



Real Skills Plus ICAMH/AOD

A Competency Framework for the Infant,
Child, Youth and Whānau Workforces



ISBN: 978-0-9941149-0-7

Citation:

© Whāraurau (2024). Real Skills Plus ICAMH/
AOD: A Competency Framework for the
Infant, Child, Youth and Whānau Workforces.
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Acknowledgements

Whāraurau, the national centre for infant, child, adolescent, youth mental health and alcohol and other addictions acknowledges the valuable input from all who have contributed to the review of the Real Skills Plus competency framework.

This project was led by Bronwyn Pagey, Senior Project Manager at Whāraurau, with assistance from Dr Bronwyn Dunnachie, Karin Isherwood, Maliaga Erik, Stacey Porter and valuable support from the Whāraurau team.

Special thanks are extended to the Māori Advisory Group, Pacific Advisory Group and others who contributed to the review of the framework.



FRAMEWORK

Introduction

RealSkillsPlusICAMH/AOD (2021), is a competency framework that describes the knowledge, skills and attitudes necessary to work with pēpi, tamariki, and taiohi who have a suspected or identified mental health and/or alcohol or other drug (AOD) concern impacting on their wellbeing. The competencies needed for working with infants, children and young people also include a focus on their whānau and their community.

The framework was developed from the understanding that there are some areas of knowledge and skill that are unique to working with pēpi, tamariki, taiohi and their whānau with mental health and/or AOD concerns. These areas include developmental issues, working across multiple systems and the expectation of including whānau.

Real Skills Plus ICAMH/AOD reflects the complexities of working with infants, children, youth and their whānau and is used to complement the *Let's get real* framework. *Let's get real* describes the values, attitudes, knowledge and skills required for working effectively with tangata whaiora and whānau experiencing mental health and addiction needs.

Real Skills Plus ICAMH/AOD was also informed by He Ara Oranga (2018) and the Child and Youth Wellbeing Strategy (2019), which sets out a shared understanding of what's important for child and youth wellbeing, and emphasises the importance of all whānau receiving good quality, effective and culturally appropriate services.

The purpose of the Real Skills Plus ICAMH/AOD is to support further development of the knowledge and skills of the infant, child and youth mental health and AOD workforce to enhance service provision. This ensures the workforce has the capability to support the wellbeing of our pēpi, tamariki and taiohi and their whānau.

The framework was initially developed in 2009 and reviewed in 2019, leading to the addition of the primary level. In 2021, a sector-wide and cultural review was undertaken to ensure it was 'fit for purpose' and reflected the current skills and knowledge for the workforces.

RSP ICAMH/AOD online assessment

RealSkillsPlus ICAMH/AOD has an online assessment tool that enables individuals and services to complete an assessment of their level of skill and knowledge of pēpi, tamariki and taiohi mental health and addiction concerns. Once completed, individuals receive a report outlining their areas of strength and areas for ongoing development. The report can then be used for various activities including individual performance planning, team training needs and service development. The online assessment is free and accessible at <https://realskills.wharaurau.org.nz/>.

Real Skills Plus ICAMH/AOD does not replace other professional competency frameworks, it complements them and adds to existing frameworks, including:

LET'S GET REAL

A framework that describes the values, attitudes, knowledge and skills required for working effectively with people and whānau experiencing mental health and addiction needs. Real Skills Plus ICAMH/AOD incorporates the values and attitudes of *Let's get real* and links with the 'essential' level of skill development for all practitioners.

www.tepou.co.nz/initiatives/lets-get-real

TE WHARE O TIKI

A framework describing the knowledge and skills required by the mental health and addiction workforce to be able to effectively respond to the needs of people with co-existing problems and their whānau.

www.tepou.co.nz/resources

REAL SKILLS PLUS SEITAPU

A framework describing the essential and desirable knowledge, skills and attitudes to engage with Pacific peoples.

www.leva.co.nz/resources/lets-get-real-real-skills-plus-seitapu-working-with-pacific-peoples-le-va/

TAKARANGI COMPETENCY FRAMEWORK (MATUA RAKI, 2009)

The Takarangi Competency framework provides a pathway to develop cultural competence, enhance cultural fluency and analyse workforce needs relating to Māori responsiveness and monitor quality assurance.

www.tepou.co.nz/resources/takarangi-competency-framework-essence-statements-poster

Whilst Real Skills Plus ICAMH/AOD can be read as a standalone document, it is recommended that practitioners review this framework alongside Let's get real, cultural frameworks and discipline-specific competencies.

The framework

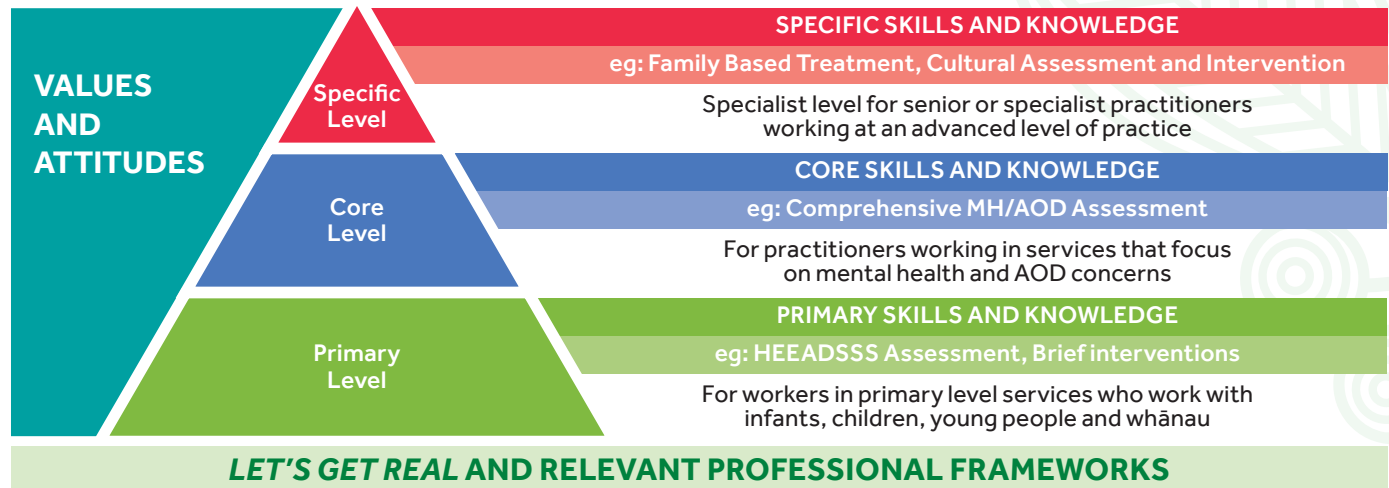
This section provides an overview of the framework and describes:

- Key principles
- Values and attitudes
- Areas of practice
- The three domains

The following diagram provides an overview of Real Skills Plus ICAMH/AOD competency framework and illustrates how *Let's get real* and other professional frameworks support this framework.

