appraisal with the supervisor
- iii. An ability to use feedback from the supervisor in order further to develop the capacity for accurate self-appraisal and reflection
- iv. An ability to use supervision to expand awareness of the counsellor's psychological responses to the client and of the client's subjective perceptions

7.3 Capacity for active learning

- i. An ability to act on suggestions regarding relevant reading made by the supervisor, and to incorporate this material into counselling practice
- ii. An ability to take the initiative in relation to learning, by identifying relevant papers, or books, based on (but independent of) supervisor suggestions, and to incorporate this material into counselling practice

7.4 Capacity to use supervision to reflect on developing personal and professional roles

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

7.5 Capacity to reflect on supervision quality

An ability to reflect on the quality of supervision as a whole, and (in accordance with national and professional guidelines) to seek advice from others where:

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| a. | there is concern that supervision is below an acceptable standard |
| b. | where the supervisor's recommendations deviate from acceptable practice |
| c. | where the supervisor's actions breach national and professional guidance (e.g. abuses of power and/or attempts to create dual (sexual) relationships) |

Assessment competences

1. Ability to conduct a collaborative assessment

Assessment is a collaborative process that is revisited throughout the counselling work, in which the child/young person is given an opportunity to describe their difficulties, as well as their strengths and resources, such that the focus and goals for the therapeutic work can be established and agreed

1.1 Knowledge of the assessment process

i.	An ability to draw on knowledge that the overall aim of the assessment process is to identify ways, in collaboration with the child/young person, in which they can improve the quality of their life												
ii.	An ability to draw on knowledge of the fundamental principles that guide a counselling assessment: <table> <tr> <td data-bbox="411 1368 443 1402">a.</td><td data-bbox="475 1368 1461 1413">establishing assessment as a mutual, collaborative process</td></tr> <tr> <td data-bbox="411 1424 443 1458">b.</td><td data-bbox="475 1424 1461 1469">an emphasis on the child/young person as a 'whole person'</td></tr> <tr> <td data-bbox="411 1480 443 1514">c.</td><td data-bbox="475 1480 1461 1554">an emphasis on the child/young person's strengths and resources as well as areas of pathology and deficit</td></tr> <tr> <td data-bbox="411 1565 443 1599">d.</td><td data-bbox="475 1565 1461 1639">helping the child/young person gain a perspective on their situation in order to make informed choices about the changes they wish to make in their lives</td></tr> <tr> <td data-bbox="411 1650 443 1684">e.</td><td data-bbox="475 1650 1461 1724">identifying any areas of existing and potential risk in order to inform risk management planning</td></tr> <tr> <td data-bbox="411 1736 443 1769">f.</td><td data-bbox="475 1736 1461 1794">aiming to identify the most suitable intervention, if any, which may include onward referral</td></tr> </table>	a.	establishing assessment as a mutual, collaborative process	b.	an emphasis on the child/young person as a 'whole person'	c.	an emphasis on the child/young person's strengths and resources as well as areas of pathology and deficit	d.	helping the child/young person gain a perspective on their situation in order to make informed choices about the changes they wish to make in their lives	e.	identifying any areas of existing and potential risk in order to inform risk management planning	f.	aiming to identify the most suitable intervention, if any, which may include onward referral
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e.	identifying any areas of existing and potential risk in order to inform risk management planning												
f.	aiming to identify the most suitable intervention, if any, which may include onward referral												
iii.	An ability to draw on knowledge of local and national assessment procedures including those which can be completed by several different agencies working together (e.g. Integrated Assessment Framework (IAF) (Scotland); UNOCINI (N. Ireland))												

1.2 Ability to adapt the assessment to match the abilities and capacities of the child/young person

i.	An ability to draw on knowledge of human development to appraise the child/young person's functioning and overall level of understanding
ii.	An ability for the counsellor to adapt the language and methods they use to map to the child/young person's developmental level: e.g., using non-verbal as well as verbal information gathering methods for instance 'family tree', creating a visual map of areas of personal strengths and difficulties
iii.	An ability to make use of interpreters when working with children/young people who do not speak the same language as the counsellor

1.3 Ability to engage the child/young person in the assessment process

i.	An ability to explain the nature of the assessment process to the child/young person and the areas that it will cover: e.g., an ability to explain the relevance of particular areas of the assessment (such as the importance of gathering information about family history)
ii.	An ability to convey an interest in understanding the child/young person, their perspective and worldview
iii.	An ability to hold the child/young person's worldview in mind and to: a. apprehend the ways in which the child/young person characteristically understands themselves and the world around them b. convey this understanding through interactions with the child/young person, in a manner that allows them to correct any misapprehensions c. retain an independent perspective and guarding against over-identification with the child/young person's worldview
iv.	An ability to respond non-judgmentally to information which emerges during the assessment
v.	An ability to discuss confidentiality and its limits (e.g. the potential for child protection information which emerges to be shared with other agencies)

1.4 Ability to undertake a generic assessment

i.	An ability to listen to the child/young person's concerns in a manner which is non-judgemental, supportive and sensitive, and which conveys a comfortable attitude when the child/young person describes their experience
ii.	An ability to help the child/young person articulate their goals for the therapy, and to gauge the degree of goal-agreement in the aims of the child/young person and the counsellor
iii.	An ability to help the child/young person discuss their sense of the likely benefit of counselling
iv.	An ability for the counsellor to reflect on whether or not counselling is likely to be of benefit to the child/young person
v.	An ability to help the child/young person articulate any concerns that are unclear or abstract
vi.	An ability to help the child/young person identify, or select, a therapeutic focus
vii.	An ability to gain an overview of the child/young person's current life situation, specific stressors and social support
viii.	An ability to elicit information regarding psychological problems, any given diagnosis, past history, present life situation, attitude about and motivation for therapy
ix.	An ability to assess the child/young person's coping mechanisms, stress tolerance, and level of functioning
x.	An ability to gauge the extent to which the child/young person can think about themselves psychologically (e.g. their capacity to reflect on their circumstances or to be reasonably objective about themselves)
xi.	An ability to gauge the child/young person's motivation for a psychological intervention
xii.	An ability to discuss treatment options in an age appropriate manner with the child/young person, making sure that they are aware of the options available to them, and helping them consider which of these options they wish to follow
xiii.	An ability to identify when counselling might not be appropriate or the best option, and to discuss this with the child/young person: e.g.,
a.	the child/young person's difficulties are not primarily psychological
b.	the child/young person indicates that they do not wish to consider psychological issues
c.	the child/young person indicates a clear preference for an alternative approach to their problems
xiv.	An ability to make appropriate use of a range of responses in line with the child/young person's developmental level

1.5 An ability to assess the child/young person's difficulties

i. An ability to identify and explore with the child/young person the difficulties that are causing concern to them, including:	
	a. problems in their family
	b. low self-confidence/self-worth
	c. anger
	d. bereavement
	e. difficulties at school
	f. difficulties in peer relationships/friendships (including bullying)
	g. difficulties with sexuality and intimate relationships
	h. anxiety
	i. difficulties in managing mood and/or emotional regulation
	j. low mood and negative life outlook (including self-harm and suicidal ideation)
	k. difficulties arising from risky behaviours (misuse of alcohol and drugs, sexual behaviour, behaviours leading to involvement with police etc.)
ii. An ability to help the child/young person identify and elaborate the details of problems that concern them, including:	
	a. the settings in which the issues manifest (including the people who are present, and specific details of places and times)
	b. the situations or events which occur immediately before this response and which appear to trigger it
	c. the consequences that immediately follow this response (such as the reactions of parents)
iii. An ability to help the child/young person to identify and discuss their ideas about how the presenting issues(s) developed	
iv. An ability to help the child/young person reflect, identify, and elaborate on the situations in which they manage effectively, and any distinctive differences between these situations and ones in which they do not	
v. An ability to help the child/young person consider whether significant others share their perception of their issues, or whether they take a different view, and to consider the implications of any differences	
vi. An ability to assess the impact of the issues on basic daily functioning (e.g. eating, sleeping)	
vii. An ability to assess the broader impact of these issues including:	
	a. the degree of social impairment
	b. the degree of distress for the child/young person
	c. the degree of disruption to others

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| viii. | An ability to draw on knowledge of specific mental health presentations (e.g., phobias, post-traumatic stress, depression) |
| ix. | An ability to discuss the use of drugs and alcohol with the child/young person |
| x. | An ability to discuss sexuality, gender identity and sexual relationships with the child/young person |
| xi. | An ability to discuss any current/past contact with legal services with the child/young person |
| xii. | An ability to track those areas that are emotionally significant for the child/young person |
| xiii. | An ability to understand the significance of events and experiences as perceived by the child/young person and how these might be contributing to current difficulties |

1.6 An ability to assess the child/young person's current functioning

An ability to assess the child/young person's current levels of functioning:

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| a. | Personal |
| b. | Interpersonal |
| c. | Social |
| d. | Academic |

1.7 An ability to assess with the child/young person their strengths, resources and abilities

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| i. | An ability to draw on knowledge of human development to appraise the child/young person's functioning and overall level of understanding |
| ii. | An ability for the counsellor to adapt the language and methods they use to map the child/young person's developmental level: |
| a. | by identifying times when things have worked well |
| b. | by discussing their previous attempts to address their difficulties |
| iii. | An ability to help the child/young person describe their hopes for their life and their future, and the ideas they have about how these could be achieved |

1.8 Integrating information from relevant others

An ability to integrate information from family, school as well as other sources of particular relevance to the child/young person

1.9 An ability to develop a collaborative understanding of the child/young person's life story

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| i. | An ability to obtain information on the child/young person's understanding of their development, including strengths and interests as well as any delayed or unexpected developmental processes. |
| ii. | An ability to obtain details about all the members of the child/young person's family (e.g. by drawing a family tree) |
| iii. | An ability to help the child/young person identify areas of support within the family relationships |
| iv. | An ability to help the child/young person identify stressors in the family that may have contributed to the onset or maintenance of difficulties (e.g. parental mental ill health, parental substance misuse, family separation, bereavement, communication difficulties, conflict/domestic violence) |
| v. | An ability to obtain details about the nature and quality of family relationships, extended family, social networks and social support |
| vi. | An ability to obtain details of the strengths and interests shown by the child/young person within the school system as well as any difficulties |

1.10 An ability to develop a collaborative understanding of the child/young person's social and cultural context

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| i. | An ability to draw on knowledge of the incidence and prevalence of mental health concerns across different cultures/ethnicities/social classes |
| ii. | An ability to ask about potential protective factors in the child/young person's social and cultural context: e.g. social support, proximity to extended family, or access to community resources |
| iii. | An ability to ask about any potential stresses in the child/young person's physical or social environment: e.g. overcrowding, poor housing, neighbourhood harassment, problems with gangs |
| iv. | An ability to ask about the child/young person's membership of peer groups: e.g. friendship groups, clubs |
| v. | An ability to draw on knowledge of the child/young person's cultural, racial and religious background when carrying out an assessment of the child/young person's behaviours, beliefs, and the potential impact of this perspective on their views of problems |
| vi. | An ability to understand the cultural influences on gender roles, parenting practices, and family values |
| vii. | An ability to identify the limits of one's own cultural understanding |

