

# Current View

CYP Name .....

DOB: .....

NHS ID: .....

Date: / / 20

Time:  h  m

Practitioner's Name .....

Practitioner's ID .....

Service Allocated .....

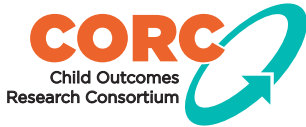
## Provisional Problem Description

*Rating need not imply a diagnosis*

	None	Mild	Moderate	Severe
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Current View Tool

## Completion Guide



Caring for young minds



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\*This guide was produced in consultation with the CAMHS PbR project group as part of the training materials for the CAMHS Payment by Results pilot project but is applicable to anyone using the Current View tool for example as part of CYP IAPT or CORC+.

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# **Current View Tool Completion Guide**

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# INTRODUCTION

## TO THE CURRENT VIEW TOOL

The 'Current View' tool asks you to rate a number of presenting problems, complexity and contextual problems and school, work or training difficulties according to your understanding of their presence/impact upon the CYP at that time.

### Components of the Current View

The Current View tool begins with an initial Case Identification section and is then divided into four components:

- Provisional Problem Descriptions
- Selected Complexity Factors
- Contextual Problems
- EET (education, employment or training) Difficulties

### What Information should I Use to Complete the Current View?

Your completion of the Current View tool should draw on **all of the information you have available to you** about the CYP's difficulties **at that point in time**, however incomplete this may be.

Typical information you may expect to draw on includes:

- **Meeting with CYP and family:** Any discussion and/or reflections from the assessment you conduct when meeting with the CYP and their family.
- **Pre-meeting networking/liaison:** Any information from the referral and/or any networking liaison activity completed prior to the first meeting (e.g. telephone conversations with other health professionals, teachers or with the family themselves; details from previous clinical notes; school or other reports from external sources).
- **Patient Reported Outcome Measures (PROMS) and clinician rated measures:** If PROMS questionnaires (e.g. SDQ, RCADS, DAWBA) and/or clinician ratings of functioning (e.g. CGAS) have been completed and

# Current View

CYP Name .....

Practitioner's Name .....

Please indicate your reason for completing this form:

DOB: .....

Practitioner's ID .....

First Contact

NHS ID: .....

Service Allocated Case Id .....

Changed Situation

Changed Understanding

Date: / / 20

Time:  h  m

Provisional Problem Description <small>Rating need not imply a diagnosis</small>	None	Mild	Moderate	Severe	Not known
	1 Anxious away from caregivers (Separation anxiety)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Anxious in social situations (Social anxiety/phobia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Anxious generally (Generalized anxiety)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Compelled to do or think things (OCD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Panics (Panic disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Avoids going out (Agoraphobia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Avoids specific things (Specific phobia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Repetitive problematic behaviours (Habit problems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Depression/low mood (Depression)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Self-Harm (Self injury or self-harm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Extremes of mood (Bipolar disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Delusional beliefs and hallucinations (Psychosis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Drug and alcohol difficulties (Substance abuse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Difficulties sitting still or concentrating (ADHD/Hyperactivity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Behavioural difficulties (CD or ODD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Poses risk to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Carer management of CYP behaviour (e.g., management of child)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Doesn't get to toilet in time (Elimination problems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Disturbed by traumatic event (PTSD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 Eating issues (Anorexia/Bulimia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 Family relationship difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 Problems in attachment to parent/carer (Attachment problems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23 Peer relationship difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 Persistent difficulties managing relationships with others (includes emerging personality disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 Does not speak (Selective mutism)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26 Gender discomfort issues (Gender identity disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27 Unexplained physical symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28 Unexplained developmental difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 Self-care Issues (includes medical care management, obesity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30 Adjustment to health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SELECTED COMPLEXITY FACTORS	Yes	No	Not known
1 Looked after child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Young carer status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Learning disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Serious physical health issues (including chronic fatigue)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Pervasive Developmental Disorders (Autism/Asperger's)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Neurological issues (e.g. Tics or Tourette's)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Current protection plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Deemed "child in need" of social service input	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Refugee or asylum seeker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Experience of war, torture or trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Experience of abuse or neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Parental health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Contact with Youth Justice System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Living in financial difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	CONTEXTUAL PROBLEMS				
	None	Mild	Moderate	Severe	Not known
HOME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCHOOL, WORK or TRAINING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SERVICE ENGAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>EDUCATION/EMPLOYMENT/TRAINING</b>					
ATTENDANCE DIFFICULTIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATTAINMENT DIFFICULTIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

scored at that time, then these will also provide valuable additional perspectives to draw on in understanding the case and thus in completing the Current View tool.

## Rating the Current View

- Problem Descriptions are rated according to severity of impact (none, mild, moderate, severe).
- Selected Complexity Factors are considered for presence: Yes/No
- Contextual Problems are rated according to severity of impact (none, mild, moderate, severe).
- EET Difficulties are rated according to the extent to which attendance and attainment difficulties deviate from the “norm” (defined as the optimal performance that might be expected for that CYP as determined by current understanding of their abilities).

## Deciding on Ratings

The emphasis is on having a clear rationale for a rating. This may be based on reflections from a discussion with the CYP, their family and other professionals and/or PROMS data. For example, sufficient rationale might be “We had a conversation about school. They didn’t mention that there were problems with attendance. On the basis of this conversation I am able to make an assumption that there are no problems with attendance”.

It is very important to be familiar with the definitions of all of the items on the form when deciding on ratings. A full list of definitions is provided later in this guide.

## Selecting “Not Known”

For the four components of the tool you have the option of selecting “Not known”. You should use this option only when you feel that aspect of the case has not yet been adequately assessed for you to be able to make a “None” rating.

The “Not known” response should not be used where you are deciding between mild and moderate or between moderate and severe. In these instances we would ask you to make your best guess between these two ratings and use the option to update the form as necessary.



In some cases, you may find that you have quite a few “Not known” responses early on in a case. This is OK; however this pattern should prompt you to consider completing additional updated forms to take account of new additional information and an increased greater understanding of the case.

### **Rating Impact (Problem Descriptions and Contextual Problems)**

We would like you to consider impact in terms of both impairment in functioning and level of distress in the CYP (and where relevant, their family). Please note that this rating should be made with reference to the general population and not with reference to the clinical groups with which you are used to working.

# Current View

CYP Name .....

Practitioner's Name .....

Please indicate your reason for completing this form:

DOB: .....

Practitioner's ID .....

First Contact	<input type="checkbox"/>
Changed Situation	<input type="checkbox"/>
Changed Understanding	<input type="checkbox"/>

NHS ID: .....

Service Allocated Case Id .....

Date: / / 20

Time:  h  m

Provisional Problem Description		None	Mild	Moderate	Severe	Not known
Rating need not imply a diagnosis						
1	Anxious away from caregivers (Separation anxiety)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Anxious in social situations (Social anxiety/phobia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Anxious generally (Generalized anxiety)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Compelled to do or think things (OCD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Panics (Panic disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Avoids going out (Agoraphobia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Avoids specific things (Specific phobia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Repetitive problematic behaviours (Habit problems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Depression/low mood (Depression)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Self-Harm (Self injury or self-harm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Extremes of mood (Bipolar disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Delusional beliefs and hallucinations (Psychosis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Drug and alcohol difficulties (Substance abuse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Difficulties sitting still or concentrating (ADHD/Hyperactivity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Behavioural difficulties (CD or ODD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Poses risk to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Carer management of CYP behaviour (e.g., management of child)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Doesn't get to toilet in time (Elimination problems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Disturbed by traumatic event (PTSD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Eating issues (Anorexia/Bulimia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Family relationship difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Problems in attachment to parent/carers (Attachment problems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Peer relationship difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Persistent difficulties managing relationships with others (includes emerging personality disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Does not speak (Selective mutism)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Gender discomfort issues (Gender identity disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Unexplained physical symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Unexplained developmental difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Self-care Issues (includes medical care management, obesity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Adjustment to health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SELECTED COMPLEXITY FACTORS	Yes	No	Not known	
1	Looked after child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Young carer status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Learning disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Serious physical health issues (including chronic fatigue)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Pervasive Developmental Disorders (Autism/Asperger's)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Neurological issues (e.g. Tics or Tourette's)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Current protection plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Deemed "child in need" of social service input	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Refugee or asylum seeker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Experience of war, torture or trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Experience of abuse or neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Parental health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Contact with Youth Justice System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Living in financial difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	CONTEXTUAL PROBLEMS				
	None	Mild	Moderate	Severe	Not known
HOME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCHOOL, WORK or TRAINING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SERVICE ENGAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EDUCATION/EMPLOYMENT/TRAINING	
ATTENDANCE DIFFICULTIES	<input type="checkbox"/>
ATTAINMENT DIFFICULTIES	<input type="checkbox"/>

