

NAME:

DATE:

COMPLETED BY:

CAMHS-AID Child and Adolescent Mental Health Services Assessment of Inpatient Dependency v.5 (Non Forensic Version)

Instructions For each item, please tick **one** white box next to the most appropriate dependency level that best describes the young person you are rating. Read the completion notes below each item before making your choice.

S.) Intensity of supervision

1) Vulnerability to the effect of others	General	Example	Tick
	Behaviour not influenced by others above what would be expected within normal limits		0 <input type="checkbox"/>
	Risk that behaviour will be influenced by others	e.g. may be bullied; may be encouraged to steal, may copy negative behaviour of others, may be influenced by other's sexualised behaviour	2 <input type="checkbox"/>
	Severe risk that behaviour will be influenced by others	e.g. very likely to be a target for bullying; very likely to be encouraged to steal, very likely to copy negative behaviour of others, very likely to become a victim of other's sexualised behaviour	4 <input type="checkbox"/>
N.B.: Include the intensification of presenting problems, due to the influence of other's behaviours on the young person. Consider young people with learning difficulties, young for years, poor self-esteem and those at risk of bullying, being easily led, inappropriate sexual behaviours etc.			

2) Risk of sexual activity	General	Example	Tick
	No risk of sexual activity		0 <input type="checkbox"/>
	Risk of sexual activity	e.g. Minor history of promiscuous or socially or culturally unacceptable sexual activity, or having been abused	2 <input type="checkbox"/>
	Severe risk of sexual activity	e.g. Substantial history of promiscuous or socially or culturally unacceptable behaviour, or having been sexually abused	4 <input type="checkbox"/>
N.B.: Include any likelihood of sexual activity with others or overt masturbation. Consider disinhibition, sexual history, age and stage of sexual development, abuse, sexual aggression, sexualised speech etc.			

3) Safety of Self	General	Example	Tick
	Able to maintain own safety / risk of engaging in dangerous behaviour within normal limits		0 <input type="checkbox"/>
	Minimal risk of engaging in dangerous behaviour	e.g. general clumsiness and lack of spatial awareness	1 <input type="checkbox"/>
	Moderate risk of engaging in dangerous behaviour	e.g. lack of awareness of hot objects, temperature of bath water etc., approaches unfamiliar adults without appreciation of potential threat	2 <input type="checkbox"/>
	Severe risk of engaging in dangerous behaviour	e.g. dangerous behaviour to self around playground equipment, craft equipment, limited road safety awareness	3 <input type="checkbox"/>
	Very severe risk of engaging in dangerous behaviour	e.g. inserting objects in electrical sockets, ingestion of noxious substances	4 <input type="checkbox"/>
N.B.: Rate most extreme example of behaviour, e.g. if young person has limited road safety and ingests noxious substances, Include learning disabled young people, developmental level, age, altered perception, ADHD, ADD, pica .			

4) Antisocial behaviour	General	Example	Tick
	No risk/history of antisocial behaviour		0 <input type="checkbox"/>
	Minimal risk/history of antisocial behaviour	e.g. disrespect of others' opinions, dislike of authority	1 <input type="checkbox"/>
	Moderate risk/history of antisocial behaviour	e.g. disrespect of others' belongings/property; production of graffiti	2 <input type="checkbox"/>
	Moderate risk/history of antisocial behaviour	e.g. verbal abuse; severe environmental damage	3 <input type="checkbox"/>
	Very high risk/history of antisocial behaviour	e.g. physically abusive; fire setting	4 <input type="checkbox"/>
N.B.: To rate this item, consider the extent of verbal aggression, graffiti, environmental damage, fire setting, etc.			

