



A Capability Framework for

Nurses who Care for Children and Young People who are Looked After Away from Home



Acknowledgements

NHS Education for Scotland (NES) has worked in close cooperation with a range of key individuals and groups in developing this Capability Framework. NES offers particular thanks to WHO Cares? Scotland and the LAAC Scottish Nurse Forum.

The contribution to the development of the Framework made by Fiona Smith, Adviser in Children's and Young People's Nursing, Royal College of Nursing of the United Kingdom (RCN), is gratefully acknowledged. The RCN is delighted to have been involved in supporting the development of the Capability Framework. It is envisioned that the Capability Framework will complement a Competency Framework for Looked-After Children's Nurses being developed by the RCN.

It was apparent that some of the generic practice learning outcomes relevant to this Capability Framework mirrored those set out in the Capability Framework for Community Health Nursing (NES, 2008). Grateful acknowledgement is made to the developers of that Framework.

Grateful thanks is also given to the developers of Working with Individuals with Cancer, their Families and Carers – Professional Development Framework for Nurses and Allied Health Professionals (NES, 2007) whose work provided a robust platform for the development of the 'capability' approach adopted here.

Contents

Foreword by the Chief Nursing Officer	4
Preface by David, a looked-after young person	5
1. Looked-after children and young people: the background	6
Background	6
Nursing roles	8
Job titles and role descriptions	9
2. Developing the capability framework	11
Capability	11
Approach to developing the Framework	12
3. Structure of the Capability Framework	13
Structure of the framework	13
Use of the framework	14
4. The Capability Framework for Nurses who Care for Children and Young People who are Looked After Away from Home	15
References	
Appendix 1: Career Framework for Health (Skills for Health, 2006)	35
Appendix 2: Stakeholder Group Membership	36
Appendix 3: National Event Participants	37

Foreword by the Chief Nursing Officer

The health and well-being of our children and young people is a key priority for the Scottish Government. Particularly important is the need to focus attention on those children and young people who, for a variety of reasons, are most vulnerable.

Looked-after children and young people are among our most vulnerable, as successive research studies and reviews have shown. Their health and well-being status may be at particular risk due to health-compromising behaviours and adverse social circumstances. This signals a particular responsibility for the nursing profession.

There are challenges around the nursing role in relation to children and young people who are looked after, not least in bringing consistency to job titles and role descriptions. This situation has also been reflected in comments received from looked-after young people, supported by Who Cares? Scotland, during the process of developing this Framework.

I believe this Capability Framework for Nurses who Care for Children and Young People who are Looked After Away from Home gives us a strong impetus to address these challenges and develop a clearer picture of what quality, evidence-based nursing can deliver for these children.

The Framework defines a common set of capabilities for looked-after children's nurses (LACNs) built around five key domains of practice. It emphasises the important public health function LACNs perform and how their multi-disciplinary, multi-agency working practices stand as exemplars of true partnership working.

Indeed, partnership working has also been integral to the development of the Framework, with NHS Education for Scotland and the LAAC Scottish Nurse Forum working closely with a wide range of stakeholders, including looked-after children and young people, to produce a document that truly reflects consensus on the direction of travel for nursing in this area.

I commend their efforts, and now look forward to seeing the Framework implemented throughout Scotland. I am certain that it will push nursing practice boundaries and improve standards of care for this very important group of children and young people.

Paul Martin
Chief Nursing Officer





Preface by David, a looked-after young person

As a member of the consultation group of young people and Vice Chair of the Board of Directors for Who Cares? Scotland, I would like to thank NHS Education for Scotland for giving me the chance to contribute to the foreword of this Capability Framework Nurses who Care for Children and Young People who are Looked After Away from Home.

During the development process for the Framework, it became very clear to me that there is huge difference in the service delivered by looked-after children's' nurses (LACNs) across Scotland, and some confusion over their various job titles.

I feel a specific nursing role is needed to ensure a consistent service to looked-after children and young people across Scotland. But I discovered during the Framework development process that while some looked-after children and young people were receiving a very individual and creative LACN service which included massage, outings and one-to-one counselling, others were being provided with a more basic service that focused on health screening with signposting to appropriate services when required.

I hope this Framework helps to ensure clarity and consistency in nursing roles, which will benefit both professionals and young people.

It would also be great if the Framework could support LACNs across Scotland to agree common interventions and gain access to the educational opportunities that will assist them in, for instance, understanding children's rights.

Above all else, I hope that if we do another consultation in future, it will show that the Framework has played a major part in creating greater equality of access and better quality of health services for children and young people who are looked after away from home.

David

1. Looked-after Children and Young People: The Background

Background

This capability framework is a Scottish Government Health Directorate (SGHD) funded initiative. It is primarily aimed at **registered nurses working with looked-after children and young people at senior practitioner and advanced practitioner levels** which equate with levels 6 and 7 of the Career Framework for Health (Skills for Health, 2006). For details of the Career Framework, please see Appendix 1.

Looked-after children and young people is an umbrella term. The majority of children and young people who are considered to be 'looked after' will come into one of two categories: **looked after at home or looked after away from home.**

A child or young person who is looked after at home is subject to a supervision requirement with no condition of residence through the Children's Hearing System. The child or young person continues to live in their normal place of residence, often the family home.

A child or young person who is looked after away from home is one who is:

- subject to a supervision requirement with a condition of residence through the Children's Hearing System, **or**
- is provided with accommodation under Section 25 (Voluntary Agreement) of The Children (Scotland) Act 1995, **or**
- is the subject of a Parental Responsibility Order (Section 86) of The Children (Scotland) Act 1995.

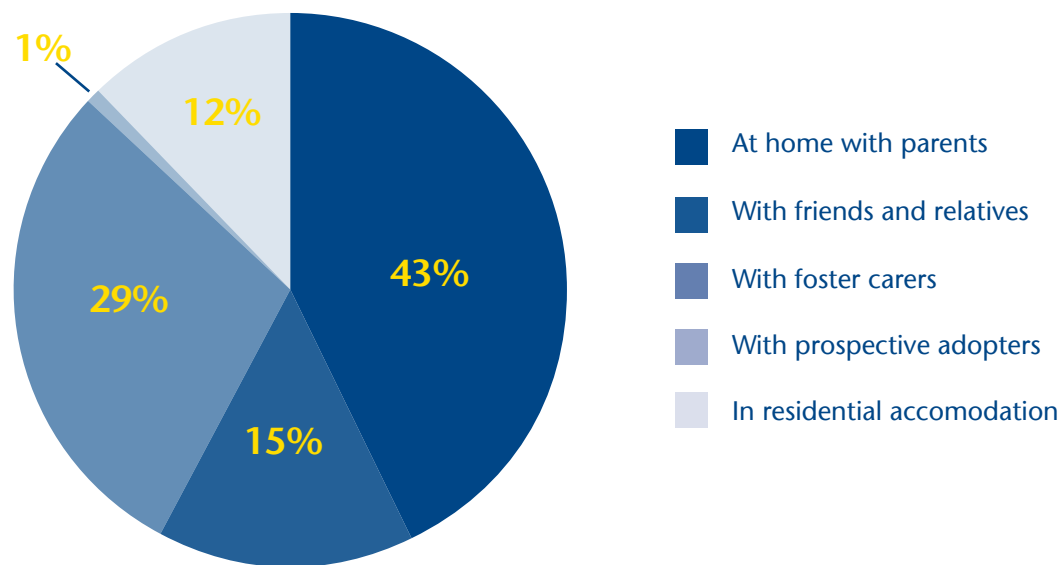
The child or young person is cared for away from their normal place of residence in, for example, a foster care placement, residential/children's unit, residential school, secure unit or kinship placement. ¹