There are three levels of practice - Primary, Core and Specific. These are organised within three domains (Engagement, Assessment and Intervention) with knowledge and skills outlined to meet each domain.

The primary level of Real Skills Plus ICAMH/AOD incorporates the essential indicators from the *Let's get real* framework. Therefore, by achieving the 'primary' level competencies of Real Skills Plus ICAMH/AOD the 'essential' level of *Let's get real* has also been met. At the 'core' and 'specific' level of Real Skills Plus ICAMHS/AOD, workers are required to meet the 'essential' and 'enhanced' levels on the *Let's get real* framework.



Key principles

There are eight key principles that underpin the Real Skills Plus ICAMH/AOD framework and define its focus and scope.

PĒPI, TAMARIKI AND TAIOHI / INFANT CHILDREN AND YOUNG PEOPLE

The primary focus is the physical, emotional, spiritual, cognitive, social and cultural wellbeing of pēpi, tamariki and taiohi — including their views on themselves and their lives, futures, whānau and communities.

CULTURAL SAFETY AND DIVERSITY

Cultural literacy is a reflective and reflexive process that enables the individual to contribute intuitively to pae ora (healthy futures), by focusing on waiora, whānau ora and mauri ora, and other appropriate, integrated systems of environmental, family and individual wellbeing.

When Indigenous and Pacific mokopuna are at risk of avoidable harm, tangata whenua need to be involved in decision making at every level that impacts the whānau and offered suitable cultural options, alongside western support models, whenever possible.

A duty of care relationship recognises the wairua, mana, mauri and tapu (<https://youtu.be/d8oqH5MT-k4>) of whānau and mokopuna — no matter their background or culture. This is honoured at every stage of engagement. Workers are mindful of their own cultural biases when working with whānau from cultures other than their own, recognise there are distinct nations throughout the Pacific, and identify appropriate Pacific models of care, guidance and intervention, as required.

WORKING FROM A DEVELOPMENTAL PERSPECTIVE

Using a developmental, person centred approach (bio/ psychosocial/cultural) throughout engagement, assessment, interventions and transitions, within the cultural context of each pēpi, tamariki, taiohi and whānau.

WHĀNAU

Each whānau is unique. They are the experts and key stakeholders in the success of their primary support system and the legacy they will leave for successive generations. Whānau wellbeing is reflected in their self-determination and self-managing practice; therefore, all work needs to incorporate a cultural lens and be in partnership with that whānau, from point of entry to exit from the service. Whānau need to have timely access to appropriate information, education and support — in a way that fits for them.

COMMUNITY CONNECTIONS AND SYSTEMS

Recognising that people identify with and belong to community groups and networks, and understanding the importance of connections between pēpi, tamariki, taiohi, whānau and communities are essential parts of the mahi.

RIGHTS, LEGISLATION, STANDARDS, AND POLICIES

A focus on the rights of pēpi, tamariki and taiohi and implement relevant legislation and policy standards in a way that recognises culture and supports pēpi, tamariki, taiohi and their whānau to access services and ensures safely.

ADVOCACY

A focus on providing active support for pēpi, tamariki, taiohi and their whānau at all points of contact with mental health, AOD and related services.

MAINTAINING PROFESSIONAL AND PERSONAL DEVELOPMENT

A focus on personal and professional development and self-care. Workers continually look for ways to improve themselves, their teams and services to ensure the workforce is resilient and can respond effectively to people accessing services.



Values and attitudes

The Real Skills Plus ICAMH/AOD framework includes the underpinning values and attitudes of the *Let's get real* framework.

The values and attitudes are intended to express the shared approach, which applies across healthcare delivery regardless of role, profession and organisation.

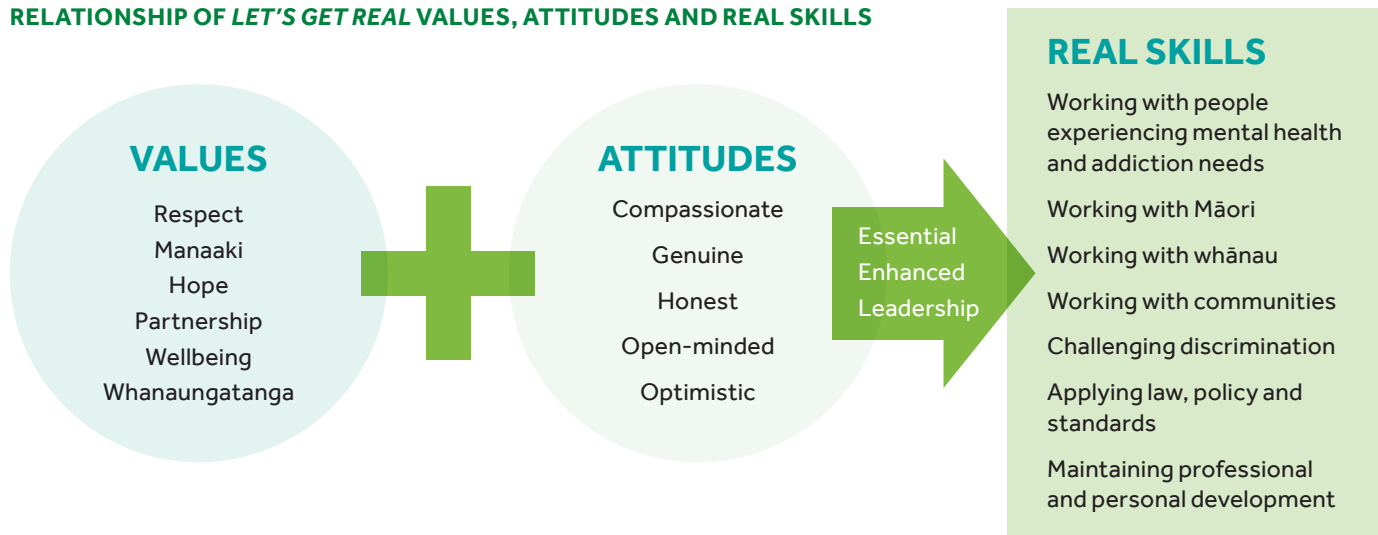
Working in a values-informed way means workers are more likely to effectively respond to and work in partnership with people accessing services.