## GUIDANCE ON IMPACT RATINGS

CAMHS PbR IMPACT category	<ul style="list-style-type: none"> <li>• These are broad definitions for guidance and should be considered within an age-appropriate context.</li> <li>• Each Problem should be rated independently</li> <li>• If Functioning and Distress levels differ, then select the higher rating</li> </ul>	
	FUNCTIONING at INDIVIDUAL or FAMILY LEVEL	DISTRESS of CHILD/YOUNG PERSON
<b>NONE</b>	There <b>may be transient difficulties and 'everyday' worries that occasionally get out of hand</b> (e.g. mild anxiety associated with an important exam, occasional 'blow-ups' with siblings, parents or peers) but CYP is generally secure and functioning well in all areas (at home, at school, and with peers).	No distress or noticeable difficulties in relation to this problem.
<b>MILD</b>	Symptoms cause <b>occasional disruption</b> but do not undermine functioning and impact is <b>only in a single context</b> . All/most age appropriate activities could be completed given the opportunity. The CYP may have some meaningful interpersonal relationships.	Distress may be <b>situational</b> and/or <b>occurs irregularly</b> less than once a week. Most people who do not know the CYP well would not consider him/her to have problems but those who do know him/her well might express concern.
<b>MODERATE</b>	Functioning is <b>impaired in at least one context</b> but may be <b>variable with sporadic difficulties or symptoms in several</b> but not all domains.	Distress <b>occurs on most days in a week</b> . The problem would be <b>apparent</b> to those who encounter the CYP <b>in a relevant setting or time</b> but not to those who see the CYP in other settings.
<b>SEVERE</b>	CYP is <b>completely unable to participate age-appropriately in daily activities in at least one domain</b> 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, no longer managing self-care).	Distress is <b>extreme and constant on a daily basis</b> . It would be <b>clear to anyone</b> that there is a problem.

# Current View

CYP Name .....

Practitioner's Name .....

Please indicate your reason for completing this form:

DOB: .....

Practitioner's ID .....

First Contact	<input type="checkbox"/>
Changed Situation	<input type="checkbox"/>
Changed Understanding	<input type="checkbox"/>

NHS ID: .....

Service Allocated Case Id .....

Date: / / 20

Time:  h  m

Provisional Problem Description		None	Mild	Moderate	Severe	Not known
Rating need not imply a diagnosis						
1	Anxious away from caregivers (Separation anxiety)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Anxious in social situations (Social anxiety/phobia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Anxious generally (Generalized anxiety)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Compelled to do or think things (OCD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Panics (Panic disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Avoids going out (Agoraphobia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Avoids specific things (Specific phobia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Repetitive problematic behaviours (Habit problems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Depression/low mood (Depression)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Self-Harm (Self injury or self-harm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Extremes of mood (Bipolar disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Delusional beliefs and hallucinations (Psychosis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Drug and alcohol difficulties (Substance abuse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Difficulties sitting still or concentrating (ADHD/Hyperactivity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Behavioural difficulties (CD or ODD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Poses risk to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Carer management of CYP behaviour (e.g., management of child)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Doesn't get to toilet in time (Elimination problems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Disturbed by traumatic event (PTSD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Eating issues (Anorexia/Bulimia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Family relationship difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Problems in attachment to parent/carers (Attachment problems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Peer relationship difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Persistent difficulties managing relationships with others (includes emerging personality disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Does not speak (Selective mutism)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Gender discomfort issues (Gender identity disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Unexplained physical symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Unexplained developmental difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Self-care Issues (includes medical care management, obesity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Adjustment to health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SELECTED COMPLEXITY FACTORS	Yes	No	Not known	
1	Looked after child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Young carer status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Learning disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Serious physical health issues (including chronic fatigue)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Pervasive Developmental Disorders (Autism/Asperger's)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Neurological issues (e.g. Tics or Tourette's)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Current protection plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Deemed "child in need" of social service input	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Refugee or asylum seeker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Experience of war, torture or trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Experience of abuse or neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Parental health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Contact with Youth Justice System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Living in financial difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTEXTUAL PROBLEMS					
	None	Mild	Moderate	Severe	Not known
HOME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCHOOL, WORK or TRAINING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SERVICE ENGAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDUCATION/EMPLOYMENT/TRAINING					
ATTENDANCE DIFFICULTIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATTAINMENT DIFFICULTIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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# HOW TO COMPLETE THE CURRENT VIEW TOOL

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## Case Identification Information

This section of the form begins by asking you to provide some case identifying information (e.g. CYP name, date of birth, NHS ID, Service ID and practitioner details).

The form also asks you to complete the current date and time. This information is needed to distinguish between several contacts taking place in one day.

Finally, you need to indicate the reason you are completing the form, either that this is following first contact, or that an update is being provided by you (or someone else) following new circumstances or revised information.

## Rate the Problem Descriptions

- Identify those problems on the Problem Description list relevant to your case.
- Consider each item in turn in terms of the **extent to which it is impacting** on the CYP's functioning and/or distress (tick your rating on the form).
- Consider all the non-rated items and decide whether they are "None" (adequately assessed) or "Not known" (to be assessed) – tick to indicate this.

Sometimes it will be difficult to determine whether you should be rating a problem as 'none' or 'not known'. When making this decision, please consider the following:

- Whether this problem is likely to be concurrent with a more obviously presenting problem
- Whether you would routinely ask about this problem (given their age, gender, presentation)
- Whether this CYP is in a high risk group for this problem (given their age, gender, presentation).

# Current View

CYP Name .....

Practitioner's Name .....

Please indicate your reason for completing this form:

DOB: .....

Practitioner's ID .....

First Contact	<input type="checkbox"/>
Changed Situation	<input type="checkbox"/>
Changed Understanding	<input type="checkbox"/>

NHS ID: .....

Service Allocated Case Id .....

Date: / / 20

Time: h m

Provisional Problem Description		None	Mild	Moderate	Severe	Not known
1	Anxious away from caregivers (Separation anxiety)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Anxious in social situations (Social anxiety/phobia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Anxious generally (Generalized anxiety)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Compelled to do or think things (OCD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Panics (Panic disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Avoids going out (Agoraphobia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Avoids specific things (Specific phobia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Repetitive problematic behaviours (Habit problems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Depression/low mood (Depression)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Self-Harm (Self injury or self-harm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Extremes of mood (Bipolar disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Delusional beliefs and hallucinations (Psychosis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Drug and alcohol difficulties (Substance abuse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Difficulties sitting still or concentrating (ADHD/Hyperactivity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Behavioural difficulties (CD or ODD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Poses risk to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Carer management of CYP behaviour (e.g., management of child)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Doesn't get to toilet in time (Elimination problems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Disturbed by traumatic event (PTSD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Eating issues (Anorexia/Bulimia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Family relationship difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Problems in attachment to parent/carer (Attachment problems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Peer relationship difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Persistent difficulties managing relationships with others (includes emerging personality disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Does not speak (Selective mutism)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Gender discomfort issues (Gender identity disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Unexplained physical symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Unexplained developmental difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Self-care Issues (includes medical care management, obesity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Adjustment to health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SELECTED COMPLEXITY FACTORS	Yes	No	Not known
1 Looked after child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Young carer status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Learning disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Serious physical health issues (including chronic fatigue)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Pervasive Developmental Disorders (Autism/Asperger's)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Neurological issues (e.g. Tics or Tourette's)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Current protection plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Deemed "child in need" of social service input	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Refugee or asylum seeker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Experience of war, torture or trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Experience of abuse or neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Parental health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Contact with Youth Justice System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Living in financial difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTEXTUAL PROBLEMS	None	Mild	Moderate	Severe	Not known
HOME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCHOOL, WORK or TRAINING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SERVICE ENGAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDUCATION/EMPLOYMENT/TRAINING					
ATTENDANCE DIFFICULTIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATTAINMENT DIFFICULTIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## DEFINITIONS OF PROBLEM DESCRIPTIONS

These definitions are for general guidance purposes only and should be considered within an age-appropriate context and with reference to cultural norms where appropriate. The examples given are not exhaustive.

### 1. Anxious away from care givers (Separation anxiety)

Excessive and inappropriate anxiety on separation from primary care giver(s); nightmares about separation and physical (somatic) symptoms are common. May manifest as school refusal.

### 2. Anxious in social situations (Social anxiety/phobia)

Strong fear of social and performance related situations e.g. starting conversations, joining in with games, completing homework, taking tests or answering question in class. Anxiety may be present in situations with same-age peers and/or adults and is likely to be expressed by avoidance of such situations.

### 3. General anxiety (generalised anxiety)

Recurring fears and worries on a wide variety of topics (e.g. school work, family, natural disasters). These worries are difficult to control or dismiss and signs may include restlessness, irritability, tiredness, disrupted sleep and concentration problems.

### 4. 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, hand-washing).

### 5. Panics (Panic Disorder)

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.

### 6. Avoids going out (Agoraphobia)

Avoids or becomes frightened in open spaces or public places; may have a 'safe zone', usually including (but not restricted to) their home, which they will be reluctant to leave. Panic is a common feature of this problem.

### 7. Avoids specific things (Specific phobia)

Extreme and inappropriate fear in response to specific objects or situations. Common fears include animals (e.g. spiders), natural environment (e.g. heights), blood/injection/injury and situational fears (e.g. aeroplanes).

