

Glossary

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Term	Definition
Absent fathers	<p>The literature is dominated by research on mothers or undefined 'parents', who are usually mothers. See Research reviews on prevalence, detection and interventions in parental mental health and child welfare: summary report (SCIE 2009) http://www.scie.org.uk/publications/guides/guide30/files/YorkReviewAAG.pdf</p> <p>Additionally, a number of issues emerged in (Understanding serious case reviews and their impact: a biennial analysis of serious case reviews 2005–07, including the dearth of information about men in most serious case reviews; failure to take fathers and other men connected to the families into account in assessments; rigid thinking about father figures as all good or all bad; and the perceived threat posed by men to workers: http://www.education.gov.uk/rsgateway/DB/RRP/u015743/index.shtml</p>
Approved Mental Health Professional (AMHP)	<p>Approved Mental Health Professional (AMHP) – this is a role undertaken by a specially trained social worker, nurse, OT or psychologist. It is the AMHP's role to organise Mental Health Act assessments, and with the support of two doctors decide whether someone needs to be detained under the Mental Health Act. Doctors (or approved clinicians) make recommendations – the AMHP must decide whether or not alternative are available or whether to make an application.</p>
Attachment disorders	<p>The most important tenet of attachment theory is that a young child needs to develop a relationship with at least one primary caregiver for social and emotional development to occur normally. Parental responses lead to the development of patterns of attachment. These, in turn, lead to internal working models, which will guide the individual's feelings, thoughts and expectations in later relationships. A number of attachment patterns in infants have been identified: secure attachment, avoidant attachment, anxious attachment and disorganised attachment.</p> <p>For more information, see: http://www.scie.org.uk/publications/guides/guide07/carers/profiles/simmonds.asp</p>

CAF	<p>The CAF is a shared assessment and planning framework for use across all children's services and all local areas in England. It aims to help the early identification of children's additional needs and promote co-ordinated service provision to meet them</p> <p>The CAF is a standardised approach to conducting an assessment of a child's additional needs and deciding how those needs should be met. http://www.cwdcouncil.org.uk/caf</p>
Child in need	<p>The concept of a child in need originates from Section 17 of Children Act 1989, which placed a duty on all Local Authorities to "safeguard and promote the welfare of children in their area who are in need and so far as it is consistent with that duty to promote the upbringing of such children by their families". This is a duty shared by all those who work with children and/or families in the public or third sector.</p>
CPA	<p>The CPA is a higher level of care coordination support comprising a system of care assessment, planning and review in secondary mental health services for individuals with a wide range of needs from a number of services, or who are at most risk.</p> <p>Refocusing the Care Programme Approach <i>Policy and Positive Practice Guidance</i> http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_083649.pdf</p>
Early intervention	<p>Early intervention means intervening as soon as possible to tackle problems that have already emerged for children and young people. Understood in this way, it means that it targets specific children who have an identified need for additional support once their problems have already begun to develop but before they become serious. It aims to stop those problems from becoming entrenched and thus to prevent children and young people from experiencing unnecessarily enduring or serious symptoms. Typically it achieves this by promoting the strengths of children and families and enhancing their 'protective factors', and in some cases by providing them with longer term support.</p> <p>Early Intervention; securing good outcomes for children and their families, DCFS http://www.dcsf.gov.uk/pns/pnattach/20100076/1.pdf</p>

