



**West Sussex Safeguarding Children Partnership
Levels of Need descriptors**

Use the Threshold Document for Guidance on Information Sharing and Consent

Use the following guidance and procedures to inform your thinking and analysis of need, harm and risk specifically relating to:

[Pre – birth or an Unborn](#)

[Neglect and the tools](#)

[Children in specific circumstances](#)

You can also contact the Multi Agency Safeguarding Hub (MASH) for advice on 01403 229900 or by email on MASH@WestSussex.gov.uk

Universal services

Features	Universal – example indicators	Guidance
Universal needs (Level 1)	Children and young people at this level are achieving expected outcomes. There are no unmet needs or need is low level and can be met by the universal services or with some limited additional advice or guidance. All children whose needs can be met by universal services will occasionally experience difficulties in their lives which may be attributable to situational factors such as loss and separation, a change in their family’s circumstances, illness or other short term detrimental factors such as bullying or being the victim of violence in the community.	
Children with no additional needs and children who may from time to time require additional support that can be met within universal services.	<p>Development needs</p> <p>Health</p> <ul style="list-style-type: none"> • Good physical health with age appropriate development, including speech and language 	Children should access universal services in a normal way or via the FIS pages on the website. FIS can be contacted at here or by

	<ul style="list-style-type: none"> • Meeting developmental milestones • Adequate diet, hygiene and clothing • Developmental checks/ immunisations up to date • Regular dental / optical care • Health appointments kept 	<p>phone on 01243 777807.</p> <p>Key agencies that are involved at this level:</p>
	<p>Learning/education</p> <ul style="list-style-type: none"> • General development is age appropriate • Access to books and toys, play • Achieving education key stages • Good attendance at school/college/training • Planned progression beyond statutory school age • Child / young person home schooled and no concerns 	<p>Education Children’s centres 0 – 19 Healthy Child Service Midwifery School nursing GP Police Housing CGL</p>
	<p>Social and emotional presentation/ behaviour/ identity</p> <ul style="list-style-type: none"> • Feelings/ actions demonstrate appropriate responses • Ability to express needs • Able to adapt to change • Able to demonstrate empathy, feelings of belonging and acceptance • Positive sense of self and abilities • Good mental health and psychological wellbeing • Confident in social situations • Knowledgeable about the effects of crime and antisocial behaviour • Knowledgeable about sex and relationships and consistent use of contraception if sexually active 	<p>Early years childcare settings Schools (including SEN/ pastoral support) Online counselling services Parenting groups Adult mental health SALT and drop in Sexual health services Dentist Ophthalmic services</p>
	<p>Self-care and independence</p> <ul style="list-style-type: none"> • Age appropriate/ independent living skills 	<p>The Family information Service has knowledge of services able to offer support to children and their families including information about</p>
	<p>Family and environmental factors</p>	
	<p>Family and social relationships</p> <ul style="list-style-type: none"> • Stable families where parents are able to meet the child’s needs • Good relationships with siblings • Positive relationships with peers • Supportive family relationships even when parents are separated • Absent parent 	<p>Children’s Centres, activities for children and young people, information on local voluntary services as well as details of childcare support available in the county.</p>

	<ul style="list-style-type: none"> • Few significant changes in family composition • Sense of larger familial network/ good friendships outside the family network • Sense of associates and how they support 	
	<p>Housing, employment and finance</p> <ul style="list-style-type: none"> • Child fully supported financially • Good quality stable housing/amenities • Parents able to manage working/ unemployed • Reasonable income over time and resources used appropriately to meet the child's needs 	
	<p>Social and community resources</p> <ul style="list-style-type: none"> • Good social and friendship networks exist • Family integrated into the community • Safe and secure environment • Access to consistent and positive activities • Good universal services in the neighbourhood 	
	<p>Parents and carers</p>	
	<p>Basic care, safety and protection</p> <ul style="list-style-type: none"> • Parents able to provide care for child's needs e.g. food, drink, appropriate clothing, medical and dental care • Protect from danger elements or significant harm in the home/ elsewhere • Restrict/ monitors internet access appropriately 	
	<p>Emotional warmth & stability</p> <ul style="list-style-type: none"> • Parents provide secure and caring parenting – praise and encouragement • Ensures that sense of belonging is not disrupted • Ensure that the child access education available to them 	
	<p>Guidance boundaries and stimulation</p> <ul style="list-style-type: none"> • Parents provide appropriate guidance and boundaries to help child develop appropriate values • Enables and encourages the child to reach his/ her potential 	

Emerging Needs

Features Emerging needs (Level 2)	Emerging needs (Level 2)– example indicators Children and families with some emerging needs may require support of another service alongside universal provision to prevent an escalation of needs. A Family Early Help Assessment may be appropriate for some children at this level.	Guidance
<p>Children and families with additional needs who would benefit from or who require extra help to improve education, parenting and/or behaviours, or to meet specific health or emotional needs, or to improve material situation.</p> <p>May require multi-agency intervention. Lead professional and Team around the Child (TAC).</p> <p>Children with additional needs are best supported by those that already work with them such as children’s centres and schools organising additional support</p>	<p>Development needs</p> <p>Health</p> <ul style="list-style-type: none"> • Slow in reaching development milestones • Overdue immunisations or health checks • Minor health problems • Inadequate diet e.g. no breakfast, being under/overweight • Inadequate general hygiene • Missed some antenatal appointments • Dental problems and untreated decay – poor dental hygiene • Bedwetting or soiling • Experiment with tobacco, alcohol and illegal drugs • Parent has undergone FGM procedure, but risk assessment undertaken by health professionals identifies there isn’t a perceived risk of the child being subject to the procedure • Concern of self-harm (including substance misuse) • Parent has physical or mental health issues and is requesting support • Child low in mood, feeling alone or presenting as unhappy or misunderstood • Hygiene has some effect on child’s personal presentation <p>Learning/education</p>	<p>One or two services work together to meet child and family needs, coordinated by a service that knows the child/family best.</p> <p>A family early help assessment should be completed to gain a full understanding of the family’s needs, A Team around the Child (TAC) convened and a plan agreed with the family, agreeing clear outcomes to be achieved and progress regularly reviewed.</p> <p>Key agencies that may provide support at this level:</p> <p>Portage School nursing Early years childcare settings Housing Family Wellbeing service IDAS</p>