### 8. Repetitive problematic behaviours (Habit problems)

CYP 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).

### 9. Depression/low mood (Depression)

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.

### 10. Self-harm (Self injury or self-harm)

CYP 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.

# Current View

CYP Name .....

Practitioner's Name .....

Please indicate your reason for completing this form:

DOB: .....

Practitioner's ID .....

First Contact	<input type="checkbox"/>
Changed Situation	<input type="checkbox"/>
Changed Understanding	<input type="checkbox"/>

NHS ID: .....

Service Allocated Case Id .....

Date: / / 20

Time: h m

Provisional Problem Description <small>Rating need not imply a diagnosis</small>	None	Mild	Moderate	Severe	Not known
1 Anxious away from caregivers (Separation anxiety)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Anxious in social situations (Social anxiety/phobia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Anxious generally (Generalized anxiety)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Compelled to do or think things (OCD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Panics (Panic disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Avoids going out (Agoraphobia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Avoids specific things (Specific phobia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Repetitive problematic behaviours (Habit problems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Depression/low mood (Depression)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Self-Harm (Self injury or self-harm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Extremes of mood (Bipolar disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Delusional beliefs and hallucinations (Psychosis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Drug and alcohol difficulties (Substance abuse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Difficulties sitting still or concentrating (ADHD/Hyperactivity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Behavioural difficulties (CD or ODD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Poses risk to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Carer management of CYP behaviour (e.g., management of child)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Doesn't get to toilet in time (Elimination problems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Disturbed by traumatic event (PTSD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 Eating issues (Anorexia/Bulimia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 Family relationship difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 Problems in attachment to parent/carer (Attachment problems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23 Peer relationship difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 Persistent difficulties managing relationships with others (includes emerging personality disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 Does not speak (Selective mutism)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26 Gender discomfort issues (Gender identity disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27 Unexplained physical symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28 Unexplained developmental difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 Self-care Issues (includes medical care management, obesity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30 Adjustment to health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SELECTED COMPLEXITY FACTORS	Yes	No	Not known
1 Looked after child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Young carer status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Learning disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Serious physical health issues (including chronic fatigue)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Pervasive Developmental Disorders (Autism/Asperger's)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Neurological issues (e.g. Tics or Tourette's)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Current protection plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Deemed "child in need" of social service input	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Refugee or asylum seeker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Experience of war, torture or trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Experience of abuse or neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Parental health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Contact with Youth Justice System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Living in financial difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTEXTUAL PROBLEMS	None	Mild	Moderate	Severe	Not known
HOME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCHOOL, WORK or TRAINING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SERVICE ENGAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDUCATION/EMPLOYMENT/TRAINING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATTENDANCE DIFFICULTIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATTAINMENT DIFFICULTIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## DEFINITIONS OF PROBLEM DESCRIPTIONS

### 11. Extremes of mood (Bipolar disorder)

CYP has (either reported or observed) difficulties affecting feelings and behaviour characterised by major mood changes.

### 12. Delusional beliefs and hallucinations (Psychosis)

CYP has (either reported or observed) paranoid thoughts, delusions and/or confused thinking.

### 13. Drug and alcohol difficulties (Substance abuse)

CYP is addicted to and/or using drugs/alcohol in a harmful manner.

### 14. Difficulties sitting still or concentrating (ADHD/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.

### 15. 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.

### 16. Poses risk to others

Threatened or actual violence towards others, including inappropriate sexualised behaviour.

### 17. Carer management of CYP behaviour (e.g. management of child)

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

### 18. Doesn't go to the 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 CYP must be at least 4 (defecation) or 5 (urination) years old (or equivalent developmental level).

### 19. 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.

### 20. Eating issues (Anorexia/Bulimia)

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

### 21. Family relationship difficulties

Problems within the family (e.g. arguments, high conflict between family members, high expressed emotion, inappropriate levels of involvement, adjustment difficulties).

### 22. Problems in attachment to parent/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.

# Current View

CYP Name .....

Practitioner's Name .....

Please indicate your reason for completing this form:

DOB: .....

Practitioner's ID .....

First Contact

NHS ID: .....

Service Allocated Case Id .....

Changed Situation

Changed Understanding

Date: / / 20

Time: h m

Provisional Problem Description		None	Mild	Moderate	Severe	Not known
Rating need not imply a diagnosis						
1	Anxious away from caregivers (Separation anxiety)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Anxious in social situations (Social anxiety/phobia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Anxious generally (Generalized anxiety)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Compelled to do or think things (OCD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Panics (Panic disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Avoids going out (Agoraphobia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Avoids specific things (Specific phobia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Repetitive problematic behaviours (Habit problems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Depression/low mood (Depression)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Self-Harm (Self injury or self-harm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Extremes of mood (Bipolar disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Delusional beliefs and hallucinations (Psychosis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Drug and alcohol difficulties (Substance abuse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Difficulties sitting still or concentrating (ADHD/Hyperactivity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Behavioural difficulties (CD or ODD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Poses risk to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Carer management of CYP behaviour (e.g., management of child)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Doesn't get to toilet in time (Elimination problems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Disturbed by traumatic event (PTSD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Eating issues (Anorexia/Bulimia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Family relationship difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Problems in attachment to parent/carer (Attachment problems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Peer relationship difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Persistent difficulties managing relationships with others (includes emerging personality disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Does not speak (Selective mutism)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Gender discomfort issues (Gender identity disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Unexplained physical symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Unexplained developmental difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Self-care Issues (includes medical care management, obesity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Adjustment to health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SELECTED COMPLEXITY FACTORS	Yes	No	Not known	
1	Looked after child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Young carer status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Learning disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Serious physical health issues (including chronic fatigue)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Pervasive Developmental Disorders (Autism/Asperger's)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Neurological issues (e.g. Tics or Tourette's)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Current protection plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Deemed "child in need" of social service input	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Refugee or asylum seeker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Experience of war, torture or trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Experience of abuse or neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Parental health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Contact with Youth Justice System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Living in financial difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTEXTUAL PROBLEMS					
	None	Mild	Moderate	Severe	Not known
HOME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCHOOL, WORK or TRAINING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SERVICE ENGAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDUCATION/EMPLOYMENT/TRAINING					
ATTENDANCE DIFFICULTIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATTAINMENT DIFFICULTIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## DEFINITIONS OF PROBLEM DESCRIPTIONS

### 23. Peer relationship difficulties

Problems relating to peers (e.g. difficulties integrating into available peer groups, difficulties forming or maintaining friendships, conflicts in relationships). May also include problematic or inappropriate romantic or sexual relationships.

### 24. 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.

### 25. 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).

### 26. Gender discomfort Issues (GID)

Extreme discomfort associated with anatomical gender. Repeated insistence that they are (or want to be) the opposite gender.

### 27. 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).

### 28. Unexplained developmental difficulties

CYP 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.

### 29. Self-care issues (includes medical care management, obesity)

Difficulties in managing diet (e.g. over-eating), medical care regime (e.g. insulin regime) or personal care (e.g. hygiene issues).

### 30. Adjustment to health issues

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

# Current View

CYP Name .....

Practitioner's Name .....

Please indicate your reason for completing this form:

DOB: .....

Practitioner's ID .....

First Contact	<input type="checkbox"/>
Changed Situation	<input type="checkbox"/>
Changed Understanding	<input type="checkbox"/>

NHS ID: .....

Service Allocated Case Id .....

Date: / / 20

Time: h m

Provisional Problem Description		None	Mild	Moderate	Severe	Not known
Rating need not imply a diagnosis						
1	Anxious away from caregivers (Separation anxiety)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Anxious in social situations (Social anxiety/phobia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Anxious generally (Generalized anxiety)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Compelled to do or think things (OCD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Panics (Panic disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Avoids going out (Agoraphobia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Avoids specific things (Specific phobia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Repetitive problematic behaviours (Habit problems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Depression/low mood (Depression)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Self-Harm (Self injury or self-harm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Extremes of mood (Bipolar disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Delusional beliefs and hallucinations (Psychosis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Drug and alcohol difficulties (Substance abuse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Difficulties sitting still or concentrating (ADHD/Hyperactivity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Behavioural difficulties (CD or ODD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Poses risk to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Carer management of CYP behaviour (e.g., management of child)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Doesn't get to toilet in time (Elimination problems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Disturbed by traumatic event (PTSD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Eating issues (Anorexia/Bulimia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Family relationship difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Problems in attachment to parent/carers (Attachment problems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Peer relationship difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Persistent difficulties managing relationships with others (Includes emerging personality disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Does not speak (Selective mutism)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Gender discomfort issues (Gender identity disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Unexplained physical symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Unexplained developmental difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Self-care Issues (Includes medical care management, obesity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Adjustment to health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SELECTED COMPLEXITY FACTORS	Yes	No	Not known	
1	Looked after child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Young carer status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Learning disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Serious physical health issues (including chronic fatigue)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Pervasive Developmental Disorders (Autism/Asperger's)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Neurological issues (e.g. Tics or Tourette's)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Current protection plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Deemed "child in need" of social service input	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Refugee or asylum seeker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Experience of war, torture or trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Experience of abuse or neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Parental health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Contact with Youth Justice System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Living in financial difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTEXTUAL PROBLEMS					
	None	Mild	Moderate	Severe	Not known
HOME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCHOOL, WORK or TRAINING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SERVICE ENGAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDUCATION/EMPLOYMENT/TRAINING					
ATTENDANCE DIFFICULTIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATTAINMENT DIFFICULTIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Decide if any Complexity Factors are Present

The complexity factors selected for use in this form have been chosen by expert consultation as being likely to be some of the more relevant indicators of resource use. These are factors that fall outside of the mental health problem or diagnosis, but that may need to be considered when thinking about the amount of resource required to work towards a positive outcome.