1.11 An ability for the counsellor to reflect on, and monitor, their own experiences of the assessment process

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| i. An ability for the counsellor to monitor their personal feelings, or professional judgements, about the child/young person and/or the process of counselling in order to determine: |
| a. the extent to which these may have been influenced by their own personal issues or life history |
| b. the ways in which these reactions /responses might be impacting on the assessment process (both positively and negatively) |
| ii. An ability for the counsellor to ensure that their own feelings or judgements do not interfere with their ability to respond to the young person in an open, accepting and empathic manner |

1.12 Ability to make use of tools and measures at assessment and throughout the counselling process

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| i. An ability to identify suitable outcome and process measures and tools for the counselling assessment, and for the on-going counselling work |
| ii. An ability to draw on knowledge that the use of process and outcome tools is most effective when they are integrated into the therapeutic process |
| iii. An ability to draw on knowledge of the purpose, function and benefits of a range of outcome tools and/or measures for working with children and young people: |
| a. to provide children/young people with a means of articulating experiences that they might find otherwise difficult to express |
| b. to give counsellors an initial, and on-going, indication of how the child/young person is experiencing their world and their levels of distress |
| c. to act as a prompt for the counsellor and child/young person to explore important areas of the child/young person's life and experiences |
| d. to give an indication of the extent to which the counselling is helping, and therefore whether it should be continued or an alternative approach should be considered |
| e. to provide data for external commissioners and agencies on the effectiveness of the counselling work |
| iv. An ability to draw on knowledge that regular collection of outcome and process data (e.g., at every session) is necessary to ensure that data is available for all clients |

v.	An ability to draw on knowledge of the purpose and function of tools and measures that focus on therapy process (e.g., Session Rating Scale (SRS)):
a.	to provide the child/young person with a means of articulating their experience of aspects of the therapeutic work and relationship that they may otherwise find difficult
b.	to provide the counsellor with a means of understanding how the child/young person experiences the therapeutic relationship and work, and what they might do to make this more helpful for the young person
c.	to act as a prompt for conversations about how to improve the quality of the therapeutic work and relationship for the child/young person
vi.	An ability to draw on knowledge of 'contraindications' for using assessment tools and measures: e.g.:
a.	when the child/young person clearly expresses a strong wish not to complete them
b.	when there are indications that the child/young person may find them upsetting to complete
c.	when the child/young person's concerns are of such urgency that it would be more appropriate to defer completion of a measure
d.	if the tools or measures being used are not age or developmentally appropriate
vii.	An ability to help the child/young person understand the intended aim and focus of any assessment tools (e.g. by offering a clear description and rationale for their use that is tailored to their age and cognitive capacities)
viii.	An ability to support the child/young person in completing the measure or tool in the prescribed manner
ix.	An ability to interpret scores by drawing on knowledge of the psychometric principles underlying the relevant assessment tools and measures
x.	An ability to engage the child/young person in the collaborative use of measures and tools in the assessment process (e.g. through discussion of scores and their meaning)
xi.	An ability to discuss with the child/young person any changes or re-focusing that might be appropriate in the therapeutic work as a result of their responses on outcome or process measures

2. Ability to conduct a collaborative assessment with younger clients and their parents/carers

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| i. | An ability to draw on knowledge of child development and attachment theory to gain a conceptual understanding of the child's difficulties |
| ii. | An ability to include the parent/carers and/or the referrers understanding of the child's difficulties in the assessment process |
| iii. | An ability to identify and assess the effect of parent-child dyad and the child's system on the child |
| iv. | An ability to recognize any underlying emotional difficulties that the child may be experiencing that may be manifesting in certain behaviours e.g. bed wetting, hair pulling, mutism |
| v. | An ability to develop a clear rationale for interventions selected based on information gathered during the assessment |
| vi. | An ability to recognise when it would be beneficial for the child if their parent/carer were involved in the therapy (e.g. to strengthen their relationship), and if required, make an appropriate referral aimed at improving attachment/bonding |

3. Ability to conduct a risk assessment

This level of risk assessment will not necessarily be conducted at all times, but all counsellors will need to know the necessary skills for risk assessment

3.1 Knowledge of policies and legislation

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| i. | An ability to draw on knowledge of national and local strategies standards, policies and procedures regarding clinical risk assessment and risk management |
| ii. | An ability to draw on knowledge of national and local child protection standards, policies and procedures |
| iii. | An ability to draw on knowledge of the principles of the relevant mental health Acts (e.g. Mental Health and Treatment Act/ Mental Health Act, Mental Capacity Act) |
| iv. | An ability to draw on knowledge of local policies on confidentiality and information sharing |
| v. | An ability to draw on knowledge of the statutory responsibilities of adults (e.g. parents, carers, school staff) to keep children and young people safe from harm |

3.2 Knowledge of risks

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| i. | An ability to draw on knowledge of the different forms of clinical risk routinely assessed for in clinical practice, including: | |
| | a. | risk of harm to self: |
| | b. | suicide risk |
| | | <ul style="list-style-type: none"> self-harm without apparent suicidal intent e.g.: deliberate self-poisoning or self-injury, selfharm related to eating disorders or substance abuse, impulsive behaviour, sexual behaviour that puts the individual at risk, risk of self-neglect |
| | c. | risk of harm to others (e.g. violent, and challenging behaviour) |
| | d. | risk of harm from others (e.g. domestic violence, abuse, neglect, parental mental ill health/substance misuse) |
| ii. | An ability to draw on knowledge of the main risk factors for self-harm, self-neglect, harm to others, and harm from others | |

3.3 Knowledge of the risk assessment and management process

i.	An ability to draw on knowledge that the aim of the risk assessment is to improve the quality of life of the child/young person, and prevents or minimises the risk of negative events or harm.
ii.	An ability to draw on knowledge of the benefit of a structured approach to risk assessment which combines clinical and actuarial information
iii.	An ability to draw on knowledge of the limitations of assessing risk and making predictions in relation to an individual because of the multiple and interrelated factors underlying their behaviour
iv.	An ability to draw on knowledge that the assessment of risk may need to be an ongoing process.
v.	An ability to draw on knowledge of the main risk factors for self-harm, self-neglect, harm to others and harm from others
vi.	An ability to draw on knowledge that there are different types of risk factor which can be:
	a. static and unchangeable historical events (e.g. a history of child abuse)
	b. dynamic but chronic, with only slow change over time (e.g. social deprivation)
	c. dynamic and acute, and can change rapidly (e.g. access to lethal weapons, or conflict with parents and/or peers)
vii.	An ability to draw on knowledge that risk assessment tools may be a useful part of risk assessment
viii.	An ability to draw on knowledge of the benefits, limitations and training requirements of risk assessment tools or measures
ix.	An ability to draw on knowledge that there are different stages and forms of risk assessment which may include:
	a. identification of risks during an initial assessment
	b. an in-depth structured risk assessment which includes a systematic evaluation of known risk factors
	c. a highly specialised structured assessment of risk of violence to others (usually conducted in a forensic service, and which may include the use of specialised risk assessment tools)
x.	An ability to draw on knowledge that the different stages and forms of risk assessment can be carried out by different clinicians and agencies
xi.	An ability to identify when a risk assessment indicates that onward referral is necessary

3.4 Ability to seek advice and supervision

An ability to recognise the limits of one's own expertise and to seek advice from appropriate individuals e.g.:

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| a. | supervisors and/or other members of the clinical team |
| b. | specialist forensic teams (e.g. where there are threat of serious violence) |
| c. | specialist self-harm teams |
| d. | Caldicott Guardian (regarding complex confidentiality issues) |
| e. | social workers (e.g. where there are possible child protection issues) |

3.5 Skills in risk assessment and management

Assessment of risk

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| i. | In the context of conducting a comprehensive assessment, an ability to carry out an in-depth structured risk assessment which combines information from clinical interviews, measures, observations and other agencies, comprising: |
| a. | the development of a good working alliance with the child/young person |
| b. | a systematic assessment of the demographic, psychological, social and historical factors known to be risk factors for self-harm, self-neglect, harm to others and harm from others |
| c. | an ability to identify the child/young person's view of their experience, including their view of possible trigger factors to harmful events, and ideas about interventions or changes in their environment that might be helpful in reducing the risk of future harm |
| d. | an ability to consider how the child/young person's developmental stage may affect their perception, understanding and behaviours in relation to risk |
| e. | an ability to identify the extent to which the adults involved in the child/young person's care (e.g. parents/carers, school staff) are able to assess and manage risks) |
| f. | an ability to identify when family/carers need to be involved in building a comprehensive risk assessment, in collaboration with the child/young person wherever possible |
| ii. | An ability to integrate risk assessment with knowledge of the individual child/young person and their social context, including their strengths and any resilience factors |
| iii. | An ability to conduct a risk assessment to gauge: |
| a. | the nature of any potential harm, explored through conversation and collaboration rather than predictive scoring |
| b. | the types of situations or behaviours that may lead to harm |
| c. | any factors that may influence how immediate the concerns are |
| d. | the potential impact or severity of harm |
| e. | the influence of protective factors |

Ability to develop a risk management plan

iv.	An ability to co-develop a risk management plan that supports shared decision making and safety planning. This includes:
a.	identifying factors that may contribute to risk
b.	identifying protective factors that may mitigate risk
v.	An ability to create a risk management plan, in collaboration with the child/young person (and parents/carers in the case of a younger child), which:
a.	identifies the actions to be taken by the child/young person and relevant services, should there be an acute increase in risk factors and/or the family perceives itself to be in crisis
b.	explicitly weighs up the potential benefits and harms of choosing one action or intervention over another
c.	details interventions or supports that reduce or eliminate risk factors for the harmful/negative event(s)
d.	details interventions or supports that encourage the child/young person's strengths and resilience factors
e.	manages any tensions arising from restrictions the plan places on the lifestyle of the child/young person or family
vi.	An ability to identify when it is appropriate to employ interventions that involve an element of risk (usually because the potential positive benefits outweigh the risk)
vii.	An ability to use the risk formulation to judge whether and when to schedule a reassessment with the young person
viii.	An ability to communicate the risk management plan to the child/young person, parents/carers, and other professionals, including information on the potential benefits and risks of a decision, and the reasons for a particular plan

Equality and Diversity

ix.	An ability to consider whether any assumptions or stereotypes about particular demographic groups (rather than knowledge of researched risk factors) lead to underestimation (e.g., under-estimating the risk of domestic violence in middle class families) or over-estimation of actual risk (e.g. over-estimating concerns about ability to parent amongst traveller communities)
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Interagency working

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| x. | An ability to collaborate with all potentially relevant agencies when undertaking a risk assessment |
| xi. | An ability to ensure that there is timely communication with all agencies involved in the case, both verbally and in writing |
| xii. | An ability to communicate the risk management plan to other agencies including information on the potential benefits and risks of a decision, and the reasons for a particular plan |
| xiii. | An ability to maintain a clear and detailed record of assessments and of decisions regarding plans for managing risk, in line with local protocols for recording clinical information: <ul style="list-style-type: none">• an ability to identify and record the actions individuals within each agency will be undertaking |