As of March 2007, there were 14,060 children in Scotland being looked after by local authorities, an increase of 8% on the previous year and an overall increase of 29% since 1999 (Scottish Government, 2007). Of these:

- 43% were at home with their parents
- 15% were with friends and relatives
- 29% were with foster carers
- 1% were with potential adopters
- 12% were in residential accommodation (see Figure 1).

¹ Source: www.ltscotland.org.uk/lookedafterchildren/about/what/legal.asp

Figure 1. Looked-after children in Scotland, March 2007 (Scottish Government, 2007)



Just over half of the looked-after children (55%) were male. Sixty-eight per cent were aged between 5 and 15 years, with half of these in the 12–15 age range. Most were under a supervision requirement either at home or with the extended family (58% of all looked-after children), with the remainder being placed away from home by the local authority (42%). The range of children in residential care varied widely across regions of Scotland, from 3% in Perth and Kinross to 25% in Argyll and Bute.

A research review of the health of looked-after and accommodated children in Scotland commissioned by the Social Work Inspection Agency (Scott and Hill, 2006) found that while the majority of children in care enjoyed good physical health, some of the behaviours they adopted were putting their future health at risk.

The review stated, for instance, that 44% of those aged 11–17 were smokers, with 25% of them starting smoking before the age of 10. High levels of underage and problem drinking and illicit drug use were also identified, and poor access to information on healthy sexual activity was felt to be placing the young people at risk of contracting sexually transmitted diseases.

These children were also found to have high levels of mental health problems, including conduct disorders; one Scottish survey quoted in the review put the percentage of looked-after children aged 5–17 with mental health problems at 45%.

In recent years, a number of policy statements and reports have given a renewed emphasis and priority to improving outcomes for looked-after children in Scotland. Chief among these are *Looked After Children and Young People: we can and must do better* (Scottish Executive, 2007a) and *Extraordinary Lives* (Social Work Inspection Agency, 2006).

The focus of these reports has primarily been on education outcomes for looked-after children; however, they also reflect the importance of health factors to the well-being of children and young people. It is widely recognised that improving health outcomes of children and young people will lead to improved education outcomes.

The Scottish Government has expressed a determination and commitment to address the needs of looked-after children as set out in these documents and others. In particular, it has committed through its health care policy *Better Health, Better Care* (Scottish Government, 2007b) to implement the recommendations of *Looked After Children and Young People: we can and must do better*.

Nursing roles

Nurses have a clear responsibility to maintain and improve the health and well-being of looked-after children in their care. Working as members of multi-disciplinary, interagency teams, they also have an outstanding opportunity to take a leading role in developing new and innovative services for looked-after children.

Nursing services in Scotland are being modelled to meet the new challenges facing the population. As such, much of the focus of nursing endeavour is turning towards adopting public health approaches to care, identifying health needs, putting in place health improvement initiatives for individuals and populations, taking action to reduce health inequalities and placing patient/client public protection at the top of their agenda (Scottish Executive, 2006a). This kind of focus will be central to services designed to maintain and improve the health and well-being of looked-after children.

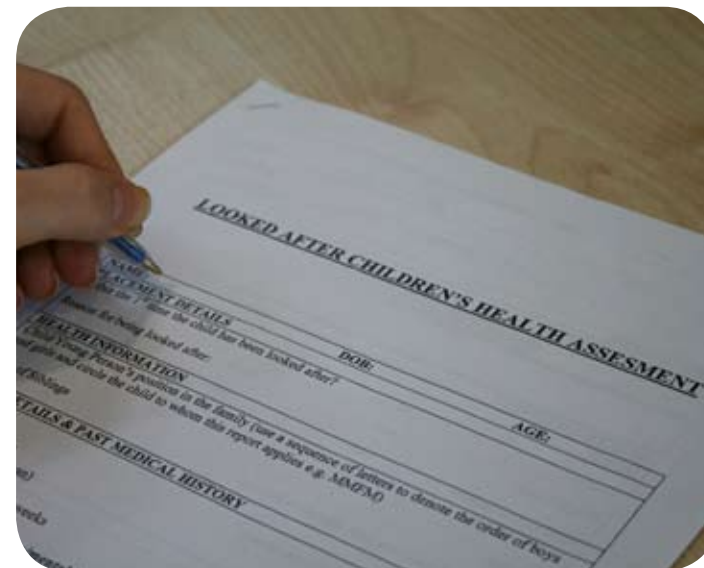
Scotland has 31 nurses who are specifically identified as working with looked-after children. Of these:

- 16 are Looked-after and Accommodated Children's Nurses
- 9 are Looked-after Children's Nurses
- 6 are Through Care/After Care Nurses, who specialise in caring for young people who are leaving care settings

There are also six mental health nurses with a dedicated role with looked-after children.

All nurses within these broad roles care for the health needs of looked-after children and young people, but individual nurses may hold one of a number of job titles, including:

- Specialist Nurse Looked-after Children
- Specialist Nurse Looked-after and Accommodated Children
- Health Liaison Officer, Through Care
- Public Health Nurse/Looked-after Children
- Public Health Nurse/Looked-after and Accommodated Children



- Public Health Nurse/Through Care & After Care
- Through Care/After Care Health Practitioner
- Specialist Nurse Through Care/After Care
- Clinical Nurse Specialist/Co-ordinator Looked-after Children
- Public Health Facilitator

For the purposes of this capability framework, the term looked-after children's nurses (LACN) will be used to encompass the work of all nurses caring for looked-after children.

