

Dynamic Assessment Tool (DAT)

	Question	Options: Please indicate/highlight	Score	Details/comments to support indicated answer
1	Type of Accommodation	<div>Hospital</div> <div>Living independently</div> <div>Living with parents/carers</div> <div>Nursing home</div> <div>Residential accommodation</div> <div>Supported living</div> <div>Other</div>		
2	Name of current provider			
3	Deprivation of Liberty (DOLS)	<div>Yes</div> <div>No</div>	<div>0</div> <div>0</div>	
4	Is the CYP of CIN, CP, or LAC Status?	<div>Yes</div> <div>NA</div>	<div>0</div> <div>0</div>	
5	Any significant life events in the last 6 months? If so please specify details.	<div>2: significant impact</div> <div>1: some impact</div> <div>0: no significant life events</div>	<div>2</div> <div>1</div> <div>0</div>	
6	Does the CYP have an unstable or untreated mental health condition?	<div>3: severe impact</div> <div>2: significant impact</div> <div>1: some impact</div> <div>0: none</div>	<div>3</div> <div>2</div> <div>1</div> <div>0</div>	
7	Does the CYP have an unstable or untreated physical health condition?	<div>2: significant impact</div> <div>1: some impact</div> <div>0: none</div>	<div>2</div> <div>1</div> <div>0</div>	
8	Has the CYP had previous hospital admissions for mental health in the last 2 years?	<div>1: Yes</div> <div>0: No</div>	<div>1</div> <div>0</div>	
	Date of previous admissions			
9	Does the CYP present significant behavioural problems?	<div>3: severe impact</div> <div>2: significant impact</div> <div>1: some impact</div> <div>0: no significant behavioural challenges</div>	<div>3</div> <div>2</div> <div>1</div> <div>0</div>	

10	Is the CYP being supported in an unstable environment or by a changing staff team?	3: severe impact 2: significant impact 1: some impact 0: no concerns	3 2 1 0	
11	Is the CYP previously known to LD-CAMHS/CAMHS?	Yes No	0 0	
12	Is the CYP in contact with the criminal justice system?	2: significant contact 1: some contact 0: no	2 1 0	
13	Has the CYP presented in crisis at either: Accident and Emergency, or Emergency Social Care Provision in the last month?	2: Yes 0: No	2 0	
14	Does the CYP have family/carers/advocates?	Yes No	0 0	
15	Does the CYP have a history of Drug or Alcohol misuse, in the last two years?	Alcohol Drugs Both None	2: significant use 1: some use 0: none	
16	Has the transition from LD-CAMHS/CAMHS to CLDT/AMHT started and if so has it been effective?	1: No 0: Yes 0: Not applicable	1 0 0	
17	Is the CYP placed in specialist 38 or 52 week residential school or other specialist educational provision?	1: Yes 0: No	1 0	
18	Has the CYP recently left a residential school in the last 2 years?	2: Yes 0: No	2 0	
Total		0 - 4 = Green		
		5 - 7 = Amber		
		8+ = Red		

Completed by (Name)	
Role and workplace	
Date Completed	