Basic competences for humanistic counselling with children and young people

1. Knowledge of the basic assumptions and principles of humanistic counselling

1.1 Knowledge of humanistic philosophy and principles that inform the counselling approach

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| i. | An ability to draw on knowledge that humanistic models assume: |
| a. | the centrality of 'experiencing' (i.e., thinking, perceiving, sensing, remembering, and feeling, along with the inherent meanings and actions associated with these modes of experience) |
| b. | that people can be helped through the establishment of respectful, genuine, closely-attuned relationships |
| c. | that people have a capacity for self-determination and self-direction, and that this can be an important part of the therapeutic change process |
| d. | that the diversity of human experience is to be valued and treated equally |
| e. | that people are motivated towards self-maintenance, psychological growth and development, and hence the realisation of their potential |
| ii. | An ability to draw on knowledge that human experience can be viewed from multiple perspectives (e.g., intrapersonal, interpersonal, contextual, cultural and spiritual) and that, as a consequence, the sum of a person's experience is greater than each of these parts |

1.2 Knowledge of humanistic theories of human growth and development and the capacity for psychological wellbeing

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|-------------|---|-----------|-----------------------|-----------|-------------------------|-----------|--|
| i. | An ability to draw on knowledge that healthy functioning involves experiencing in an integrated, holistic manner (and hence the focus of counselling is on the person as a whole, including particular symptoms and specific areas of functioning) | | | | | | |
| ii. | An ability to draw on knowledge that psychological growth will be influenced by, and takes place within, a social and cultural context: for example, family, school, community | | | | | | |
| iii. | An ability to draw on knowledge that people have a capacity to sense whether an action contributes to growth: <ul style="list-style-type: none"> • that emotional experiencing plays a key role in this capacity | | | | | | |
| iv. | An ability to draw on knowledge that people's functioning and behaviour are guided by their subjective reality | | | | | | |
| v. | An ability to draw on knowledge that people have the potential to develop a reflexive stance, allowing them to: <table border="1"> <tr> <td>a.</td> <td>expand self-awareness</td> </tr> <tr> <td>b.</td> <td>reconstruct experiences</td> </tr> <tr> <td>c.</td> <td>make changes to their ways of functioning and living</td> </tr> </table> | a. | expand self-awareness | b. | reconstruct experiences | c. | make changes to their ways of functioning and living |
| a. | expand self-awareness | | | | | | |
| b. | reconstruct experiences | | | | | | |
| c. | make changes to their ways of functioning and living | | | | | | |

1.3 Knowledge of the humanistic conditions for, and goals of, counselling change

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| i. | An ability to draw on knowledge that responding empathically to clients may increase their self-understanding and reduce their sense of isolation and alienation | | | | | | |
| ii. | An ability to draw on knowledge that offering a warm, accepting and non-judgemental attitude to clients may reduce their defensiveness and increase their awareness of their experiencing | | | | | | |
| iii. | An ability to draw on knowledge that being genuine and open with clients may increase their levels of trust and also models psychological health | | | | | | |
| iv. | An ability to draw on knowledge that change is more likely when: <table border="1"> <tr> <td>a.</td> <td>counsellor and client are able to communicate and relate to each other</td> </tr> <tr> <td>b.</td> <td>mutual understanding exists between counsellor and client</td> </tr> <tr> <td>c.</td> <td>the client and counsellor collaborate to decide the course and content of the counselling</td> </tr> </table> | a. | counsellor and client are able to communicate and relate to each other | b. | mutual understanding exists between counsellor and client | c. | the client and counsellor collaborate to decide the course and content of the counselling |
| a. | counsellor and client are able to communicate and relate to each other | | | | | | |
| b. | mutual understanding exists between counsellor and client | | | | | | |
| c. | the client and counsellor collaborate to decide the course and content of the counselling | | | | | | |

1.4 Knowledge of the processes by which humanistic counselling may help children and young people experience greater psychological wellbeing

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| i. | An ability for the counsellor to draw on knowledge that helping children/young people to explore their experiences, emotions and problems in an empathic, accepting and trusting relationship may help them: |
| a. | feel less ashamed |
| b. | get things 'off their chest' and experience emotional relief |
| c. | feel less isolated |
| d. | feel less worried about their problems |
| e. | feel less confused or overwhelmed by their problems |
| ii. | An ability to draw on knowledge that such responses may lead to positive outcomes for clients such as: |
| a. | finding more effective ways of dealing with their problems |
| b. | having greater confidence in themselves |
| c. | experiencing their world in a more integrated and holistic manner |
| d. | learning to open up more about their feelings and experiences, and hence developing better relationships with others in their lives |
| e. | improved self-acceptance and self-confidence |

2. Ability to initiate therapeutic relationships

2.1 Ability to explain and demonstrate the rationale for humanistic approaches to therapy

i.	An ability to provide a concise and coherent description of the therapy for the child/young person:
	an ability to communicate the central belief in the child/young person's capacity for growth and problem-resolution, albeit within the limits of their developmental stage, and social and cultural context
ii.	An ability for the counsellor to convey the position they intend to adopt in relation to the child/young person:
	a. to develop a collaborative relationship with the child/young person, viewing them as an active partner in the therapeutic work
	b. to hold an accepting attitude
	c. to be genuine and open
iii.	An ability for the counsellor to describe what they hope will emerge from the process of therapy
iv.	An ability to help children/young people discuss their expectations of the therapy and help them to identify outcomes which are achievable
v.	An ability to clarify the responsibilities of the counsellor and those of the child/young person in the therapeutic relationship
vi.	An ability to help the child/young person understand that therapy may increase contact with emotions and that at times this may be experienced as upsetting

**Ability to conduct a collaborative assessment* and *Ability to conduct a risk assessment* are activities that should be integrated into the process of initiating therapeutic relationships and are described in detail in the *Assessment competences* in the final section of the *Generic Therapeutic Competences*

2.2 Ability to establish and agree a therapeutic focus/goals

Ability to draw on the assessment to develop and agree a shared focus/goals for the counselling

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| i. | An ability to draw on knowledge from the assessment process to develop and agree with the child, young person and parents/carers (where appropriate) a shared focus and/or goals for the counselling |
| ii. | An ability to draw on knowledge from the assessment process to develop a plan for how the therapeutic work will proceed (e.g., any specific programmes/interventions that may be used) |
| iii. | An ability to maintain a balance between retaining a clear focus for the therapeutic work and being flexible and responsive to the changing needs of the child/young person |
| iv. | An ability to draw on knowledge that a clear and explicit focus for the therapeutic work may not always be possible or helpful for the child/young person |
| v. | An ability to include evaluation procedures in the plan for counselling, for example: <ul style="list-style-type: none"> an ability to record the child/young person's identified goals for the counselling, with the aim of evaluating whether they have been met by review dates or at the end of the counselling |

An ability to renegotiate goals as therapy progresses

Ability to promote informed choice

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| vi. | An ability to provide the child/young person with information on the various options for counselling, including information on its likely effectiveness |
| vii. | An ability to discuss with the child/young person any possible negative effects of the counselling (e.g., becoming distressed when talking about difficult topics and how this could be managed in counselling) |
| viii. | An ability to seek the child/young person's views on the provision of counselling |
| ix. | An ability to gauge the child/young person's motivation and preference for particular intervention options |
| x. | An ability to discuss whether the child/young person anticipates any difficulties with engaging with counselling, including their attendance |
| xi. | An ability to reach agreement on an appropriate plan for counselling |
| xii. | An ability to discuss the length of the initial period of counselling and to set a review date |

Ability to identify when a counselling intervention is not required and/or not appropriate

xiii. An ability to discuss with the child/young person when counselling is not required at the present time and to discuss the reasons for this with the child/young person, for example:

- when the process of assessment has (in itself) enabled the child/young person to resolve the presenting problem

xiv. An ability to recognise and discuss with the child/young person that their needs might be best met by other services (e.g., school nurse, specialist CAMHS)

xv. An ability to recognise when the child/young person and/or their family/carers require further, more specialist, assessment in order to determine the most appropriate intervention (e.g., assessment for family work, educational psychology, cognitive assessment)

2.3 Ability to develop a contract for the therapeutic work

An ability to explicitly agree, with the child/young person, the boundaries for the therapeutic work, including:

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| a. | confidentiality and the limits to confidentiality |
| b. | how any records of the work will be kept |
| c. | how the child/young person could make a complaint if required |
| d. | the timing and number of counselling sessions |
| e. | procedures that will be followed if the child/young person does not attend counselling |
| f. | any payment involved and procedures for payment |

3. Ability to maintain and develop therapeutic relationships

3.1 Ability to experience and communicate empathy

i.	An ability to be sensitive to the child/young person's frame of reference, emotions and experiencing:
a.	an ability to monitor (on a moment-to-moment basis) the degree to which the child/young person is in psychological contact with the counsellor, for example: • whether the child/young person's communications are reasonably coordinated with and/or match the counsellor's verbal and non-verbal behaviour
b.	an ability to use appropriate empathic responses to adjust work for children/young people who show evidence of being out of psychological contact, for example: • by sensitively reflecting the child/young person's words and/or play/creative expression, with the aim of helping them to articulate aspects of their subjective experience
ii.	An ability to maintain a consistent empathic attitude:
a.	to be responsive to the child/young person's verbal and non-verbal communication
b.	to sense the emotions and perceptions of the child/young person as if they were the counsellor's own (while maintaining an awareness of the counsellor's own experience)
iii.	An ability to sense and understand those feelings and perceptions of which the child/young person is aware, as well as those that have not yet entered the child/young person's awareness
iv.	An ability to understand the potential significance of body language (i.e., facial expression, bodily posture) as indices of the child/young person's subjective experience
v.	An ability to understand the potential significance of paralanguage (i.e., tone of voice, intonation, diction, cadence) as indices of the child/young person's subjective experience
vi.	An ability to identify inconsistencies between the child/young person's verbal and non-verbal behaviour
vii.	An ability to empathise equally with all aspects of the child/young person's experience, even where these aspects are contradictory

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| viii. | An ability to communicate empathically with the child/young person in a way that conveys an accurate understanding of their emotions and perceptions, for example: |
| a. | making empathic responses that the child/young person can use constructively |
| b. | accurately summarising and paraphrasing the child/young person's discourse |
| c. | accurately reflecting the child/young person's feelings back to them |
| d. | using metaphor where appropriate |
| ix. | An ability for the counsellor to check that their perceptions of the child/young person's inner world are consistent with the child/young person's own experience, and to revise them in light of the child/young person's feedback |

3.2 Ability to experience and to communicate a fundamentally accepting attitude to children and young people

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| i. | An ability to value the way that a child/young person experiences their world, regardless of their behaviour, attitudes and beliefs |
| ii. | An ability to hold an attitude of acceptance towards the child/young person and to demonstrate this through a welcoming and non-judgemental attitude |
| iii. | An ability to communicate genuine warmth and acceptance to the child/young person both verbally and non-verbally |
| iv. | An ability to respond to failures of unconditional positive regard (e.g., if the counsellor experiences rejecting and judgemental feelings towards the child/young person) through self-reflection and the use of supervision |
| v. | An ability for the counsellor to reflect on their own values and the ways in which these might influence their work with children and/or young people |

3.3 Ability to maintain authenticity in the counselling relationship

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| i. | An ability for the counsellor to be aware of their own experience in an accepting and non-evaluative manner throughout the process of building a relationship with the child/young person |
| ii. | An ability to maintain consistency between what is experienced by the counsellor and the way in which this is portrayed in the counselling relationship |
| iii. | An ability to be fully engaged in the counselling relationship |
| iv. | An ability to relate to the child/young person in a non-defensive and open manner |
| v. | A capacity to tolerate and work with strong emotions |
| vi. | An ability to relate to the child/young person in a spontaneous way, where appropriate |
| vii. | An ability to relate to the child/young person without adopting an incongruent professional 'façade' |
| viii. | An ability to demonstrate consistency between verbal and non-verbal communication |