The precise function of LACNs differs from role title to role title, region to region and service to service. Generally, however, stakeholder events held as part of the consultation process for this capability framework indicated that LACNs are involved in activity related to:

- holistic health assessments
- health education and promotion
- immunisations
- attendance at 'reception into accommodation' and review meetings
- notification and tracking of looked-after children
- provision of emotional support
- provision of advice and training for staff, services and carers
- provision of advice on access to appropriate services ²


Job titles and role descriptions

There are several issues associated with the diversity in job titles and role descriptions. These include:

- the potential for confusion among looked-after children, carers, the public and health and social care professionals about what the role titles actually mean and how the roles they describe differ from other roles
- the diversity of organisational structures within which the nurses work, with posts based in a range of agencies such as social work departments, community health partnerships, looked-after children's health teams and voluntary organisations (Reid, 2007)
- the titles may not accurately reflect what the practitioner actually does: LACNs, for instance, routinely care for children who are looked after away from home, and most have no responsibility for children who are cared for at home or who are in kinship care; ³ LACNs will also care for children and young people in through-care situations
- lack of clarity about roles and titles is leading to a lack of transparency in professional identity, where the nurses providing the services may neither be recognised for the skills and knowledge they possess and the services they provide, nor the services they may be capable of providing in future.

² Source: Scottish Looked-after and Accommodated Children and Throughcare Nurses Resource Directory, January 2008.

³ *Extraordinary Lives* (Social Work Inspection Agency, 2006) describes kinship care this way: "Children have been looked after by extended family for many generations. However where a children's hearing or court has formally made children the subject of an order, they are described as looked after by the local authority in kinship care. At present there is no precise definition of kinship care in use in Scotland. These placements are called different things in different local authorities – 'relative care', 'link care' or kinship care."



NES is committed to involving young people in initiatives such as developing this capability framework and in hearing, and acting on, their views on the kinds of nursing services that best meet their needs. As part of this endeavour, NES sought the views of looked-after children and young people in individual and group interviews and through working with *WHO Cares? Scotland*.

Looked-after children and young people emphasised that they understood the importance of their own health and recognised the positive role LACNs played in supporting them to maintain and improve their health. One looked-after young person, for instance, told NES: *“I went into care heavy and look at me now [slim]. The LAC nurse helped me to look at what I was eating and encouraged me to take more exercise”*. Some confusion was nevertheless expressed by the young people about the precise nature of the LACN role, and there was a perception of lack of consistency in the kinds of services LACNs provide across the country.

The time is right, therefore, to look at the provision of nursing services for looked-after children and young people. The capability framework set out in Chapter 3 starts that process by defining a common set of capabilities for nurses built around five key domains of practice:

- Practising Ethically
- Knowledge for Practice
- Leadership for Practice
- The Multi-professional Approach
- Care Delivery and Intervention

During the course of developing this capability framework, it became clear that there are other areas that warrant consideration to support LACNs, including the need for:

- the development of education programmes that aim to ensure LACNs are fully competent and capable to meet the challenges they face
- support to enable LACNs to demonstrate their effectiveness in improving the health and outcomes of looked-after children through impact evaluations
- the resource implications of training and employing greater numbers of LACNs to be scoped
- named nurses to be put in place for children looked after at home on in kinship care
- NHS boards to adopt a model/pathway for looked-after children who need to access NHS services

2. Developing the capability framework

Capability

This professional development framework is based on the concept of capability. Capability is associated with facilitating the continuing development of practitioners' abilities and potential and is an essential element of lifelong learning and personal and professional development. Fraser & Greenhalgh (2001) suggest it differs from competence in that:

- **competence** describes what individuals know or are able to do in terms of knowledge, skills and attitudes at a particular point in time, while
- **capability** describes the extent to which an individual can apply, adapt and synthesise new knowledge from experience and continue to improve his or her performance.

A further definition is provided by Stephenson (1998), who states that 'capability' is:

...an integration of knowledge, skills, personal qualities and understanding used appropriately and effectively – not just in familiar and highly focused specialist contexts, but in response to new and changing circumstances.

It has been argued, however, that competencies do not take into account complexity (Wilson & Holt, 2001), and that effective practitioners need more than a prescribed set of competencies to carry out their roles effectively (Sainsbury Centre for Mental Health, 2001). The ability to adapt to frequent change incorporates professional judgement, decision-making skills and experiential knowledge gained from experience in many different (but similar) situations.

Capability frameworks focus on:

- realising individuals' full potential
- developing people's ability to adapt and apply knowledge and skills
- learning from experience
- envisaging the future and contributing to making it happen

These elements are part of continuing professional development, lifelong learning and personal development goals, each of which is vital to current and future health care practitioners. A capability approach to learning incorporates flexibility to respond to the specific, self-identified learning needs of practitioners (Gardener et al, 2006) and, as such, fits well with the NHS Knowledge and Skills Framework (KSF), the overarching framework for reviewing the development of most staff groups in the NHS as part of the Agenda for Change agreement. The KSF defines and describes the knowledge and skills staff need to apply in practice to deliver quality services, and the review process is the means for providing evidence of continuing capability.



Capabilities incorporate several components (Sainsbury Centre for Mental Health, 2001):

- a performance component – identifies what people need to possess and what they need to achieve in the workplace
- an ethical component – concerned with integrating knowledge of culture, values and social awareness into professional practice
- a component that emphasises reflective practice in action
- the capability to effectively implement evidence-based interventions in the changing context of health services
- a commitment to working with new models of professional practice and accepting responsibility for lifelong learning

A capability framework is a broad outline of what practitioners should be able to do in practice. Capability frameworks are usually supported by discipline-specific competency frameworks detailing the level of expertise required. *This Capability Framework for Nurses Caring for Children and Young People Who are Looked After Away from Home* incorporates practice learning outcomes to detail what practitioners should be able to achieve and to capture the notion of capability as current competence combined with the development of future potential competence.

Approach to developing the Framework

NHS Education for Scotland (NES) was charged by The Scottish Government to prepare a capability framework that built upon a scoping exercise of the current and future role of nurses caring for looked-after children commissioned by NHS Health Scotland (Reid, 2007).

The approach adopted was to establish a stakeholder group to direct the project (see Appendix 2 for membership), working with a NES-appointed project co-ordinator who, among other functions, was responsible for background research and aligning development of the capability framework with existing policy and education initiatives. The stakeholder group consisted of professionals from all parts of Scotland to try and ensure that the consensus reached was truly national. A stakeholder event was held in December 2007 (see Appendix 3 for the list of participants), again involving participants from throughout Scotland.

Active collaboration with a range of groups/organisations was central to the development of the framework. This collaborative ethos enabled views to be elicited from key stakeholders, including:

- looked-after children, with facilitation from *Who Cares?* Scotland
- LACNs, particularly through the Scottish Looked-after and Accommodated Nurses' Forum
- Skills for Health
- The Scottish Government
- The Royal College of Nursing

3. Structure of the Capability Framework

Structure of the framework

The framework is presented under five domains:

- Practising Ethically
- Knowledge for Practice
- Leadership for Practice
- The Multi-professional Approach
- Care Delivery and Intervention

Practising Ethically makes assumptions about the values and attitudes needed to practise with looked-after children.