<p>with local partners as needed.</p> <p>The purpose of this intervention is to address these needs and prevent them escalating to a level that requires targeted services.</p> <p>Consent required:</p> <p>The clear expectation is that all professionals will discuss their concerns openly and honestly with the child, where appropriate, and their parents or carers/ those with parental responsibility. Except where to do so might place the child or another person at likelihood/ immediate risk of harm. Where this is the case, consent to refer concerns is not required and contact should be made with the Multi Agency Safeguarding Hub can be</p>	<ul style="list-style-type: none"> • Limited access to books, toys, the internet or educational materials • Poor stimulation • Identified language and communication difficulties • SEN support at school level • Some learning or disability needs that require support • Occasional truanting or non-attendance and poor punctuality • Persistent late arrival • Pattern of school absences • Not always engaged in learning – poor concentration, low motivation and interest • Not reaching full educational potential • Some fixed term exclusions or reduced timetable • Few or no qualifications • Some emerging concerns for a child/ young person being home schooled 	<p>CGL Young carers Adult mental health Young Women’s Resource Project SALT Education Children’s centres 0 – 19 healthy Child Service Midwifery School nursing GP Police Housing Voluntary and community services Early years childcare settings Schools (including SEN/ pastoral support) Online counselling services Parenting groups Adult mental health SALT and drop in Sexual health services Dentist Ophthalmic services</p> <p>Professionals are advised not to delay starting the Early Help Assessment and should speak to a member of the Early Help Team for advice on how to proceed by emailing:</p> <p>Earlyhelpdutysouth@westsussex.gov.uk – Chichester, Arun, Adur and Worthing or</p>
	<p>Social and emotional presentation, behaviour, identity</p> <ul style="list-style-type: none"> • Difficulty making and sustaining relationships with peers and with family • Social isolation • Lack of positive role models • Exhibits antisocial/anti - authoritarian behaviour • Low level mental health or emotional issues requiring intervention • Children involved in bullying/may experience bullying or low-level cyber bullying • Child at times not able to show empathy • Early onset of sexual activity or at risk of early pregnancy • Lack of confidence/low self-esteem which affects behaviour and development • Child subject to persistent discrimination • Emerging concerns in relation to sense of belonging • Low level concern about child being radicalised or exposed to extremism • Resistance to boundaries and adult guidance • Exhibits aggressive challenging behaviour • Some evidence of inappropriate responses and actions by child • Unsure or unable to disclose sexual orientation • Some insecurities around identity expressed • Finds it difficult to cope with anger, frustration or upset 	

<p>contacted on 01403 229900 and followed up in writing online or police on 999.</p>	<p>Self-care and independence</p> <ul style="list-style-type: none"> • Lack of age appropriate self-care skills and independent living skills that increase vulnerability. 	<p>EarlyHelpdutynorth@westsussex.gov.uk – Crawley, Mid-Sussex, Horsham</p> <p>Early Help can be contacted by telephone as follows:</p> <ul style="list-style-type: none"> • South - 0330 222 8077 – Open 9am -5pm Monday to Friday • North - 0330 222 8087 – open 9am – 5pm Monday to Friday
	<p>Family and environmental factors</p>	
	<p>Family and social relationships and family wellbeing</p> <ul style="list-style-type: none"> • Verbal arguments between parents/ family members where police have been called • Parents/carers have relationship difficulties which affect the child • Parent struggles to regulate emotions • Child has some caring responsibilities • Family is socially isolated • Multiple changes of address • Low level inter-sibling violence and aggression • Unresolved issues arising from parents’ separation and family reconstitution or bereavement • Family history of criminal gang involvement • Child to adult abuse • Some support from friends and family 	
	<p>Housing, employment and finance</p> <ul style="list-style-type: none"> • Overcrowding in poor housing conditions • Housing arrangements are temporary or unsecure • Unsecure or unknown immigration status • Financial pressures • Low income 	
<p>Social and community resources</p> <ul style="list-style-type: none"> • Families are victim of hate crime • Poor access to leisure and recreational amenities and activities • Associating with anti-social or criminally active peers • Risk of gang involvement or vulnerability to gang activity/exploitation • Some social exclusion experiences 		

	<ul style="list-style-type: none"> • Negative influences from peer groups or friends • Marginalised from the community 	
	<p>Parents and Carers</p>	
	<p>Basic care, safety and protection</p> <ul style="list-style-type: none"> • Inappropriate childcare arrangements • Low level concerns about parental alcohol or substance use • Young or inexperienced parents • Requires advice on parenting issues • Professionals are beginning to have some concern about the child’s needs being met • Parental decision/ stressors have some impact on the child’s safety • Some exposure to dangerous situation in or outside the family home including online violent and / or extremist websites or influences • Child is left at home alone for a short period and this has not compromised his/ her safety (consider age and vulnerability) 	
	<p>Emotional warmth and stability</p> <ul style="list-style-type: none"> • Inconsistent parenting, but development not significantly impaired • Inconsistent responses to child/young person • Failure to pick up on the child’s emotional cues • Parents ability to cope with needs of disabled child – requesting support • Key relationships with family not always maintained • Unstable family environment 	
	<p>Guidance, boundaries and stimulation</p> <ul style="list-style-type: none"> • Lack of routine and inconsistent boundaries • Poor supervision within the home • Anti-social behaviour in neighbourhood • Parents failing to challenge any inappropriate viewpoint • Low level physical chastisement that does not cause physical injury • Inappropriate parental chastisement e.g. puts child in stress positions • Threatening and frightening behaviour towards the child 	

Targeted

<p>Features</p> <p>Complex Needs (Level 3)</p>	<p>Complex Needs (Level 3) example indicators</p> <p>Children and families with more significant complex need and who are in need of targeted support without which they would not meet their expected potential. These children live in families where there is greater adversity and a greater degree of vulnerability. A Family Early Help Assessment and a Team around the Child (TAC) will be required or a targeted coordinated response from the Multi Agency Team.</p>	<p>Guidance</p>
<p>Children and families with complex needs requiring integrated targeted support.</p> <p>Because of the complexity of needs, especially around behaviour and parenting, a multidisciplinary/agency coordinated plan developed with the family is needed, coordinated by a lead professional.</p> <p>Vulnerable children and their families with multiple needs</p>	<p>Development needs</p> <p>Health</p> <ul style="list-style-type: none"> • Child has some chronic/recurring health problems or a disability; inappropriately managed; may include some cases of perplexing presentations/medical neglect • Developmental milestones unlikely / not being met due to parental care • Inappropriate sexualised or personal behaviour • Hygiene problems impacting on the child’s presentation and health • Regular substance misuse • Missing routine appointments • Increasing concern regarding the child’s diet or development • Unsafe sexual activity and/or STIs • Emerging self-harming behaviours • Sexual harmful behaviours • Mental health issues emerging e.g. conduct disorder, ADHD, anxiety, depression, eating disorder, self-harming 	<p>Where practitioners identify that a child and their family would benefit from a more intensive multidisciplinary response than they can provide, they should discuss this with the family and complete a family early help assessment.</p> <p>Professionals are advised not to delay starting the Early Help Assessment and should speak to a member of the Early Help Team for advice on how to proceed by emailing:</p>