5) Absconding risk	General	Tick
	No risk of absconding	0 <input type="checkbox"/>
	Minimal risk of absconding	2 <input type="checkbox"/>
	Severe risk of absconding	4 <input type="checkbox"/>

6) Aggression from child	General	Example	Tick
	No risk/history of aggression		0 <input type="checkbox"/>
	Minimal risk/history of aggression	e.g. lashes out with no intent to harm; verbal aggression	1 <input type="checkbox"/>
	Moderate risk/history of aggression	e.g. kicks, hits, punches, spits, pinches with intent to harm	2 <input type="checkbox"/>
	High risk/history of aggression	e.g. frequently damages property; some prolonged physically aggressive episodes	3 <input type="checkbox"/>
	Very high risk/history of aggression	e.g. prolonged, frequent physical aggression or the victim requires medical intervention	4 <input type="checkbox"/>
<i>N.B.: Consider frequency, context and intensity</i>			

7) Disordered eating	General	Specific	Tick
	No additional supervision required to prevent behaviours		0 <input type="checkbox"/>
	Moderate supervision required to prevent behaviours	Behaviours occur up to five times a day	2 <input type="checkbox"/>
	Frequent supervision required to prevent behaviours	Behaviours occur over five times a day	4 <input type="checkbox"/>
<i>N.B.: Do not include factors that would pertain to nutritional needs. Include supervision required to prevent food secretion during meals, vomiting or excessive exercising between meals, to prevent overeating.</i>			

8) Increased supervision needs due to limitations in accessing the ward school	General	Example	Tick
	No increased supervision necessary		0 <input type="checkbox"/>
	May require additional supervision	e.g. fluctuating levels of behavioural disturbance	2 <input type="checkbox"/>
	Very likely to require additional supervision or not feasible/possible to attend ward school due to difficult behaviours/severity of illness	e.g. severe behavioural disturbance even in a structured setting, severe risk of absconding, floridly psychotic	4 <input type="checkbox"/>
<i>N.B.: Include times when staff must spend time with young person in school in addition to school staff to handle difficult behaviours that cannot be controlled and also where the young person is too ill to attend school.</i>			

9) Investigations requiring nursing supervision	General	Specific	Example	Tick
	A) No investigations necessary.			0 <input type="checkbox"/>
	B) General investigations to be conducted with nursing supervision	Needing up to ten minutes a week	e.g. blood tests, escorting to departments	1 <input type="checkbox"/>
	C) Specialist (see specific) investigations to be conducted with nursing supervision	Needing from ten minutes to one hour a week	e.g. routine EEG, blood tests requiring anxiety reduction	2 <input type="checkbox"/>
	D) Specialist (see specific) investigations to be conducted with nursing supervision	Needing up to four hours a week	e.g. MRI under anaesthetic	3 <input type="checkbox"/>
	E) Specialist (see specific) investigations to be conducted with nursing supervision	Needing over four hours a week	e.g. twenty-four hour monitoring, transfer to specialist unit for investigation	4 <input type="checkbox"/>
<i>N.B.: To rate this item, consider time taken to escort to and from investigations, as well as supervision during the investigation.</i>				
<i>Definition: nursing supervision = accompanying required for investigations</i>				

10) Ability to attend ward outings	General	Specific	Tick
		The probability of being excluded due to poor/disruptive/challenging behaviour or health constraints is:	
	Able to attend ward outings	Unlikely	0 <input type="checkbox"/>
	Sometimes unable to attend ward outings	Quite likely	2 <input type="checkbox"/>
	Usually unable to attend ward outings	Very likely	4 <input type="checkbox"/>
<i>N.B.: To rate this item, consider when behaviour or presentation is such that the young person cannot go on ward trips (e.g. shopping, the park, the zoo), so that more staff are required to look after that person.</i>			

11) Substance misuse	General	Specific	Tick
	No evidence of substance misuse		0 <input type="checkbox"/>
	Evidence of infrequent use with no impairment of functioning	e.g. experimentation, previous history of misuse	1 <input type="checkbox"/>
	Evidence of frequent use with no impairment of functioning	e.g. frequent recreational use in a social context	2 <input type="checkbox"/>
	Evidence of frequent use with impairment of functioning	e.g. some reliance	3 <input type="checkbox"/>
	Evidence of heavy use with severe impairment of functioning	e.g. marked reliance	4 <input type="checkbox"/>
N.B.: Include solvents, drugs, laxatives, diuretics. Definitions: Social context = a group of young people meeting for social activity, but not where substance misuse is the main purpose of meeting Impairment of functioning = affecting school attendance, social behaviour, peer groups etc.			

