|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date Completed** |  | Today’s Date | **Completed by** | Name / Role | | | |
| **Contact Details** |  | Email Address / Phone Number | **From (Organisation / Service)** | Organisation / Service | | | |
| **Name of child** | First name | Second name | **Ethnicity** |  | | | |
| **RiO / LL / NHS Number** |  | Rio/Mosaic Number | **DoB / Age** | dd/mm/year | | Age | |
| **Known to CAMHS** |  | Details of Team / Care Co-Ordinator | **Known to Children’s Social Care** | Details of Team / Social Worker & Status - CiN/CP/LAC? | | | |
| **Education** |  | Details of Provision | **EHCP status** | Details of status | | | |
| **Other services involved** |  | Details of services | **CYP/Family Consented** | Yes/No (if ‘No’, why? Is this ‘Best Interests’)? | | | |
|  | **If this is not the initial screening tool for this CYP can you please confirm:** | | | | | | |
| **Date of last screening:** |  | dd/mm/year | **Score of last screening:** | /30 | | | |
|  | **Description of Risk and Scoring**  **No Risk - 0 Mild – 1 Moderate – 2 Severe - 3** | | | | **Score 0-3** | | |
|  | Risk should be considered within the Child/Young Person (and family) context and in line with guidance. | | | | | | |
|  |  | | | |  | | |
|  | **Risk to self** | | | | Choose an Item | | |
|  | **Risk to others** | | | | Choose an item. | | |
|  | **Mental Health Difficulties** | | | | Choose an item. | | |
|  | **Physical Health Difficulties** | | | | Choose an item. | | |
|  | **Behaviours that challenge** | | | | Choose an item. | | |
|  | **Parent/Carer Capacity and Ability to Provide Care and Cope** | | | | Choose an item. | | |
|  | **Transitions (Consistency of Care)** | | | | Choose an item. | | |
|  | **Previous admission(s) / placement breakdown(s)** | | | | Choose an item. | | |
|  | **Crisis Presentation (A&E, EDT, Custody/Liaison and Diversion)** | | | | Choose an item. | | |
|  | **Any other significant life events in past 3 months** | | | | Choose an item. | | |
|  | **Total Risk Score** | | | | xx | | **/30** |
|  |  | | | | | | |
|  | Ongoing support will be provided to the child/young person  and their family by the lead provider(s) in order to meet the identified needs, and in addition: | | | | | | |
| **0-8 GREEN** |  | CYP will remain on, but not be reviewed by, the Dynamic Support Register unless there is a change in risk (and a new tool completed). | | | | | |
| **9-15 AMBER** |  | CYP will be reviewed bi-monthly on Dynamic Support Register. | | | | | |
| **16+ RED** |  | CETR to be requested (if not already).  CYP will be reviewed monthly on Dynamic Support Register. | | | | | |