<p>or whose needs are more complex, such as children and families who: have a disability resulting in complex needs, exhibit antisocial or challenging behaviour, suffer neglect or poor family relationships, have poor engagement with key services such as schools and health, are not in education or work long term.</p>	<ul style="list-style-type: none"> • Some emerging concern regarding unborn baby and mother attending antenatal services inconsistently • History of Female Genital Mutilation (FGM) in family • Parent has undergone, Female Genital Mutilation (FGM) procedure but risk of child being subject to procedure is unknown and needs to be further assessed within partnership • Some episodes of suicide thoughts • Growing professional concern about fabricated and induced illness and some perplexing presentations but there is no current evidence of significant harm • Teenage pregnancy - consider and age/ maturity/ consent and social circumstances 	<p>Earlyhelpdutysouth@westsussex.gov.uk – Chichester, Arun, Adur and Worthing or EarlyHelpdutynorth@westsussex.gov.uk – Crawley, Mid-Sussex, Horsham</p> <p>Early Help can be contacted by telephone as follows:</p> <ul style="list-style-type: none"> • South - 0330 222 8077 – Open 9am -5pm Monday to Friday • North - 0330 222 8087 – open 9am – 5pm Monday to Friday
<p>The object of the work of the Team around the Child (TAC) is to enable the family to have their needs met within the universal and additional services tier.</p> <p>Where the Team around the Child (TAC) has attempted to work with the family but serious safeguarding concerns remain, a referral to the MASH is to be made.</p>	<p>Learning/education</p> <ul style="list-style-type: none"> • Short term exclusions or at risk of permanent exclusion, persistent truanting • Poor school attendance and punctuality • Not engaged in education or reaching education potential • Children who are home schooled where there are concerns that their educational needs are not being consistently met and parent requesting support • Parent does not engage with school and actively resists support • Special Education Needs (SEN) school support or EHCP • No access to books, toys, internet or educational materials and inadequate stimulation leading to developmental concerns • NEET (Not in Education, Employment or Training) 	<p>The early help assessment needs to identify the child’s and family’s needs and develop a SMART plan to address these.</p> <p>A Team around the Child (TAC) is to be convened and a lead professional to be identified. There is an expectation that the Team around the Child (TAC) will have worked intensively together to meet the additional needs of the child and the family.</p>
<p>Consent required:</p> <p>The clear expectation is that all professionals will discuss their concerns openly and honestly with</p>	<p>Social and emotional presentation, behaviour, identity</p> <ul style="list-style-type: none"> • Child under 18 is pregnant where there are significant social family concerns • Low or medium level indicators of CSE (please see CSE risk assessment guidance and strategy) • Starting to commit offences and reoffend • Disruptive / challenging behaviours at school or in the neighbourhood • Lack of empathy • Child is engaging in cyber activity that potentially places others or themselves at risk of harm 	<p>These indicators are meant as a guide but clearly rely on professional analysis and interpretation. If you are in doubt about whether the child’s circumstances are at level 3 or 4 you can ask for a consultation with a qualified social worker / Early Help coordinator in the MASH.</p>

<p>the child, where appropriate, and their parents or carers/ those with parental responsibility. Except where to do so might place the child or another person at likelihood/ immediate risk of harm. Where this is the case, consent to refer concerns is not required and contact should be made with the Multi Agency Safeguarding Hub can be contacted on 01403 229900 and followed up in writing online or police on 999.</p>	<ul style="list-style-type: none"> • Evidence of regular/frequent drug use which may be combined with other risk factors • Concerns regarding peer groups • Concerns regarding Criminal exploitation • Evidence of gang affiliation and gang related activities – need, harm and risk beyond the family • Concern about child being radicalised or exposed to extremism • Parental mental health/physical needs showing signs of impact on the care of the child • Escalating level of concern of low self-esteem and confidence affecting emotional presentation, behaviour and identity • Subject to discrimination e.g. racial, sexual orientation or disabilities • Sudden display of unexplained gifts / clothing • Lack of positive role models • Regular care for a sibling or another family members 	<p>Key agencies that may provide support at this level:</p> <p>Portage School nursing Early years childcare settings Housing Family Wellbeing service IDAS CGL IDVA Probation Young carers Adult mental health Young Women’s Resource Project SALT Education Children’s centres 0 – 19 Healthy Child Service Midwifery School nursing GP Police Housing Voluntary and community services Early years childcare settings Schools (including SEN/ pastoral support) Online counselling services Parenting groups Adult mental health SALT and drop in Sexual health services</p>
	<p>Self-care and independence</p> <ul style="list-style-type: none"> • Lack of age appropriate behaviour and independent living skills, likely to impair development or compromise safety • Pre – occupation with the internet • Lack of friends of the same age 	
	<p>Family and environmental factors</p>	
	<p>Family and social relationships and family wellbeing</p> <ul style="list-style-type: none"> • Emerging pattern of domestic abuse • Poor family support • Risk of relationship breakdown leading to child possibly becoming looked after • Parental illness or disability affecting ability to provide basic care • Concerns about inter-sibling violence and aggression which does not result in significant emotional or physical harm • Unhelpful involvement from extended family • Multiple change of addresses starting to affect the child/ young person’s wellbeing 	
<p>Housing, employment and finance</p> <ul style="list-style-type: none"> • Unsuitable accommodation 		

	<ul style="list-style-type: none"> • Intentionally homeless or living in a hostel • Families financial resources impact on child's basic physical needs being met • Poor state of repair • Parents experience stress due to unemployment or over working • Parent find it difficult to obtain employment due to poor / basic skills • Serious debt/ poverty impacts on ability to meet the child's basic needs • No recourse to public funds (immigration) • Families financial resources starting to compromise child's basic physical needs being met/their general wellbeing 	Dentist Ophthalmic services
<p>Social and community resources</p> <ul style="list-style-type: none"> • Family require support services as a result of social exclusion • Parents socially excluded, no access to local facilities • Access difficulty to community resources and targeted services 		
<p>Parents and carers</p>		
<p>Basic care, safety and protection</p> <ul style="list-style-type: none"> • Patterns are emerging that the child is left at home alone, but this does not seriously place them at significant risk (consider age and vulnerability) • Previously child in care by another local authority / West Sussex • Professionals are concerned about parental mental health, learning difficulties, drug and alcohol misuse that may impact on ability to care if no coordinated response • Inappropriate childcare arrangements which are consistently prejudicing the child's safety and welfare • Health and safety hazards in the home • Parent not actively preventing the child's exposure to potentially unsafe situations 		
<p>Emotional warmth and stability</p> <ul style="list-style-type: none"> • Inconsistent/ erratic parenting impacting emotional or behavioural development • Episodes of poor quality of care • Have no other positive relationships 		

	<ul style="list-style-type: none"> • Multiple carers • Parent is unresponsive or fails to recognise child's emotional needs • Parent ignores child or is consistently inappropriate in responding to child • Parents ability to cope with needs of disabled child is affected and requesting support 	
	<p>Guidance boundaries and stimulation</p> <ul style="list-style-type: none"> • Parent provides inconsistent boundaries or responses • Parent not offering good role model • Parents enforcing unrealistic boundaries and guidance • No restrictions imposed re access to extreme groups • Child not receiving positive stimulation with lack of new experiences or activities • Deliberating restricting access to positive experiences 	