- Identify those factors on the Selected Complexity Factors list relevant to your case and indicate their presence (tick “Yes”).
- Consider all non-marked items and decide whether they are “None” (adequately assessed) or “Not known” (require further assessment) – tick to indicate this.

### Additional Guidance

Complexity factors should be rated based on the clinician’s best judgement as to whether they are objectively present. That is, based on the factual information you have. They should be rated only if currently present, with the following exceptions:

- Refugee/Asylum seeker, Experience of war torture or trafficking and Experience of abuse or neglect should be rated if they occurred at any point in the CYP’s life
- Contact with the Youth Justice System should be rated if repeated.

# Current View

CYP Name .....

Practitioner's Name .....

Please indicate your reason for completing this form:

DOB: .....

Practitioner's ID .....

First Contact	<input type="checkbox"/>
Changed Situation	<input type="checkbox"/>
Changed Understanding	<input type="checkbox"/>

NHS ID: .....

Service Allocated Case Id .....

Date: / / 20

Time:  h  m

Provisional Problem Description	None	Mild	Moderate	Severe	Not known
Rating need not imply a diagnosis					
1 Anxious away from caregivers (Separation anxiety)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Anxious in social situations (Social anxiety/phobia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Anxious generally (Generalized anxiety)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Compelled to do or think things (OCD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Panics (Panic disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Avoids going out (Agoraphobia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Avoids specific things (Specific phobia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Repetitive problematic behaviours (Habit problems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Depression/low mood (Depression)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Self-Harm (Self injury or self-harm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Extremes of mood (Bipolar disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Delusional beliefs and hallucinations (Psychosis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Drug and alcohol difficulties (Substance abuse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Difficulties sitting still or concentrating (ADHD/Hyperactivity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Behavioural difficulties (CD or ODD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Poses risk to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Carer management of CYP behaviour (e.g., management of child)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Doesn't get to toilet in time (Elimination problems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Disturbed by traumatic event (PTSD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 Eating issues (Anorexia/Bulimia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 Family relationship difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 Problems in attachment to parent/carer (Attachment problems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23 Peer relationship difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 Persistent difficulties managing relationships with others (includes emerging personality disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 Does not speak (Selective mutism)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26 Gender discomfort issues (Gender identity disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27 Unexplained physical symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28 Unexplained developmental difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 Self-care Issues (includes medical care management, obesity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30 Adjustment to health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SELECTED COMPLEXITY FACTORS	Yes	No	Not known
1 Looked after child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Young carer status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Learning disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Serious physical health issues (including chronic fatigue)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Pervasive Developmental Disorders (Autism/Asperger's)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Neurological issues (e.g. Tics or Tourette's)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Current protection plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Deemed "child in need" of social service input	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Refugee or asylum seeker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Experience of war, torture or trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Experience of abuse or neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Parental health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Contact with Youth Justice System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Living in financial difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTEXTUAL PROBLEMS	None	Mild	Moderate	Severe	Not known
HOME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCHOOL, WORK or TRAINING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SERVICE ENGAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDUCATION/EMPLOYMENT/TRAINING					
ATTENDANCE DIFFICULTIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATTAINMENT DIFFICULTIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## DEFINITIONS OF COMPLEXITY FACTORS

These definitions are for general guidance purposes only and should be considered within an age-appropriate context and with reference to cultural norms where appropriate. The examples given are not exhaustive.

### 1. Looked after CYP

Include CYP who are under section 20, special guardianship or kinship care, or subject to a care order (either temporary or long term).

### 2. Young carer status

CYP is responsible for the care of a family member. This may be due to a parent or sibling being incapacitated through physical or psychological disorder/disability and/or substance abuse. Common responsibilities include physical and personal care of family member, managing budgets and medication, interpreting and providing emotional support.

### 3. Learning disability

CYP must have diagnosis of a moderate, severe or profound learning disability. Do not include CYP with a specific learning difficulty (e.g. Dyslexia) without a comorbid learning disability.

### 4. Serious physical health issues (Including Chronic Fatigue)

CYP has a physical illness, disease, injury or impairment that requires continuing input and treatment from a healthcare provider (e.g. diabetes, epilepsy, tuberous sclerosis, autoimmune disorders).

### 5. Pervasive Developmental Disorders (Autism/Asperger's)

Developmental disorders that affect cognitive and social functioning and often include difficulties with social interaction, communication and flexibility of thought (e.g. Autistic Spectrum Disorders, Rett's Disorder).

### 6. Neurological issues (e.g. tics or Tourette's)

Neurological disorders that manifest physically (e.g. Tic disorder, Tourette's). Include Cerebral Palsy and speech and language disorders.

### 7. Current protection plan

CYP is subject to a current child protection plan.

### 8. Deemed "child in need" of social service input

CYP has been identified by professionals as needing local authority services to achieve or maintain a reasonable standard of health or development and/or to prevent significant or further harm to health or development. This includes CYP who are classed as disabled. Include CYP who are deemed in need of local authority input but are currently below threshold for acceptance of the referral.

# Current View

CYP Name .....

Practitioner's Name .....

Please indicate your reason for completing this form:

DOB: .....

Practitioner's ID .....

First Contact

NHS ID: .....

Service Allocated Case Id .....

Changed Situation

Changed Understanding

Date: / / 20

Time:  h  m

Provisional Problem Description		None	Mild	Moderate	Severe	Not known
Rating need not imply a diagnosis						
1	Anxious away from caregivers (Separation anxiety)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Anxious in social situations (Social anxiety/phobia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Anxious generally (Generalized anxiety)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Compelled to do or think things (OCD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Panics (Panic disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Avoids going out (Agoraphobia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Avoids specific things (Specific phobia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Repetitive problematic behaviours (Habit problems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Depression/low mood (Depression)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Self-Harm (Self injury or self-harm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Extremes of mood (Bipolar disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Delusional beliefs and hallucinations (Psychosis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Drug and alcohol difficulties (Substance abuse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Difficulties sitting still or concentrating (ADHD/Hyperactivity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Behavioural difficulties (CD or ODD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Poses risk to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Carer management of CYP behaviour (e.g., management of child)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Doesn't get to toilet in time (Elimination problems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Disturbed by traumatic event (PTSD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Eating issues (Anorexia/Bulimia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Family relationship difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Problems in attachment to parent/carers (Attachment problems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Peer relationship difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Persistent difficulties managing relationships with others (Includes emerging personality disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Does not speak (Selective mutism)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Gender discomfort issues (Gender identity disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Unexplained physical symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Unexplained developmental difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Self-care Issues (Includes medical care management, obesity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Adjustment to health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SELECTED COMPLEXITY FACTORS	Yes	No	Not known	
1	Looked after child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Young carer status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Learning disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Serious physical health issues (including chronic fatigue)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Pervasive Developmental Disorders (Autism/Asperger's)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Neurological issues (e.g. Tics or Tourette's)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Current protection plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Deemed "child in need" of social service input	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Refugee or asylum seeker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Experience of war, torture or trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Experience of abuse or neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Parental health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Contact with Youth Justice System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Living in financial difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTEXTUAL PROBLEMS					
	None	Mild	Moderate	Severe	Not known
HOME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCHOOL, WORK or TRAINING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SERVICE ENGAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDUCATION/EMPLOYMENT/TRAINING					
ATTENDANCE DIFFICULTIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATTAINMENT DIFFICULTIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## DEFINITIONS OF COMPLEXITY FACTORS

### 9. Refugee or Asylum Seeker

CYP has been forced to leave their country to escape war, persecution or natural disaster.

### 10. Experience of war, torture or trafficking

CYP has witnessed or experienced war, torture or trafficking.

### 11. Experience of abuse or neglect

CYP has witnessed or experienced physical, emotional, sexual abuse or neglect. Include witnessing of domestic violence.

### 12. Parental health issues

At least one primary care giver is currently suffering from a diagnosable mental health problem(s), moderate, severe or profound learning disability, significant substance abuse and/or significant physical health issues (e.g. parent/carer in a wheelchair).

### 13. Contact with Youth Justice System

Current or repeated contact with a Youth Offending Team.

### 14. Living in financial difficulty

Family is deemed to be in considerable debt or under financial stress requiring local authority assistance to meet basic needs (e.g. CYP is in receipt of free school meals).

# Current View

CYP Name .....

Practitioner's Name .....