12) Deliberate self harm, compulsive or self injurious behaviour	General	Specific	Tick
	No risk of deliberate self harm or self injurious behaviour		0 <input type="checkbox"/>
	Evidence that deliberate self harm or self injurious behaviour has occurred but is currently resolved	Up to three previous experiences	1 <input type="checkbox"/>
	Evidence of minimal deliberate self harm or self injurious behaviour	Up to once a month	2 <input type="checkbox"/>
	Evidence of moderate deliberate self harm or self injurious behaviour	Up to three times a week or a suicide attempt	3 <input type="checkbox"/>
	Evidence of frequent deliberate self harm or self injurious behaviour	More than three times a week or multiple suicide attempts	4 <input type="checkbox"/>
N.B.: Include suicide attempts, overdose, swallowing sharp objects, object insertion, head banging, physical harm due to obsessive behaviours e.g. severe hand washing, skin picking, nail biting.			

13. Further assessment and therapeutic intervention	General	Specific	Example	Tick
	No additional therapeutic intervention or specialist assessments required			0 <input type="checkbox"/>
	Some additional therapeutic interventions and/or specialised assessments required	Up to three hours a week	e.g. parenting management advice, simple phobia intervention, one-off structured assessments	2 <input type="checkbox"/>
	Intensive additional therapeutic interventions or specialised assessments required	Over three hours a week	e.g. behaviour programme, exposure and response prevention programme, multiple/ongoing structured assessments	4 <input type="checkbox"/>
N.B.: Include all MDT involvement, ward-based therapeutic work and ward-based assessments that are over and above that usually utilised in the therapeutic milieu. Also include separation anxiety, home feeding, parenting skills etc.				

[End of Section on Intensity of Supervision]

B.) Basic needs / achieving comfort

1) Nutritional needs	General	Example	Tick
	Able to meet nutritional needs without specific dietary requirements		0 <input type="checkbox"/>
	Nutritional needs met with minimal planning and supervision	e.g. meal planning, special diets	1 <input type="checkbox"/>
	Nutritional needs met with minimal assistance	e.g. cutting up food, wiping of face and hands at meal etc	2 <input type="checkbox"/>
	Nutritional needs met with moderate assistance	e.g. constant verbal encouragement, minimal physical touch etc	3 <input type="checkbox"/>
	Nutritional needs met with intensive assistance	e.g. physical feeding either by spoon, naso-gastric tube or gastrostomy	4 <input type="checkbox"/>
N.B.: Include both eating and drinking. Exclude: spiritual or religious needs.			

2) Personal care needs	General	Specific	Example	Tick
	Fully independent in personal care			0 <input type="checkbox"/>
	Requires minimal intervention	By one person	e.g. young person is able to meet their personal care needs with a few verbal prompts and/or minimal assistance – buttons, laces	1 <input type="checkbox"/>
	Requires moderate intervention	By one person	e.g. young person able to meet personal care needs with frequent verbal prompts – can put on two garments, wash hands, recognises need to eliminate	2 <input type="checkbox"/>
	Requires intensive intervention	By one person	e.g. young person unable to meet one third of personal care needs without assistance, but able to recognise need to eliminate/attend to basic hygiene needs	3 <input type="checkbox"/>
	Requires intensive intervention	By more than one person	e.g. young person always unable to meet personal care needs and requires assistance	4 <input type="checkbox"/>
N.B.: To rate this item, consider what help a young person needs to achieve their personal care needs. Include hygiene, dressing and elimination needs and young people with encopresis and enuresis.				

3) Sleeping needs	General	Specific	Example	Tick
	Settles and sleeps without difficulty			0 <input type="checkbox"/>
	Minimal intervention required to settle to sleep	One intervention per night	e.g. bedtime story, relaxation, music	1 <input type="checkbox"/>
	Minimal and repeated interventions required to settle to sleep	Five interventions per night	e.g. bedtime story, relaxation, music	2 <input type="checkbox"/>
	Moderate intervention required to settle to sleep	Cumulative time up to 1 hour per night	e.g. requires company until asleep, or cumulative time taken through the	3 <input type="checkbox"/>
	Constant intervention required to settle and maintain sleep	Cumulative time of over 1 hour per night		4 <input type="checkbox"/>
N.B.: Include nightmares, fear of the dark, inability to remain asleep. Exclude: nursing presence necessary to maintain observation level.				