For more details of *Let's get real*, values and attitudes please refer to:

'*Let's get real*: Real Skills for working with people and whānau with mental health and addiction needs.' (2018), Te Pou o te Whakaaro Nui and Ministry of Health.

<https://www.tepou.co.nz/initiatives/lets-get-real/107>

RELATIONSHIP OF LET'S GET REAL VALUES, ATTITUDES AND REAL SKILLS



Levels of practice

PRIMARY

The Primary level is for anyone who works with pēpi, tamariki, taiohi and whānau, particularly those in the primary sector. It reflects the knowledge and skills that enable practitioners in primary level services to recognise a suspected mental health and/or AOD concern early, and provide a brief intervention and/or referral for an infant, child or young person and their family/whānau.

CORE

The Core level is for practitioners working with pēpi, tamariki and taiohi. It outlines the core skills, knowledge and attitudes practitioners need (or should be working towards) to work with infants, children, young people and whānau who have a suspected or identified mental health or AOD concern. Practitioners at this level require competence in engagement, assessment and a range of therapeutic interventions.

SPECIFIC

The Specific level is for practitioners that have specialist or specific areas of practice relevant to working with pēpi,

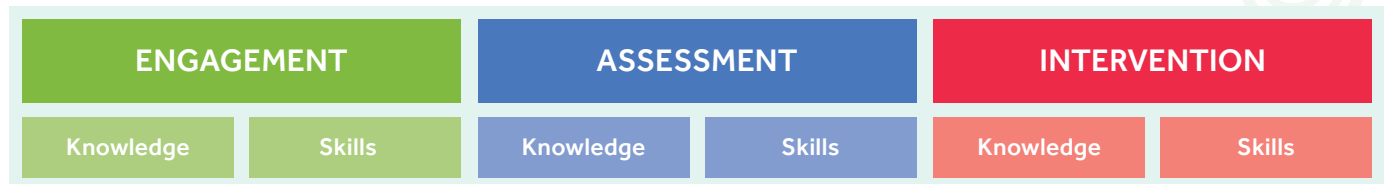
tamariki and taiohi and their whānau experiencing suspected or identified mental health and/or AOD concerns. It may include skills in specific assessment (for example, psychometric assessment); the ability to provide one or more evidence-informed intervention (for example, behavioural, cognitive, psychodynamic or systemic therapies); the ability to provide a cultural intervention and demonstrate cultural competence. Such knowledge and skills are usually gained as part of a tertiary education programme or equivalent.

For the purposes of this framework, the term 'practitioner' encompasses the broad range of people involved in the delivery of health care employed in a range of settings.

THE THREE DOMAINS

There are three domains in the framework: **Engagement, Assessment and Intervention.**

These reflect the processes encountered by pēpi, tamariki and taiohi and their whānau during their contact with services. Each of these areas is further developed with descriptions of the relevant skills and knowledge required within each domain.





PRIMARY LEVEL

PRIMARY LEVEL

ENGAGEMENT KNOWLEDGE	Competent	Needs Development	N/A
I work in a culturally inclusive manner in relation to whanaungatanga, assessment and intervention.			
I understand the issues of consent and confidentiality including cultural considerations relevant to working with pēpi, tamariki and taiohi and can communicate these to them and their whānau.			
I am aware of the limitations of my knowledge and seek to understand the values, beliefs and practices of ethnicities, cultures, and other groups different to my own.			
I know about relevant legislation and policies including Oranga Tamariki Act (1989), Consent in Child and Youth Health: Information for Practitioners (1998), Vulnerable Children's Act (2014), Family Violence Act (2018), Child and Youth Wellbeing Strategy (2019) and the Health Information Privacy Code (2020).			
I understand the impacts of stigma and discrimination on tamariki, taiohi and their whānau when engaging with services.			
I understand the impacts of colonisation and intergenerational trauma on pēpi, tamariki, taiohi and their whānau when engaging with services.			
I know how to address the impacts of stigma and discrimination in a culturally responsive way with tamariki, taiohi and their whānau to enhance engagement.			
TOTALS			

ENGAGEMENT SKILLS	Competent	Needs Development	N/A
I can work in partnership with tamariki, taiohi and their whānau in a culturally affirming, responsive and appropriate manner.			
I understand the importance of forming good relationships and recognise that these relationships will be key to the assessment and intervention processes.			
I am able to develop meaningful and trusting relationships with the whānau and caregivers that will enable me to recognise mental health concerns for pēpi.			
I am able to develop professional relationships that will enable me to recognise mental health concerns for tamariki.			
I am able to develop trusting professional relationships that will enable me to recognise mental health concerns for taiohi.			
I am able to develop professional relationships that will enable me to recognise mental health concerns for whānau and caregivers.			
I communicate honestly, sensitively and empathically using non-technical language that is strength based and developmentally and culturally appropriate.			
I can elicit and acknowledge the perspectives of the whānau and understand the beliefs and practices belonging to their whānau culture.			
I can identify a need for a professional interpreter and have the skills to work with an interpreter.			

ENGAGEMENT SKILLS (continued)	Competent	Needs Development	N/A
I can demonstrate competency at the Essential level of <i>Let's get real</i> (https://www.tepou.co.nz/initiatives/lets-get-real).			
I can demonstrate competency at the Core level of Real Skills Plus Seitapu: Working with Pacific Peoples (www.leva.co.nz/resources/lets-get-real-real-skills-plus-seitapu-working-with-pacific-peoples-le-va/)			
I can use technologies appropriately to engage with taiohi and whānau, e.g., texting, Zoom, e-therapy apps.			
I understand that pēpi, tamariki, taiohi and whānau have strengths, skills and resilience.			
I can articulate the extent and limits of my own cultural understanding and know when to seek cultural advice, support and supervision.			
TOTALS			

ASSESSMENT KNOWLEDGE	Competent	Needs Development	N/A
I work in a culturally responsive and appropriate manner when conducting an assessment and intervention.			
I understand the key developmental milestones for pēpi.			
I understand the key developmental milestones for tamariki.			
I understand the key developmental milestones for taiohi.			
I have broad knowledge of trauma informed approaches.			
I have broad knowledge of common and emergent MH concerns.			
I have broad knowledge of common and emergent AOD concerns.			
I have broad knowledge of Care and Protection concerns.			
I understand concepts relating to Māori and Pacific family structures and dynamics and the family as a system.			
TOTALS			

ASSESSMENT SKILLS	Competent	Needs Development	N/A
I work in a whaiora centred, developmentally appropriate manner, eliciting tamariki and taiohi views of their world, through speech or observation and/or using other means, using age-appropriate language.			
I ensure that the voices of tamariki and taiohi and their whānau are heard and included throughout the assessment process.			
I can recognise strengths, resilience and protective factors that emerge through the assessment process.			
I can identify risk factors, including risk to self and others, that emerge through the assessment process.			
I can develop a wellbeing plan, addressing risk in collaboration with person and their Whānau			
I know when to seek assistance from other professionals in relation to a person's risk to self and others.			
I can conduct a psycho-social assessment of taiohi using recognised frameworks such as the HEEADSSS Assessment, and the Te Whare Tapa Whā and Fonofale models.			
I can undertake screening for substance use in taiohi using a validated tool such as the Substance and Choices Scale (SACS), CRAFFT or Trends Theoretical Model of Change.			
I can access relevant information from other sources to inform my assessment and planning.			