Please indicate your reason for completing this form:

DOB: .....

Practitioner's ID .....

First Contact

NHS ID: .....

Service Allocated Case Id .....

Changed Situation

Changed Understanding

Date: / / 20

Time: h m

	Provisional Problem Description <small>Rating need not imply a diagnosis</small>	Severity				
		None	Mild	Moderate	Severe	Not known
1	Anxious away from caregivers (Separation anxiety)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Anxious in social situations (Social anxiety/phobia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Anxious generally (Generalized anxiety)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Compelled to do or think things (OCD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Panics (Panic disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Avoids going out (Agoraphobia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Avoids specific things (Specific phobia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Repetitive problematic behaviours (Habit problems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Depression/low mood (Depression)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Self-Harm (Self injury or self-harm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Extremes of mood (Bipolar disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Delusional beliefs and hallucinations (Psychosis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Drug and alcohol difficulties (Substance abuse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Difficulties sitting still or concentrating (ADHD/Hyperactivity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Behavioural difficulties (CD or ODD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Poses risk to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Carer management of CYP behaviour (e.g., management of child)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Doesn't get to toilet in time (Elimination problems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Disturbed by traumatic event (PTSD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Eating issues (Anorexia/Bulimia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Family relationship difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Problems in attachment to parent/carer (Attachment problems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Peer relationship difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Persistent difficulties managing relationships with others (includes emerging personality disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Does not speak (Selective mutism)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Gender discomfort issues (Gender identity disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Unexplained physical symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Unexplained developmental difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Self-care Issues (includes medical care management, obesity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Adjustment to health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SELECTED COMPLEXITY FACTORS	Severity			
	Yes	No	Not known	
1	Looked after child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Young carer status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Learning disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Serious physical health issues (including chronic fatigue)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Pervasive Developmental Disorders (Autism/Asperger's)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Neurological issues (e.g. Tics or Tourette's)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Current protection plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Deemed "child in need" of social service input	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Refugee or asylum seeker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Experience of war, torture or trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Experience of abuse or neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Parental health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Contact with Youth Justice System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Living in financial difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTEXTUAL PROBLEMS					
	None	Mild	Moderate	Severe	Not known
HOME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCHOOL, WORK or TRAINING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SERVICE ENGAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDUCATION/EMPLOYMENT/TRAINING					
ATTENDANCE DIFFICULTIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATTAINMENT DIFFICULTIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Contextual Problems

Contextual problems are issues presenting in the assessment that are **external** to the CYP and **additional** to the problems and complexity factors already rated. These are rated for impact in four areas: home, school/work/training, community and service engagement.

- Identify Contextual problems relevant to your case and categorise them according to home, school/work/training, community or service engagement problems.
- Consider each domain in turn and rate **the extent to which it is impacting on the CYP's functioning and/or distress.**
- Consider any non-rated domains and decide whether they are "None" (adequately assessed) or "Not known" (require assessment) – tick to indicate this.

### Additional Guidance

Contextual problems should only be considered within an impact rating if they are currently present. That is, they should not be considered if they were only present in the past.

# Current View

CYP Name .....

Practitioner's Name .....

Please indicate your reason for completing this form:

DOB: .....

Practitioner's ID .....

First Contact

NHS ID: .....

Service Allocated Case Id .....

Changed Situation

Changed Understanding

Date: / / 20

Time: h m

Provisional Problem Description		None	Mild	Moderate	Severe	Not known
Rating need not imply a diagnosis						
1	Anxious away from caregivers (Separation anxiety)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Anxious in social situations (Social anxiety/phobia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Anxious generally (Generalized anxiety)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Compelled to do or think things (OCD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Panics (Panic disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Avoids going out (Agoraphobia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Avoids specific things (Specific phobia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Repetitive problematic behaviours (Habit problems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Depression/low mood (Depression)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Self-Harm (Self injury or self-harm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Extremes of mood (Bipolar disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Delusional beliefs and hallucinations (Psychosis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Drug and alcohol difficulties (Substance abuse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Difficulties sitting still or concentrating (ADHD/Hyperactivity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Behavioural difficulties (CD or ODD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Poses risk to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Carer management of CYP behaviour (e.g., management of child)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Doesn't get to toilet in time (Elimination problems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Disturbed by traumatic event (PTSD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Eating issues (Anorexia/Bulimia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Family relationship difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Problems in attachment to parent/carers (Attachment problems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Peer relationship difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Persistent difficulties managing relationships with others (Includes emerging personality disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Does not speak (Selective mutism)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Gender discomfort issues (Gender identity disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Unexplained physical symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Unexplained developmental difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Self-care Issues (Includes medical care management, obesity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Adjustment to health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SELECTED COMPLEXITY FACTORS	Yes	No	Not known
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTEXTUAL PROBLEMS					
	None	Mild	Moderate	Severe	Not known
HOME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCHOOL, WORK or TRAINING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SERVICE ENGAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EDUCATION/EMPLOYMENT/TRAINING					
ATTENDANCE DIFFICULTIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATTAINMENT DIFFICULTIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## DEFINITIONS OF CONTEXTUAL PROBLEMS

These definitions are for general guidance purposes only and should be considered within an age-appropriate context and with reference to cultural norms where appropriate. The examples given are not exhaustive.

### 1. Home

Problems in the home environment that are external to the CYP and could affect their psychological wellbeing. This may include crowded housing, homelessness, lack of social support network.

### 2. School, Work or Training

Problems in the school, work or training environment that are external to the CYP and could affect their psychological wellbeing (e.g. difficulties in communications between home and school, multiple changes of teacher, breakdown in relations between teacher(s) and CYP/family).

### 3. Community

Problems in the community that are external to the CYP and could affect their psychological wellbeing. This may include street violence, gang intimidation, racial discrimination and difficulties with neighbours.

### 4. Service Engagement

Difficulties regulating the appropriate level of service engagement. This may include history of multiple or fractured contact with services, difficulties locating care records, difficulties accessing the service and problems engaging the CYP and their family appropriately, need for interpreter.

# Current View

CYP Name .....

Practitioner's Name .....

Please indicate your reason for completing this form:

DOB: .....

Practitioner's ID .....

First Contact	<input type="checkbox"/>
Changed Situation	<input type="checkbox"/>
Changed Understanding	<input type="checkbox"/>

NHS ID: .....

Service Allocated Case Id .....

Date: / / 20

Time: h m

Provisional Problem Description		None	Mild	Moderate	Severe	Not known
Rating need not imply a diagnosis						
1	Anxious away from caregivers (Separation anxiety)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Anxious in social situations (Social anxiety/phobia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Anxious generally (Generalized anxiety)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Compelled to do or think things (OCD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Panics (Panic disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Avoids going out (Agoraphobia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Avoids specific things (Specific phobia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Repetitive problematic behaviours (Habit problems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Depression/low mood (Depression)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Self-Harm (Self injury or self-harm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Extremes of mood (Bipolar disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Delusional beliefs and hallucinations (Psychosis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Drug and alcohol difficulties (Substance abuse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Difficulties sitting still or concentrating (ADHD/Hyperactivity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Behavioural difficulties (CD or ODD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Poses risk to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Carer management of CYP behaviour (e.g., management of child)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Doesn't get to toilet in time (Elimination problems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Disturbed by traumatic event (PTSD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Eating issues (Anorexia/Bulimia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Family relationship difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Problems in attachment to parent/carer (Attachment problems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Peer relationship difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Persistent difficulties managing relationships with others (includes emerging personality disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Does not speak (Selective mutism)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Gender discomfort issues (Gender identity disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Unexplained physical symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Unexplained developmental difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Self-care Issues (includes medical care management, obesity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Adjustment to health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SELECTED COMPLEXITY FACTORS	Yes	No	Not known	
1	Looked after child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Young carer status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Learning disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Serious physical health issues (including chronic fatigue)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Pervasive Developmental Disorders (Autism/Asperger's)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Neurological issues (e.g. Tics or Tourette's)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Current protection plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Deemed "child in need" of social service input	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Refugee or asylum seeker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Experience of war, torture or trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Experience of abuse or neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Parental health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Contact with Youth Justice System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Living in financial difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTEXTUAL PROBLEMS					
	None	Mild	Moderate	Severe	Not known
HOME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCHOOL, WORK or TRAINING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SERVICE ENGAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EDUCATION/EMPLOYMENT/TRAINING					
ATTENDANCE DIFFICULTIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATTAINMENT DIFFICULTIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Education Employment or Training Difficulties

Completion of EET difficulties involves considering whether the CYP has any current difficulties in attendance and/or attainment in school, training or employment.

This involves rating the extent to which any presenting difficulties with attendance and attainment at school or work are **deviating from the optimal performance that might be expected** for that CYP **as determined by current understanding of their abilities**.

- Consider attendance and attainment in turn and rate the extent to which any difficulties identified in your assessment deviate from optimal performance for that CYP.
- Consider any non-rated items and decide whether they are "None" (adequately assessed) or "Not known" (require assessment).

Ratings should be based on **current** attendance and attainment.

# Current View

CYP Name .....