4) Mobility needs	General	Specific	Example	Tick
	Young person is able to mobilise independently.			0 <input type="checkbox"/>
	Mobilisation needing minimal intervention.	By one person	e.g. young person is mobile with facilitative assistance (may be wheel chair user), doors opened, hand held etc	1 <input type="checkbox"/>
	Mobilisation needing moderate intervention	By one person	e.g. young person is a wheel chair user, but needs assistance to transfer	2 <input type="checkbox"/>
	Mobilisation needing intensive intervention	By one person	e.g. young person is bed bound and can mobilise with assistance	3 <input type="checkbox"/>
	Mobilisation needing intensive intervention	By more than one person	e.g. young person is bed bound and unable to mobilise without assistance	4 <input type="checkbox"/>
N.B.: Include independent mobility of wheelchair users, also young people needing physical assistance to mobilise, including functional immobility, pervasive refusal syndrome and input to stimulate movement. If functional immobility is variable, then rate as most severe.				

5) Pain needs	General	Specific	Tick
	No reports of pain needing intervention		0 <input type="checkbox"/>
	Reports of pain needing minimal intervention	Up to two reports a week	1 <input type="checkbox"/>
	Reports of pain needing moderate intervention	Three to seven reports a week/Daily	2 <input type="checkbox"/>
	Reports of pain needing intensive intervention	Up to four reports a day	3 <input type="checkbox"/>
	Reports of pain needing constant intervention	Four or more reports a day	4 <input type="checkbox"/>
N.B.: Include physical and somatic pain. Definition: Interventions include distraction, reassurance and giving support.			

6) Physical health needs	General	Specific	Example	Tick
	No significant physical health needs			0 <input type="checkbox"/>
	Regular, but minimal interventions required for physical health needs	Taking up to one hour a day	e.g. blood sugar levels, dressings, peak flow monitoring	2 <input type="checkbox"/>
	Regular and significant physical health care needs	Taking over one hour a day	e.g. following general anaesthetic, post-ictal observations, pressure area care	4 <input type="checkbox"/>
N.B.: Include problems with asthma, eczema (dressings), diabetes (but not medication) stoma care, results of deliberate self-harm (include wound monitoring) or may have significant physical health needs that do not require ward-based intervention.				

7) Medication needs	General	Specific	Tick
	No medication necessary		0 <input type="checkbox"/>
	Medication needs totalling	1–3 minutes daily	1 <input type="checkbox"/>
	Medication needs totalling	3–5 minutes daily	2 <input type="checkbox"/>
	Medication needs totalling	5–15 minutes daily	3 <input type="checkbox"/>
	Medication needs totalling	Over 15 minutes daily	4 <input type="checkbox"/>
N.B.: Include preparation, administration time and subsequent monitoring e.g. temperature, pulse and blood pressure. Also include creams, bath oils, lotions, scalp preparations, inhalers, nebulisers, oxygen and all prescribed medications. Consider young persons who are prescribed multiple medications, but have good compliance or those who have few medications but poor compliance. Remember that if a young person self-medicates, nursing supervision is still necessary.			

8) Effects of bodily fluids/waste on physical environment	General	Specific	Tick
	No adverse impact on environment		0 <input type="checkbox"/>
	Rarely emits bodily fluids/waste requiring cleaning	Up to twice in last six months	1 <input type="checkbox"/>
	Occasionally emits bodily fluids/waste requiring cleaning	Up to once a month	2 <input type="checkbox"/>
	Frequently emits bodily fluids/waste requiring cleaning	Up to six times a week	3 <input type="checkbox"/>
	Extensively emits bodily fluids/waste requiring cleaning	Once a day or more	4 <input type="checkbox"/>
N.B.: Include incidents where young person emits bodily fluids/waste requiring the environment to be cleaned (including bathrooms and toilet areas). Also consider those with bulimia nervosa, younger children or those who are unskilled at using facilities appropriately. Count each incident independently e.g. spit x 2, vomit x 2 and faeces x 3 = 7.			

9) Young person's effect on physical environment	General	Specific	Example	Tick
	No adverse impact on environment			0 <input type="checkbox"/>
	Rarely creates damage to property or environment	Damage is up to twice in last six months		1 <input type="checkbox"/>
	Occasionally creates damage to property or environment	Damage is up to once a month		2 <input type="checkbox"/>
	Frequently creates damage to property or environment	Damage is once a week		3 <input type="checkbox"/>
	Creates extensive environmental damage	Damage is at any time	e.g. smashing up a room	4 <input type="checkbox"/>
N.B.: Include violent and/or aggressive or accidental incidents where property has been destroyed.				