Knowledge for Practice is the foundation of effective practice. The capability of a practitioner involves the interplay between knowledge and the practical application of nursing skills.

Leadership for Practice addresses the need for leadership, professional judgement and knowledge to co-ordinate, maintain and develop the nursing team within a multi-professional and multi-agency context.

The Multi-professional Approach describes the capabilities required to work effectively in partnership with looked-after children and multi-professional and interagency teams.

Care Delivery and Intervention are capabilities specific to evidence-based approaches to providing care for looked-after children.

Each of the domains contains:

- **capabilities** – broad statements of intent
- **practice learning outcomes** – detailing the knowledge, skills, attitudes and behaviours professionals should be capable of demonstrating in practice
- **key content** – depicting an outline knowledge base required to achieve practice learning outcomes
- **suggested links with KSF dimensions.**



Use of the framework

The framework can be used:

- for self assessment
- for planning personal development
- to develop teams
- as a guide to developing education and training
- as a guide to developing work-based learning

It is anticipated that those using the framework for professional development purposes would be supported and guided by an experienced Mentor.

The full Capability Framework is presented in the next section.



4. The Capability Framework for Nurses who Care for Children and Young People who are Looked After Away from Home

Domain 1 Practising Ethically

Capability 1.1 The practitioner continually develops his or her knowledge of culture, diversity and professional, legal and ethical frameworks to ensure that the care needs of looked-after children are identified and addressed in an inclusive, safe and non-discriminatory way.

Practice learning outcomes		Indicative links to KSF Dimensions	Key content – relates to outcomes 1.1.1–1.1.11
1.1.1	Uses knowledge to ensure ethical, legal, safe and effective practice by self and others within the nursing team.	C5	<ul style="list-style-type: none"> Ethical and legal considerations, including accountability NMC Code of Professional Conduct Scope of Professional Practice Reflection on practice Lifelong learning Legal capacity to consent Culture, equality and diversity issues Children’s and human rights Carers’ rights Non-judgemental attitudes <i>Protecting Children and Young People: Framework for Standards</i> (Scottish Executive, 2004) <i>Protecting Children and Young People: The Charter</i> (Scottish Executive, 2006b) Equality and diversity
1.1.2	Continually assesses the limitations of own knowledge and experience and how these may put children and young people at risk and takes steps to address shortcomings.	C2 C5 HWB2 HWB5	
1.1.3	Uses a reflective approach to review, evaluate and develop nursing practice, and encourages other team members to adopt the same approach,	C2	
1.1.4	Is always aware of own beliefs and values and how this may affect practice and interactions with children and young people.	C6	
1.1.5	Maintains a respectful, non-judgemental and empathetic approach.	C1 C6	
1.1.6	Respects children and young people’s right to information, choice and self determination.	C1 HWB1 HWB2 HWB5	
1.1.7	Acknowledges and acts on the views of children and young people in an attempt to improve their health, well-being and life opportunities.	HWB2 HWB5	

Domain 1 Practising Ethically

Capability 1.1 (cont) The practitioner continually develops his or her knowledge of culture, diversity and professional, legal and ethical frameworks to ensure that the care needs of looked-after children are identified and addressed in an inclusive, safe and non-discriminatory way.

Practice learning outcomes		Indicative links to KSF Dimensions	Key content
1.1.8	Enables children and young people to understand the information they get to support their choices, decisions and ability to offer informed consent.	C1 HWB1 HWB2 HWB5	
1.1.9	Recognises the rights, aspirations and responsibilities of children and young people, carers, parents and families.	C6	
1.1.10	Acts as an advocate for children and young people's needs and rights.	C6 HWB1 HWB2	
1.1.11	Ensures confidentiality and security of written, verbal and electronic information that may be used in a professional capacity.	C1	

Domain 2 Knowledge for Practice

Capability 2.1 Policy and legislation: the practitioner continually maintains and updates his or her knowledge of legislation and policy initiatives relevant to caring for looked-after children.

Practice learning outcomes		Indicative links to KSF Dimensions	Key content – relates to outcomes 2.1.1–2.1.5
2.1.1	Knows how to access relevant local and national policy/guidelines and collaborates with other members of the multi-professional team to incorporate them into practice.	C5	<ul style="list-style-type: none"> • Key government and local policies and guidelines relating to looked-after children in Scotland: health and social care, education, youth justice, social inclusion, welfare provision • Legislation relating to protection of children and young people • Legislation relating to children and young people's capacity to provide consent and make decisions • Corporate policies on equity and diversity • Children's rights • Carers' rights • Children (Scotland) Act 1995 • Protection of Children (Scotland) Act 2003
2.1.2	Is particularly aware of the impact on looked-after children of the policy, guidelines and priorities of different agencies and sectors.	C2 C4	
2.1.3	Is critically aware of current and related legislation on equality and diversity, children's and human rights, consent and care provision for looked-after children.	C2 C5	
2.1.4	Maintains a detailed knowledge of current legislation relating to the protection of children and young people.	C2 HWB3	
2.1.5	Shows political awareness with regard to influencing policy development and implementation.	C2 C4	

Domain 2 Knowledge for Practice

Capability 2.2 Theories and research: the practitioner continually develops and analyses different theories and updates knowledge of research evidence in making professional judgements and decisions when assessing and meeting the health and care needs of looked-after children.

Practice learning outcomes		Indicative links to KSF Dimensions	Key content – relates to outcomes 2.2.1–2.2.5
2.2.1	Critically understands theory, principles and research methodology and is able to evaluate and implement relevant research relevant to caring for looked-after children.	C2 C5	<ul style="list-style-type: none"> • Public health and health promotion principles, concepts, approaches, methods • Attachment theory • Child development • Child health • Family nursing theory • Health psychology • Equity, diversity and culture • Resilience • Vulnerability and adversity • Theories on violence and abuse relating to children and young people • Causes and effects of inequality, poverty, social exclusion and vulnerability • Teaching and learning styles • Factors affecting family health, such as substance misuse and domestic violence
2.2.2	Critically understands holistic theoretical perspectives on child development at key life stages, recognising signs of deviation from normal development.	HWB2	
2.2.3	Maintains a critical understanding of theories and interventions relating to resilience, vulnerability and abuse applicable to children and young people.	HWB3	
2.2.4	Is critically aware of communication theories and approaches relevant to children and young people of different culture, language and age/stage of development.	C1	
2.2.5	Has a knowledge of teaching and learning theories and methods of delivery.	C2	

Domain 3 Leadership for Practice

Capability 3.1 The practitioner uses leadership, professional judgement and knowledge to co-ordinate, maintain and develop the nursing team within a multi-professional and multi-agency context to ensure high-quality, evidence-based nursing services that meet the needs of looked-after children.