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| ix. | An ability to be aware of emotional, bodily and cognitive reactions to the child/young person and to use these therapeutically |
| x. | An ability to self-disclose and communicate experiences of the child/young person to the child/young person, especially where this is: |
| a. | relevant to the child/young person's concerns, and |
| b. | recurrent, persistent or striking, and |
| c. | likely to facilitate, rather than impede, the child/young person's counselling process |

3.4 Ability to conclude counselling relationships

Ability to conclude the counselling relationship

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| i. | An ability to work collaboratively with children, young people and parents/carers (where appropriate) to identify when they may be ready to end counselling, for example: |
| a. | where children/young people feel that they have come sufficiently close to achieving their goals in counselling |
| b. | where counselling does not appear to be helpful for the child/young person |
| c. | where an alternative intervention is considered more appropriate to help the child/young person achieve their goals |
| d. | where it becomes apparent that the child/young person is primarily wanting to attend counselling for an ulterior motive, for example to miss lessons |
| ii. | An ability to initiate the conclusion of the counselling relationship, where: |
| a. | the child/young person feels that they are ready to end |
| b. | the counselling has come to the end of a fixed period of delivery |
| c. | the counsellor feels certain that the work is no longer helpful for the child/young person |
| iii. | An ability to negotiate with the child/young person how counselling will end and what information relating to the counselling will need to be communicated to other parties |
| iv. | An ability to review with the child/young person their progress over the course of counselling |
| v. | An ability to help children/young people make effective use of the ending phase of counselling: |
| a. | to help children/young people review their prospects for the future, taking into account their current social context and relationships |
| b. | to assist children/young people to express thoughts and feelings not previously addressed in counselling |
| c. | to help children/young people express feelings connected to endings, such as sadness and loss, or concerns about dependency, or a sense of achievement and fulfilment |
| d. | to develop with the child/young person strategies for change and plans for action following the end of counselling |

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| vi. | Where the child/young person does not have choice about the timing of the ending, an ability to discuss this with them in a way which supports their progress |
| vii. | An ability to explore with the child/young person options for future counselling interventions and other sources of support should the need arise |
| viii. | An ability to identify when it may be appropriate to offer a child/young person a follow-up ('booster') session, for example: |
| | a. as a means of providing continued support to the child/young person |
| | b. as an opportunity to maintain positive change |
| ix. | An ability to communicate to a child/young person the purpose, nature and context of a follow-up session and to agree consensual goals |
| x. | An ability to collaboratively negotiate and agree the next steps in any contact, including timing, venue, and method of reminding client |

Specific competences for humanistic counselling with children and young people

1. Approaches to working with, and making sense of, emotions

Ability to help children and/or young people to access and express emotions

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| i. | An ability to identify the ways in which children/young people manage and process their emotions, including the ability to recognise when they are finding it difficult to access these |
| ii. | An ability to help children/young people experience feelings which may be out of current awareness, for example: |
| | a. by helping children/young people focus their attention inwards in order to become more aware of their feelings |
| | b. by helping children/young people find ways of describing emotions which seem difficult to access |
| | c. by listening empathically for feelings that are implicit and not yet fully in awareness |
| | d. by focusing the child/young person's attention on bodily sensations |
| iii. | An ability to help the child/young person differentiate between feelings that are appropriate to (and hence useful for) dealing with a current situation and those that are less helpful to them, for example: |
| | a. because they are emotional responses relating to previous experiences rather than the present context |
| | b. because they are reactions to other, more fundamental, emotions |

Ability to help children and/or young people articulate emotions

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| iv. | An ability to help the child/young person find appropriate words to describe their emotions |
| v. | An ability to help the child/young person verbalise or 'play-out' the key concerns, meanings and memories which emerge out of emotional arousal |
| vi. | An ability to help the child/young person identify and verbalise the wishes, needs, behaviours and goals associated with feelings and emotions |
| vii. | An ability to suggest imagery and metaphor to help the child/young person become more aware of, and to articulate the meaning of, their experiences |

Ability to help children and/or young people reflect on emotions and develop new understandings

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| viii. | An ability to help children/young people explore and evaluate new perspectives on their experiences in order for them to: |
| | a. develop alternative ways of understanding their experiences |
| | b. revise their views of themselves |
| | c. develop new narratives relating to themselves and their world |
| ix. | An ability to help the child/young person reflect on any new meanings that emerge: |
| | a. to check the accuracy of meanings against experience |
| | b. to assess the implications of the new meanings |
| | c. to re-examine behaviour and where appropriate consider alternative forms of action |
| x. | An ability to help children/young people evaluate new perspectives in terms of their social context, personal values and goals in life |
| xi. | An ability to help children/young people adapt central assumptions about self, others and relationships in the light of experience |

2. Ability to help children and/or young people make sense of experiences that are confusing and distressing

An ability to recognise and to help children/young people reflect on reactions that they experience as problematic and/ or incongruent (e.g., when they over- or under-react to a situation, or react in ways which they describe as being out of character):

- an ability to help the child/young person describe both their emotional reactions and the external situation, in ways that encourage the child/young person:
 - to identify how they were feeling before they encountered the situation
 - to re-imagine the situation
 - to identify the moment when the reaction was triggered
 - to explore their reaction to the situation
 - to make links between their reactions and the way they construed the situation
 - to develop new ways of understanding the situation and their responses to it

3. Ability to use creative methods and resources to help children and/or young people express, reflect upon, and make sense of their experiences*

i.	An ability to judge when the use of creative and symbolic methods may be helpful, for example:
a.	when a child/young person may not have highly developed verbal skills
b.	when a child/young person seems 'stuck' and unable to elaborate
c.	when a child/young person seems disengaged
d.	when a child/young person is becoming newly aware of an aspect of experience which they are struggling to express verbally
e.	when a child/young person demonstrates a preference for visual/symbolic rather than verbal forms of communication
ii.	An ability to draw on knowledge of different creative methods and resources that may be appropriate for use with children/young people: for example, art, play materials, sand tray, life story, therapeutic games
iii.	An ability to draw on knowledge of the advantages of creative methods and resources, for example:
a.	in providing a medium for the communication of pre-verbal experience
b.	because of the association with play, as providing a natural form of communication for children/young people
c.	as providing a working distance or reflective space between a child/young person and their problems
d.	as providing opportunities for children/young people to project their inner experience into the perceptual field they share with the counsellor
iv.	An ability to draw on knowledge of the uses of creative methods and resources, for example:
a.	to help children/young people access and explore feelings, thoughts and beliefs
b.	to help externalise internal conflict between aspects of the self
c.	to explore the relationship between the child/young person and significant others
d.	to explore problematic situations in the past, present or future
e.	to explore alternative scenarios
v.	An ability to collaborate with children/young people to select creative methods and resources that are consistent with their needs and abilities
vi.	An ability to help children/young people describe and explore their experience when engaging with creative/symbolic methods
vii.	An ability to adopt a non-intrusive and non-interpretative stance when helping a child/young person explore the personal meanings which emerge in creative work
viii.	An ability to help a child/young person make sense of the meanings and experiences that emerge from using creative methods and resources

*See also the *Play in therapy* competences in this framework

3.1 Use of Life Story*

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| i. | An ability to draw on knowledge that a child/young person's sense of themselves can be expressed as a personal narrative or life story |
| ii. | An ability to use creative resources to help children/young people represent their life story (i.e., symbolic materials representing chronology and key milestones in their growth and development) |
| iii. | An ability to help children/young people describe and reflect upon their life story |
| iv. | An ability to use creative resources to help children/young people represent difficult experiences/events within their life story |
| v. | An ability to help children/young people describe and reflect upon difficult experiences/events within their life story, together with accompanying emotional reactions |
| vi. | An ability to help children/young people integrate difficult experiences/events into their life story |
| vii. | An ability to help children/young people project their life story into the future in order to review hopes and aspirations |

* This method is not recommended for children and young people with post-traumatic stress disorder. The competences for working with trauma are set out in the CAMHS competence framework: <http://www.ucl.ac.uk/pals/research/cehp/research-groups/core/competence-frameworks>

4. Play in therapy

This section of the CYP competences is the result of work undertaken in 2018-19 to produce competences for work with children (4-10 years). The competences in this section refer to 'play in therapy' work with children and so the pronouns child/children are used throughout.

Please note that as with the rest of the CYP competence framework, the Play in therapy competences can also be applied where appropriate, to work with young people.

4.1 Knowledge of theoretical approaches to play in therapy and their application in practice

i.	An ability to draw on knowledge of the theory and principles underpinning the different approaches to play in therapy, such as:
a.	Humanistic
b.	Psychodynamic
c.	Systemic
d.	Integrative
ii.	An ability to draw on knowledge of the specific approach to play in therapy that the practitioner is applying in practice
iii.	An ability to draw on knowledge of the current evidence base as it relates to different approaches to play in therapy, and to use this knowledge to inform decision-making about the range of approaches employed
iv.	An ability to draw on knowledge of factors common to all play in therapy approaches:
a.	that children explore the world, communicate and gain a sense of identity through play
b.	that play is a medium of communication and understanding in the therapeutic process
c.	that the therapeutic relationship between practitioner and child is paramount

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| v. | An ability to draw on knowledge of the basic assumptions and principles of humanistic counselling theory as they relate to the change process during play in therapy* e.g.: |
| a. | a warm-up or exploratory phase where the practitioner provides the therapeutic conditions needed for the development of the therapeutic relationship |
| b. | a testing phase during which the client may 'test-out' levels of safety e.g. through aggressive or regressive behaviours |
| c. | a working phase during which therapeutic growth and mastery occurs |
| d. | a termination or ending phase which may evoke emotional pain, grief or mourning which may resonate with the child's past loss/es |
| vi. | An ability to draw on knowledge of the ways in which 'transference' commonly manifests in therapeutic play (e.g. the child 'imposing' characteristics of key people in their life on the therapist, or on toys, artwork or story) |

*See also: *Basic competences for humanistic counselling with children and young people*

4.2 Knowledge of the roles and functions of play in child development

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| i. | An ability to draw on knowledge of the role of play in child development, for example: |
| a. | Play is a medium for the assimilation and accommodation of experience by: <ul style="list-style-type: none"> • helping the child to express their situation and their relationship to it • helping the child to develop new ways of thinking, ideas and ways of being • enabling the child to accommodate to changes in their external environment. |
| b. | The ways in which play develops and changes over time, including: <ul style="list-style-type: none"> • Sensory play • Physical play • Exploratory play • Social play • Symbolic play |
| c. | The ways in which the development of play can contribute to the physical, intellectual, social and emotional development of the child. |
| ii. | An ability to draw on knowledge of attachment theory to inform play in therapy practice, for example: |
| a. | the ways in which early attachment relationships shape child development |
| b. | the ways in which therapeutic play and creative approaches can be used to promote attachment |
| c. | the ways that attachment styles can impact on the relationship |