Specialist / Acute

<p>Features Specialist / Acute Level 4 – Social Work led</p>	<p>Specialist / Acute Example Indicators</p> <p>Specialist services are required where the needs of the child have been significantly compromised, they are suffering significant harm or impairment and statutory and/or specialist intervention is required to keep them safe.</p> <p>A comprehensive statutory assessment under Section 17 of the Children Act 1989 will be required/ intervention under Section 47 of the Children Act 1989 may be required for those children who are at immediate risk of significant harm and legal action may need to be taken or the Local Authority may need to accommodate the child in order to ensure their protection.</p>	<p>Guidance</p>
<p>Children with complex additional unmet needs that require a statutory child in need assessment.</p> <p>Consent required for S17 CA 1989:</p> <p>The clear expectation is that all professionals will discuss their concerns openly and honestly with the child, where appropriate, and their</p>	<p>Development Needs</p> <p>Health</p> <ul style="list-style-type: none"> • Serious physical and emotional health concerns that are consistently not addressed by the parent e.g. failure to thrive, seriously obese/underweight, serious dental decay, persistent and high risk substance misuse, acute mental health problems including self-harming behaviour, risk of suicide, child sexual exploitation and specific physical or medical conditions which require specialist interventions • Concern about serious unexplained injury • Developmental milestones not met • Health concerns and the parent intentionally does not engage with health professionals 	<p>Children’s Social Care Child in Need Assessment</p> <p>Where using the Levels of Need descriptors a professional considers that a statutory social work assessment of the child’s needs and circumstances should be undertaken, a referral form is to be completed and refer to the MASH.</p> <p>In submitting such a request the referrer should also attach any supporting documentation such as a description of the Team around the Child (TAC) activity and plan, Family Early Help Assessment / and</p>

<p>parents or carers/ those with parental responsibility. Except where to do so might place the child or another person at likelihood/ immediate risk of harm. Where this is the case, consent to refer concerns is not required and contact should be made with the Multi Agency Safeguarding Hub can be contacted on 01403 229900 and followed up in writing online or police on 999.</p> <p>Children who are at risk of significant harm which require a child protection response or legal intervention.</p> <p>Children who need to be accommodated by the local authority either on a voluntary basis or by way of a Court Order.</p> <p>Parent has had a child/children previously subject to a Child Protection Plan or Care</p>	<ul style="list-style-type: none"> • Persistent presentation to professionals with injuries: Raising concerns about child safety/ parental behaviour • Child is at serious risk of Female Genital Mutilation (FGM) / travel arrangements, seeking doctor, seeking finance for procedure • Professional concern about fabricated and induced illness and there is evidence of significant harm • Hygiene problems directly affecting the health and development of the child 	<p>Early Help Reviews that have taken place with the family.</p> <p>Immediate safeguarding concerns/child protection</p> <p>If a child is at risk of physical, emotional, sexual abuse, or neglect, refer to MASH</p>
	<p>Learning / Education</p> <ul style="list-style-type: none"> • Chronic non-attendance, truanting, permanent exclusions, consistently poor educational attainment/progress, which are attributable to the parenting that the child is receiving • The parent has consistently failed to cooperate with services at the Early Help level to address learning/ education • Children who are home schooled where there are significant concerns that the child's educational needs are not being met • Failure to stimulate and no interest in the child/ young person's education 	<p>Where an immediate response is required because of the child's physical / medical health dial 999 for an ambulance.</p> <p>Where a child's safety is at immediate risk contact the police by dialling 999.</p>
	<p>Social and Emotional presentation, Behaviour and Identity</p> <ul style="list-style-type: none"> • Serious persistent offending behaviour attributable to neglectful absent parenting • Allegations of child on child sexual harmful behaviour • Serious concerns that the child is being sexually exploited (based on risk assessment evidence) • Child under 16 is pregnant where there are significant social family concerns • Safety and welfare seriously compromised by gang involvement (criminal exploitation) • Complex mental health issues requiring specialist interventions which are consistently not being adequately managed by the parent • Frequently go missing from home for long periods which seriously compromises the child's safety and wellbeing • Child emotional health and physical safety is compromised by exposure to radicalisation and extremist ideology 	<p>After any immediate protective action has been taken you need to speak in person to Children's Social Care. If this incident occurs out of hours contact EDT service.</p> <p>Key agencies that may provide support at this level:</p> <p>Children's Social Care SEND Youth Offending Team CAMHS Family Support Service Voluntary & community services Prevent IDVA</p>

<p>proceedings.</p>	<ul style="list-style-type: none"> • Child is engaging in cyber activity that places them at risk of harm from others and is not managed by the parent • Poor and inappropriate self-presentation • Prosecution of offences resulting in court orders/ remand in Local Authority care • Family breakdown related to child's behaviour difficulties • Persistent but unsubstantiated concerns about physical, emotional or sexual abuse and neglect • Subject to peer/ gang culture and pressure 	<p>CGL Probation GP 0 – 19 Healthy Child Service</p>
	<p>Self-Care and Independence</p> <ul style="list-style-type: none"> • Severe lack of age appropriate behaviour and independent living skills likely to result in significant harm 	
<p>Family & Environmental Factors</p>		
	<p>Housing, Employment & Finance</p> <ul style="list-style-type: none"> • Clear evidence that a family is destitute and homeless • Clear evidence that a 16/17-year-old is destitute and homeless • Inappropriate accommodation • Physical accommodation is placing the child in danger • Chronic unemployment severely affecting parents own identify and therefore impacting on the child • Extreme poverty/ debt/ gambling impacting on parent's ability to care for the child • Deliberate avoidance of authority and intervention by professionals resulting in multiple moves impacting on the child / young person 	
	<p>Social & Community Resources</p> <ul style="list-style-type: none"> • High levels of domestic abuse that put the child at serious risk • Imminent risk of parental/carer and child relationship breakdown leading to child possibly becoming looked after • Child is young carer and this is significantly impacting on their development and welfare • There are indicators that a child/young person is at risk of honour based violence or forced marriage 	

	<ul style="list-style-type: none"> • There are indicators of engagement in terrorist activity • Parental illness or disability resulting in inability to provide basic care leading to serious neglect of the child's needs • Concerns about inter-sibling violence and aggression which does result in significant emotional or physical harm and is not managed by the parent • Child is subjected to physical, emotional, sexual abuse or neglect including peer on peer exploitation • Child is privately fostered - Child under 16 years (or 18 if the child has a disability) (S.66 Children Act 1989) is placed for 28 days or more in the care of someone who is not the child's parent(s) or a 'connected person'. • There is nobody with parental responsibility to ensure the child's wellbeing and stability of care • Unaccompanied minors • Trafficked children • Family member is known to be a significant risk to children • No effective support from the extended family • Intention to travel to area of conflict 	
Parents and Carers		
<p>Basic Care, Safety and Protection</p> <ul style="list-style-type: none"> • Parents mental health or substance misuse seriously compromises the health, welfare and safety of the child, including unborn child • Parent has a history of being unable to care for previous children • Parent has a severe physical or learning difficulty that seriously compromises their ability to meet their child's basic needs • Parental disclosure of serious harm to the child • Parent is unable to assess and manage serious risk to the child from others within their family and social network 		
<p>Emotional Warmth & Stability</p> <ul style="list-style-type: none"> • Inconsistent, highly critical and apathetic parenting significantly impairing emotional or behavioural development • Family breakdown and parent/ carer not willing or able to care for the child/ young person any longer – requesting the child/ young person to be accommodated by the Local Authority. 		