ASSESSMENT SKILLS (continued)	Competent	Needs Development	N/A
I can undertake screening for mental health concerns using a validated tool such as the Patient Health Questionnaire (PHQ) 2 or 9, Parents' Evaluation of Developmental Status (PEDS) and Strengths and Difficulties Questionnaire (SDQ).			
I can use technologies, such as phone interview, Zoom, online questionnaires appropriately when undertaking an assessment.			
I can identify wellbeing concerns present for the parent or caregiver that may impact upon their developing relationship with their pēpi, tamariki or taiohi.			
Upon completion of the assessment, I can develop a plan for next steps in collaboration with the person and their whānau.			
TOTALS			

INTERVENTION KNOWLEDGE	Competent	Needs Development	N/A
I have knowledge of resources and networks within the community to assist access to evidence based parenting courses such as Incredible Years and Triple P.			
I have knowledge of techniques that tamariki and whānau can use to self-soothe, e.g., breathing, mindfulness, distress tolerance skills and sensory modulation.			
I have knowledge of techniques that taiohi and whānau can use to self-soothe, e.g., breathing, mindfulness and distress tolerance skills, sensory modulation.			
I understand the principles and delivery of support and advocacy for tamariki, taiohi and their whānau, e.g. Introduction to Principles Guiding Provision of Health & Disability Services (www.kidshealth.org.nz/introduction-principles-guiding-provision-health-disability-services).			
I have knowledge of trauma informed approaches to interventions.			
I know how to access culturally appropriate print and online information and psycho-education for tamariki, taiohi and their whānau.			
I understand the barriers for taiohi and whānau attending services and how services can ameliorate these. Barriers may include: access to transport, stigma and discrimination, not wanting to miss school, etc.			

INTERVENTION KNOWLEDGE (continued)	Competent	Needs Development	N/A
I know the principles of working in partnership with other agencies to support transitions between agencies and services.			
I know the principles of working in partnership with Youth Consumer, Whānau/family Advisors and Cultural Advisors (where available) to support tamariki, taiohi and their whānau.			
I know how to use an inclusive, interagency approach to support whānau.			
I have an awareness and understanding of the Whānau Ora approach and my role within it.			
TOTALS			

INTERVENTION SKILLS	Competent	Needs Development	N/A
When training has occurred, and supervision is available, I can deliver evidence-based interventions such as:			
• Family/whānau work			
• Solution-focused techniques			
• Motivational Interviewing			
• Cognitive behavioural strategies			
• ACT/FACT			
• Dynamics of whanaungatanga			
• Mana enhancing and mana protecting practice			
• Other interventions such as activity scheduling, sleep hygiene, mood diaries etc.			

INTERVENTION SKILLS (continued)	Competent	Needs Development	N/A
I consider cultural needs in determining interventions, and seek guidance and support as needed.			
I can provide psycho-education about mental health and wellbeing to children, young people and their families.			
I can practice within my scope of professional practice with awareness of my own limitations and when consultation and referral is required.			
I can document risk factors including risk to self and others.			
I can use technologies that support interventions with tamariki, taiohi and whānau, e.g., telehealth, e-therapy and other apps, Zoom and texting.			
TOTALS			

The background is a solid blue color with a repeating pattern of stylized leaves and berries. The leaves are light blue and have a central vein with smaller veins branching off. The berries are small circles with a dot in the center, arranged in clusters at the base of the leaves.

CORE LEVEL

CORE LEVEL			
ENGAGEMENT KNOWLEDGE	Competent	Needs Development	N/A
I understand the importance of forming good relationships and recognise that these relationships are central to the assessment and intervention processes.			
I understand the principles of developmentally appropriate engagement.			
I understand the principles and the values of culturally appropriate engagement.			
I know that optimal growth and development occurs within nurturing relationships and therefore in the context of relationships with parents and caregivers.			
I know the importance of trust in developing and maintaining a therapeutic relationship with the parent/caregiver.			
I am aware of the need to explore and understand the cultural views of the whānau and caregivers in relation to care team interactions with pēpi including touching and holding.			
I understand how the intersection of developmental, social and cultural contexts may impact upon mental health concerns.			
I understand how determinants of health and health disparities across cultures and ethnicities may affect the mental health of pēpi, tamariki, taiohi and whānau.			
I understand the impact of stigma and discrimination on tamariki, taiohi and their whānau when engaging with MH/AOD services.			
I know how to address the impact of stigma and discrimination with tamariki, taiohi and their whānau to enhance engagement.			
TOTALS			

ENGAGEMENT SKILLS	Competent	Needs Development	N/A
I can engage in a holistic, strengths based and culturally responsive way, which recognises the whole person.			
I can work in partnership with tamariki and whānau in a way that is developmentally responsive and use the relationship as a basis for engagement, assessment and intervention.			
I can work in partnership with taiohi and whānau in a way that is culturally responsive and use the relationship as a basis for engagement, assessment and intervention.			
I apply the principles of resiliency, recovery and wellbeing in developing appropriate relationships.			
I use a trauma informed approach when working with pēpi, tamariki, taiohi and whānau.			
I can work constructively and collaboratively to manage conflict in a way which is respectful of culture.			
I can work in a person centred way that ensures taiohi and whānau voices are heard and underpin their involvement with the service.			
I engage with infants, tamariki, taiohi and whānau using the values and attitudes from the Real Skills Plus Framework			
TOTALS			

ASSESSMENT KNOWLEDGE	Competent	Needs Development	N/A
I have detailed knowledge of the development of pēpi, including:			
• Emotional and social/relational development			
• Cognitive development			
• Sensorimotor and physical development			
• Cultural/spiritual development			
• Internal, environmental and systemic factors that may enhance or adversely affect development			
I have an understanding of common MH problems affecting pēpi.			
I have an understanding of FASD.			
I have a detailed knowledge of the development of tamariki including:			
• Emotional and social/relational development			
• Cognitive development			
• Sensorimotor and physical development			
• Cultural/spiritual development			
• Internal, environmental and systemic factors that may enhance or adversely affect development			

ASSESSMENT KNOWLEDGE (continued)	Competent	Needs Development	N/A
I have an understanding of common MH problems affecting tamariki			
I have detailed knowledge of the development of taiohi including:			
• Emotional and social/relational development			
• Cognitive development			
• Sensori-motor and physical development			
• Cultural/spiritual development			
• Internal, environmental and systemic factors that may enhance or adversely affect development			
I have an understanding of common MH problems affecting taiohi.			
I have an understanding of common co-existing problems affecting taiohi.			
I have an understanding of DSM 5 and the ICD 11 and their use as diagnostic tools.			

