**Tower Hamlets Children and Young People’s (CYP) Dynamic Support Register (DSR) Referral Form and Scoring Tool**

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| --- | --- |
| CYP Name & DOB: |  |
| Gender and pronouns: |  |
| CYP ethnicity: |  |
| Consent form completed for DSR referral received and date given:Please provide when sending referral form. |  |
| Referrer’s name and referral date: |  |
| Diagnoses:(note learning disability and/or autism diagnosis needed for eligibility) |  |
| Immediate risk of family/placement breakdown and/or mental health admission? | Yes/NoYes: please consider need for CETR/LAEP |
| Type of accommodation CYP is currently residing: e.g. hospital (acute/physical admission), living with parents/carers, residential accommodation, supported living |  |
| Is there a Care plan?Date completed. |  |
| Risk assessment completed? Provide date. |  |
| Is CYP receiving Personal Health Budget? If not, has referral been made? |  |
| Is there a package of care in place to support CYP/family?Provide details. |  |
| Has CYP been admitted to acute mental health hospital, had CETR, or been on DSR previously: |  |
| Is the CYP of CIN, CP, or CLA Status? |  |
| **Network details – please provide names e-mail addresses and identify lead professional** |
| CAMHS care coordinator and team: |  |
| Allocated social worker and team:  |  |
| Education provision and contact/role:Currently attending? |  |
| EHCP?If yes, date last annual review and EHCP coordinator: |  |
| Other network details: |  |

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| Reason for DSR referral: |

Please now complete the below scoring tool to determine the risk rating of the young person being referred to the DSR. Please complete this as best to your knowledge. Your referral will not be accepted without this, and the completed consent form.

**Risk Rating Scoring Tool**

|  |  |  |  |
| --- | --- | --- | --- |
| Question | Options | Score | Details/comments |
| Is there immediate risk of family/placement breakdown and/or admission to acute mental health hospital? | Yes, likely immediately | 3 |  |
| Likely if no improvement | 2 |
| No | 0 |
| Are there risks from the CYP to any minors or any vulnerable people in the home? | Yes | 1 |  |
| No | 0 |
| Not applicable  | 0 |
| Does the network believe the care support offer is meeting need?E.g. are family able to support needs, are there enough hours in the care package, do people supporting have the right skillset | Yes | 0 |  |
| No | 1 |
| Not applicable | 0 |
| Are the family or carers struggling to or cannot cope/care for the person | Yes | 2 |  |
| No | 0 |
| Is the person in an appropriate living environment? | Yes | 0 |  |
| No | 1 |
| Any significant life events in the last 6 months? If so, please provide details. | Yes | 2 |  |
| No | 0 |
| Does the person have a history of trauma? | Yes | 2 |  |
| Unsure but likely | 1 |
| No | 0 |
| Does the person have a digonised mental health condition? | Yes | 3 |  |
| No | 0 |
| Does the person have any long-term physical health condition and is it well controlled? | Yes | 2 |  |
| No | 0 |  |
| Has the person had previous admission to mental health unit in the last 2 years? Include date(s) of previous admissions | Yes- admission was 0-6 months duration | 4 |  |
| Yes- admission was 6+ months duration | 2 |
| No | 0 |
| Has the young person had a CETR previously? | Yes- within 0-6 months  | 2 |  |
| Yes- 6+ months  | 1 |
| No | 0 |
| Does the person present significant behaviours of concern? | Yes | 3 |  |
| No | 0 |
| Is the person in contact with the criminal justice system? | Yes | 2 |  |
| No | 0 |
| No | 0 |
| Does the person have access to appropriate day time activities? | Yes | 0 |  |
| No | 1 |
| Is the person subject to high levels of restrictions or physical interventions? | Yes | 3 |  |
| No | 0 |
| Does the person have any substance misuse difficulties? | Yes | 2 |  |
| No | 0 |
| Is the young person accessing/attending education?  | Yes | 0 |  |
| No | 2 |
| Not applicable  | 0 |
| Is the person placed in specialist education school, including 38- or 52-week residential school? | Yes | 1 |  |
| No | 0 |
| Not applicable  | 0 |
| No | 1 |
| Not applicable  | 0 |
| Total: |  | 0-7: not eligible  | Score: /40Note: red indicates significant risk and CETR will be considered |
| Green: 7 – 11 |
| Amber: 12-18 |
| Red: 19+ |

Please send the completed form to DSR.THCYPMHEWB@nhs.net

Version control:

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| --- | --- |
| Version 1: 31.10.2024 | Initial draft shared with DSR stakeholders for comment |
| Version 2: 27.11.2024 | Comments actioned, document issued |

Review by 01.11.2025, or as needed