	<ul style="list-style-type: none">• Parents ability to cope with needs of disabled child• Evidence of child being groomed – parents no longer able to safeguard	
	Guidance Boundaries & Stimulation <ul style="list-style-type: none">• Consistent lack of effective boundaries set by the parent leading to risk of serious harm to the child• Child/ parent persistently behaves in an anti-social way in the neighbourhood	

West Sussex Safeguarding Children Partnership

Multi-agency Glossary: acronyms used by West Sussex partners

Social Work:

CSC	Children Social Care
CLA	Child Looked After - a child is looked after when in the care of the local authority
TAC	Team around the Child
EHA	Early Help Assessment
LP	Lead Professional
PP	Police powers of Protection
ICPC	Initial Child Protection Conference - a meeting called as a result of a Section 47 enquiry involving the child (if of appropriate age and understanding), family members and those professionals most closely involved in the case
EH	Early help
NRTPF	No recourse to public funds
C&F	Child and Family Assessment
CPP	Child Protection Plan - a plan devised jointly by the agencies concerned in a child's or young person's welfare to co-ordinate services they provide
WSSCP	West Sussex Safeguarding Children Partnership.
RCPC	Review Child Protection Conference

Safeguarding

Protect from harm or damage with an appropriate measure (verb)

A measure taken to protect someone or something or to prevent something undesirable (noun)
Oxford Dictionary online (2020)

Contextual Safeguarding

Approach to understanding and responding to young people's experiences of significant harm beyond their families. Developed by Dr Carlene Firmin, University Bedfordshire it seeks to expand the traditional objectives of the Child Protection System by acknowledging how behaviour, vulnerability and levels of resilience are all informed by the social/public, as well as private contexts

(places/spaces and people) in/with which children and young people spend their time.

Within Contextual Safeguarding, Social Work practitioners engage with individuals & sectors who do have influence over/within extra-familial contexts, and recognise that assessment of, and intervention with, these spaces are a critical part of safeguarding practices.

Contextual Safeguarding is referenced within Working Together 2018 (Chapter 1 para 33-34) "As well as threats to the welfare of children from within their families, children may be vulnerable to abuse or exploitation from outside their families"

Extra Familial Risk / Harm

Extra familial risk refers to harm caused by people outside the family/home network. Extra Familial Risks include (but are not limited to) criminal exploitation of children including into gangs and county lines, child sexual exploitation, harmful sexual behaviour, modern slavery and serious youth violence

Child abuse

Working Together 2018 sets out the definition of abuse and neglect.

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger for example, via the internet. They may be abused by an adult or adults, or another child or children.

Physical abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Emotional Abuse

Emotional abuse is persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately making silencing them or 'making fun' of what they say or how they communicate. It

may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.

It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non- penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care - givers); or
- ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

What is a Child in need?

Children in need are defined under the Children Act 1989 as those who are unlikely to reach or maintain a satisfactory level of health and development or their health will be significantly impaired without the provision of services, including children who have disabilities. Critical factors on deciding whether a child is in need are:

- What will happen to a child's health and development without services being provided?
- The likely effect the services will have on the child's standard of health and development.

What is significant harm?

Some children are in need because they are suffering or are likely to suffer significant harm. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children and gives local authorities a duty (Sect 47 Children Act 1989) to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer significant harm.

Section 17

Section 17 of the Children Act 1989 places the general duty on every Local Authority to safeguard and promote the welfare of children who are in need within their area. Social Care services must, so far as is consistent with the duty, promote the upbringing of children in need by their families through provision of a range and level of service appropriate to the child's needs. In order to receive services under Section 17, the child will have additional needs requiring integrated, targeted support.

Section 47

Child protection is part of safeguarding and promoting welfare. Section 47 of the Children Act 1989 requires the Local Authority to make enquiries to enable it to decide whether the child is suffering or likely to suffer significant harm and to assess whether action is required to safeguard and promote the child's welfare. Police, health, education and other services have a statutory duty to help the Local Authority social care services to carry out Section 47 enquiries.

Care Order

A Care Order (under Section 31(1)(a) of the Children Act) places the child in the care of the Local Authority, with parental responsibility being shared between the parents and the Local Authority. The Court will expect to be informed by the Local Authority of what plans there are for a child and be satisfied that the Care Order is in the child's best interests.

A Care Order can last until a young person is 18 years old; or until an Adoption, Supervision Special Guardianship or Residence Order is made; or until the Court decides that the Order is no longer necessary. The Local Authority, or persons with parental responsibility for the child, can apply for the

discharge of the Order.

Accommodation – Section 20

Some children are looked after by the Local Authority by agreement with, or at the request of, their parents. Under Section 20 of the Children Act, it is the duty of all Local Authorities to make accommodation available for such children in need. Children may be accommodated (in residential or foster care) for a short or longer period. No court proceedings are involved, and the parents retain full parental responsibility.

Health (Wider context)

ABCD	Asset Based Community Development
A&E	Accident & Emergency
ALS	Alcohol Liaison Service
APHO	Association of Public Health Observatories
ASH	Action on Smoking and Health
BFI	Baby Friendly Initiative
BMA	British Medical Association
BMI	Body Mass Index. BMI is calculated by dividing an individual's weight in kilograms by the square
BMJ	British Medical Journal
Care Pathway	An agreed sequence of practices, procedures and treatments, that should be used with people with a particular condition in an appropriate time frame

CCG	Clinical Commissioning Group
CIPFA	Chartered Institute, for Public Finance and Accountancy
CVS	Council for Voluntary Service
DAAT	Drug and Alcohol Action Team
DH	Department of Health
DSR	Direct standardised rate – this enables data sets to be compared more accurately between populations with a different age/sex profile
GHS	General Household Survey: an inter-departmental multi-purpose continuous survey carried out by the Office for National Statistics collecting information on a range of topics from people living in private households in Great Britain
GLS	General Lifestyle Survey: an inter-departmental multi-purpose continuous survey carried out by the Office for National Statistics collecting information on a range of lifestyle topics from people living in private households in Great Britain
GP	General Practitioner (Doctor)
GUM	Genitourinary Medicine
Health Inequalities	Differences in people’s health between geographical areas and between different groups of people
HELP	Healthy Eating and Lifestyle in Pregnancy