10) Emotional / psychotic distress	General	Specific	Tick
	No significant emotional/psychotic distress		0 <input type="checkbox"/>
	Minimal distress requiring intervention	Up to one hour a day	1 <input type="checkbox"/>
	Moderate distress requiring intervention	Up to three hours a day	2 <input type="checkbox"/>
	Intensive distress requiring intervention	Between three and nine hours a day	3 <input type="checkbox"/>
	Very intensive distress requiring constant intervention	Greater than nine hours a day	4 <input type="checkbox"/>
N.B.: Include confusion, disorientation, psychotic episodes and upset caused, general high levels of emotional distress, distress caused by events and others, e.g. visiting. Exclude: distress following separation. Definition: Interventions = reassurance, containment, reality orientation etc.			

11) Separation problems	General	Specific	Example	Tick
	No separation problems or overt evidence of missing carer			0 <input type="checkbox"/>
	Separation distress requiring minimal intervention	Lasting up to five minutes daily	e.g. may sometimes show distress/miss carer at times, but is easily distracted	1 <input type="checkbox"/>
	Separation distress requiring minimal but repeated intervention.	Lasting five to fifteen minutes daily	e.g. may often show distress/miss carer at times needing distraction	2 <input type="checkbox"/>
	Separation distress requiring moderate intervention	Taking up to twenty minutes a day to calm	e.g. needing help to separate from parents/carers. Young person shows high levels of distress following separation	3 <input type="checkbox"/>
	Separation anxiety requiring intensive intervention	Taking young person over twenty minutes a day to calm	e.g. needing help to physically separate adult and child leading to high levels of distress	4 <input type="checkbox"/>
N.B.: Include separation problems and distress of young people rejected by carer/s. Definition: Intervention = comforting, distraction etc.				

12) Resistance to returning home	General	Specific	Example	Tick
	No problems surrounding going home			0 <input type="checkbox"/>
	Requires minimal support to facilitate going home	Taking up to five minutes	e.g. gentle persuasion at time of departure	1 <input type="checkbox"/>
	Requires moderate support and encouragement to facilitate going home	Taking five to fifteen minutes	e.g. more prolonged persuasion at time of departure	2 <input type="checkbox"/>
	Requires intensive support and encouragement to facilitate going home	Taking fifteen to thirty minutes	e.g. discussion with young person prior to leave	3 <input type="checkbox"/>
	Requires constant support and encouragement to facilitate going home	Taking over thirty minutes	e.g. frequent discussion and preparation prior to leave	4 <input type="checkbox"/>
Definition: Difficulties in returning to home environment.				

13) Spiritual needs/religious beliefs	General	Specific	Example	Tick
	No support required to maintain spiritual needs/religious beliefs			0 <input type="checkbox"/>
	Requires minimal support to maintain spiritual needs/religious beliefs	Up to one hour a week	e.g. preparing for prayer, attending religious service	2 <input type="checkbox"/>
	Requires significant support to maintain spiritual needs/religious beliefs	Over one hour a week	e.g. attending religious services	4 <input type="checkbox"/>
NB: Consider where alternative arrangements may be necessary around religious festivals being celebrated on the ward. Exclude: dietary needs.				

14) Ability to utilise free time independently	General	Specific	Tick
	Able to facilitate own recreation or effectively utilises free time		0 <input type="checkbox"/>
	Requires minimal encouragement to facilitate own recreation or utilise free time	Up to a total of one hour a day	1 <input type="checkbox"/>
	Requires moderate encouragement to facilitate own recreation or utilise free time	Between one and two hours a day	2 <input type="checkbox"/>
	Requires intensive encouragement to facilitate own recreation or utilise free time	Between two and four hours a day	3 <input type="checkbox"/>
	Requires frequent encouragement to facilitate own recreation or utilise free time	Totalling over four hours a day	4 <input type="checkbox"/>
N.B.: Inability to provide self-entertainment during free time, such as psychoses, no hobbies, limited concentration, age. Definition: Encouragement = interaction between carer/nurse and young person.			