ASSESSMENT KNOWLEDGE (continued)	Competent	Needs Development	N/A
I have an understanding of:			
• Cultural frameworks			
• Trauma Informed Care			
• Attachment Theory			
• Cognitive Theory			
• Behavioural and learning theories			
• Interpersonal Theory			
I use the information gathered during assessment to develop a culturally inclusive formulation that is meaningful for tangata whaiora and whānau.			
I have knowledge of a range of formulation models.			
I have knowledge of health and wellbeing cultural frameworks such as Te Whare Tapa Whā, Fonofale, and Nga Vaka O Kainga Tapu.			
I have knowledge of alcohol and other substances that may be used by tamariki, taiohi and whānau and their potential side-effects.			
I have some knowledge and understanding of effects and side-effects of commonly prescribed medications.			
I have knowledge and understanding about the use of alternative treatments.			

ASSESSMENT KNOWLEDGE (continued)	Competent	Needs Development	N/A
I have knowledge and understanding about the use of indigenous and cultural assessments.			
I know how to talk with tamariki, taiohi and whānau about side effects of commonly prescribed medications.			
I know how to address medication side effects in conjunction with specialist practitioners within the service.			
I have knowledge and understanding of the potential impact of parents' mental health and/or substance use difficulties on tamariki.			
I have knowledge of the Supporting Parents, Healthy Children initiative (https://supportingparents.nz.org/).			
I have knowledge and understanding of Real Skills Plus Seitapu: Working with Pacific Peoples and incorporate this into my work(https://www.leva.co.nz/resources/lets-get-real-real-skills-plus-seitapu-working-with-pacific-peoples-le-va/).			
I have knowledge and understanding of the cultural competencies required when working with Māori and their whānau.			
I understand the influence and the impact of trauma and colonisation on pēpi, tamariki, taiohi and whānau.			
TOTALS			

ASSESSMENT SKILLS	Competent	Needs Development	N/A
I can conduct a comprehensive Mental Health (MH) and Alcohol and Other Drugs (AOD) assessment for pēpi, tamariki and taiohi including the following:			
• Gathering a comprehensive understanding of events, protective factors and concerns			
• Assessing emerging MH concerns for tamariki			
• Assessing emerging MH concerns for taiohi			
• Assessing emerging AOD concerns for taiohi			
• Conducting a mental state examination of pēpi, tamariki and taiohi (and sometimes caregiver(s))			
• Gathering information to understand the views of tamariki and taiohi: including their hopes, strengths, concerns and protective factors through speech, art, writing, play or other media			
• Identifying and documenting whānau perspectives where appropriate			
• Assessing the strengths and difficulties in parent/caregiver relationship with pēpi			

ASSESSMENT SKILLS (continued)	Competent	Needs Development	N/A
<ul style="list-style-type: none"> Gathering relevant information from other agencies and individuals with respect to the Health Information Privacy Code 2020 			
<ul style="list-style-type: none"> Undertaking a comprehensive assessment of risk and protective factors 			
<ul style="list-style-type: none"> Organising necessary assessments that are outside my scope of practice 			
<ul style="list-style-type: none"> Developing a formulation integrating theoretical and cultural frameworks with information gathered during the assessment 			
<ul style="list-style-type: none"> Developing a comprehensive plan in partnership with tamariki, taiohi and whānau, where appropriate, including consideration of cultural and clinical concerns: risk, goals, review, transition, and policies, etc. 			
TOTALS			

INTERVENTION KNOWLEDGE	Competent	Needs Development	N/A
I have knowledge of a range of developmental theories, e.g., attachment, cultural, psycho-social, cognitive development and social learning.			
I have knowledge of evidence informed and evidence based interventions, e.g., Cognitive Behavioural Therapy, ACT, FACT, DBT, Motivational Interviewing, Solution-Focused Therapy, Family Therapies, and Māori and Pacific models.			
I have knowledge of outcome measures such as HoNOSCA, Strength and Difficulties Questionnaire and the Outcome Rating Scale.			
I understand how to take a systemic approach in my practice.			
I understand the importance of intersectoral relationship management, e.g., Strengthening Families and Whānau Ora.			
I have knowledge of parental rights and relevant New Zealand legislation such as child protection legislation and the principles of informed consent with regards to tamarki, taiohi and whānau.			
TOTALS			

INTERVENTION SKILLS	Competent	Needs Development	N/A
I can develop and document a culturally responsive plan in partnership with the tamariki, taiohi, whānau and care team.			
I can deliver interventions using a whānau focused approach.			
I can implement culturally appropriate interventions consistent with relevant evidence based practice guidelines.			
With training and supervision, I can provide evidenced based therapies, including:			
• Cognitive Behaviour Therapy			
• Behaviour Therapy			
• Family Therapy			
• Interpersonal Therapy			
• Dynamic Psychotherapy, including play and art			
• Acceptance and Commitment Therapy (ACT) and/or Focused-ACT (FACT)			

INTERVENTION SKILLS (continued)	Competent	Needs Development	N/A
• Dialectical Behavioural Therapy			
• Motivational Interviewing			
• Solution-Focused Therapy			
• EMDR			
• Dynamics of whanaungatanga			
• Mana enhancing and mana protecting practice			
I can maintain risk management plans for pēpi and whānau by updating and documenting ongoing assessments of risks and care and protection issues, and share this information with those who are involved.			
I can maintain risk management plans for tamariki and whānau by updating and documenting ongoing assessments of risks and care and protection issues.			
I can coordinate necessary meetings to ensure that pēpi, tamariki, taiohi and whānau receive optimally coordinated care in a timely manner.			
When providing interventions, I adhere to the principles of Whānau Ora.			