Extrinsic factors	Extrinsic factors- pertaining to the individuals social circumstances e.g. socio-economic factors, social class, cultural context, education and employment
Information sharing	Appropriate and timely information sharing is essential in all organisations. Information sharing should be aimed at improving both the protection of children and ensuring that early interventions become available to those children and families needing additional services to reduce inequalities and achieve positive outcomes. Effective working within a ‘think child, think parent, think family’ framework requires professional and confident sharing of information if it is to realise the potential benefits for parents, children, young people and their families. http://www.education.gov.uk/publications/standard/publicationDetail/Page1/DCSF-00807-2008
Information sharing Guidance	The aim of the Information Sharing Guidance and associated materials, is to support good practice in information sharing by offering clarity on when and how information can be shared legally and professionally, in order to achieve improved outcomes. This guidance will be especially useful to support early intervention and preventative work where decisions about information sharing may be less clear than in safeguarding or child protection situations. http://www.governornet.co.uk/linkAttachments/Information%20sharing%20guidance%20for%20practitioners%20and%20managers.pdf
Intrinsic factors	Intrinsic factors – pertaining to the individual e.g. genetic composition , personality, temperament and intelligent
Joint working protocols	Many localities have developed a range of protocols governing multi-disciplinary work, some of which are under the auspices of trusts or local children’s safeguarding boards. These protocols can cover a range of issues, such as joint assessments between children’s social care and adult mental health services, the resolution of disputes, recording issues and case management responsibilities. Traditionally they tend to focus on best practice around compulsory admission to hospital. However, the SCIE Guidance 30 makes the point that protocols addressing the issues faced by early intervention services are also very valuable. The Guidance further elaborates on the benefits of incorporating such protocols into an overarching ‘family mental health strategy’. Such a response has the advantage of providing an opportunity for practitioners from a range of disciplines to take stock of current provision, identify gaps and set joint aspirational goals for

	<p>the future. It has the added benefit of requiring senior management support and hence a mandate to improve services to families experiencing parental mental health difficulties.</p> <p>For more information see http://www.scie.org.uk/publications/guides/guide30/casestudies/case12.asp</p>
Local joint protocols	<p>Joint protocols are locally agreed documents setting out the principles of best practice – in this case, in the area of parental mental health and child welfare. They should reflect nationally agreed best practice and should aim to involve service users in their development.</p> <p>Research specifically recommends that agencies develop information-sharing and joint working policies/protocols to improve communication, coordination and collaboration within their organisation and across agencies. Such protocols need to address not only the issues facing workers involved in statutory responses but also to address the issues involved for workers providing early intervention.</p> <p>Advice on drawing up local joint protocols can be found in SCIE Guide 2: <i>Families that have alcohol and mental health problems: a template for partnership working</i> http://www.scie.org.uk/publications/guides/guide02/index.asp</p>
LSCB	<p>The LSCB is the key statutory mechanism for agreeing how the relevant organisations in each local area will co-operate to safeguard and promote the welfare of children in that locality, and for ensuring the effectiveness of what they do.</p> <p>http://www.education.gov.uk/publications/eOrderingDownload/00305-2010DOM-EN-v3.pdf</p>
Mental Health Act assessments	<p>To be detained under the Mental Health Act (1983), individuals need to be assessed as suffering from a recognised mental disorder of a nature or degree which warrants detention in hospital on the grounds of health or risk to themselves or others. An Approved Mental Health Practitioner is responsible for arranging assessments of the person concerned by two independent medical practitioners at least one of whom is specially qualified in mental health, and interviewing the individual themselves. Efforts should be made to seek alternatives to detention, such as arranging appropriate support in the community, in line with the principle of care in the least restrictive environment</p> <p>Mental Health Act assessments, SCIE Research briefing 26: Mental health and social work http://www.scie.org.uk/publications/briefings/briefing26/index.asp</p>

No Recourse to Public Funds'	<p>No Recourse to Public Funds' (NRPF) is a condition attached to the visa which stipulates that the person entering the UK does not have a right to claim any welfare benefits like Income Support, Disability Living Allowance, Incapacity Benefit and Job Seeker's Allowance, council housing or facilities funded by public funds, including refuges</p> <p>Further up to date information can be found at NRPF network http://www.islington.gov.uk/community/equalitydiversity/refugees_migrants/nrpf_network/default.asp</p>
Parental delusional thinking	<p>Falkov and others have documented the link between child homicide and parental delusional thinking. Where a child becomes incorporated into the parental delusional belief situation the risks to the child increase significantly. There should always be an immediate multi –agency assessment of:</p> <ul style="list-style-type: none"> • the exact nature of the risk • the known triggers and stressors • the details of protection that can be afforded to the child • whether or not the child should be accommodated by the local authority • the degree of supervision necessary to keep the child safe during contact visits (if they are appropriate)
parent's relapse signatures	<p>Relapse signature is the term used to describe the characteristic pattern of thinking and behaving that could signal the start of further episodes of mental ill health. For example, with people who experience depressive illnesses, there are usually characteristic patterns for sleep and appetite disturbance. Where someone has experienced a psychotic illness like schizophrenic or bi-polar disorder, their 'early warning signs' may include becoming more suspicious, perplexed or preoccupied with particular topics or issues. However, because everyone is different, it is useful to ask the person or those close to them how they know they are becoming unwell and record in their own words the feelings and behaviours they describe so that any professional working with them can discuss any alterations in usual patterns. Encouraging the person to keep a daily or weekly log can be a useful way of helping them regain some control, particularly when used with identified relapse signatures. For example the individual and family could complete a form with the following information.</p>