Heart Failure	Heart failure is a serious condition caused by the heart failing to pump enough blood around the body at the right pressure
HMRC	HM Revenue & Customs
HIV	Human Immunodeficiency Virus
HPA	Health Protection Agency
HSCIC	Health & Social Care Information Centre collects, analyses and publishes national data and statistical information for commissioners, analysts and clinicians
HSE	Health Survey for England: annual survey designed to measure health and health related behaviours in adults and children
HWBB	Health and Wellbeing Board
Incidence	Incidence is the number of newly diagnosed cases of a disease or conditions in a population at risk
Intervention	Action to help someone improve their health action e.g. be more physically active or to eat a healthier diet
IMD	Indices of Multiple Deprivation: a number of indicators, chosen to cover a range of economic, social and housing issues, into a single deprivation score for individual neighbourhoods
JSNA	Joint Strategic Needs Assessment
LA	Local Authority
LAC	Local Area Co-ordinators

LAPE	Local Alcohol Profiles for England: 25 different indicators of harms associated with alcohol use for every local authority in England
LARC	Long Acting Reversible Contraception
HO	Health Observatory
LSOA	Lower Super Output Area: Output areas are very small geographic areas, containing approximately 125 households (300 residents); LSOAs are aggregations of output areas, containing a minimum of 1,000 residents (average 1500)
MECC	Making Every Contact Count: is about using every opportunity to talk to individuals about improving their health and well being
MEND	Mind, Exercise, Nutrition ... Do it! : family based healthy lifestyle programme for parents and children
Morbidity rate	Morbidity is another term for illness. The rate is the number of people with a particular illness, injury or condition within an existing population in particular period of time. A person can have several co-morbidities simultaneously
Mortality rate	Mortality is another term for death. The rate is the number of deaths that occur in a population within a particular period of time. The rate is often given as a certain number per 100,000 people
MSM	Men who have Sex with Men
NAO	National Audit Office
NCMP	National Childhood Measurement Programme
NCSP	National Chlamydia Screening Programme

NHS	National Health Service
NICE	National Institute for Health and Care Excellence
NOO	National Obesity Observatory
Obesogenic	Causing obesity
ONS	Office for National Statistics
PHE	Public Health England
PSHE	Personal, Social Health Education
PHSB	Public Health Strategy Board
PHOF	Public Health Outcomes Framework
POPPI	Protecting Older People Population Information
Risk factor	Aspect of a person's lifestyle, environment or pre-existing health condition that may increase their risk of developing a specific disease or condition
Secondary care	Care provided in hospitals
SHAFT	Sexual Health Awareness Foundation Training
SMEs	Small and medium sized enterprises
Standardized mortality rate	The death rates of in a population adjusted to take account of population differences in age structure, in order to make the data comparable between areas
STI	Sexually transmitted infection

Thromboembolism

Formation of a clot within a blood vessel

Probation:

Accredited programme

One of a suite of nationally-accredited programmes for work with offenders. Programme tutors are trained to deliver programmes, which must be in strict accordance with the relevant manual

ACR

Automatic condition release. Offenders sentenced under 1991 Criminal Justice Act serving 1-4 years were released automatically at the half-way point of Sentence

AP

Approved premises - specialist hostel for high risk offenders

Aggression replacement therapy - accredited programme to address anger management

ART

Alcohol treatment requirement - community-sentence requirement for dependent drinkers

ATR

Building better relationships programme – for domestic violence offenders

BBRP

Ex-offender working for EP on short-term contract to provide mentoring

Category 1,2,3

Refers to MAPPA categories. 1=sex offenders, 2=violent (and some other sex) offenders serving 12+m imprisonment, 3=other offenders causing concern

CMS

Shorthand for case management system

CP	Community payback - unpaid work delivered as a requirement of a community sentence
CPS	Crown Prosecution Service
CRC	Community rehabilitation company. One of 21 successor organisations to probation trusts, dealing with low- and medium-risk offenders
DCR	Discretionary condition release. Offenders serving over 4 years under the 1991 Act were eligible for parole from half-way point
DHR	Domestic homicide review. Multi-agency review coordinated by local community safety partnerships
DiDP	Drink-impaired drivers' programme - accredited programme
DRR	Drug rehabilitation requirement - community-sentence requirement for class A drug users
DTO	Detention and training order - only applies to young offenders supervised by the youth offending service, YOS. Probation NEVER supervise these
ETE	Education, training and employment - assessment and signposting service provided by ETE officers, often as a requirement of a community sentence
HDC	Home detention curfew. Facility for certain offenders to be released early but curfewed with an electronic tag
HLO	Housing liaison officer - EP staff specialising in finding accommodation for offenders
HMCTS	HM Courts and Tribunals Service, runs the administration of courts
IMR	Internal management report - often requested for SCR and DHR Reports

IOM	Integrated offender management. Multi-agency 'carrot and stick' initiative to target offenders at high risk of reoffending
IPP	Imprisonment for public protection. Indeterminate sentence of imprisonment for those deemed by the court to be dangerous (and meeting other criteria)
LED	Local delivery unit = probation office Licence end date. Point at which offender on licence is no longer supervised (for 2003 Act offenders, this is the sentence end date, SED)
Level 1, 2 or 3	Levels of MAPPA management. 1=single-agency management, usually police or probation, 2=multi-agency management, 3=multi-agency management needing further resources Multi-agency public protection arrangements. Statutory partnership arrangement to manage sexual and violent offenders. Subjects are divided by category according to offence and sentence and by level according to resources needed to manage them Multi-agency risk assessment conference. Non-statutory arrangement to protect victims of domestic violence assessed as being at high risk of harm
MAPPA	Medium alcohol requirement intervention. Local (not accredited) programme addressing alcohol use. Offenders are selected using the AUDIT tool Multi-agency safeguarding hub.
MARAC	Offender case management system introduced March 2103
MARI	

MASH	National Offender Management Service - an agency of the Ministry of Justice responsible for prisons and probation
nDelius	Notice of supervision. Given to young offenders 18-21 on release from under-12-month custodial sentence
NOMS	National Probation Service. New body, part of NOMS, managing high-risk offenders
NoS	Offender assessment system - national system for assessing and sentence planning
NPS	Offender group reconviction scale - actuarial tool for predicting likelihood of reoffending based on a set of characteristics
OASys	Offender manager - band 3 or 4 - Band 4 deal with higher risk-of-harm cases
OGRS	Police and Crime Commissioner. Responsible for police funding and some community-safety initiatives Probation case management system
OM	Parole eligibility date
PCC	Offender recruited to be a mentor for other offenders
PCMS PED	Relates to offender management model - high-risk offenders and prolific offenders (PPOs) were subject phase II, IPP cases to phase III
Peer mentor Phase II and III	Probation officer = offender manager band 4 Public protection casework section - part of PPMHG dealing with recalls, parole applications and hearings, etc
PO	