Practice learning outcomes		Indicative links to KSF Dimensions	Key content – relates to outcomes 3.1.1–3.1.14
3.1.1	Uses knowledge of current local and national policies and guidelines and collaborates with other team members to apply them in practice.	C5	<ul style="list-style-type: none"> • NHS Board policies/guidelines • Scope of Professional Practice • Knowledge of codes of practice • Applying knowledge of effective partnership working • Influencing skills • Negotiating skills • Knowledge of sources of funding and resources • Application of knowledge on, and skills in, leadership theories and principles • Appropriate evidence base to inform changes • Decision-making and prioritisation skills • Accountability and responsibility • Integrated team working • People and resource management • Appraisal and objective-setting skills • Preceptorship, mentorship and clinical supervision • Facilitation of learning • Teamworking and development • Professional development • Reflection on practice
3.1.2	Identifies and highlights gaps in resources and service provision.	C4	
3.1.3	With other team members, raises awareness of, and influences policy relating to, health and care needs of looked-after children.	C4	
3.1.4	Puts forwards reasonable arguments to influence sustainable funding streams and resource allocation.	C4	
3.1.5	Tries ways of working that challenge service provision and traditional boundaries.	C4	
3.1.6	Objectively initiates and manages change in practice to meet local health and care needs of looked-after children	C4	
3.1.7	Appraises, manages and prioritises workload, resources and time effectively for the nursing team.	G6	
3.1.8	Appropriately delegates and supervises others within the scope of each individual's role, competence and capabilities.	G6	
3.1.9	Develops staff and builds strengths and areas of expertise within the team (in collaboration with others) to respond to health and care needs of looked-after children.	C2	

Domain 3 Leadership for Practice

Capability 3.1 (cont.) The practitioner uses leadership, professional judgement and knowledge to co-ordinate, maintain and develop the nursing team within a multi-professional and multi-agency context to ensure high-quality, evidence-based nursing services that meet the needs of looked-after children.

Practice learning outcomes		Indicative links to KSF Dimensions	Key content
3.1.10	Uses available sources of professional and specialist support and participates in clinical supervision.	C2 C5	<ul style="list-style-type: none"> • Application of knowledge on national and local clinical governance and quality improvement frameworks • Standards, guidelines, protocols and audit • Knowledge of best evidence and best practice • Organisational policies on lone working, safety at work, moving and handling and the application of health and safety principles and policies
3.1.11	Ensures high-quality, safe and effective practice in the nursing team.	C5	
3.1.12	Analyses, applies and disseminates relevant research and evidence-based findings, working with other team members to incorporate them into practice.	C5	
3.1.13	Works with others to assess and manage critical events, reporting on them and passing on lessons learnt.	C3 C5	
3.1.14	Applies health and safety principles to identify and manage risk to self and team members.	C3	

Domain 4 The Multi-professional Approach

Capability 4.1 The practitioner actively contributes to a team approach within the multi-professional and inter-agency context and uses knowledge of the roles and services within this context to ensure effective communication, continuity and consistency of care for looked-after children.

Practice learning outcomes		Indicative links to KSF Dimensions	Key content – relates to outcomes 4.1.1–4.1.11
4.1.1	Maintains a working knowledge of how structures and functions of relevant agencies, organisations and teams interrelate and differ in meeting the health and care needs of looked-after children.	C4 HWB2 HWB5	<ul style="list-style-type: none"> • Application of knowledge to effective partnership and team working • Key roles and services provided by multi-professional teams involved in the care of looked-after children • Services for children, young people and families across health, local authority, private and voluntary sectors: <ul style="list-style-type: none"> - social work services - primary care - mental health services - sexual health services - specialist clinics for children and young people • Communication and record keeping • <i>Getting it Right for Every Child</i> (Scottish Executive, 2005) • Integrated approach to care • Evidence base for referring to others • NMC guidelines on record keeping • Organisational policies and guidelines on record keeping, documentation, data protection and use of information technology
	Maintains an extensive working knowledge of local resources, services, networks and referral pathways available.	C2	
4.1.3	Recognises the roles and functions of team members and services provided by professionals and agencies across the statutory, independent and voluntary sectors.	C5	
4.1.4	Is aware of formal and informal channels of communication within multi-professional teams, sharing relevant information and working across traditional boundaries.	C1	
4.1.5	Participates in multi-professional team meetings, discussions and reviews.	C1	
4.1.6	Consults with and involves other professionals, organisations and agencies when the needs of the child or young person fall outside scope of practice and/or are complex.	HWB2 HWB5	
4.1.7	Ensures that accurate records are kept to support consistency and continuity of care.	C1	
4.1.8	Is critically aware of the need to adopt an integrated and holistic approach when caring for children and young people, with the child at the centre.	HWB2 HWB5	

Domain 4 The Multi-professional Approach

Capability 4.1 (cont.) The practitioner actively contributes to a team approach within the multi-professional and inter-agency context and uses knowledge of the roles and services within this context to ensure effective communication, continuity and consistency of care for looked-after children.

Practice learning outcomes		Indicative links to KSF Dimensions	Key content
4.1.9	Communicates clearly both verbally and in writing to ensure that systems of referral and liaison are used effectively, appropriately and responsively.	C1	
4.1.10	Is aware of, and able to help break down, barriers to inter-agency and partnership working.	C4	
4.1.11	Works collaboratively to help develop and implement services and interventions and make them accessible.	C4	

Domain 5 Care Delivery and Intervention

Capability 5.1 **Communication with children and young people**: the practitioner continually develops and utilises interpersonal skills to facilitate effective communication with looked-after children to enable them to understand issues related to their health and well-being.

Practice learning outcomes		Indicative links to KSF Dimensions	Key content – relates to outcomes 5.1.1–5.1.6
5.1.1	Demonstrates the ability to communicate effectively and form therapeutic relationships with children and young people with whom it may be difficult to engage.	C1	<ul style="list-style-type: none"> • Communication theory • Therapeutic relationships • <i>Protecting Children and Young People: The Charter</i> (Scottish Executive, 2006b) and <i>Protecting Children and Young People: Framework for Standards</i> (Scottish Executive, 2004)
5.1.2	Knows how to develop respectful and trusting relationships through the involvement of, and discussion with, the child or young person.	C1	
5.1.3	Demonstrates a variety of methods of communication, both verbal and non-verbal, in a way in which the child or young person can understand.	C1	
5.1.4	Uses appropriate language to communicate clinical information to enable the child or young person to understand his or her health needs.	C1	
5.1.5	Demonstrates excellent listening skills when communicating with vulnerable and disadvantaged groups of children and young people.	C1	
5.1.6	Knows how to access the service of translators when communicating with non-English speaking children or young people.	C1	

Domain 5 Care Delivery and Intervention

Capability 5.2 **Health needs assessment**: the practitioner continually uses knowledge and skills to assess the health and care needs of looked-after children.