	<ul style="list-style-type: none"> • My likely “relapse signature” is • If this happens, I will • Useful contact people are (name and contact number) • Signature • Date <p>Some examples of the sorts of behaviours that might be included in an individuals relapse signature are;</p> <ul style="list-style-type: none"> • Feeling of futility or hopelessness • Changes in sleep pattern: can’t get to sleep, waking in early morning (i.e. 3am)or possibly may also be oversleeping • Increased irritability, being on a ‘shorter fuse’, so more argumentative • Lowered self-esteem, and increased self criticism • Decreased concentration • Withdrawal from social situations • Loss of interest in usual activities or changes in usual behaviour • Lowering of mood • Return of preoccupations or worries, which are usually less of an issue • Return of bizarre ideas or preoccupations, presence of strange beliefs • Increased suspicion
Parental responsibility	<p>While the law does not define in detail what parental responsibility is, the following list sets out the key roles:</p> <ul style="list-style-type: none"> • providing a home for the child • having contact with, and living with, the child • protecting and maintaining the child

	<ul style="list-style-type: none"> • disciplining the child • choosing and providing for the child's education • determining the religion of the child • agreeing to the child's medical treatment • naming the child and agreeing to any change of the child's name • accompanying the child outside the UK and agreeing to the child's emigration, should the issue arise • being responsible for the child's property • appointing a guardian for the child, if necessary • allowing confidential information about the child to be disclosed. <p>For further information see: http://www.direct.gov.uk/en/Parents/ParentsRights/DG_4002954</p>
Primary Care based Mental Health workers	<p>Primary Care based Mental Health workers provide short-term input to people with common mental health problems, such as depression or anxiety.</p> <p>The role of PCMHWs</p> <p>The exact name and job role will vary between different NHS employers/trusts. Typically, key roles across the age range would usually include:</p> <ul style="list-style-type: none"> • face-to-face client work – supporting the delivery of brief interventions and self-help for people of all ages with common mental disorders: for example, working with clients with panic disorder and major depression using cognitive behavioural approaches • promoting positive mental health and an awareness of the importance of addressing mental health issues • strengthening the information available for patients about mental health • Improving knowledge held within a GP practice about the network of community resources available for people with mental health problems.

	<ul style="list-style-type: none"> Wider community networking and liaison. <p>www.nhscareers.nhs.uk/details/Default.aspx?Id=2012</p>
Relapse prevention strategies	In the course of illness, relapse is a return of symptoms after a period of time when no symptoms are present. Any strategies or treatments applied in advance to prevent future symptoms are known as relapse prevention. When people seek help for mental disorders, they receive treatment that, hopefully, reduces or eliminates symptoms. However, once they leave treatment, they may gradually revert to old habits and ways of living. This results in a return of symptoms known as relapse. Relapse prevention aims to teach people strategies that will maintain the wellness skills they learned while in treatment.
Resilience	Resilience is that quality which helps the individual better withstand life's adversities, the ability to bounce back
Serious case reviews	<p>Serious case reviews (SCRs) Regulation 5 of the Local Safeguarding Children Boards Regulations 2006 requires LSCBs. In Northern Ireland the Regional Child Protection Committee or Regional Safeguarding Board are the bodies which undertake reviews of serious cases. These reviews are known as serious case reviews (SCRs), or case management reviews (CMRs) in Northern Ireland. 'Chapter 8' of Working Together to Safeguard Children DCFS 2010 sets out the purposes of and processes for undertaking SCRs. Workers in Northern Ireland should consult Chapter 10 of Co-operating to Safeguard Children (DHSSPS, 2003). SCRs/CMRs are undertaken when a child dies (including death by suspected suicide), and abuse or neglect is known or suspected to be a factor in the death. SCR/CMRs may be undertaken whenever a child has been seriously harmed in the following situations:</p> <ul style="list-style-type: none"> a child sustains a potentially life-threatening injury or serious and permanent impairment of physical and mental health and development through abuse or neglect a child has been seriously harmed as a result of being subjected to sexual abuse a parent has been murdered and a domestic homicide review is being initiated under the Domestic Violence Act 2004, or the equivalent in Northern Ireland a child has been seriously harmed following a violent assault perpetrated by another child or an adult the case gives rise to concerns about the way in which local professionals and services worked together to safeguard and promote the welfare of children. This includes inter-agency and inter-disciplinary working.