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| iii. | An ability to draw on knowledge of the impact of early and current adverse events such as abuse, neglect and trauma and the implications for the ways in which: |
| a. | adverse events can impact the child and the ways these can present e.g. flight, fight or freeze |
| b. | the potential impact on the child's ability to engage with play in therapy |
| c. | the ways in which adverse events can be worked with using play in therapy e.g. helping the child to move from repetitive play to dynamic play |

4.3 Engaging the child in play in therapy sessions

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| i. | An ability to speak to the child using developmentally appropriate language (which may be different from that indicated by their chronological age) |
| ii. | An ability to explain the purpose and structure of play in therapy in developmentally appropriate language |
| iii. | An ability to integrate knowledge of play, child development, the child and their unique context into practice |
| iv. | Ability to draw on knowledge of the development of play and its developmental function in order to: |
| a. | identify the age group and/or developmental level for whom play in therapy is appropriate |
| b. | help the child to select stage-appropriate play materials |
| c. | engage in play that is appropriate to the child's developmental stage |
| d. | identify when a child may be engaged in play that does not match their chronological age |
| v. | An ability to make use of developmental perspectives relating to the biological, intrapersonal, interpersonal and sociocultural roles and functions of play during play in therapy, for example: |
| a. | to engage in the therapeutic process in an authentic, playful manner |
| b. | to use therapeutic play as a way of helping the child express their thoughts and feelings |
| c. | to enter the child's world through the child's symbolic play |
| d. | to help the child 'work-through' and manage their concerns and difficulties |
| e. | to support the child's social and emotional development |
| f. | to facilitate the child's sense of agency |
| vi. | An ability to identify and work with different attachment styles as well as consider any implications for the child's capacity to engage in play, such as: |
| a. | when the child is significantly and/or persistently hostile towards, or idealising of the therapist |
| b. | when the child is very compliant or excessively challenges boundaries |

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| vii. | An ability to hold in mind the influence of cultural background and diversity on the child's play, and be able to respond accordingly* e.g. |
| a. | by ensuring that the materials in the therapy room are accessible, representative and appropriate for children of all cultural backgrounds |
| b. | by bearing in mind the different place that play may hold in different cultures and in individual children's backgrounds |
| c. | by ensuring an awareness in the practitioner of their own cultural norms in relation to play and of how these could impact on their expectations of the child during play in therapy |

*See *Core competences for work with children and young people*, 8. Ability to work in a 'culturally competent' manner

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| viii. | An ability to explain in developmentally appropriate language the purpose and process of counselling and the use of play in therapy |
| ix. | An ability to establish and sustain a clear contract for the work with the child and their parents/carers |

Therapeutic relationship

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| x. | Ability to engage the child in a therapeutic relationship which incorporates the following play in therapy principles: |
| a. | developing a warm and friendly rapport with the child |
| b. | striving towards fundamental acceptance of the child and managing own judgements or attitudes which might interfere with this |
| c. | establishing a sense of security and freedom in order that the child may fully express themselves |
| d. | paying close attention to the child's feelings, communicating empathic understanding and helping the child to develop self-understanding |
| e. | being mindful of the power differential inherent in all adult/child relationships |
| f. | holding a balance between allowing the child appropriate power and autonomy whilst maintaining ultimate responsibility for the therapeutic process |
| g. | showing respect for the child's ability to solve their own problems and fostering the child's autonomy |
| h. | allowing the child to direct their own therapeutic process at their own pace whilst engaging with the child in an active dynamic way |
| xi. | An ability to develop and maintain a positive working relationship with the child's parents/carers. |

Boundaries and Limit Setting

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|--------------|---|
| xii. | An ability to draw on knowledge that setting limits and boundaries is an important part of the therapeutic process |
| xiii. | An ability to set and maintain limits at the start of the therapeutic work and during the therapeutic process i.e. |
| a. | assessing and responding to any risk of physical harm to the client, the practitioner and/or others |
| b. | setting the limits of behaviour with regards to: |
| | <ul style="list-style-type: none"> the child's treatment of property and the environment the child's physical behaviour towards others the time boundaries of sessions |
| xiv. | An ability to respond to, and hold challenges to the boundaries by: |
| a. | acknowledging the feelings and/or intentions underpinning the child's behaviour |
| b. | communicating clearly and in developmentally appropriate language, the limits to behaviours and if appropriate, the reasons for such limits |
| c. | identifying alternative play or creative interventions to help the child express their feelings by, for example: |
| | <ul style="list-style-type: none"> helping the child to generate alternative play opportunities |
| xv. | *An ability for the therapist to maintain professional therapeutic boundaries by, for example: |
| a. | ensuring that they do not use their position and/or role in relation to the child to further their own ends |
| b. | maintaining clear and appropriate personal and sexual boundaries with service users, their families and carers |

*See also: *Core competences for work with children and young people*; 4.6 Ability to maintain appropriate standards of conduct

Involving the child's parents/carers

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|-------------|---|
| xvi. | An ability to work with parents/carers to support the child, including: |
| a. | communicating empathy to the parents/carers |
| b. | respectfully challenging and encouraging parents/carers to make specific changes to support their child in making changes (e.g. by adapting their communication styles) |
| c. | working with parents/carers to prepare for the ending and developing ways that parents/carers can continue to help their child after therapy ends |

4.4 Ability to engage in playful communication using a range of play and creative materials

i.	An ability to engage in meaning making during therapeutic play
ii.	An ability to use play and creative materials to facilitate communication with the child
iii.	An ability to maintain a child-centred perspective in order to understand the child's world-view.
iv.	An ability to observe children's play in order to identify explicit and implicit aspects of the child's story, as expressed through play or creative methods
v.	An ability to follow the child's lead in play
vi.	An ability to connect with the child by attuning with their play and their use of language
vii.	An ability to work and stay with the child's chosen metaphor(s)
viii.	An ability to step in and out of metaphor to enable:
	a. clarification
	b. reflection
	c. emotional regulation
	d. deeper understanding
ix.	An ability to recognise and work with 'transference' and 'counter transference' in the therapeutic process
x.	*An ability to use and respond to humour and play, for example by:
	a. using humour and play in a manner that is matched to the developmental level of the child
	b. using humour as an aid to help children (e.g., to normalise their experience or to reduce tension), but also recognising its risks (e.g., of invalidating feelings, acting as a distraction from/avoidance of feelings, or creating 'boundary violations')
	c. responding to the child's humour in a manner that is congruent with its intent, and responsive to any implied meanings
	d. using humour and play in a manner that is matched to the developmental level of the child
xi.	An ability to facilitate creativity and spontaneity during the therapeutic process
xii.	An ability to respect and make therapeutic use of silence
xiii.	An ability to work with intense emotions e.g.:
	a. to recognise when the expression of intense emotions has therapeutic value
	b. to facilitate the expression of intense emotions when it is determined necessary for the client's therapeutic process
	c. to be able to stay with and accept the client's expression of intense emotions
	d. to provide containment for the expression of intense emotions

*See also: *Core competences for work with young people*: 9.4 Ability to promote understanding about the service/interventions on offer

4.5 Ability to work with verbal and nonverbal communication during play in therapy

i.	An ability to use a variety of verbal skills using developmentally appropriate language, such as:
a.	offering verbal reflections and observations on the child's verbal and non-verbal expression
b.	reflecting on content as well as feeling
c.	encouraging the child's play
d.	encouraging the child to make decisions about their play
e.	enlarging meaning and facilitating the child's understanding
f.	communicating empathy
g.	communicating a fundamentally accepting attitude
h.	maintaining authenticity in the therapeutic relationship
i.	helping the child to access and express emotions through play
j.	helping the child to make sense of experiences that are confusing and distressing
k.	using a tone of voice:
	• which is congruent with the client's affect
	• which is congruent with the practitioner's own non-verbal and verbal responses
ii.	An ability for the practitioner to communicate non-verbally, for example through:
a.	engaging in the play activity
b.	body language (e.g. leaning forward, maintaining an open stance)
c.	indications of active listening (e.g. being curious, attentive and interested)
iii.	An ability to work with verbal and nonverbal communication as expressed through the child's play and creativity
iv.	An ability to attune empathically (and facilitate), the child's verbal and non-verbal expression of emotional experience

4.6 Ability to use a range of play and creative materials

i.	An ability to facilitate the child's emotional expression through symbolic communication, using a variety of therapeutic play and creative methods
ii.	An ability to use a range of play and creative materials to communicate with the child and foster emotional expression, for example by using:
	a. Arts media
	b. 'Small world' play
	c. Sand tray
	d. Role play, props, dramatic play, body and movement
	e. Sensory play
	f. Music
	g. Natural world
	h. Stories
	i. Digital technologies
iii.	An ability to monitor and evaluate the effectiveness of specific play and creative interventions and if indicated, introduce alternative play interventions

4.7 Ability to prepare and manage the therapy room

Preparing the room for therapy

i.	An ability to prepare the therapy room with a range of play resources by selecting materials that will serve a variety of therapeutic functions to:
	a. facilitate both creative and emotional expression
	b. capture the child's interest
	c. allow for non-verbal exploration and expression
	d. be accessible to the child without guidance from the practitioner
	e. enable reality testing of limits
	f. encourage the development of a positive self-image
	g. encourage the development of self-understanding

ii. An ability to make available different categories of play and expressive materials (within reasonable limits if working peripatetically), for example:
a. Family and nurturing play materials that help children to role play adults and/or themselves or others, within the family context (e.g. dolls house, baby dolls, clothes and blankets, doll families, toy cleaning equipment and kitchen ware, pretend food)
b. Toys that can help children to work through their anxieties and fears (e.g. plastic spiders, snakes, dinosaurs, monsters, rats, dragons, sharks, insects, puppets of scary animals)
c. Toys which facilitate the expression and release of angry and aggressive emotions (e.g. soldiers, military vehicles, plastic shield, punch bag)
d. Expressive materials that enable children to express comfortable and uncomfortable emotions (e.g. paints, crayons, pencils, markers, glue, play dough, clay, scissors, paper, easel, sand tray, story books)
e. Toys which help children to safely explore the world of adults or engage in fantasy worlds to aid expression of their worries and concerns (e.g. dressing up clothes, children's furniture, toy telephone, puppets, puppets, magic wand, animals, aliens, castle, fantasy creatures and doctor/nurse kit)
iii. An ability to set up the therapy room for each client which:
a. is consistent for the child to build trust and feel safe in the space
b. where the child can freely access their chosen play materials
c. considers the child's individual needs

Managing the therapy room

iv. An ability to ensure the safe management of the therapy room and its contents (in line with Health & Safety standards), to include:
a. the selection of suitable play materials
b. undertaking a risk assessment of the environment
c. taking appropriate steps to ensure continuing safety (which may involve other professionals)
d. maintaining play materials through infection control procedures (e.g. regular cleaning of toys and materials)
v. An ability to ensure that any therapeutic work that is produced in sessions is treated with respect and managed appropriately in the context of client confidentiality, particularly if the therapist is working peripatetically (e.g. through its secure storage).
vi. An ability to manage stock levels of play and creative resources to ensure continued access to specific materials