PPCS	Public protection and mental health group – part of NOMS dealing with policy on MAPPA, sex offenders, serious further offences
PPMHG	Probation services officer = (broadly) offender manager band 3
PSO	Remanded on bail, unconditional bail, in custody Risk of harm - violent or sexual offences, or risk (likelihood) of reoffending
R/B, R/uB, RC Risk	Assessment tool for violent and sex offenders Restorative justice - initiative to make reparation to victims (eg during a period of deferment of sentence)
RM2000 RJ	Requirement officer - admin-grade staff managing low-risk singleton unpaid-work cases which do not need an allocated offender manager
RO	Registered sex offender
RSO	Spousal assault risk assessment. Used for domestic violence Perpetrators
SARA	Sentence end date (of a custodial sentence) Serious further offence. One of a range of sexual or violent offences committed by an offender under supervision, triggering an SFO report
SED SFO	Serious Organised Crime Agency. Now merged with other bodies into the National Crime Agency
SOCA	Senior probation officer = offender-focused manager in other trusts
SPO	Suspended-sentence order or service-support officer

SSO Tiering	Refers to the four tiers of the offender management model - 1=punishment, 2=help, 3=change, 4=control
TSP	Thinking skills programme - accredited cognitive-behavioural programme for general use with offenders (ie not specific to particular offenders/offences)
UPW	Unpaid work - a community-sentence requirement - also known as community payback
VCU	Victim contact unit. Where victim liaison officers live
ViSOR	Violent and sexual offenders register. Database and case management system operated by police with probation and prison input
VLO	Victim liaison officer. Staff keeping victims informed of the progress of offenders through a custodial sentence and relaying the view of victims in the parole process and after (such as in setting and managing licence conditions)

Police

PND	Police National Computer (contains all offending history of an individual)
High risk DA grading definition	There are identifiable indicators of risk of serious harm. The potential event could happen at any time and the impact would be serious. Risk of serious harm (Home Office 2002 and OASys 2006) 'A risk which is life threatening and/or traumatic, and from which recovery, whether physical or psychological, can be expected to be difficult or impossible'
Medium risk DA grading definition	There are identifiable indicators of risk of serious harm. The offender has the potential to cause harm but is unlikely to do so unless there is a change in circumstances, for example, failure to take medication, loss of accommodation, relationship breakdown, and drug or alcohol misuse.

Standard risk DA grading definition

NFA	Current evidence does not indicate likelihood of causing serious harm
N/t	No further action (Police custody)
Ric'd	No trace
BOP	Remanded in Custody
CF	Breach of peace
AIO	Crime file (where all offences/investigations are recorded)
AOS	All in order
H/a	Officer at scene
MG11	Home address
TPA	Victim/witness statement
	Temporary police alarm

Community Adolescent Mental Health Service (CAMHS)/ Emotional Wellbeing Mental Health Service (EWMH)

'Mild'

Functioning: The difficulty causes occasional disruption but does not undermine functioning and impact is only in a single context. All or most age appropriate activities could be completed given the opportunity. The child or young person may have some meaningful interpersonal relationships.

Distress: Distress caused by the difficulty may depend on the situation and/or occur irregularly (i.e. less than once a week). Most people who do not know the child or young person well would not consider him/her to have difficulties, but those who do might express concern.

'Moderate'

Functioning: The functioning is impaired in at least one context but may be variable with sporadic difficulties or symptoms in several but not all domains.

Distress: The child or young person experiences distress caused by the difficulty on most days in a week. The difficulty would be apparent to those who encounter the child in a relevant setting or time but not to those who see the child in other settings.

'Severe'

Functioning: The child or young person is completely unable to participate age-appropriately in daily activities in at least one domain and may even be unable to function in all domains (e.g. stays at home or in bed all day without taking part in social activities, needing constant supervision due to level of difficulties).

Distress: The distress caused by the difficulty is extreme and constant on a daily basis. It would be clear to anyone that there is a difficulty.

Accountability

A measure of how responsible and capable a unit is. In this section, each unit can give a clear idea and indication of what they offer, to whom they offer it, how it is effective and give records supporting this

ADD

Attention Deficit Disorder

ADHD

Attention Deficit and Hyperactivity Disorder

Adjustment to health issues

Child or young person experiencing emotional and/or behavioural difficulties following diagnosis of health condition in self or significant other. This may also include on-going adjustment difficulties

AFT

Association for Family Therapy & Systemic Practice

Antedates

To happen earlier than something else

Anxious or worried

Recurring fears and worries about a wide variety of topics (e.g. school work, family, natural disasters) or about specific objects or situations (e.g. social and performance related situations; separation from primary care giver(s); open spaces or public places). These worries are difficult to control or dismiss and signs may include restlessness, irritability, tiredness, disrupted sleep and concentration problems. This category also includes panic: Frequent episodes of extreme fear and discomfort which occur unexpectedly and when no known feared stimulus is present, often accompanied by shortness of breath and fast heartbeat. Not restricted to just one situation or set of circumstances; commonly characterised by anticipatory fear of panicking

Attainment Difficulties

Having difficulty achieving potential, for example having poor grades at school

BABCP

British Association for Behavioural & Cognitive Psychotherapies

BACP

British Association for Counselling & Psychotherapy

BAP

British Association of Psychotherapists

Behavioural difficulties (CD or ODD)

Repeated and persistent challenging or out of control behaviour, may include behaviour that is violent, aggressive and harmful to others. Typical behaviours may include excessive fighting, bullying, cruelty to people or animals, stealing, truancy, tantrums, disobedience and fire-setting

CAMHS: Tier 1

Child and Adolescent Mental Health Services (CAMHS) at Tier 1 level provides treatment for children with less severe mental health conditions

CAMHS: Tier 2

Child and Adolescent Mental Health Services (CAMHS) at Tier 2 level involves targeted services for children and young people with severe or complex health care needs

CAMHS: Tier 3

Child and Adolescent Mental Health Services (CAMHS) at Tier 3 level involves specialist services for children and young people with severe mental health needs

CAMHS: Tier 4

Child and Adolescent Mental Health Services (CAMHS) at Tier 4 level involves highly specialist services for children and young people with severe, complex and persistent problems

Carer management of children and young people's behaviour (e.g. management of child)

Parents are unable to manage/cope with aspects of the child's or young person's behaviour (e.g. sleep (in infants), toilet training (in toddlers), tantrums (in middle childhood), challenging behaviour (in adolescence))

Comorbidity

Having multiple difficulties/diagnoses

Compelled to do or think things (OCD)

Recurrent involuntary or uncontrollable thoughts or images (obsessions) and/or uncontrollable urges to perform certain behaviours (e.g. checking, counting, handwashing)

DBT

Dialectical Behaviour Therapy

Delusional beliefs and hallucinations (Psychosis)

Child or young person has (either reported or observed) paranoid thoughts, delusions and/or confused thinking

Depression or low mood

Low or sad mood (either reported or observed). May report being less active, and having less energy. May also find it hard to concentrate and not enjoy the things they used to do. Changes to appetite and sleeping pattern are common

Difficulties sitting still or concentrating (ADHD or Hyperactivity)

Difficulties with attention and/or hyperactivity, impulsive behaviour is also common. May move around a lot, fidget, be easily distracted or have trouble waiting their turn

Disturbed by traumatic event (PTSD)

Extreme and prolonged distress following witnessing or experiencing a traumatic event (e.g. rape, assault, death, serious accident, natural disaster). This may be expressed through disrupted sleep, nightmares, repetitive play in which the event is re-enacted (fully or in part), avoidance of stimuli associated with or refusal to talk about the event

Does not speak (Selective mutism)

Is able to speak and understand language but chooses not to do so in one or more contexts (e.g. school, at the homes of certain relatives)

Doesn't get to toilet in time (Elimination problems)

Unable to reach the toilet in time or goes to the toilet in inappropriate places (either on purpose or accidentally). This includes defecation (encopresis), urination (enuresis) and smearing.