	<p>The prime purpose of a SCR/MCR is for agencies and individuals to learn lessons to improve the way in which they work both individually and collectively to safeguard and promote the welfare of children. Reviews vary in their breadth and complexity but, in all cases, where possible, lessons should be acted upon quickly without necessarily waiting for the SCR/MCR to be completed.</p> <p>http://www.education.gov.uk/childrenandyoungpeople/safeguarding/safeguardingchildren/a0068869/serious-case-reviews-scrs</p>
<p>Serious untoward incident reports/ serious adverse incidents</p>	<p>Serious untoward incident reports/ serious adverse incidents (in Northern Ireland)</p> <p>The principle definition of a serious untoward incident (SUI) is in general terms something out of the ordinary or unexpected, with the potential to cause serious harm, and/or likely to attract public and media interest that occurs on NHS/Trust premises or in the provision of an NHS/Trust or a commissioned service. This may be because it involves a large number of patients, there is a question of poor clinical or management judgement, a service has failed, a patient has died under unusual circumstances, or there is the perception that any of these has occurred. SUIs are not exclusively clinical issues. An electrical failure for example may have consequences that make it an SUI.</p> <p>http://www.nrls.npsa.nhs.uk/report-a-patient-safety-incident/patient-safety-direct/serious-incident-reporting-and-learning-framework-sirl/</p> <p>http://www.dhsspsni.gov.uk/index/hea/niaic/niaic_reporting_incidents.htm</p>
<p>Significant harm</p>	<p>The Children Act 1989 introduced the concept of Significant Harm. It is seen as the threshold which justifies compulsory intervention in family life in the interests of children. There is no absolute criterion by which to judge significant harm, rather it is a matter of professional judgment and as such requires practitioners to take a holistic perspective involving the views of other involved professionals.</p> <p>When deciding whether or not significant harm has been caused to a child, the Court will consider the severity of ill-treatment, the degree and extent of physical harm, the duration and frequency of abuse and neglect, and the extent of premeditation, the degree of threat and coercion, sadism, and bizarre or unusual elements. However a single traumatic event may constitute significant harm, though often a compilation of significant events, acute and long-standing, which interrupt, change or damage the child's physical and</p>

	psychological development will be deemed to constitute significant harm
Team around the family	<p>The team around the family concept, which draws heavily on the 'Team around the child' model, is a model of service provision in which a range of different practitioners come together to help and support a family experiencing difficulties.</p> <p>The model does not imply a multidisciplinary team located or working together all the time; rather it suggests a group of professionals working together only when needed, to help a particular family. It could be described as a 'virtual' team. It does, however, allow for the connectivity of family difficulties to be recognised and addressed and, as such, is congruent with the Family Model.</p> <p>It is based on the ethos that such flexibility is essential if services are to meet the diverse needs of families, and places the emphasis on the needs of the family, rather than on organisations or service providers. It requires an individual in one agency to take the lead in initiating a meeting or series of meetings to bring professionals together with family members, to formulate a multi-agency plan to address the needs not only of the child or individual but the family as a whole- implement and review the plan at regular intervals.</p> <p>The role of lead professional is to coordinate the contributions of other members of the network and provide liaison with the family. All members of the network are expected to work with the lead professional to agreed timescales, share their expertise, contribute to formulation and analysis of issues and support the implementation of agreed plans. For more information, see: www.dcsf.gov.uk/everychildmatters/resources-and-practice/IG00064/</p>
Time to change	<p>'Time to change' is a national campaign designed to tackle to stigma associated with mental health problems. Using both commitments from celebrities and the general public, this website helps to highlight how common mental health problems are, and how recovery and success is all possible. http://www.time-to-change.org.uk/</p>