INTERVENTION SKILLS (continued)	Competent	Needs Development	N/A
I am aware of the needs of people from a range of cultures and ethnicities and seek cultural advice/ support as appropriate.			
I can identify difficulties and intervene early in the lives of tamariki and whānau experiencing distress due to MH and AOD problems.			
I am able to offer appropriate support for adult whaiora experiencing MH concerns in their role as parents.			
I can provide group psycho-education programmes for tamariki and taiohi.			
I can make referrals to Supporting Families Healthy Children (SPHC) support services.			
I can routinely use global outcome measures to evaluate clinical change, e.g., HoNOSCA, Outcome Rating Scales.			
In conjunction with practitioners with specific-level skills within the service, I am able to use more targeted clinical measures, e.g., Connors Scales or Beck Inventories.			
I can participate in ethics committee approved research that is aimed at enhancing service provision and improving outcomes for tangata whaiora.			
TOTALS			



SPECIFIC LEVEL

SPECIFIC LEVEL

ENGAGEMENT KNOWLEDGE	Competent	Needs Development	N/A
I can implement evidence based and culturally informed best practice to engage with pēpi and whānau in relation to Mental Health (MH) and/or Alcohol and Other Drugs (AOD) concerns.			
I can implement evidence based and culturally informed best practice to engage with tamariki in relation to MH/AOD concerns.			
I can implement evidence based and culturally informed best practice to engage with taiohi in relation to MH/AOD concerns.			
TOTALS			

ENGAGEMENT SKILLS	Competent	Needs Development	N/A
I can be a resource for other workers in relation to appropriate engagement techniques with pēpi in the context of pēpi-whānau /caregiver relationships.			
I am aware that pēpi/caregiver distress can influence the engagement process with the parent/caregiver(s).			
I can modify and adjust my language to meet the needs of the tangata whaiora and whānau.			
I can demonstrate leadership by developing and implementing policies that support partnering with tamariki, taiohi and their whānau.			
I can contribute to and lead service development and improvement work to create an engaging and welcoming service environment to appropriately manaaki whānau.			
TOTALS			

ASSESSMENT KNOWLEDGE	Competent	Needs Development	N/A
I have in-depth knowledge relevant to the provision of mental health assessments of pēpi.			
I have comprehensive knowledge of the DC: 0-3R Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood and DC: 0-5 Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood.			
I have in-depth knowledge and awareness of specific cultures and diverse populations.			
I have knowledge of indigenous and culturally based developmental assessment tools.			
TOTALS			

ASSESSMENT SKILLS	Competent	Needs Development	N/A
I can act as a resource to the team and contribute to the assessment process by:			
• Assisting with diagnostic clarification of MH/AOD problems using appropriate diagnostic systems			
• Using appropriate theoretical models to formulate complexity in a collaborative, succinct and culturally meaningful way			
• Providing and interpreting specialist targeted assessments within my scope of practice			
• Undertaking a neuropsychological/neuropsychiatric assessment			
• Undertaking a physical examination to ensure all aspects of wellbeing including physical health are considered			
• Undertaking a sensory therapy			
• Undertaking a comprehensive cultural assessment			
• Undertaking a clinical assessment using a playroom			
• Undertaking a youth forensic assessment			

ASSESSMENT SKILLS (continued)	Competent	Needs Development	N/A
I can act as a resource to the team and contribute to the assessment process by undertaking specialist assessments of pēpi including:			
• Completing a physical assessment of pēpi and being able to recognise the effects of neurodevelopmental difficulties and head injury/traumatic brain injury			
• Completing a mental status assessment of pēpi developed from an evidence informed diagnostic framework using interview, observation and direct interaction methods such as the DC: 0-3R Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (Zero to Three, 2005) and Developmental Disorders of Infancy and Early Childhood (Zero To Three 2016)			
• Undertaking a detailed developmental assessment			
• Assessing for FASD			
• Using specific assessment tools for 0-4 year olds, including assessment of the pēpi-parent/caregiver relationship			
• Being a consultant to adult mental health and perinatal services on pēpi mental health when whānau present with mental health concerns which may impact on their developing relationship with their pēpi			
TOTALS			

INTERVENTION KNOWLEDGE	Competent	Needs Development	N/A
I have in-depth knowledge of risk management processes relevant to pēpi, tamariki, taiohi and their whānau with Mental Health (MH) and/or Alcohol and Other Drugs (AOD) concerns.			
I have in-depth understanding of intersectoral based interventions (e.g. Strengthening Families, Whānau Ora, and cross agency planning).			
I know how to develop interagency service level agreements.			
I have an in-depth knowledge of MH/AOD practices enabling consultation and liaison with a broad range of community and specialist agencies across all sectors.			
I understand the principles of workforce development, including change management and implementation science.			
I know how to interpret outcome data and use such data in service delivery planning.			
I know how to initiate and lead ethics approved research that is aimed at enhancing service provision and improving outcomes for tangata whaiora.			
I have knowledge and understanding of the principles of policy development in relation to service delivery.			
I have knowledge of models for effective leadership.			
TOTALS			

INTERVENTION SKILLS	Competent	Needs Development	N/A
I can deliver and support core-level workers to deliver evidence based therapies using a developmentally focused approach, including but not restricted to the following:			
• Cognitive Behaviour Therapy			
• Behaviour Therapy			
• Family Therapy			
• Interpersonal Therapy			
• Dynamic Psychotherapy (including play, art)			
• Infant therapies (such as Watch Wait Wonder, Circle of Security)			
• Occupational Therapy/Vocational Rehabilitation			
• Art Therapy			
• Culturally appropriate talking therapies, e.g., https://www.tepou.co.nz/uploads/files/resources/Talking-Therapies-for-Pasifika-Peoples-1.pdf			
• Acceptance and Commitment Therapy			
• Dialectical Behavioural Therapy			

INTERVENTION SKILLS (continued)	Competent	Needs Development	N/A
• Motivational Interviewing			
• Dynamics of whanaungatanga			
• Mana Enhancing and Mana Protecting Practice			
I can act as a resource to the team and contribute to the intervention process by:			
• Supporting implementation of recommendations arising from formal assessments			
• Conducting ongoing physical examinations to help discriminate between mental health, spiritual and physical presentations as well as physical consequences of mental health problems			
• Undertaking regular physical observations such as weight, pulse and blood pressure monitoring			
• Prescribing psychotropic medication and acting as a resource for the team on pharmacological interventions			
• Undertaking sensory therapies			
• Having clinical oversight of individual and team work			
• Undertaking culturally based therapies			

INTERVENTION SKILLS (continued)	Competent	Needs Development	N/A
<ul style="list-style-type: none"> Organising and leading complex multi-agency meetings and accessing external support 			
<ul style="list-style-type: none"> Being a resource person for the team on issues for tamariki of parents with mental health or addiction concerns (SPHC) 			
I can utilise in-depth knowledge of MH and/or AOD practices to develop psycho-education resources for tamariki, taiohi and their whānau.			
I can perform the role of 'responsible clinician' and monitor and provide interventions for tamariki or taiohi under the Mental Health Compulsory Assessment & Treatment Act (Ministry of Health, 1992).			
I can role model reflective practices.			
I can lead clinical review processes.			
I am involved in the delivery of administrative supervision.			
I am involved in the delivery of clinical supervision.			
I am involved in the delivery of cultural supervision.			