Practitioner's Name .....

Please indicate your reason for completing this form:

DOB: .....

Practitioner's ID .....

First Contact	<input type="checkbox"/>
Changed Situation	<input type="checkbox"/>
Changed Understanding	<input type="checkbox"/>

NHS ID: .....

Service Allocated Case Id .....

Date: / / 20

Time: h m

Provisional Problem Description		None	Mild	Moderate	Severe	Not known
Rating need not imply a diagnosis						
1	Anxious away from caregivers (Separation anxiety)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Anxious in social situations (Social anxiety/phobia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Anxious generally (Generalized anxiety)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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6	Avoids going out (Agoraphobia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Avoids specific things (Specific phobia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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14	Difficulties sitting still or concentrating (ADHD/Hyperactivity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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16	Poses risk to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Carer management of CYP behaviour (e.g., management of child)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Doesn't get to toilet in time (Elimination problems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Disturbed by traumatic event (PTSD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Eating issues (Anorexia/Bulimia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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22	Problems in attachment to parent/carers (Attachment problems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Peer relationship difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Persistent difficulties managing relationships with others (includes emerging personality disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Does not speak (Selective mutism)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Gender discomfort issues (Gender identity disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Unexplained physical symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Unexplained developmental difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Self-care Issues (includes medical care management, obesity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Adjustment to health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SELECTED COMPLEXITY FACTORS	Yes	No	Not known	
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4	Serious physical health issues (including chronic fatigue)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Pervasive Developmental Disorders (Autism/Asperger's)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Neurological issues (e.g. Tics or Tourette's)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Current protection plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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14	Living in financial difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTEXTUAL PROBLEMS					
	None	Mild	Moderate	Severe	Not known
HOME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCHOOL, WORK or TRAINING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SERVICE ENGAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EDUCATION/EMPLOYMENT/TRAINING					
ATTENDANCE DIFFICULTIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATTAINMENT DIFFICULTIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## DEFINITIONS OF ATTENDANCE AND ATTAINMENT DIFFICULTIES

These definitions are for general guidance purposes only and should be considered within an age-appropriate context and with reference to cultural norms where appropriate. They should also be considered with specific reference to the CYP you're working with (e.g. if the CYP has a learning disability, attendance and attainment should be considered in relation to peers of the same developmental rather than chronological age). The examples given are not exhaustive.

### Attendance difficulties

<b>None</b>	No problems noted. As rough guidance, around 1-2 days absence from school per month should be considered as within normal limits.
<b>Mild</b>	Some definite problems. The CYP may be attending part-time or missing several lessons (includes truancy, school refusal or suspension for any cause). As a rough guidance, 1 day of absence per week might be considered here.
<b>Moderate</b>	Marked problems. The CYP may be attending infrequently, or is at high risk of exclusion or dismissal. As a rough guidance, the CYP may be absent 2 days per week.
<b>Severe</b>	CYP is out of school the majority of the time (for reasons of truancy, exclusion or refusal) or may be in a Pupil Referral Unit, excluded or not in Education, Employment or Training.

### Attainment difficulties

<b>None</b>	No problems noted. The CYP will be attaining at the optimum age-appropriate level moderated by that expected for their known abilities.
<b>Mild</b>	Some problems. For example, if the CYP is in school they may be well below the year level in at least one subject, or have problems with work rate or timekeeping if in employment or training.
<b>Moderate</b>	Significant problems. If at school they may fail key exams, or be below the year group in all subjects. If in employment, they may have received formal warnings about their performance and/or behaviour.
<b>Severe</b>	CYP has dropped out of education, employment or training.

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# PRACTICE USING THE CURRENT VIEW TOOL

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For this worked example, some Patient Reported Outcome Measures (PROMs) have been provided; the parent- and CYP self-report versions of the Revised Child Anxiety and Depression Scale (RCADS), which looks at symptoms of anxiety and depression and the parent-report version of the Strengths and Difficulties Questionnaire (SDQ), which is a 25 item emotional and behavioural problem screening questionnaire. Alongside the individual question responses, please consider the summary reports on page 35-36. These explain the clinical significance of the overall SDQ and RCADS scores.

## Vignette 1: Matthew

### Report from first meeting

Matthew is a 9-year-old boy living with his parents and his 12-year-old sister. At assessment, his parents described him as 'being on the go' most of the time, rarely sitting down or being able to concentrate for long. They also reported that he breaks his toys and swears at them. Fights with his sister are increasing in frequency, now happening on a nearly daily basis, and sometimes involve him hitting her. The sister has started to spend more time on her own in her room rather than sitting in the family room in the evening. Parents report that Matthew has always been "a lively child" but things seem to just be getting worse and worse.

Matthew's mother works part-time and feels drained at the thought of returning home. She says she finds it difficult to discipline Matthew and is feeling at the end of her tether as Matthew "never does as he's told". She feels like Matthew needs constant supervision and avoids taking him out to the shops as his behaviour has been so embarrassing in the past. Matthew's father works long hours and has little involvement in the children's upbringing.

Matthew attends a mainstream school and his teacher says his work is ok and that he is well-liked by other children. Matthew is generally co-operative at school although he can be disruptive at times. The teacher describes him as hyperactive, not sitting still and finding it difficult to register new information, but notes that he is able to function better when the class is working in small work groups.

Matthew was able to respond to questions politely and appropriately during the assessment, however he became quite restless when his parents were talking and was very disruptive towards the end of the meeting. Mother became tearful when talking about Matthew's behaviour.

### **Patient Reported Outcome Measure Reports (Matthew)**

Scores above clinical threshold are rated as 'slightly high', 'high' or 'very high'.

### **Strengths and Difficulties Questionnaire**

Parent-report version, completed by mother:

<b>Subscale</b>	<b>Score</b>	<b>Clinical significance of score</b>
Emotional symptoms	0	Below threshold
Conduct problems	5	Above threshold (high)
Hyperactivity/inattention	8	Above threshold (high)
Peer relationship problems	0	Below threshold
Prosocial behaviour	7	Below threshold
Total problems	14	Above threshold
Impact score	4	High

## Revised Child Anxiety and Depression Scale (RCADS)

Self-Report version, completed by Matthew:

Subscale	Score	Clinical significance of score
Separation Anxiety	0	Below threshold
Generalized Anxiety	1	Below threshold
Panic	2	Below threshold
Social Phobia	9	Below threshold
Obsessions/Compulsions	0	Below threshold
Depression	6	Below threshold
Total Anxiety	12	Below threshold
Total Anxiety and Depression	18	Below threshold

Parent-Report version, completed by mother:

Subscale	Score	Clinical significance of score
Separation Anxiety	1	Below threshold
Generalized Anxiety	0	Below threshold
Panic	0	Below threshold
Social Phobia	1	Below threshold
Obsessions/Compulsions	0	Below threshold
Depression	7	Below threshold
Total Anxiety	2	Below threshold
Total Anxiety and Depression	9	Below threshold

Child/ Young Person's NAME: Matthew

Relationship to Child/Young Person : parent

Date:  /  / 20

Time:  h  m

Please put a circle around the word that shows how often each of these things happens to your child. There are no right or wrong answers.

1	My child worries about things	Never	Sometimes	Often	Always
2	My child feels sad or empty	Never	Sometimes	Often	Always
3	When my child has a problem, he/she gets a funny feeling in his/her stomach	Never	Sometimes	Often	Always
4	My child worries when he/she thinks he/she has done poorly at something	Never	Sometimes	Often	Always
5	My child feels afraid of being alone at home	Never	Sometimes	Often	Always
6	Nothing is much fun for my child anymore	Never	Sometimes	Often	Always
7	My child feels scared when taking a test	Never	Sometimes	Often	Always
8	My child worries when he/she thinks someone is angry with him/her	Never	Sometimes	Often	Always
9	My child worries about being away from me	Never	Sometimes	Often	Always
10	My child is bothered by bad or silly thoughts or pictures in his/her mind	Never	Sometimes	Often	Always
11	My child has trouble sleeping	Never	Sometimes	Often	Always
12	My child worries about doing badly at school work	Never	Sometimes	Often	Always
13	My child worries that something awful will happen to someone in the family	Never	Sometimes	Often	Always
14	My child suddenly feels as if he/she can't breathe when there is no reason for this	Never	Sometimes	Often	Always
15	My child has problems with his/her appetite	Never	Sometimes	Often	Always
16	My child has to keep checking that he/she has done things right (like the switch is off, or the door is locked)	Never	Sometimes	Often	Always
17	My child feels scared to sleep on his/her own	Never	Sometimes	Often	Always
18	My child has trouble going to school in the mornings because of feeling nervous or afraid	Never	Sometimes	Often	Always
19	My child has no energy for things	Never	Sometimes	Often	Always
20	My child worries about looking foolish	Never	Sometimes	Often	Always

21	My child is tired a lot	Never	Sometimes	Often	Always
22	My child worries that bad things will happen to him/her	Never	Sometimes	Often	Always
23	My child can't seem to get bad or silly thoughts out of his/her head	Never	Sometimes	Often	Always
24	When my child has a problem, his/her heart beats really fast	Never	Sometimes	Often	Always
25	My child cannot think clearly	Never	Sometimes	Often	Always