4.8 Ability to use self-awareness to inform play in therapy practice

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| i. | An ability for the practitioner to be aware of and separate their own emotional and somatic responses from those of the child and where appropriate, from others involved in the child's care. |
| ii. | An ability for the practitioner to reflect on their own emotional and somatic responses and use their insight to respond therapeutically to the child e.g.: <ul style="list-style-type: none"> • by linking own responses to what the child is communicating through play or creative expression |
| iii. | An ability to use self-awareness when responding to a child's transference (or to that of others involved in the child's care), particularly when the feelings being expressed are directed towards the practitioner. |
| iv. | An ability for the practitioner to recognise the limits of their competence and to respond appropriately (e.g. by seeking supervision or making a referral) |

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Metacompetences for humanistic counselling with children and young people

1. Working with the whole person

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|------|---|
| i. | An ability, when working with clients, to maintain a holistic perspective (recognising the integrated nature of intrapersonal, interpersonal, contextual, and cultural aspects of the person) |
| ii. | An ability to take fully into account the client's cultural and social context in order to empathise with their frame of reference |
| iii. | An ability to consider developmental issues when appraising a client's capacity to tolerate emotion |

2. Capacity to balance therapeutic tasks

i.	An ability to balance an understanding of a client's individual experiences and characteristics with knowledge of normative development
ii.	An ability to balance the use of standardised therapeutic methods with practices that are tailored to the client's individual preferences and needs
iii.	An ability to maintain a balance between directive and non-directive dimensions of the therapeutic process, as appropriate to the individual client
iv.	An ability to balance any tensions between the maintenance of the therapeutic relationship and the achievement of therapeutic tasks
v.	An ability to balance client autonomy with the need to attend to issues of client safety and risk
vi.	An ability to hold responsibility for the therapeutic frame while sharing power appropriately with the client
vii.	An ability for the counsellor to adopt an accepting and non-judgemental attitude towards the client while acknowledging their feelings for, and reactions to, the client
viii.	An ability to maintain a balance between prizing the client's experience and being willing to challenge, and not condone, problematic behaviours
ix.	An ability to attend to both process and content in the therapeutic relationship
x.	An ability to balance facilitating the client's emotional arousal with the need for understanding and meaning-making in the therapeutic relationship
xi.	An ability to balance levels of support and challenge in the therapeutic relationship
xii.	An ability to judge when it is appropriate to introduce creative methods and resources that encourage active emotional expression
xiii.	An ability to maintain a client-centred relational stance when implementing additional therapeutic interventions
xiv.	An ability to balance hope for positive outcomes from counselling with a realistic appraisal of the likely impact of the intervention, when discussing therapeutic work with clients and other key stakeholders
xv.	An ability to hold in mind and to monitor the client's emotional needs and capacities when developing and collaborating in therapeutic tasks
xvi.	An ability to tailor the degree of silence to the individual client recognising that, while silence may provide some clients with a valuable opportunity to express their feelings, others may experience it as awkward and uncomfortable

3. Integrating the counsellor's experience into the therapeutic relationship

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| i. | An ability for the counsellor to make use of 'metacommunication' (discussing how client and counsellor are communicating with each other), and a capacity to: |
| | a. judge when metacommunication might be helpful to the client (e.g., relational difficulties/misunderstandings) |
| | b. convey the intention behind the counsellor's communication |
| | c. explore the impact of the counsellor's communication on the client |
| ii. | An ability for the counsellor to recognise their own contribution to the construction of meaning in the therapeutic relationship |

4. Working with complex relational issues

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| i. | An ability for the counsellor to maintain a sense of their own separate reality and experience while maintaining an awareness of the ways in which clients may draw them into particular patterns of relating |
| ii. | An ability to relate to the client on multiple levels: |
| | a. in the 'real' relationship, constructed through the meeting of two individuals |
| | b. in the therapeutic alliance, where counsellor and client work collaboratively |
| | c. in the 'transference' relationship, in terms of the client's patterns of relating to others |

5. Working in the organisational context

An ability to balance the interests of different stakeholders within the organisational context when making professional judgements about therapeutic work, while keeping the interests of the client central

Working in an organisational context

1. Ability to work within a school context

1.1 Partnership working

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|-----|---|
| i. | An ability to draw on knowledge that the provision of a non-stigmatising and accessible form of early intervention for psychological difficulties is underpinned by working in partnership with schools |
| ii. | An ability to draw on knowledge that effective partnership working involves an understanding of the school system e.g.: |
| a. | the ethos, culture and core business of the school and how this relates to the counselling service |
| b. | the governing and organisational structure of the school |
| c. | the roles and responsibilities of teaching and support staff |
| d. | assessment systems used by the school, including statutory tests and examinations |
| e. | the ways in which children and young people are grouped (e.g.: year groups, tutor groups) |
| f. | critical transition periods during children and young people's school careers (e.g. early years, primary and secondary school, 6th form, college) |
| g. | the framework for external inspection (e.g. Ofsted, Estyn, HMI) and the impact this has on the school community |
| h. | the school's policies and procedures (e.g. attendance, punctuality, rewards, uniform, student voice) |
| i. | the school's approach to discipline and its policy with regard to exclusion |

iii. An ability to draw on knowledge of the impact the school context will have on the counselling service, for instance with regard to:	
a.	access and referral to the service
b.	the management of client confidentiality
c.	the scheduling of appointments
d.	the physical environment in which counselling takes place
e.	the level of privacy provided by the service, i.e.
	that teachers and peers may inevitably be aware a child/young person is attending counselling
f.	the clients' understanding of the purpose of counselling, i.e.
	that the way the counselling service is promoted in the school will affect children and young people's perceptions
g.	client autonomy
iv. An ability to draw on knowledge of the ways in which the provision of counselling services may impact on the school system, for example by:	
a.	increasing levels of emotional literacy
b.	promoting talking about problems as a means of resolving them
c.	promoting greater awareness of mental health issues
d.	reducing the stigma associated with psychological problems
e.	promoting a more holistic view of pupil development and well-being
v. An ability to understand that duty of care to children and young people lies ultimately with the school, and that counsellors therefore have a responsibility to communicate with school managers particularly where issues of risk and safeguarding arise	
vi. An ability to draw on knowledge of national, local authority and school policies, procedures and initiatives relevant to school-based counselling (e.g. health and safety, pastoral care, bullying, behaviour management, child protection etc.)	
vii. An ability to follow relevant policies/procedures as these apply to any activity in which the counsellor is involved	
viii. An ability to contribute effectively to meetings, as necessary, including the provision of written reports	

1.2 Ability to communicate across the school context

i.	An ability to draw on knowledge of the importance of effective communication across the school context										
ii.	An ability to communicate effectively, both orally and in writing, with a number of different stakeholder groups, (including school management, school staff, other professionals, children and young people, parents/carers and school governors), for example: <table> <tr> <td>a.</td><td>to clarify the role of school-based counselling services</td></tr> <tr> <td>b.</td><td>to describe the potential benefits of school-based counselling</td></tr> <tr> <td>c.</td><td>to explain the codes of practice that apply to counselling</td></tr> <tr> <td>d.</td><td>to publicise and encourage people to make use of services</td></tr> <tr> <td>e.</td><td>to explain how a service operates and how to access it</td></tr> </table>	a.	to clarify the role of school-based counselling services	b.	to describe the potential benefits of school-based counselling	c.	to explain the codes of practice that apply to counselling	d.	to publicise and encourage people to make use of services	e.	to explain how a service operates and how to access it
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c.	to explain the codes of practice that apply to counselling										
d.	to publicise and encourage people to make use of services										
e.	to explain how a service operates and how to access it										
iii.	An ability to draw on knowledge of the principles of confidentiality and consent in order to manage the tension between the need to share information and the need for client confidentiality (see Core Competences 'Knowledge of, and ability to work with, issues of confidentiality, consent and capacity')										
iv.	An ability to communicate to school management any general trends in behaviour noticed by the school based counselling service (e.g. a rise in self-harm or bullying)										
v.	An ability to manage and negotiate out-of-session contact with clients around the school site, e.g.: balancing the client's need for privacy with the counsellor's need to be a visible presence within the school										

1.3 Ability to work collaboratively across the school context

i.	An ability to work collaboratively with school management to establish a clear understanding of the purpose of counselling, its codes of practice and role within the school
ii.	An ability to work with school management to identify a Link Teacher for the counselling service
iii.	An ability to liaise regularly with the Link Teacher to establish referral protocols and priorities and provide an overview of service progress
iv.	An ability to manage an appointment system that has due regard for the demands of the school curriculum
v.	An ability to negotiate service delivery in an appropriate setting on the school site and with appropriate accommodation
vi.	An ability to negotiate with school staff the accessibility of the service outside of school hours, and for those who are on the school roll but are not attending school
vii.	An ability to evaluate the counselling service using a variety of forms of systematic feedback and develop service delivery accordingly (see Generic Therapeutic Competences 'Ability to make use of measures')
viii.	An ability to provide reports to school management on the usage made of the counselling service
ix.	An ability to work with school staff to develop procedures for managing missed appointments

2. Ability to promote emotional health in schools

2.1 Developing a framework for emotional health promotion in schools

i.	An ability to draw on knowledge of key organisational issues for the effective delivery of emotional health promotion programmes in schools:
a.	an 'emotionally aware' and supportive school
b.	a commitment to promoting emotional health
c.	support from the head/senior teacher and class teacher support
d.	availability of sufficient dedicated programme time within the timetable
e.	a good fit with other school emotional health initiatives (e.g. complimentary to other programmes, not too many initiatives)
f.	the availability of appropriate programme leaders (e.g. led by health professionals, teachers, counsellors or external agencies) who have sufficient time to deliver the programme
ii.	An ability to draw on knowledge of a range of school-based emotional health promotion programmes in school (e.g. peer-support programmes, circle time, anger-management groups)
iii.	An ability to draw on knowledge of available evidence-based promotion programmes
iv.	An ability to draw on knowledge of the training and support required to deliver the programmes effectively
v.	An ability to draw on knowledge of which programmes are appropriate for children/young people of different ages, levels of ability, and their primary target (e.g. depression or anxiety)
vi.	An ability to draw on knowledge of the likely benefits and limitations of different methods of delivery (e.g. universal v. targeted delivery)

2.2 Establishing a context and a rationale for emotional health promotion

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| i. | An ability to explain to educational staff, children/young people and their families the rationale for emotional health promotion (e.g. to develop skills to maintain psychological health and promote resilience) and the nature of the programme (i.e. that this is an educational intervention rather than a therapy) |
| ii. | An ability to clarify the likely improvements and benefits that would be expected from the programme |
| iii. | An ability to clarify what will be unlikely to improve as a result of the programme |
| iv. | An ability provide a rationale for the underlying theoretical model of the programme and how the areas of learning/skills taught relate to this |
| v. | An ability to clarify the role of the programme leader (that they are a facilitator rather than a therapist) |

2.3 Giving specific information relevant to the intervention

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| i. | An ability to give accurate information regarding the evidence base for specific promotion programmes |
| ii. | An ability to give information about the programme content and length of specific programmes |
| iii. | An ability to advise those delivering the programme about the purpose of specific tasks/activities and how these relate to the underlying theoretical model and aims of the programme |
| iv. | An ability to advise on how specific tasks can best be delivered/adapted to the needs of the children/young people |