Practice learning outcomes		Indicative links to KSF Dimensions	Key content – relates to outcomes 5.2.1–5.2.12
5.2.1	Critically understands how to access, structure, analyse and interpret appropriate data and information on the health needs of looked-after children.	HWB2 C4	<ul style="list-style-type: none"> • Range of tools for health needs assessment • Integrated assessment tools and approaches • History taking • Immunisation schedule • Child health and development • Health psychology • Interagency plans of care • Knowledge of available resources, services, networks and public health programmes • Knowledge of the diverse range of services across sectors and interface between them • Knowledge of referral pathways • Knowledge of codes of practices for sharing information when a child or young person who is at risk of harm • Assessment and prediction of risk
5.2.2	Maintains a critical understanding of principles and types of health needs assessment and risk assessment.	HWB2	
5.2.3	Identifies and highlights unmet needs and health inequalities in this vulnerable group of children and young people.	C5 HWB2	
5.2.4	Builds and maintains relationships based on mutual trust, respect and rapport to anticipate, assess and address health needs.	C1	
5.2.5	Contributes to the assessment of needs, planning, implementation and evaluation of individualised programmes of care.	HWB2	
5.2.6	Acknowledges the value of integrated assessment and care planning in meeting the needs of looked-after children.	C5 HWB2	
5.2.7	Identifies health assessment tools which will facilitate a comprehensive assessment and appropriate action to meet the needs identified.	HWB2	
5.2.8	Applies knowledge to prevent vulnerability, abuse and neglect and to protect looked-after children.	HWB2 HWB3	

Domain 5 Care Delivery and Intervention

Capability 5.2 (cont.) **Health needs assessment:** the practitioner continually uses knowledge and skills to assess the health and care needs of looked-after children.

Practice learning outcomes		Indicative links to KSF Dimensions	Key content
5.2.9	Takes into account the multiple barriers that children and young people in care face in accessing and attending health care and other services.	C6	
5.2.10	Works across professional boundaries to ensure that all of the child's or young person's health needs are addressed to inform holistic care planning.	HWB2	
5.2.11	Uses detailed local knowledge to co-ordinate and provide tailored services to meet identified health and care needs of looked-after children.	C5	
5.2.12	Refers in good time and ensures that looked-after children receive appropriate and timely care and intervention, working with staff from relevant disciplines, agencies and specialist services.	HWB2 HWB3 HWB5	

Domain 5 Care Delivery and Intervention

Capability 5.3 **Health promotion**: the practitioner, working with others, applies knowledge and skills to promote and improve the health and well-being of looked-after children.

Practice learning outcomes		Indicative links to KSF Dimensions	Key content – relates to outcomes 5.3.1–5.3.8
5.3.1	Communicates appropriate levels of knowledge to educate a child or young person during his or her time in care.	C1 HWB1	<ul style="list-style-type: none"> • Health education and preventative guidance • Barriers and accessibility to universal and targeted services • Availability of, and gaps in, services to address identified health need • Children’s rights • Primary and secondary prevention and early detection of vulnerability and risk • Knowledge of contextual issues affecting families, such as poverty, substance misuse and domestic violence • Knowledge of effective preventative interventions • Knowledge of local procedures and policies to protect children and young people • Teaching and learning
5.3.2	Informs children and young people of their rights and enables them to take part in meeting their health needs.	C1 HWB1	
5.3.3	Ensures that children and young people know what information and support is available to them and how to access it.	C1 HWB1	
5.3.4	Practices within a health-orientated, health-maintenance outlook and promotes this approach in others.	HWB1	
5.3.5	Supports and enables children and young people to identify and address factors that affect their health so that they are able to manage their own health needs as far as possible.	HWB1 HWB4	
5.3.6	Demonstrates skills in the delivery of appropriate health education and promotion.	HWB1 HWB4	
5.3.7	Enables individuals, groups and communities to promote the health and well-being of looked-after children through the delivery of educational activities.	HWB1 HWB4	
5.3.8	Uses evidence-based information to develop and deliver health promotion activities.	HWB1 HWB4	

Domain 5 Care Delivery and Intervention

Capability 5.4 **Mental health and well-being**: the practitioner, working with others, applies knowledge and skills to contribute to the mental health and well-being of looked-after children.

Practice learning outcomes		Indicative links to KSF Dimensions	Key content – relates to outcomes 5.4.1–5.4.13
5.4.1	Develops an increased understanding of the mental health issues and needs of this vulnerable group of children and young people.	HWB1	<ul style="list-style-type: none"> • Mental health legislation (Scotland) • Mental health • Infant mental health • Mental illness • Child risk factors • Family risk factors • Environmental risk factors • Resilience factors • Attachment theory • Effects of loss and separation • Effects of emotional trauma • Knowledge of local and national resources/services <ul style="list-style-type: none"> - child and adolescent mental health services (CAMHS) - health professionals - community child health services - social work services - voluntary sector - self-help resources • Common mental health disorders, including depression, self harm and suicide • Disability and human rights • Children's rights • Consent • Protection of vulnerable children and young people • Resilience • Promoting positive mental health • Therapeutic relationships
5.4.2	Is able to recognise children and young people at risk of developing mental health problems.	HWB2 HWB3	
5.4.3	Has an appreciation of the context in which looked-after children and young people grow up, with its consequent implications for risk and exposure.	HWB1 HWB2	
5.4.4	Works with others to ensure a comprehensive assessment of the mental health status of the child or young person.	C1 HWB2	
5.4.5	Ensures appropriate intervention is initiated to meet the needs identified.	HWB4 HWB5	
5.4.6	Demonstrates a sound understanding of own limitations and when to refer for specialist help.	C5 HWB2 HWB5	
5.4.7	Adopts a multi-agency approach and recognises the need to be more effective in working with colleagues to improve the mental health and well-being of children and young people.	C1 HWB2 HWB4 HWB5	
5.4.8	Provides support to ensure the social, emotional and identity development of children and young people being cared for away from home.	HWB1 HWB4	

Domain 5: Care Delivery and Intervention

Capability 5.4 (cont.) **Mental health and well-being:** the practitioner continually uses knowledge and skills to assess the health and care needs of looked-after children.