15) Ability to access structured activity	General	Tick
	Able to engage with structured activities	0 <input type="checkbox"/>
	Young person able to engage in a structured activity with minimal support or encouragement to bring back to task	1 <input type="checkbox"/>
	Young person able to engage in about half of a structured activity without support or encouragement to bring back to task	2 <input type="checkbox"/>
	Young person only able to engage in a structured activity with support or encouragement for the majority of the task	3 <input type="checkbox"/>
	Young person unable to engage in structured activities	4 <input type="checkbox"/>
<p>N.B.: Include psychoses, autistic spectrum disorder, oppositional behaviour, problems in regulating attention.</p> <p>To rate this item, consider what proportion of an age/developmental level appropriate task they can engage in without extra support to bring them back to task.</p> <p>Rate a structured activity that has not been chosen by the young person.</p> <p>Definition: Structured activity = task appropriate to developmental age and level.</p>		

[End of Section on **Basic Needs/Achieving Comfort.**]

C.) Social communication (including effect on the group)

1) Social Interactions	General	Specific	Tick
	No problems with social interactions		0 <input type="checkbox"/>
	Minimal nursing presence necessary needed to promote social well-being in peer group situations	Up to once a week	1 <input type="checkbox"/>
	Moderate nursing presence necessary needed to promote social well-being in peer group situations	Up to three times a week	2 <input type="checkbox"/>
	Frequent nursing presence necessary needed to promote social well-being in peer group situations	Daily	3 <input type="checkbox"/>
	Constant nursing presence necessary needed to promote social well-being in peer group situations	All interactions	4 <input type="checkbox"/>
<p>N.B.: Effect on group of young person being a member. To rate this item, consider young person who is withdrawn, exhibits impulsive behaviours, over enthusiasm to exclusion of others.</p> <p>If young person is separated from the group (due to safety of group), rate as 4.</p>			

2) Language problems – expressive and receptive	General	Specific	Example	Tick
	No language problems	Young person able to engage in a conversation		0 <input type="checkbox"/>
	Minimal language difficulties apparent	Young person able to engage in a conversation with minimal support needed to understand or be understood	e.g. need to avoid ambiguous terms due to literal translation, young person uses odd phrases or has odd voice characteristics	1 <input type="checkbox"/>
	Moderate language difficulties apparent	Young person able to engage in a conversation with moderate support needed to understand or be understood	e.g. patient has very basic English as a second language, requires interpreter for individual/therapeutic work	2 <input type="checkbox"/>
	Severe language difficulties apparent	Young person able to engage in a conversation with extensive support needed to understand or be understood	e.g. requires use of MAKATON, BSL or similar communication systems	3 <input type="checkbox"/>
	No expressive or receptive English language ability	Young person unable to engage in a conversation		4 <input type="checkbox"/>
<p>NB: Include specific language difficulties due to global developmental delay, English as a second language, hearing impaired, learning difficulties.</p> <p>Score 0, where the interpreter is needed and available all the time.</p>				

3) Manipulation of others	General	Specific	Tick
	Within normal limits	0-5%	0 <input type="checkbox"/>
	Rarely exhibits manipulative behaviour	5-15%	1 <input type="checkbox"/>
	Occasionally exhibits manipulative behaviour	15-30%	2 <input type="checkbox"/>
	Frequently exhibits manipulative behaviour	30-50%	3 <input type="checkbox"/>
	Constantly exhibits manipulative behaviour	50-100%	4 <input type="checkbox"/>
<p>N.B.: This is the sense of the extent of a young person's deviant strategies to meet their own ends/get what they want (e.g. lying, playing one person off against another, blackmail, apportioning blame etc.)</p> <p>To rate this item, consider the percentage of the young person's interactions that include manipulation of children and young people, staff and parents/guardians</p>			

4) Stage of sexual development	General	Tick
	Not sexually active	0 <input type="checkbox"/>
	Not sexually active but exposes themselves or inappropriately talks about sexual issues/matters in a group setting	2 <input type="checkbox"/>
	Sexually active – likely that the young person will actively seek sexual gratification or make sexual advances towards someone else	4 <input type="checkbox"/>
N.B.: To rate this item, consider the effect of appropriate or inappropriate sexual behaviour on the dynamic of the group/ward.		