26	My child suddenly starts to tremble or shake when there is no reason for this	Never	Sometimes	Often	Always
27	My child worries that something bad will happen to him/her	Never	Sometimes	Often	Always
28	When my child has a problem, he/she feels shaky	Never	Sometimes	Often	Always
29	My child feels worthless	Never	Sometimes	Often	Always
30	My child worries about making mistakes	Never	Sometimes	Often	Always

31	My child has to think of special thoughts (like numbers or words) to stop bad things from happening	Never	Sometimes	Often	Always
32	My child worries what other people think of him/her	Never	Sometimes	Often	Always
33	My child is afraid of being in crowded places (like shopping centers, the movies, buses, busy playgrounds)	Never	Sometimes	Often	Always
34	All of a sudden my child will feel really scared for no reason at all	Never	Sometimes	Often	Always
35	My child worries about what is going to happen	Never	Sometimes	Often	Always

36	My child suddenly becomes dizzy or faint when there is no reason for this	Never	Sometimes	Often	Always
37	My child thinks about death	Never	Sometimes	Often	Always
38	My child feels afraid if he/she has to talk in front of the class	Never	Sometimes	Often	Always
39	My child's heart suddenly starts to beat too quickly for no reason	Never	Sometimes	Often	Always
40	My child feels like he/she doesn't want to move	Never	Sometimes	Often	Always

41	My child worries that he/she will suddenly get a scared feeling when there is nothing to be afraid of	Never	Sometimes	Often	Always
42	My child has to do some things over and over again (like washing hands, cleaning, or putting things in a certain order)	Never	Sometimes	Often	Always
43	My child feels afraid that he/she will make a fool of him/herself in front of people	Never	Sometimes	Often	Always
44	My child has to do some things in just the right way to stop bad things from happening	Never	Sometimes	Often	Always
45	My child worries when in bed at night	Never	Sometimes	Often	Always
46	My child would feel scared if he/she had to stay away from home overnight	Never	Sometimes	Often	Always
47	My child feels restless	Never	Sometimes	Often	Always



# RCADS

NHS ID: .....

Child/ Young Person's NAME:

Matthew

Date: 00 / 00 / 2000

Time: 00 h 00 m

Please put a circle around the word that shows how often each of these things happens to you. There are no right or wrong answers.

1	I worry about things	Never	Sometimes	Often	Always
2	I feel sad or empty	Never	Sometimes	Often	Always
3	When I have a problem, I get a funny feeling in my stomach	Never	Sometimes	Often	Always
4	I worry when I think I have done poorly at something	Never	Sometimes	Often	Always
5	I would feel afraid of being on my own at home	Never	Sometimes	Often	Always

6	Nothing is much fun anymore	Never	Sometimes	Often	Always
7	I feel scared when I have to take a test	Never	Sometimes	Often	Always
8	I feel worried when I think someone is angry with me	Never	Sometimes	Often	Always
9	I worry about being away from my parent	Never	Sometimes	Often	Always
10	I am bothered by bad or silly thoughts or pictures in my mind	Never	Sometimes	Often	Always

11	I have trouble sleeping	Never	Sometimes	Often	Always
12	I worry that I will do badly at my school work	Never	Sometimes	Often	Always
13	I worry that something awful will happen to someone in my family	Never	Sometimes	Often	Always
14	I suddenly feel as if I can't breathe when there is no reason for this	Never	Sometimes	Often	Always
15	I have problems with my appetite	Never	Sometimes	Often	Always

16	I have to keep checking that I have done things right (like the switch is off, or the door is locked)	Never	Sometimes	Often	Always
17	I feel scared if I have to sleep on my own	Never	Sometimes	Often	Always
18	I have trouble going to school in the mornings because I feel nervous or afraid	Never	Sometimes	Often	Always
19	I have no energy for things	Never	Sometimes	Often	Always
20	I worry I might look foolish	Never	Sometimes	Often	Always

21	I am tired a lot	Never	Sometimes	Often	Always
22	I worry that bad things will happen to me	Never	Sometimes	Often	Always
23	I can't seem to get bad or silly thoughts out of my head	Never	Sometimes	Often	Always
24	When I have a problem, my heart beats really fast	Never	Sometimes	Often	Always
25	I cannot think clearly	Never	Sometimes	Often	Always

26	I suddenly start to tremble or shake when there is no reason for this	Never	Sometimes	Often	Always
27	I worry that something bad will happen to me	Never	Sometimes	Often	Always
28	When I have a problem, I feel shaky	Never	Sometimes	Often	Always
29	I feel worthless	Never	Sometimes	Often	Always
30	I worry about making mistakes	Never	Sometimes	Often	Always

31	I have to think of special thoughts (like numbers or words) to stop bad things from happening	Never	Sometimes	Often	Always
32	I worry what other people think of me	Never	Sometimes	Often	Always
33	I am afraid of being in crowded places (like shopping centers, the movies, buses, busy playgrounds)	Never	Sometimes	Often	Always
34	All of a sudden I feel really scared for no reason at all	Never	Sometimes	Often	Always
35	I worry about what is going to happen	Never	Sometimes	Often	Always

36	I suddenly become dizzy or faint when there is no reason for this	Never	Sometimes	Often	Always
37	I think about death	Never	Sometimes	Often	Always
38	I feel afraid if I have to talk in front of my class	Never	Sometimes	Often	Always
39	My heart suddenly starts to beat too quickly for no reason	Never	Sometimes	Often	Always
40	I feel like I don't want to move	Never	Sometimes	Often	Always

41	I worry that I will suddenly get a scared feeling when there is nothing to be afraid of	Never	Sometimes	Often	Always
42	I have to do some things over and over again (like washing my hands, cleaning or putting things in a certain order)	Never	Sometimes	Often	Always
43	I feel afraid that I will make a fool of myself in front of people	Never	Sometimes	Often	Always
44	I have to do some things in just the right way to stop bad things from happening	Never	Sometimes	Often	Always
45	I worry when I go to bed at night	Never	Sometimes	Often	Always
46	I would feel scared if I had to stay away from home overnight	Never	Sometimes	Often	Always
47	I feel restless	Never	Sometimes	Often	Always



## Strengths and Difficulties Questionnaire

P 4-16

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of the child's behaviour over the last six months.

Child's Name ..... Matthew .....

Male/Female

Date of Birth..... age 9 .....

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Often complains of headaches, stomach-aches or sickness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other children (treats, toys, pencils etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Often has temper tantrums or hot tempers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rather solitary, tends to play alone	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally obedient, usually does what adults request	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries, often seems worried	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Often fights with other children or bullies them	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, down-hearted or tearful	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Nervous or clingy in new situations, easily loses confidence	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind to younger children	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Picked on or bullied by other children	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Thinks things out before acting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Steals from home, school or elsewhere	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets on better with adults than with other children	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many fears, easily scared	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sees tasks through to the end, good attention span	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Do you have any other comments or concerns?

**Please turn over - there are a few more questions on the other side**

Overall, do you think that your child has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

No	Yes-minor difficulties	Yes-definite difficulties	Yes-severe difficulties
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you have answered "Yes", please answer the following questions about these difficulties:

- How long have these difficulties been present?

Less than a month	1-5 months	6-12 months	Over a year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

- Do the difficulties upset or distress your child?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties interfere with your child's everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
HOME LIFE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
FRIENDSHIPS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLASSROOM LEARNING	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
LEISURE ACTIVITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties put a burden on you or the family as a whole?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Signature .....

Date .....

Mother/Father/Other (please specify): *Mum*

**Thank you very much for your help**

© Robert Goodman, 2005

# View Vignette 1: Matthew – Completed Current View

## Current View

CYP Name *Matthew (worked Ex 1)*

Practitioner's Name .....

Please indicate your reason for completing this form:

DOB: *age 9*

Practitioner's ID .....

First Contact

NHS ID: .....

Service Allocated Case Id .....