2.4 Decision making regarding the appropriateness of different programmes

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| i. | An ability to advise on the best model of emotional health promotion delivery within the resources available to the school (e.g. whether universal or targeted) | |
| ii. | An ability to advise on appropriate specific programmes for the school, giving due consideration to: | |
| | a. | the primary aims the school wishes to achieve |
| | b. | available time within the timetable |
| | c. | training and availability of programme leaders |
| | d. | availability of required resources (e.g. workbooks) |
| | e. | appropriate supervision and support |
| iii. | An ability to identify children/young people within the school who are experiencing significant psychological problems and who may require additional therapeutic interventions: | |
| | | <ul style="list-style-type: none"> an ability to refer to other services (e.g. counselling, specialist CAMHS) where this is indicated and appropriate |

2.5 Ability to advise on the effective delivery of prevention programmes

i.	An ability to highlight the core tasks and activities for each session
ii.	An ability to advise on how these might best be adapted and delivered to individual groups/classes
iii.	An ability to advise on how to deal with challenges to delivery of the programme, e.g.:
a.	specific problems (e.g. students not understanding or engaging with the programme)
b.	individual students (e.g. challenging behaviour or specific learning problems)
c.	specific issues within the school that will impact upon the effective delivery of the programme (e.g. timetabling issues or teacher involvement/absence)

2.6 Ability to monitor the effectiveness of prevention programmes

i.	An ability to advise on the importance of using pre- and post- measures to evaluate the programme
ii.	An ability to advise on suitable age-appropriate measures
iii.	An ability to interpret the outcomes of any assessments of effectiveness
iv.	An ability to offer written and verbal feedback regarding the effectiveness of the programme to relevant members of the school

3. Ability to work within a voluntary and community ('third') sector context

Competences in this section refer to the knowledge and skills required when working in the context of a voluntary and community sector counselling organisation

3.1 Knowledge of the organisational structure

An ability to draw on knowledge of the organisation's governance and management structures, including its:

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| a. | values, principles, mission and purpose |
| b. | principal funders |
| c. | strategic and business plans |
| d. | trustees and their legal and financial responsibilities |
| e. | management/organisational structure |

3.2 Knowledge of the organisation's operational context and the scope of its work

An ability to draw on knowledge of the organisation's operational context, including:

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| a. | children and young people's referral routes into the service |
| b. | cross-referral protocols with other agencies |
| c. | any limits to the counselling relationship or the scope of work undertaken as a consequence of the operational context |
| d. | alternative appropriate services and interventions that may be relevant to the child/young person's identified needs |

3.3 Knowledge and implementation of policies and procedures

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| i. An ability to draw on knowledge of the organisation's policies and procedures, and a capacity to put these into practice, including: |
| a. staff policies |
| b. policies governing the delivery of the counselling service, such as confidentiality and management of personal data, child protection/ safeguarding |
| c. policies for monitoring, reviewing and evaluating the services offered by the organisation |
| d. systems for collecting and responding to service user feedback |
| e. the distinction between, and different functions of, line management and clinical supervision |
| ii. An ability to complete statistical and other records identified by the organisation as part of its audit and governance structure |

3.4 Collaborative working

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| An ability to work collaboratively with colleagues within the organisation, including a capacity: |
| a. to understand the roles, responsibilities and expertise of other staff members |
| b. to contribute constructively to professional meetings and professional development and training events |

Ability to use additional therapeutic interventions

Humanistic counselling with children and young people includes being open to the use of therapeutic practices from additional modalities (e.g., CBT), where they may be helpful to the child/young person concerned and are adopted in an informed, integrated and collaborative way. The ability to use self-help materials for a range of problems and the ability to use applied relaxation are illustrative of the kinds of practices that humanistic counsellors might draw on, and are indicative only.

1. Ability to use self-help materials for a range of problems

Establishing a framework for using self-help materials

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| i. | An ability to identify when it is appropriate for self-help materials to be employed: |
| | a. as a stand-alone intervention, without counsellor guidance |
| | b. as a form of guided self-help, with focused support from a practitioner |
| ii. | An ability to identify when it is appropriate to integrate guided self-help into an ongoing counselling relationship |
| iii. | An ability to ensure that self-help materials used with children and young people are matched to their cognitive and affective development |
| iv. | An ability to draw on knowledge that self-help materials are not usually appropriate for young children |
| v. | An ability to maintain a clear distinction between the role of a facilitator of guided self-help and the more extensive role of a therapist or case manager |

Establishing a context and a rationale for the self-help model

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| vi. | An ability to help recipients of self-help (children/young people and their families/carers) understand that the main purpose of the intervention is to focus on, and facilitate, the use of self-help material(s) |
| vii. | An ability to identify appropriate and specific goals and desired outcomes for the self-help intervention with the child/young person and their family/carers |
| viii. | An ability to provide a rationale for guided self-help in an encouraging and realistic manner |
| ix. | An ability to establish a context for the intervention, through clear explanation of the role of the practitioner |
| x. | An ability to ensure that the child/young person understands the nature and timing of the schedule of any contacts |
| xi. | An ability to convey the client-led, collaborative nature of a self-help intervention |

Giving specific information relevant to the intervention

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|--------------|---|
| xii. | An ability to impart accurate information about the problems on which self-help materials are focused (e.g., the nature, cause and frequency of a presenting problem) |
| xiii. | An ability to give information regarding the likely benefits of self-help interventions (i.e., based on best available evidence of effectiveness) |

Decision making regarding the appropriateness of self-help

- | | |
|-------------|--|
| xiv. | An ability to agree on the suitability of a self-help intervention for the child/young person and their family/carers |
| xv. | An ability to collaboratively negotiate and agree the next steps in any contact, including organisational arrangements |
| xvi. | An ability to identify children/young people whose problems lie outside the scope of a self-help intervention (i.e., when alternative interventions are required): <ul style="list-style-type: none"> • an ability to refer to another part of the service or to other agencies where this is indicated and appropriate |

2. Ability to use applied relaxation

2.1 Engagement

An ability to explain the rationale for applied relaxation to the child/young person, specifically:

- a. the use of this technique to break into vicious circles of physiological arousal (i.e., where individuals react to signs of anxiety by becoming more anxious, a sequence of events which (if repeated) rapidly escalates anxiety)
- b. the benefit of learning to apply relaxation techniques in a range of contexts
- c. the importance of undertaking practice outside sessions in order to gain most benefit

2.2 Intervention

- i. An ability to help the child/young person increase their awareness of early signs of anxiety reactions by completing a record of anxiety episodes
- ii. An ability to teach children/young people progressive relaxation techniques, specifically (and in the following order):
 - a. tension and release
 - b. release only
 - c. cue-controlled relaxation
 - d. differential relaxation of different parts of the body while engaged in various activities and while moving
 - e. rapid relaxation
- iii. An ability to help the child/young person apply relaxation techniques in anxiety-provoking situations (i.e., to conduct exposure*)
- iv. An ability to help the child/young person maintain and apply their relaxation skills

* 'exposure' refers to a range of cognitive and behavioural techniques that aim to help clients learn to manage (rather than avoid) fear and anxiety cued by both situational and interoceptive (somatic) stimuli. Relevant competences can be found in the CBT competence framework <http://www.ucl.ac.uk/pals/research/cehp/research-groups/core/competence-frameworks/cognitive-and-behavioural-therapy>

3. Online and phone therapy (OPT) with children and young people

OPT will be used throughout these competences when referring to online and phone therapy

3.1 Ethical and professional practice

- | | | | | | | | |
|-------|--|----|--|----|--|----|--|
| i. | An ability to access relevant expertise and apply knowledge of the relevant legal, ethical and professional requirements and regulations that apply when working with children and young people online or over the phone | | | | | | |
| ii. | An ability to access relevant expertise and apply knowledge of the relevant legal, ethical and professional requirements and regulations that apply in the country where the child or young person is located | | | | | | |
| iii. | An ability to access relevant information and apply knowledge of online safety in relation to children and young people, taking account of responsibilities placed on providers of online services to safeguard the child/young person online and issues of data protection e.g. ICO Age appropriate design code | | | | | | |
| iv. | An ability to clarify with children and young people issues of privacy and limits to confidentiality in OPT, and circumstances where confidentiality may be compromised e.g.: <table border="1"> <tr> <td>a.</td> <td>legalities of ownership of a mobile phone contract</td> </tr> <tr> <td>b.</td> <td>ownership of personal data (in relation to GDPR)</td> </tr> <tr> <td>c.</td> <td>who else may have access to the device the child/young person is using</td> </tr> </table> | a. | legalities of ownership of a mobile phone contract | b. | ownership of personal data (in relation to GDPR) | c. | who else may have access to the device the child/young person is using |
| a. | legalities of ownership of a mobile phone contract | | | | | | |
| b. | ownership of personal data (in relation to GDPR) | | | | | | |
| c. | who else may have access to the device the child/young person is using | | | | | | |
| v. | An ability to draw on knowledge of relevant legal terms and conditions relating to the different platforms used for OPT to ensure these are appropriate for work with children and young people e.g. some platforms require users to be aged over 16 | | | | | | |
| vi. | An ability to inform children and young people about the potential risks to confidentiality posed in OPT and to apply knowledge of appropriate solutions to work with the child, young person and/or their parent/carer to help minimise risk of confidentiality breaches | | | | | | |
| vii. | An understanding of and ability to apply knowledge of the capacity of children and young people to give consent for OPT with due consideration of Gillick competence and Fraser Guidelines | | | | | | |
| viii. | An ability to verify the identity and age of the child/young person, especially where there are no visual cues e.g. phone, audio and text-based therapy | | | | | | |

Additional information

Further competences that relate to this domain can be found in this framework at:

Core competences for work with children and young people:

3. Knowledge of legal frameworks relating to working with children and young people (page 6)
4. Knowledge of, and ability to operate within, professional and ethical guidelines (page 10)
5. Knowledge of, and ability to work with, issues of confidentiality, consent and capacity (page 15)

The following competences in BACP's Online and phone therapy (OPT) competence framework provide further information:

3. Knowledge of, and ability to operate within, legal, professional and ethical guidelines when offering OPT
5. Ability to negotiate a contract for OPT
12. Knowledge of and response to practitioner self-care and wellbeing related to OPT

See also

<https://ico.org.uk/for-organisations/guide-to-data-protection/ico-codes-of-practice/age-appropriate-design-a-code-of-practice-for-online-services>

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/138296/dh_103653__1_.pdf

3.2 The therapeutic relationship

i.	An ability to draw on knowledge of how to build effective relationships remotely with children and young people, taking account of special considerations such as:			
	<table> <tr> <td>a.</td><td>reduced or lack of visual cues</td></tr> <tr> <td>b.</td><td>differences in contracting and capacity to consent</td></tr> </table>	a.	reduced or lack of visual cues	b.
a.	reduced or lack of visual cues			
b.	differences in contracting and capacity to consent			
ii.	An ability to support children and young people to prepare for engaging in OPT sessions			
iii.	An ability to engage children and young people, and build safe, effective therapeutic relationships with children and young people in OPT contexts			
iv.	An ability to use effective language, communication and specific OPT media with children and young people, e.g. effective use of computer-mediated communication			
v.	An ability to establish and maintain boundaries relevant to OPT with children and young people such as:			
	a. availability			
	b. response times to written communications			
	c. agreeing a regular location			
	d. maintaining anonymity of the child/young person where appropriate			
	e. ensuring a private, safe location for OPT			
vi.	An ability to respond appropriately to difficult situations as they arise in OPT with children and young people, e.g. being aware of how challenge is received when there is absence of or limitations to visual information			
vii.	An ability to apply knowledge of how to support children and young people to prepare for endings in OPT and manage endings effectively, such as:			
	<table> <tr> <td>a.</td><td>agreeing who sends the final message in text-based therapy</td></tr> <tr> <td>b.</td><td>how the child/young person can access support immediately after the session(s) have ended in phone or video therapy</td></tr> </table>	a.	agreeing who sends the final message in text-based therapy	b.
a.	agreeing who sends the final message in text-based therapy			
b.	how the child/young person can access support immediately after the session(s) have ended in phone or video therapy			
viii.	An ability to draw on knowledge of the particular impact on children and young people within OPT of certain phenomena affecting self-presentation relating to identity and telepresence e.g. the disinhibition effect			
ix.	An ability to draw on knowledge of and ability to work around out-of-awareness processes that impact on OPT relationships with children and young people, e.g. role of fantasy and the potential limitations to visual cues, or lack of physical presence.			