INTERVENTION SKILLS (continued)	Competent	Needs Development	N/A
I am a resource for the team and support the provision of intersectoral based interventions.			
I can develop interagency service level agreements.			
I can provide consultation and liaison to a broad range of community and specialist agencies involved in the wellbeing of pēpi, tamariki, taiohi and their whānau, across sectors.			
I am a resource to the team in relation to the importance of maintaining professional boundaries.			
I support new staff including interns and students.			
I support people with lived experience to participate in service planning and delivery and promote opportunities to move into lived experience peer advisory roles.			
I can initiate and lead ethics approved research that is aimed at enhancing service provision and improving outcomes for tangata whaiora.			
I can lead recruitment and retention processes within MH/AOD services for pēpi, tamariki and taiohi.			
TOTALS			

The background of the entire page is a dark blue-grey color, overlaid with a repeating pattern of stylized botanical motifs. Each motif consists of a central stem with three elongated, pointed leaves radiating from it. Below the leaves, there are three small, circular berries or fruits. The pattern is uniform and covers the entire surface.

FURTHER READING & APPENDICES

Implementing the framework

Implementation is the process of embedding the Real Skills Plus within organisations.

The competency framework should be an adjunct to the work processes, professional development and recruitment planning that already exist in services. The competency framework is used in all areas of employment lifecycle.

● RECRUITMENT

RSP identifies the areas of strength and the areas of development required within your organisation, enabling you to focus on these during recruitment.

● SELECTION

During the selection phase, you can use RSP data to select staff with the skills and knowledge needed on your team.

● ORIENTATION

RSP enables you to tailor an orientation package for new employees and identify strengths and areas for ongoing development for the first 6-12 months of employment.

● DEVELOPMENT

RSP is completed yearly as part of ongoing development for the individual and the organisation.

For individuals, RSP:

- Clarifies required skills and knowledge
- Guides and informs performance appraisals
- Informs professional development plans

For the organisation, RSP:

- Informs service development
- Enhances service delivery
- Supports CAPA implementation

● RETENTION

RSP enhances retention by:

- Providing employees with clear expectations of what is required from them
- Creating a positive work culture
- Encouraging learning and professional development
- Identifying strengths
- Enhancing work satisfaction

● EXIT

RSP can be used to guide and support the exit process. Staff leaving teams and services is part of the employment life cycle and can be a positive experience.



Education and training

Effective training is vital to ensuring the workforce has the ability to enhance the wellbeing of our pēpi, tamariki and taiohi and their whānau.

This framework can support this by:

- providing a clear set of competencies which can guide and refine the structure and curriculum of training programmes. Including pre and post qualification trainings.
- Providing a system for the evaluation of the outcome of training programmes.

GETTING STARTED WITH REAL SKILLS PLUS IS EASY:

Go to the Whāraurau website wharaurau.org.nz, or directly to realskills.wharaurau.org.nz



Reading list

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Appendices

APPENDIX A: RELEVANT LEGISLATION AND POLICIES

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APPENDIX B: EXAMPLES OF RESOURCES TO INFORM EVIDENCE-BASED PRACTICE:

New Zealand:

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UK:

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user groups. The Matrix evidence tables use a unified system for grading evidence and making recommendations. This current version includes new or revised tables on the evidence base for the application of psychological interventions with:

- Older people
- Children and adolescents
- People with learning disabilities
- Forensic populations
- Trauma and PTSD
- Supporting Technology Enabled Psychological Therapies and Interventions
- Depression.

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APPENDIX C: EXAMPLES OF EVIDENCE-BASED CHECK LIST/ASSESSMENT TOOLS/DIAGNOSTIC SYSTEMS

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APPENDIX D: RELEVANT QUESTIONNAIRES AND RATING SCALES

Outcome Rating Scale (ORS) and Child Outcome Rating Scale (CORS) are measures used to monitor children's, young people and their families' or carers' feedback on therapeutic progress. <https://www.corc.uk.net/outcome-experience-measures/outcome-rating-scale-ors-child-outcome-rating-scale-cors/>

Parents' Evaluation of Developmental Status, or PEDS an evidence-based screening tool that elicits and addresses parental concerns about children's development, health and

wellbeing. PEDS is a simple, 10-item questionnaire that is completed by the parent. Retrieved from https://www.rch.org.au/ccch/peds/About_PEDS/

Parent-Infant Relationship Global Assessment Scale (PIRGAS) from Axis II of Diagnostic classification of mental health & developmental disorders of infancy and early childhood [DC: 0-3 Revised].

PHQ 9 The Patient Health Questionnaire 9 (PHQ-9) is one of the tools used to screen for the presence and severity of depression and to monitor response to treatment. <https://www.healthnavigator.org.nz/tools/p/patient-health-questionnaire-9-phq-9>

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APPENDIX E: RELEVANT FRAMEWORKS

New Zealand:

Recovery Competencies for New Zealand Mental Health Workers (Mental Health Commission, 2001): The competencies in this New Zealand framework focus on partnership, participation, strengths based practice, self-awareness, social justice and recovery. Recovery is defined as 'the ability to live well in the presence or absence of one's mental illnesses'. The competencies guide a significant amount of the current delivery of mental health services in New Zealand. (http://www.maryohagan.com/resources/Text_Files/Recovery%20Competencies%20O'Hagan.pdf)

Let's get real Te Pou o te Whakaaro Nui & Ministry of Health. (2018). Let's get real: Real Skills for working with people and whānau with mental health and addiction needs. Auckland: Te Pou o te Whakaaro Nui.

Takarangi Competency Framework Matua Raki (2009). Takarangi Competency Framework provides a pathway to develop cultural competence, enhance cultural fluency, analyse workforce needs relating to Maori responsiveness and monitor quality assurance. <https://www.tepou.co.nz/resources/takarangi-competency-framework-fact-sheet>

Lets get real – Real Skills Plus Seitapu – working with Pacific Peoples (2009 by Le Va, Pasifi ka within Te Pou, The National Centre of Mental Health Research, Information and Workforce Development PO Box 108-244, Symonds Street, Auckland, New Zealand.