PLEASE NOTE: In order to be classified as an elimination problem, the child must be at least 4 (defecation) or 5 (urination) years old (or equivalent developmental level)

Drug and alcohol difficulties (Substance abuse)

Child or young person is addicted to and/or using drugs/alcohol in a harmful manner

Dual Diagnosis

Having multiple issues, usually one of which is due to drugs/alcohol

Eating issues (Anorexia or Bulimia)

Preoccupation with body image and weight accompanied by disturbed eating behaviours (e.g. food restriction, purging, bingeing, over-exercising)

Evidence-based intervention

An evidence-based intervention is a type of intervention that has been researched and which has been shown to have a positive effect on clients' wellbeing, e.g. CBT for anxiety.

An evidence supported intervention is similar to an evidence-based intervention, but for which research is less robust and extensive

Experience of Bereavement or Loss

Losing somebody close, for example through death or the end of a relationship

Extremes of mood (Bipolar Disorder)

Child or young person has (either reported or observed) difficulties affecting feelings and behaviour characterised by major mood changes

Family mediation

A family mediator plays the role of a diplomat between two parties, and focuses on protecting the best interests of the child involved (e.g. working out a divorce agreement between a mother and father outside of court, and making sure the child is hurt as little as possible).

IAPT

Improving Access to Psychological Therapies

Persistent difficulties managing relationships with others (includes emerging personality disorder)

On-going difficulties relating to others usually linked with aggression, self-harm or difficulties with expressing and/or regulating emotion

Poses risk to others

Threatened or actual violence towards others, including inappropriate sexualised behaviour

Problems in attachment to parent or carer (Attachment problems)

Difficulty forming or maintaining relationships with primary care giver(s) which has implications for relationships with key people in their life going forward

Psychoeducation

Psychoeducation is teaching people about a psychological condition. For example, training to staff or pupils in schools about conditions or problems; its symptoms and how to manage it

PTSD

Post-traumatic Stress Disorder

RCPsych

Royal College of Psychiatrists

Repetitive problematic behaviours (Habit problems)

Child or young person shows repetitive patterns of behaviour of which they appear unaware and/or unable to control (e.g. severe nail-biting, Trichotillomania (hair pulling), skin picking)

Self-harm (Self-injury or self-harm)

Child or young person deliberately attempts to (or reports wanting to) hurt themselves (e.g. by cutting, biting, hitting and burning). Also includes attempted or threatened suicide and/or suicidal ideation

SEN

Special educational needs

Theraplay

Theraplay is an approach used with children, young people and families that is centred around interactional engagement and relationship building, emotional attachment and nurturing trust

Therapy and therapeutic intervention*

Different types of therapies, which are designed to have a positive effect on a person's mental health and emotional wellbeing.

UKCP

United Kingdom Council for Psychotherapy

Unexplained developmental difficulties

Child or young person presenting with failure to meet developmental milestones. These are of as yet unknown cause and could be of physical and/or psychological origin (e.g. feeding, sleeping, movement or language problems). Include Pica and suspected Pervasive Developmental Disorder

Unexplained physical symptoms

Regular reporting of physical symptoms that have no known biological cause and are suspected to be psychological in nature (e.g. unexplained pain, stomach and headaches, hypochondriasis)

Abbreviations Explained

A&E – Accident and Emergency

ACF – Acute Care Forum

AHP – Allied Healthcare Professional

AMHP – Approved Mental Health Practitioner

AOA – Adult and Older Adult (Services)

AoG – Assembly of Governors

AOT – Assertive Outreach Team

ASD – Autistic Spectrum Disorder

ASW – Approved Social Worker

BME – Black and Minority Ethnic

BoD – Board of Directors

CAMHS – Child and Adolescent Mental Health Services

CAT – Change Agent Team

CBT – Cognitive Behavioural Therapy

CDW – Community Development Worker

CEO – Chief Executive Officer

CHAI – Commission for Healthcare Audit Inspection

CMHT – Community Mental Health Team

CNST – Clinical Negligence Scheme for Trust

CPA – Care Programme Approach

CPN – Community Psychiatric Nurse

CRHT – Crisis Resolution and Home Treatment

CSCI – Commission for Social Care Inspection

CQC – Care Quality Commission

CQUIN – Commissioning for Quality and Innovation

DAAT – Drug and Alcohol Action Team

DDA – Disability Discrimination Act

DNA – Did Not Attend

DoH – Department of Health

DSPD – Dangerous and Severe Personality Disorder

DTC – Day Treatment Centre

ECT – Electro Convulsive Therapy

ED – Executive Directors

EDS – Eating Disorder Service
EIS – Early Intervention Service

FT – Foundation Trust
FTN – Foundation Trust Network

GP – General Practitioner

HAZ – Health Action Zone
HCJ – Health and Criminal Justice
HDRU – High Dependency Rehabilitation Unit
HNA – Health Needs Assessment
HR – Human Resources

IAPT – Improving Access to Psychological Therapies
IC – Infection Control
ICN – Integrated Care Network
ICP – Integrated Care Pathway
IP – In-patient

LA – Local Authority
LD – Learning Disabilities
LINKs – Local Involvement Networks

MCA – Mental Capacity Act
MDT – Multi-Disciplinary Team
MHA – Mental Health Act

NED – Non-Executive Director
NHS – National Health Service

NICE – National Institute for Clinical Excellence in Health

NPSA – National Patient Safety Agency

OBD – Occupied Bed Days

OP – Out-patient

OPMH – Old People’s Mental Health

OT – Occupational Therapist/Therapy

PALS – Patient Advice and Liaison Service

PCT – Primary Care Trust

PCLT - Primary Care Liaison Team

PCS – Professional Clinical Services

PICU – Psychiatric Intensive Care Unit

PPI – Patient and Public Involvement

PSW – Professional Social Worker

RMN – Registered Mental Nurse

RNMH – Registered Nurse in Mental Handicap

SaLT – Speech and Language Therapy

SAP – Single Assessment Process

SHA – Strategic Health Authority

SMS – Substance Misuse Services