Practice learning outcomes		Indicative links to KSF Dimensions	Key content
5.4.9	Actively promotes the mental health of children and young people to build up their resilience, in light of difficult circumstances.	HWB1 HWB4	
5.4.10	Uses evidence-based information to develop and deliver mental health promotion activities.	HWB1	
5.4.11	Consults with children, young people and their carers to make sure that their needs are understood and met in an encouraging and nurturing environment.	C1 HWB4	
5.4.12	Actively seeks out opportunities for children and young people to be independent and accept help.	HWB4	
5.4.13	Demonstrates the ability to form therapeutic relationships with children and young people who may be difficult to engage with and who may present specific challenges.	C1 HWB4	

Domain 5 Care Delivery and Intervention

Capability 5.5 **Sexual health and relationships**: the practitioner, working with others, applies knowledge and skills to contribute to the sexual health and well-being of looked-after children and the promotion of positive relationships.

Practice learning outcomes		Indicative links to KSF Dimensions	Key content – relates to outcomes 5.5.1–5.5.14
5.5.1	Demonstrates awareness and understanding of factors affecting the sexual health and well-being of children and young people, in particular looked-after children.	HWB1	<ul style="list-style-type: none"> • Reproductive anatomy • Principles of sexual health and relationships • Sexuality • Child abuse, including sexual exploitation • Age of Legal Capacity Scotland Act (1991) • Children (Scotland) Act 1995 • Child Protection Act (1999) • Legislation relating to sex and relationships education • Scottish legislation relating to sex • Sexual health problems • Contraception • Self-help services • Sexual health services
5.5.2	Has a critical understanding of the importance of relationships and specific problems encountered by this vulnerable group of children and young people.	HWB1	
5.5.3	Is aware of emotional and social issues that impact on sexual health and relationships.	HWB1	
5.5.4	Is particularly sensitive to the needs of children and young people who have been neglected or abused and are living away from home.	HWB1 HWB2	
5.5.5	Is able to assess the risk to the child or young person of: relationships, sexual activity, contraception, vulnerability to pregnancy/getting partner pregnant and sexually transmitted infections (STIs).	HWB2	
5.5.6	Demonstrates excellent communication skills, using sexual language that is appropriate for the understanding of the child or young person.	C1 HWB4	
5.5.7	Works within own role and competence, referring to specialist nurses/services when appropriate.	C1 C5 HWB5	
5.5.8	Demonstrates a sound understanding of local referral pathways to specialist health professionals, services and sources of support.	HWB2 HWB5	

Domain 5 Care Delivery and Intervention

Capability 5.5 (cont.) **Sexual health and relationships:** the practitioner, working with others, applies knowledge and skills to contribute to the sexual health and well-being of looked-after children and the promotion of positive relationships.

Practice learning outcomes		Indicative links to KSF Dimensions	Key content
5.5.9	Provides the child or young person with the relevant information to allow them to make informed choices.	HWB1	
5.5.10	Is aware of the law in relation to children and young people and has knowledge of child protection and protection of vulnerable individuals.	C5 HWB3	
5.5.11	Provides support to children and young people who need to disclose personal sexual and reproductive health to significant others.	HWB4	
5.5.12	Ensures that the learning needs of the child or young person is assessed, to ensure that the sexual health information provided meets their personal learning requirement.	HWB1	
5.5.13	Provides support and education to children and young people to reduce risk and maintain sexual health and well-being.	HWB1 HWB4	
5.5.14	Utilises knowledge of health promotion approaches to initiate sexual health promotion interventions.	HWB1 HWB4	

Domain 5 Care Delivery and Intervention

Capability 5.6 **Child protection**: the practitioner, working with others, applies knowledge and skills to identify any circumstances that may harm the health and well-being of looked-after children and contributes to protection from abuse.

Practice learning outcomes		Indicative links to KSF Dimensions	Key content – relates to outcomes 5.6.1–5.6.17
5.6.1	Maintains an extensive working knowledge of key national and local legislation relating to the protection of children and young people.	HWB3	<ul style="list-style-type: none"> • Child protection legislation • Vulnerability factors • Local and national regulatory requirements and policies • Children (Scotland) Act 1995 • Protection of Children (Scotland) Act 2003 • United Nations Convention on the Rights of the Child (1989) • Key child protection agencies • Confidentiality • Consent • Organisational policies and guidelines on record keeping, documentation, data protection • Knowledge of codes of practice when sharing information with a child or young person who is at risk of harm • Theories on violence and abuse relating to children and young people • Care placements as a secure base where growth and nurturing can take place
5.6.2	Is critically aware of the implications of key documents and legislation relating to the protection of children and young people.	HWB2 HWB3	
5.6.3	Recognises the roles and functions of team members and services provided by professionals working within a multi-professional framework.	HWB2 HWB3	
5.6.4	Works in partnership with others to protect and safeguard children from vulnerability, neglect or abuse within the care setting.	HWB2 HWB3	
5.6.5	Is aware of how his or her own beliefs, attitudes and experience may affect his or her practice and involvement in child protection work.	C6 HWB3	
5.6.6	Is aware of the importance of sharing information and communicating effectively within a multi-professional and multi-agency context.	C1 HWB3	
5.6.7	Knows the correct procedure for documenting and storing relevant information.	C1 HWB3	
5.6.8	Demonstrates a sound understanding of what constitutes child abuse or neglect and is able to identify those children and young people who are most at risk.	HWB3	

Domain 5 Care Delivery and Intervention

Capability 5.6 (cont.) **Child protection:** the practitioner, working with others, applies knowledge and skills to identify any circumstances that may harm the health and well-being of looked-after children and contributes to protection from abuse.

Practice learning outcomes		Indicative links to KSF Dimensions	Key content
5.6.9	Has an excellent understanding of inter-agency child protection procedures and takes prompt action when risk is identified.	HWB3 HWB5	
5.6.10	Knows how to, and participates effectively in, presenting child protection concerns.	HWB3	
5.6.11	Participates in the assessment of risk and initiates measures to reduce the risk of child abuse occurring.	HWB2 HWB3	
5.6.12	Demonstrates knowledge of how to reduce risk of child abuse occurring within a variety of settings and acts to safeguard and promote the welfare of the child or young person.	HWB3	
5.6.13	Competently demonstrates the ability to participate in the following stages of child protection: prevention, assessment, recognition and response.	HWB3	
5.6.14	Demonstrates a sound understanding of own role and responsibility, with knowledge of referral routes and local child protection processes.	HWB3	
5.6.15	Demonstrates proficiency in communication and engaging with the child or young person and with a wide range of individuals and groups involved in the protection of children and young people.	C1 HWB3	
5.6.16	Always acts in the best interest of children and young people to safeguard their physical and psychological well-being.	HWB2 HWB3	
5.6.17	Maintains and updates knowledge through attendance at local NHS board child protection training.	HWB3	

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Appendix 1: Career Framework for Health (Skills for Health, 2006)

9 **More Senior Staff - Level 9**
Staff with the ultimate responsibility for clinical caseload decision making and full on-call responsibility.