5) Development level – including young for years	General	Specific	Tick
	Developmental level appropriate to chronological age	Normal/borderline intellectual/adaptive functioning	0 <input type="checkbox"/>
	Developmental level somewhat below chronological age	Intellectual/adaptive functioning in mild/moderate range	2 <input type="checkbox"/>
	Developmental level significantly below chronological	Intellectual/adaptive functioning in moderate/profound	4 <input type="checkbox"/>
N.B.: To rate this item, consider the cognitive and adaptive level of functioning of the young person.			

6) Aggression: effect on group dynamics	General	Specific	Tick
	Within normal range	0-5%	0 <input type="checkbox"/>
	Threat of aggression likely to cause minimal impairment to group dynamics	5-15%	1 <input type="checkbox"/>
	Threat of aggression likely to cause moderate impairment to group dynamics	15-30%	2 <input type="checkbox"/>
	Threat likely to cause severe impairment to group dynamics	30-50%	3 <input type="checkbox"/>
	Threat likely to cause constant impairment to group dynamics	50-100%	4 <input type="checkbox"/>
<p>N.B.: Include verbal, physical or sexual aggression, even when the aggression self-directed.</p> <p>To rate this item, consider the percentage of times the young person is likely to be aggressive in all their interactions.</p>			

7) Other factors of the young person's presentation that may impact on group dynamics	General	Specific	Tick
	No perceived impact		0 <input type="checkbox"/>
	Young person's presentation creates minimal impact on group interactions	e.g. wearing the same clothes everyday	1 <input type="checkbox"/>
	Young person's presentation creates moderate impact on group interactions	e.g. poor personal hygiene, slight tics, epileptic attacks	2 <input type="checkbox"/>
	Young person's presentation creates severe impact on group interactions	e.g. very poor personal hygiene, tics	3 <input type="checkbox"/>
	Young person's presentation creates constant impact on group interactions	e.g. severe soilers, severe motor and/or phonic tics, severe disfigurement	4 <input type="checkbox"/>
N.B.: To rate this item, consider physical appearance, physical movements, body odours or other factors (not already mentioned in module), which might alienate the young person within a group.			

Please state the particular area(s) for concern:

[End of Section on **Social Communication (including Effect on the Group)**]

A.) Working with family / carers and agencies away from the ward / hospital

1) Child protection concerns	General	Tick
	No abuse documented or suspected as ongoing risk	0 <input type="checkbox"/>
	Suspicion of previous/ongoing abuse, or actual child protection proceedings completed	2 <input type="checkbox"/>
	Definite abuse and ongoing child protection proceedings	4 <input type="checkbox"/>

2) Communication / interpreting services	General	Specific	Tick
	No need for interpreter		0 <input type="checkbox"/>
	Young person/family need some assistance from interpreter	e.g. standard arrangements necessary for interpreting services	2 <input type="checkbox"/>
	Young person/family need intensive interpreter assistance	e.g. intensive and frequent arrangements for preparation, briefing, debriefing etc.	4 <input type="checkbox"/>
	<i>N.B.: To rate this item, consider both the intensity and frequency of liaison with interpreting services. Include foreign language interpreters, BSL, MAKATON etc.</i>		

3) Transport arrangements	General	Specific	Tick
	No arrangements necessary for transport	Family can meet transport needs independently	0 <input type="checkbox"/>
	Some transport arrangements necessary	Family have some independent transport, but require some needs to be met by hospital	2 <input type="checkbox"/>
	Constant arrangements necessary for young person/family transportation	Family have no independent transport and require all such needs to be arranged for them	4 <input type="checkbox"/>

4) Local school liaison	General	Specific	Tick
	No liaison necessary		0 <input type="checkbox"/>
	Minimal Liaison necessary	e.g. reintegration can be generated at review/discharge meeting and actioned by school alone	1 <input type="checkbox"/>
	Moderate liaison necessary	e.g. reintegration can be generated at review/discharge meeting and actioned by school, but requires input/support from nursing staff	2 <input type="checkbox"/>
	Intensive liaison necessary	e.g. reintegration programme actioned with active and ongoing support, accompanying the child, supporting teaching staff in utilizing behaviour management etc.	3 <input type="checkbox"/>
	Very intensive liaison necessary	e.g. integration into specialist or residential school requiring intensive liaison and visits	4 <input type="checkbox"/>