Changed Situation

Changed Understanding

Date: / / 20

Time:  h  m

Provisional Problem Description	None	Mild	Moderate	Severe	Not known
Rating need not imply a diagnosis					
1 Anxious away from caregivers (Separation anxiety)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Anxious in social situations (Social anxiety/phobia)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Anxious generally (Generalized anxiety)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Compelled to do or think things (OCD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Panics (Panic disorder)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Avoids going out (Agoraphobia)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Avoids specific things (Specific phobia)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Repetitive problematic behaviours (Habit problems)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Depression/low mood (Depression)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Self-Harm (Self injury or self-harm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11 Extremes of mood (Bipolar disorder)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Delusional beliefs and hallucinations (Psychosis)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Drug and alcohol difficulties (Substance abuse)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Difficulties sitting still or concentrating (ADHD/Hyperactivity)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Behavioural difficulties (CD or ODD)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Poses risk to others	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Carer management of CYP behaviour (e.g., management of child)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Doesn't get to toilet in time (Elimination problems)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Disturbed by traumatic event (PTSD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 Eating issues (Anorexia/Bulimia)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 Family relationship difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 Problems in attachment to parent/carers (Attachment problems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
23 Peer relationship difficulties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 Persistent difficulties managing relationships with others (includes emerging personality disorder)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 Does not speak (Selective mutism)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26 Gender discomfort issues (Gender identity disorder)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27 Unexplained physical symptoms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28 Unexplained developmental difficulties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 Self-care Issues (includes medical care management, obesity)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30 Adjustment to health issues	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SELECTED COMPLEXITY FACTORS	Yes	No	Not known
1 Looked after child	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Young carer status	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Learning disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4 Serious physical health issues (including chronic fatigue)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 Pervasive Developmental Disorders (Autism/Asperger's)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6 Neurological issues (e.g. Tics or Tourette's)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7 Current protection plan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8 Deemed "child in need" of social service input	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9 Refugee or asylum seeker	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10 Experience of war, torture or trafficking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11 Experience of abuse or neglect	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 Parental health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Contact with Youth Justice System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14 Living in financial difficulty	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

CONTEXTUAL PROBLEMS					
	None	Mild	Moderate	Severe	Not known
HOME	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCHOOL WORK or TRAINING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNITY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SERVICE ENGAGEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDUCATION/EMPLOYMENT/TRAINING					
ATTENDANCE DIFFICULTIES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATTAINMENT DIFFICULTIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Vignette 1: Matthew - Explanations of Ratings

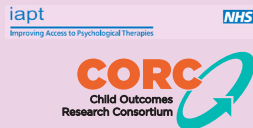
PRESENTING PROBLEM	Rating	Explanation
Anxious away from caregivers Anxious in social situations Anxious generally Compelled to do or think things Panics	NONE	No indication from assessment and RCADS indicated no difficulties on separation anxiety, social phobia Generalized anxiety, OCD or panic subscales.
Avoids going out Avoids specific things	NONE	No indication from assessment, although not specifically covered by RCADS or SDQ, no problems attending school and no mention of any specific fears.
Repetitive problematic behaviours	NONE	No indication from assessment and can make a clinical judgement – decision based on presentation, age and prevalence.
Depression	NONE	No indication from assessment and RCADS indicate no difficulties on the major depression scale.
Self-harm	NOT KNOWN	Did not ask in this session but plan to assess at a later date.
Extremes of mood Delusional beliefs and hallucinations	NONE	No indication from assessment. Can make a clinical judgement based on presentation, age and prevalence and low scores on SDQ emotional scale and RCADS major depression scale. Can also make inferences from answers to specific items on RCADS (e.g. 'never' to RCADS questions such as 'can't seem to get bad or silly thoughts out of head').
Drug and alcohol difficulties	NONE	No indication from assessment. Can make a clinical judgement based on the likelihood of this having been mentioned if present, particularly given his age.
Difficulties sitting still or concentrating	MODERATE	Identified positively in two domains (home and school). Noticeable problems during assessment meeting. Not severe because he is able to take part in school and friendships. Moderate level of difficulties indicated by Parent SDQ.
Behavioural difficulties	MODERATE	Difficulties only in one domain (is ok at school), however level of disruption and distress at home is quite high. This is backed up by Parent SDQ scores on behavioural scale.
Poses risk to others	MILD	Only happens in one domain (home). No indication of violence or aggression at school: he 'is well liked by other CYP' – this is unlikely to be the case if his behaviour was violent or aggressive.

PRESENTING PROBLEM	Rating	Explanation
Carer management of CYP behaviour	MODERATE	Moderate due to mother's ongoing distress in several contexts (and increasing avoidance of activities outside the home).
Doesn't get to toilet in time	NONE	No indication from assessment. Can make a clinical judgement in this case – decision based on presentation, age and prevalence.
Disturbed by traumatic event	NONE	No indication from assessment to suggest a trauma has occurred. Although difficulties are progressively worsening, there is no indication of having been a specific event that triggered a change in behaviour.
Eating issues	NONE	No indication from assessment. Can make a clinical judgement based on appearance, age and prevalence.
Family relationship difficulties	MODERATE	Level of disruption and distress at home are quite high resulting in frequent conflict, upset and avoidance.
Problems in attachment to parent/carers	NOT KNOWN	Not enough information from assessment so may need further query.
Peer relationship difficulties	NONE	No indication of difficulties at school, ('well liked by other children'). No difficulties on Peer problems scale on Parent SDQ.
Persistent difficulties managing relationships with others (includes emerging personality disorder) Selective mutism Gender discomfort	NONE	No indication from assessment. Can make a clinical based on appearance, age and prevalence.
Unexplained physical symptoms Unexplained developmental difficulties Self-care issues Adjustment to health issues	NONE	No indication from assessment. Can make a clinical judgement based on presentation, age and prevalence.

COMPLEXITY FACTORS	Rating	Explanation
Parent Health	NOT KNOWN	Mother appeared stressed and tearful. Further assessment needed.

CONTEXTUAL PROBLEMS	Rating	Explanation
Home	NONE	None identified at assessment – disruption at home appears to surround Matthew’s behaviour – only rate here problems that are external to the CYP.
School, work or training	NONE	No indication at assessment. Teacher report that all is ‘OK’.
Community	NONE	None identified at assessment, able to make clinical judgment.
Service engagement	NONE	Brought to assessment by parents – no apparent problems accessing service, no other impediments to appropriate levels of service engagement were identified.

EDUCATION/ EMPLOYMENT/ TRAINING	Rating	Explanation
Attendance difficulties	NONE	Not specifically discussed, assumption based on clinical judgement from conversations around school. Mum and Dad both work and did not mention having to stay home often to look after M because he’s off school.
Attainment difficulties	NOT KNOWN	Although teacher says work is “OK”, it may be that Matthew’s concentration difficulties mean he is not achieving his full potential. Reserve judgment until after further assessment.



## **CAMHS EBP Unit – The Child and Adolescent Mental Health Services Evidence-Based Practice Unit**

CAMHS EBP Unit, at the Anna Freud Centre and UCL, bridges the worlds of academic research and mental health practice, whether in clinics, schools or elsewhere. We develop and share the latest evidence with mental health professionals who want to reflect on and improve the support they provide to children, young people and their families. Our unit brings together researchers, clinicians, statisticians, graphic designers and trainers. We work with front line practitioners, service users, service managers, commissioners, policy makers and others to improve service provision by shining a light on current practice. The EBP Unit draws on and contributes to the latest research, and develops practical tools, training and information.

Contact EBP Unit by email: [EBPU@annafreud.org](mailto:EBPU@annafreud.org)

EBPU website: <http://www.ucl.ac.uk/clinical-psychology/EBPU>

## **CORC- CAMHS Outcomes Research Consortium**

CORC is a learning collaboration of mental health professionals dedicated to improve the quality of CAMHS nationwide. Every year over a quarter of a million children, young people and their carers attend Child and Adolescent Mental Health Services (CAMHS) in the UK. CORC wants to understand what helps them best. Over 70 member services across the UK and Scandinavia committed to ensuring that young people and their families receive the best help possible. CORC trains CAMHS professionals in how to use outcome data by offering free training to members, consultancy to interested parties and advise to government.

Contact CORC by email: [CORC@annafreud.org](mailto:CORC@annafreud.org)

CORC website: <http://www.corc.uk.net/>

## **CAMHS Payment by Results Pilot Project**

CAMHS PbR is funded by DH and will run until late 2014. The aim of the CAMHS PbR project is to develop a system by which payment for CAMHS can be determined according to need, as indicated by resource use and outcomes.

The pilot project involves working with 22 sites across England to gather data and explore how Payment by Results might be implemented for Child and Adolescent Mental Health Services. The data collected from this phase will be analysed to help inform the next phase of the project, which includes the development of an algorithm for clustering.

Contact CAMHS PbR Pilot Project by email: [pbrcamhs@annafreud.org](mailto:pbrcamhs@annafreud.org)

CAMHS PbR website: [www.pbrcamhs.org](http://www.pbrcamhs.org)

## **The Children and Young People's (CYP) IAPT Project**

CYP IAPT Project is a Service Transformation Project for Child and Adolescent Mental Health Services (CAMHS). The focus of CYP IAPT is on extending training to staff and service managers in CAMHS and embedding evidence based practice across services, making sure that the whole service, not just the trainee therapists, use session by session outcome monitoring.

CYP IAPT website: <http://www.iapt.nhs.uk/cyp-iapt/>

**SELECTED COMPLEXITY FACTORS**

	Yes	No	Not known
1 Looked after child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Young carer status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Learning disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Serious physical health issues (including chronic fatigue)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Pervasive Developmental Disorders (Autism/ Aspergers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Neurological issues (e.g. Tics or Tourette's)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Current protection plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Deemed "child in need" of social service input	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Refugee or asylum seeker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Experience of war, torture or trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Experience of abuse or neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Parental health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Contact with Youth Justice System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Living in financial difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**CONTEXTUAL PROBLEMS**

	None	Mild	Moderate	Severe	Not known
HOME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCHOOL, WORK or TRAINING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SERVICE ENGAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>EDUCATION/EMPLOYMENT/TRAINING</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATTENDANCE DIFFICULTIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATTAINMENT DIFFICULTIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>