8 **Consultant Practitioners - Level 8**
Staff working at a very high level of clinical expertise and/or have responsibility for planning of services.

7 **Advanced Practitioners - Level 7**
Experienced clinical professionals who have developed their skills and theoretical knowledge to a very high standard. They are empowered to make high-level clinical decisions and will often have their own caseload. Non-clinical staff at Level 7 will typically be managing a number of service areas.

6 **Senior Practitioners/Specialist Practitioners - Level 6**
Staff who have a higher degree of autonomy and responsibility than 'Practitioners' in the clinical environment, or who would be managing one or more service areas in the non-clinical environment.

5 **Practitioners - Level 5**
Most frequently registered practitioners in their first and second post-registration/professional qualification jobs.

4 **Assistant Practitioners/Associate Practitioners - Level 4**
Probably studying for foundation degree, BTEC higher or HND. Some of their remit will involve them in delivering protocol-based clinical care that had previously been in the remit of registered professionals, under the direct and supervision of a state registered practitioner.

3 **Senior Healthcare Assistants/Technicians - Level 3**
Have a higher level of responsibility than support worker, probably studying for, or have attained NVQ level 3, or Assessment of Prior Experiential Learning (APEL)

2 **Support Workers - Level 2**
Frequently with the job title of 'Healthcare Assistant' or 'Healthcare Technician' - probably studying for or has attained NVQ Level 2

1 **Initial Entry Level Jobs - Level 1**
Such as 'Domestics' or 'Cadets' requiring very little formal education or previous knowledge, skills or experience in delivering, or supporting the delivery of healthcare

Appendix 2: Stakeholder Group Membership

Caroline	Mearns	(Chair) Project Co-ordinator	NHS Education for Scotland
Carol	Watson	LAC Nurse	NHS Lothian
Gillian	Lauder	Link Nurse LAC	NHS Tayside
Ailsa	Clunie	Health Liaison Officer Throughcare	North Lanarkshire Council
Jackie	Dougall	Clinical Nurse Specialist LAAC	NHS Greater Glasgow & Clyde
Elaine	Greaves	Specialist Nurse	NHS Argyle & Clyde
Avril	Gardiner	LAC Nurse	NHS Lothian
Jeanette	Smart	LAC Nurse	NHS Grampian
Kathy	Pickles	PHN for LAAC	NHS Forth Valley
Gail	Robertson	FV Throughcare Aftercare PHN	NHS Forth Valley
Mandy	Simpson	Public Health Nurse/LAC	NHS Tayside
Jane	Park	Clinical Nurse Specialist Co-ordinator	NHS Highland
Jill	McIntosh	Health Co-ordinator	Includem
Ann	Wilson	LAAC Nurse	NHS Dumfries & Galloway
Lindsey	Ferguson	Lead Consultant Nurse for Child Protection	Scottish Government
Anne	Neilson	Nurse Consultant Vulnerable Children	NHS Lothian
John	Brown S	Senior Health Improvement Programme Officer	NHS Health Scotland
Steven	McCluskey	National Development Officer	Scottish Healthy Care Network
Mary	Sparling	Lead Officer	HeadsUp Scotland
Donald	Morris	Nurse Therapist for LAAC	Edinburgh Connect
Suzanne	McCrea	Clinical Nurse Specialist	NHS Greater Glasgow & Clyde
Kirstie	Maclean	Family Based Care	City of Edinburgh Council
Helen	McShane	Nurse Therapist for LAAC	NHS Lanarkshire

Appendix 3: National Event Participants

Aileen	McFarlane	NHS Tayside	Julie	Ellis	NHS Greater Glasgow & Clyde
Ailsa	Clunie	North Lanarkshire Council Social Work	June	Milne	NHS Ayrshire & Arran
Alex	Mathieson	Writer & Editor	Kate	Whiteside	NHS Greater Glasgow & Clyde
Ann	Wilson	NHS Dumfries & Galloway	Kathy	Pickles	NHS Forth Valley
Anne	Wilson	Action for Sick Children	Lesley	Hunter	NHS Greater Glasgow & Clyde
Avril	Gardner	West Lothian CHCP	Liz	O'Neill	Facilitator
Betty	Wilson	NHS Greater Glasgow & Clyde	Lynn	Currie	NHS Greater Glasgow & Clyde
Breda	Wilson	NHS Lothian	Lynn	Smith	NHS Greater Glasgow & Clyde
Brenda	Cunningham	City of Edinburgh Council	Mandy	Simpson	NHS Tayside
Carol	Watson	NHS Lothian	Marie	Elen	Napier University
Caroline	Mearns	NHS Education for Scotland	Marion	Taylor	NHS Greater Glasgow & Clyde
Chris	Ridley	Scottish Government	Mary	Boyle	NHS Education for Scotland
Claire	Hope	NHS Education for Scotland	Mary	McCann	NHS Greater Glasgow & Clyde
David	McKendrick	North Lanarkshire Council	Maureen	Bell	NHS Ayrshire & Arran
Donald	Morris	NHS Lothian/ CAMHS (Edinburgh Connect)	Naomi	Lawrence	NHS Fife
Dorothy	Morgan	NHS Forth Valley	Nicki	Milligan	NHS Greater Glasgow & Clyde
Effie	Rodger	NHS Forth Valley	Pauline	McGough	NHS Greater Glasgow & Clyde
Elaine	Greaves	NHS Greater Glasgow & Clyde	Rose	Brown	NHS Lothian
Frances	Selkirk	NHS Borders	Rosemary	Moffat	NHS Greater Glasgow & Clyde
Gail	Robertson	NHS Forth Valley	Simon	Williams	NHS Education for Scotland
Gillian	McLernon	NHS Lothian/City of Edinburgh Council	Susan	Donnell	Care Commission
Gillian	Lauder	NHS Tayside	Shirley-Ann	Jackson	NHS Ayrshire & Arran
Gwen	Guignard	NHS Education for Scotland			
Ian	Seymour	NHS Education for Scotland			
Ian	Milligan	Scottish Institute of Residential Child Care			
Jackie	Dougall	NHS Greater Glasgow & Clyde			
Jackie	Gray	NHS Lanarkshire			
Jane Kim	Tracey	St Johns School			
Jill	McIntosh	Includem			
Joan	Syme	NHS Fife			
John	Brown	NHS Health Scotland			
John	Collatin	NHS Ayrshire & Arran			



Notes



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