5) Mobility arrangements	General	Specific	Tick
	No arrangements necessary for young person's mobility		0 <input type="checkbox"/>
	Moderate arrangements/phone calls necessary to meet mobility needs	Up to one hour a day	2 <input type="checkbox"/>
	Intensive arrangements/phone calls necessary to meet mobility needs	Over one hour a day	4 <input type="checkbox"/>
	<i>N.B.: To rate this item, consider the acquisition of special aids, liaison with occupational therapy, checking disability access in advance etc.</i>		

6) Parent/carer support	General	Specific	Tick
	No additional nursing time		0 <input type="checkbox"/>
	Extra time rarely required to meet parental demands	Up to one hour a week of extra time required	1 <input type="checkbox"/>
	Extra time occasionally required to meet parental	Up to two hours a week of extra time required	2 <input type="checkbox"/>
	Extra time frequently required to meet parental demands	Up to three hours a week of extra time required	3 <input type="checkbox"/>
	Extensive extra time required to meet parental demands	Over four hours a week of extra time required	4 <input type="checkbox"/>
	<i>N.B.: Not to include therapeutic work mentioned in Item S13, but may include time spent in organising placement with parent/carer, or additional time for questions about treatment, containment of anxiety etc.</i>		

7) Parent/carer aggression – verbal, physical or sexual	General	Specific	Tick
	No history of aggression towards professionals		0 <input type="checkbox"/>
	Some history of aggression towards professionals	e.g. verbal aggression, aggressive posturing, damage to property, sexual innuendo	2 <input type="checkbox"/>
	Significant history of aggression towards professionals	e.g. actual physical/sexual assault	4 <input type="checkbox"/>

8) Engagement of parents	General	Specific	Tick
	No experience of engagement difficulties		0 <input type="checkbox"/>
	Some experience of engagement difficulties	e.g. inconsistent attendance, inconsistent compliance with treatment regimes etc.	2 <input type="checkbox"/>
	Significant experience of engagement difficulties	e.g. non-compliance with treatment regimes, failure to visit etc.	4 <input type="checkbox"/>

9) Liaison with another agency not listed in 1-8	General	Specific	Tick
	No other agency		0 <input type="checkbox"/>
	Yes, the following agency _____ is minimally involved	Contact is once a month or less	2 <input type="checkbox"/>
	Yes, the following agency _____ is significantly involved	Contact is more than once a month	4 <input type="checkbox"/>
<i>N.B.: (e.g. child not wanting to go home, not wanted at home, other tiers, dieticians, OT, psychology service, physiotherapists, fire service). Consider emergency outreach arrangements.</i>			

10) Liaison with another agency not listed in 1-9	General	Specific	Tick
	No other agency		0 <input type="checkbox"/>
	Yes, the following agency _____ is minimally involved	Contact is once a month or less	2 <input type="checkbox"/>
	Yes, the following agency _____ is significantly involved	Contact is more than once a month	4 <input type="checkbox"/>
<i>N.B.: (e.g. child not wanting to go home, not wanted at home, other tiers, dieticians, OT, psychology service, physiotherapists, fire service). Consider emergency outreach arrangements.</i>			

11) Liaison with another agency not listed in 1-10	General	Specific	Tick
	No other agency		0 <input type="checkbox"/>
	Yes, the following agency _____ is minimally involved	Contact is once a month or less	2 <input type="checkbox"/>
	Yes, the following agency _____ is significantly involved	Contact is more than once a month	4 <input type="checkbox"/>
<i>N.B.: (e.g. child not wanting to go home, not wanted at home, other tiers, dieticians, OT, psychology service, physiotherapists, fire service). Consider emergency outreach arrangements.</i>			

12) Liaison with another agency not listed in 1-11	General	Specific	Tick
	No other agency		0 <input type="checkbox"/>
	Yes, the following agency _____ is minimally involved	Contact is once a month or less	2 <input type="checkbox"/>
	Yes, the following agency _____ is significantly involved	Contact is more than once a month	4 <input type="checkbox"/>
<i>N.B.: (e.g. child not wanting to go home, not wanted at home, other tiers, dieticians, OT, psychology service, physiotherapists, fire service). Consider emergency outreach arrangements.</i>			

[End of Section on Working with Family/Carers and Agencies away from the Hospital]

End of CAMHS-AID