Te Rākau o te Uru Kahikatea PUBLIC HEALTH NURSING KNOWLEDGE AND SKILLS FRAMEWORK (2017), Public Health Nursing Education Framework Working Group and the Public Health Association of New Zealand. https://www.pha.org.nz/resources/Documents/PH%20Nurses/TROTU2017%20final%20Book_Print-Friendly.pdf

Australia:

NSW Child & Adolescent Mental Health Service (CAMHS) Competency Framework (2011): Competencies are identified within three broad categories – universal, clinical and population approach competencies. Clinical competencies apply to clinical staff and population approach competencies apply to professionals with mental health promotion and primary prevention responsibilities (www.health.nsw.gov.au).

Youth Health Competency Framework (2015). Youth Health Competency Framework: working with young people to address their health needs, NSW Kids and Families, North Sydney. <https://www.health.nsw.gov.au/kidsfamilies/youth/Publications/youth-health-competency-framework.pdf>

UK:

A Competence Framework for Child & Adolescent Mental Health Services, NHS Education for Scotland: The competence framework is designed primarily to be relevant to specialist CAMHS workers in child and adolescent mental health settings. Specific parts of the competence framework will be relevant to professionals in the wider networks such as

primary school teachers, health visitors and social workers. (<http://www.ucl.ac.uk/CORE>)

Scotland:

A competency framework for Child Youth and Adolescent Mental Health services, Roth A, Calder F., & Pilling, S. Retrieved 21/07/21 https://www.ucl.ac.uk/drupal/site_pals/sites/pals/files/migrated-files/CAMHS_Clinician_Competences_Framework_V1__2_.pdf

USA:

New Hampshire Children's Behavioral Health Core Competencies (Oct 2012): The framework identifies six guiding principles within seven competency domains, reflecting the primary content areas for the knowledge and skills that are known to be critical in the delivery of services in the children's behavioural health field. The competencies are organised by levels of knowledge and skills in each domain. There are three levels, foundation, intermediate and advanced. (https://iod.unh.edu/sites/default/files/media/NHChildrensBehav/nh_bhcompetencies_final.pdf)

Glossary

ASSESSMENT

Assessment is a process by which information is collated to create a picture of who someone is, and what strengths and problems they have.

It is used as a guide for deciding on treatment.

BRIEF INTERVENTION

Brief interventions are interventions that are limited by time and focused on changing behaviour

CAREGIVER

Person/couple having given birth to, or holding custody/ guardianship, of a child

COMMUNITY

The groups that people identify and associate with; the many places in which people live

CULTURE

The shared attitudes, beliefs, values, experiences and/or practice of groups

EVIDENCE-BASED PRACTICE

Integration of the following: i.e. best research evidence on practice effectiveness, ii. practice expertise, judgement and experience to understand an individual's unique needs in relation to available options, and iii. the whānau or person's choice, preferences and values (refer to 'shared decision-making')

HAUORA

Health, vigour, including hauora tinana (physical health), hauora hinengaro (mental and emotional health), whānau (social wellbeing) and wairua (spiritual health)

HEALTH

Includes tinana (physical), hinengaro (mental and emotional), whānau (social wellbeing), and wairua (spiritual) health

INTERPRETER

A person whose role is to provide a translation between two (or more) speakers, either orally or via sign language

IWI

Extended kinship group, nation, people, grouping of various hapū (tribes) generally based on a shared ancestor

KAIMAHI

Worker, staff, employee

KARAKIA

Prayer, incantation, blessing, clearing, spiritual acknowledgement

MANA

Often defined as prestige, authority, control, power, influence, status, spiritual power, charisma or status and standing; mana may be accorded a person or group through ancestral descent, and through possession of certain gifts or achievements, and can be enhanced through the collective opinion of others.

**MANA ENHANCING AND
MANA PROTECTING
PRACTICE**

Mana enhancing practice is values based, it has a spiritual quality to which one aspires to, with the end goal being one denominated as a value (Marsden, 2003, p39). Mana enhancing practice is a way of engaging with others that cares for the spiritual, emotional, physical, and intellectual dimensions of a person (Royal, 2006).

PAE ORA

Pae ora is the Government's vision for healthy Māori futures, a platform for Māori to live with good health and wellbeing in an environment that supports a good quality of life. It is a holistic concept and includes 3 interconnected elements: mauri ora – healthy individuals; whānau ora – healthy families; wai ora – healthy environments.

PARTNERSHIP

Working together

MANAAKI

To support, take care of, extend hospitality, protect, show generosity, care for and respect the mana of others.

MAURI ORA

Maximum health and wellbeing for Māori as individuals within whānau.

ORANGA

Health, welfare, sustenance.

PĒPI

Infant, aged from birth to 4 years

RANGATAHI

Youth, young person approximately 13-19 years old. 'Rangatahi' can be used interchangeably with the term 'taiohi', which refers to the new generation of youth, young people.

RECOVERY

A process of change through which individuals improve their health and wellbeing, live a self-directed life and strive to reach their full potential

RISK ASSESSMENT

- Risk to self – deliberate self-harm, suicide, self-neglect and risky behaviour.
- Risk to others – hurting or killing others, intentionally or otherwise.
- Risk from others – being hurt or abused or neglected by others.
- Accidental risk – vulnerability.

SHARED DECISION-MAKING

A key component to person-centred health care that involves a process in which professionals and people accessing services work together to make decisions on care and support options to achieve a person's health and wellbeing goals, based on evidence that balances risks and expected outcomes with a person's choices, preferences and values

TAIOHI

Youth, young person approximately 13-19 years old. 'Taiohi' can be used interchangeably with the term 'rangatahi' which refers to the new generation of youth, young people.

TAMARIKI

Child, 4-12 years old

TĀNGATA WHAIORA

People accessing services seeking wellbeing (Note: plural – macron on tāngata)

TANGATA WHAIORA

Individual accessing services seeking wellbeing (Note: no macron on tangata)

TE REO MĀORI

Māori language

TE TIRITI O WAITANGI

The Treaty of Waitangi – the founding treaty document of Aotearoa New Zealand that states rights and responsibilities agreed between the Crown and Māori.

TRAUMA-INFORMED APPROACH

A term used to describe a programme, organisation or system that:

1. Realises the widespread impact of trauma and understands potential paths for recovery
2. Recognises the signs and symptoms of trauma in people accessing services, whānau, staff and others
3. Responds by fully integrating knowledge about trauma into policies, procedures and practices
4. Seeks to actively resist re-traumatisation.

A trauma-informed approach can be implemented in any service setting or organisation, and is distinct from trauma-specific interventions or treatments that are designed specifically to address the consequences of the trauma and facilitate healing.

ISBN: 978-0-9941149-0-7

WHĀRAURAU

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