Additional information

Further competences that relate to this domain can be found in this framework at:

Core competences for work with children and young people:

9. Ability to engage and work with children and young people, parents and carers (page 40)

Basic competences for humanistic counselling with children and young people:

2. Ability to initiate therapeutic relationships (page 87)
3. Ability to maintain and develop therapeutic relationships (page 90)

The following competences in BACP's Online and phone therapy (OPT) competence framework provide further information:

5. Ability to negotiate a contract for OPT
8. Working internationally
10. Ability to work remotely with psychological processes
11. Ability to manage endings for OPT

3.3 Communication

The following competences require therapists working with children and young people remotely to be familiar with conventions in online and phone communication, and have existing fluency in remote working

i.	An ability to draw on knowledge of the importance of observing non-verbal behaviours when working remotely with children and young people, and how this may be expressed in different ways in OPT
ii.	An ability to recognise and respond to children and young people's needs and preferences when working remotely regarding, the format, style, and pace of the therapeutic interaction
iii.	An ability to adapt communication styles to meet the needs and capacities of children and young people, suitable to the OPT environment
iv.	An ability to help children and young people to pace their communications and disclosures in OPT in a manner that makes it more likely that they are able to process material they are disclosing
v.	An ability to convey relational elements of the interaction in OPT to provide children and young people with a genuine sense of connection
vi.	An ability to use increased non-verbal and interactive approaches to communication appropriately, e.g. more expressive affect, or hand gestures to engage children and young people in OPT
vii.	An ability to pay increased attention to what is suggested by tone of voice and silences with children and young people, and to seek verbal confirmation when working without visual cues i.e. over the phone, or online with camera off
viii.	An ability to draw on understanding of the potential impact of silence on children and young people in OPT, and to work appropriately with silence taking account of the individual child/young person's needs and their feelings about silence
ix.	An ability to agree with children and young people about how to indicate to each other in OPT that they might need some reflective space
x.	An ability to apply knowledge of the importance of interventions and techniques specific to phone therapy with children and young people:
	a. offering more frequent encouragers to let the child/young person know you are there and listening
	b. acknowledging and normalising that without visual cues, talking over each other occurs occasionally
	c. checking understanding with reflective responses and keeping them brief
xi.	An ability to use a range of communication styles in OPT, and agree their meaning with children and young people, e.g. informal language, emoticons, acronyms and abbreviations
xii.	An ability to acknowledge and address miscommunications with children and young people in OPT.

Additional information

Further competences that relate to this domain can be found in this framework at:

Core competences for work with children and young people:

9. Ability to engage and work with children and young people, parents and carers (page 40)
10. Ability to communicate with children and/or young people of differing ages, developmental levels and backgrounds (page 45)

Specific competences for humanistic counselling with children and young people:

1. Approaches to working with, and making sense of, emotions (page 94)

The following competences in BACP's Online and phone therapy (OPT) competence framework provide further information:

9. Ability to use effective language and communication processes specific to OPT

3.4 Therapeutic skills

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|------|---|
| i. | An ability to draw on knowledge of how a range of interventions suitable to the child or young person's capacity to understand (in relation to their age and/or stage of development) may be adapted to the OPT environment |
| ii. | An ability to adopt an interactive and individualised approach to OPT with children and young people |
| iii. | An ability to draw on knowledge of and, when appropriate, apply a range of creative methods and resources suitable for use with children and young people in OPT |
| iv. | An ability to adapt approaches to play in therapy when working remotely with younger clients. |

Additional information

Further competences that relate to this domain can be found in this framework at:

Specific competences for humanistic counselling with children and young people:

3. Ability to use creative methods and resources to help children and/or young people express, reflect upon, and make sense of their experiences (page 97)
4. Play in therapy (page 99)

The following competences in BACP's Online and phone therapy (OPT) competence framework provide further information:

1. Knowledge of the different ways of offering OPT and the associated technologies
9. Ability to use effective language and communication processes specific to OPT

3.5 Equality, diversity and inclusion

- | | |
|------|--|
| i. | An ability to draw on knowledge of a range of issues of equality, diversity and inclusion pertinent to OPT with children and young people, including awareness of issues such as: |
| | a. digital poverty |
| | b. accessibility, and |
| | c. access to a private space |
| ii. | An ability to draw on knowledge of the implications of OPT for children and young people with diverse needs, and ways in which it may be facilitative or limiting for some children and young people |
| iii. | An ability to work in a culturally appropriate manner with children and young people in OPT such as being sensitive to: |
| | a. different communication styles |
| | b. non-verbal communication |
| | c. cultural and/or religious symbolism. |

Additional information

Further competences that relate to this domain can be found in this framework at:

Core competences for work with children and young people:

8. Ability to work in a 'culturally competent' manner (page 34)

The following competences in BACP's Online and phone therapy (OPT) competence framework provide further information:

6. Ability to recognise, acknowledge and respond to issues of equality, diversity and inclusion pertinent to OPT

3.6 Managing the online and phone therapy environment

i.	An ability to communicate clearly to children and young people the requirements, arrangements and responsibilities of all parties in OPT work such as:
	a. who is responsible for initiating the contact or call
	b. responses to missed or 'unable to connect' calls
	c. how to respond to technology failures
	d. whether or not recording sessions and/or taking screen shots is permissible and if so, seeking informed consent of all parties and clearly setting the parameters
ii.	An ability to draw on knowledge of the usability of technologically facilitated therapies with children and young people such as:
	a. security
	b. speed of response
	c. secure internet connections, bandwidth, cyber security
	d. technological malfunction
iii.	An ability to notice and respond to the impact of technology failures and malfunctions on the child or young person and/or the therapeutic process
iv.	An ability to draw on knowledge of the importance of the layout of the environment in online video therapy with children and young people, e.g. positioning, lighting, camera orientation, ensuring physical behaviours can be observed
v.	An ability to discuss and agree appropriate parameters for OPT with children and young people such as:
	a. how to respond to interruptions
	b. camera on/off
	c. positioning in front of the camera
	d. minimising distractions and background noise
	e. appropriate attire
	f. client's location for sessions
vi.	An ability to notice and respond to the effects of technology on interactions with children and young people, and to be able to address problems e.g. screen freezing, if they arise and to offer an alternative
vii.	An ability to draw on knowledge of potential boundary challenges with children and young people in OPT, e.g. privacy and confidentiality, and the importance of having a social media contract in place to maintain the therapeutic boundaries.

Additional information

Further competences that relate to this domain can be found in this framework at:

Core competences for work with children and young people:

4.6 Ability to maintain appropriate standards of conduct (page 12)

4.7 Ability to maintain standards of competence (page 13)

The following competences in BACP's Online and phone therapy (OPT) competence framework provide further information:

1. Knowledge of the different ways of offering OPT and the associated technologies

2. Knowledge of the benefits and limitations of OPT

11. Ability to manage endings for OPT

12. Knowledge of and response to practitioner self-care and wellbeing related to OPT

Further guidance on the use of social media can be found at:

<https://www.bacp.co.uk/membership/membership-policies/social-media/>

3.7 Technological skills

i.	An ability to engage and support children and young people, their parents and/or carers and others about the different ways of offering OPT
ii.	An ability to use OPT equipment and the associated technologies with children and young people
iii.	An ability to draw on knowledge of the usability and limitations of technologically facilitated therapies such as:
	a. security
	b. speed of response
	c. secure internet connections, bandwidth, cyber security
	d. technological malfunction
iv.	An ability to demonstrate appropriate technical skills for OPT, e.g. when using text-based approaches, an ability to respond to written communication with children and young people promptly and within agreed timeframes.

Additional information

The following competences in BACP's Online and phone therapy (OPT) competence framework provide further information:

1. Knowledge of the different ways of offering OPT and the associated technologies
2. Knowledge of the benefits and limitations of OPT

3.8 Assessment and outcome monitoring

- | | |
|------|---|
| i. | An ability to work collaboratively to assess suitability of OPT technologies as a mode of intervention and to enable children and young people to access the most suitable intervention(s) appropriate to their needs and preferences |
| ii. | An ability to work collaboratively with children and young people to understand their experience with technology and level of comfort with it |
| iii. | An ability to draw on knowledge of when OPT is not appropriate, e.g. circumstances where OPT may compromise the safety of the child or young person |
| iv. | An ability to respond to changing needs of children and young people and to assess ongoing suitability of OPT work, e.g. when children or young people may temporarily relocate to another country |
| v. | An ability to enable children and young people to access additional support, further resources and/or onward referral when appropriate, within their own geographical location |
| vi. | An ability to respond to changing needs of children and young people, and the ability to work collaboratively and in different ways with the technology available |
| vii. | An ability to use specific assessment and monitoring tools collaboratively with children and young people in OPT. |

Additional information

Further competences that relate to this domain can be found in this framework at:

Core competences for work with children and young people:

5. Knowledge of, and ability to work with, issues of confidentiality, consent and capacity (page 15)

Assessment competences:

1.2 Ability to adapt the assessment to match the abilities and capacities of the child/young person (page 71)

1.3 Ability to engage the child/young person in the assessment process (page 71)

The following competences in BACP's Online and phone therapy (OPT) competence framework provide further information:

13. Ability to assess suitability for OPT

14. Ability to identify, assess, acknowledge and respond to existing and/or emerging risk during OPT

15. Knowledge of referral and signposting pathways

3.9 Risk management

- | | |
|------|--|
| i. | An ability to draw on knowledge of the range of potential risk factors when working with children and young people in OPT, and to be able to take appropriate actions to safeguard children and young people clients |
| ii. | An ability to assess distress and risk, and tailor responses to children and young people accordingly in OPT |
| iii. | An ability to work collaboratively with children and young people to develop an emergency protocol, e.g. having the contact details of a trusted adult |

Additional information

Further competences that relate to this domain can be found in this framework at;

Assessment competences:

3. Ability to conduct a risk assessment (page 79)

The following competences in BACP's Online and phone therapy (OPT) competence framework provide further information:

14. Ability to identify, assess, acknowledge and respond to existing and/or emerging risk during OPT

17. Risk

See also:

<https://www.nice.org.uk/guidance/ng76/evidence/full-guideline-pdf-4607478261>

<https://learning.nspcc.org.uk/child-abuse-and-neglect/recognising-and-responding-to-abuse>

Updates were made in August 2026 to align content relating to risk assessment and management with contemporary research.