

Young Person

Does the young person consent to this referral? (If no, contact Young Persons' Service for advice) Yes No

Does the young person consent to the information on the screening tool being shared with the Young Persons' Service? Yes No

What does the young person want from the service?

Name & Address of Young Person Male Female

Postcode

Contact Number

2nd Contact Number

Alternative contact

Date of Birth Age

Ethnicity (tick one)

<input type="checkbox"/> White British	<input type="checkbox"/> White Asian	<input type="checkbox"/> Other Asian/Asian British
<input type="checkbox"/> White Irish	<input type="checkbox"/> Other Mixed	<input type="checkbox"/> Caribbean/Black British
<input type="checkbox"/> Other White	<input type="checkbox"/> Indian/Asian British	<input type="checkbox"/> African/Black British
<input type="checkbox"/> White/Black British	<input type="checkbox"/> Pakistani/Asian British	<input type="checkbox"/> Chinese/Other Ethnic
<input type="checkbox"/> White/Black African	<input type="checkbox"/> Bangladeshi/Asian British	<input type="checkbox"/> Not Stated

Have the young person's parents/carers consented to this referral? Yes No

Name & Contact Number of Parent/Guardian

Young Person's Availability for Appointments

What is the best way to contact the young person? Text Letter Phone

Young person's signature

Referrer

Date of Referral

Referrer's Name

Referrer's Agency

Have you received DUST training? Yes No

Address

Contact Number

Other Agencies Involved

Agency	Name	Address & Contact Number
GP		
School		
Social Services		
CAMHS		
YOS		
Connexions		
Other – please state		

Does young person have a diagnosed medical condition Yes No
and is on Medication Yes No

If YES please give details

Has a CAF been completed with young person Yes No

If yes, please give details

Safeguarding concerns Yes No

If yes, please give details (including lead agency and name of worker)

Has the young person ever, or currently been subject to a child protection plan. Yes No

If yes, please give details:

Would this young person pose any significant risk to staff or others? Yes No

If yes, please give details

Reasons for Referral

Please add any additional background information that may be relevant to the assessment of this young person.

What happens next?

On receipt of this form a worker will be allocated and will make contact with you.

Please return to:

EAST KENT: KCA Young Persons' Service 41 Wincheap, Canterbury, Kent. CT1 3RX
Ashford, Canterbury, Dover, Shepway, Swale, Thanet **Tel: 01227 456744** Fax: 01227 457628 yps@kca.org.uk

WEST KENT AND MEDWAY: KCA Young Persons' Service 205/217 New Road, Chatham, Kent. ME4 4QA
Dartford, Gravesham, Maidstone, Sevenoaks, Tonbridge and Malling, Tunbridge Wells **Tel: 01634 338640** Fax: 01634 338649 medway@kca.org.uk

For further copies of the DUST form please contact your local KCA Young Persons Service or visit www.dust-training.co.uk

This form is a screen tool to indicate whether an assessment by a specialist service is needed. The Young Persons' Drug and Alcohol Service will use this information to determine an appropriate course of action. This may result in the young person being offered some form of intervention/treatment or in further advice and guidance being offered to the referrer. All information on completed DUST forms sent to Drug and Alcohol Services will be treated in accordance with their confidentiality policies - a copy of which is available on request. (Exceptions to confidentiality include following Safeguarding procedures).

This tool is designed for two main purposes:

- To help people who have to make decisions about how to respond to drug/alcohol use by a young person.
- To allow a professional team to create a caseload profile and audit the prevalence of drug/alcohol use within their case load.

The form is divided into sections designed to assess risk factors regarding:

- Drug/alcohol use
- General and Psychological health
- Social situation/behaviour

Instructions

- Complete the form by ticking the most appropriate responses. If in doubt, do **NOT** tick.
- A scoring system is employed for each section. The scores should be added up and the total written below each section. **Please do not include past use in your scores.**
- Once you have completed each section, refer to the scoring table (top right).
- If the young person does not meet the threshold for referral but you still have concerns, please contact KCA YPDAS for advice and information.

SCORING TABLE

SECTION 1: Drug/alcohol use

Score 0-4	Score 5-6	Score 7+
Consider giving drugs information/ advice.	Consider seeking advice from Young Persons' Drug Service (see below). <i>However please be aware that we cannot accept personal details without the young person's consent.</i>	Refer to Young Persons' Drug Service (see below).

SECTION 2: Social situation/behaviour

A high score means that a young person is vulnerable to developing drug/alcohol misuse problems and should increase your level of concern.

Score 0-1	Score 2-5	Score 6+
LOW RISK	MEDIUM RISK Consider seeking advice from Young Persons' Drug Service.	HIGH RISK Consider seeking advice from Young Persons' Drug Service or other relevant agency.

SECTION 3: General and Psychological health

A high score means that a young person is vulnerable to developing drug/alcohol misuse problems and should increase your level of concern.

Score 0-4	Score 5-9	Score 10+
LOW RISK	MEDIUM RISK Consider seeking advice from Young Persons' Drug Service.	HIGH RISK Consider seeking advice from Young Persons' Drug Service or other relevant agency.

Where to access confidential advice, consultancy and further information

EAST KENT: Ashford, Canterbury, Dover, Shepway, Swale, Thanet
01227 456744 yps@kca.org.uk

WEST KENT AND MEDWAY: Dartford, Gravesham, Maidstone, Sevenoaks, Tonbridge and Malling, Tunbridge Wells
01634 338640 medway@kca.org.uk

For out of hours talk to FRANK 0800 77 66 00 or visit www.talktofrank.com

PAST USE USE IN LAST 3 MONTHS		SECTION 1 Drug/alcohol use	
Drug Type			
	2	Alcohol	
	2	Amphetamine	
	2	Cannabis	
	4	Cocaine	
	7	Crack	
	4	Ecstasy	
	7	Heroin	
	4	Ketamine	
	4	LSD	
	4	Magic Mushrooms	
	7	Solvents /Gas/ Aerosols	
	2	Other(s) please list (include misuse of prescribed drugs). Score 2 each	
Drug/Alcohol Use - Frequency			
	1	Occasional drug /alcohol use	
	2	Regular drug /alcohol use	
Injecting			
	0	Not injecting	
	5	Currently/recently injecting	
Drug/Alcohol Use - Intoxication			
	0	Drug/alcohol use without loss of consciousness or aggression	
	2	Drug/alcohol use with loss of consciousness or aggression	
Contact with Other Drug/Alcohol Users			
	0	No drug /alcohol using friends	
	1	Some friends who use drugs/alcohol and some who don't	
	2	All friends use drugs/alcohol	

TOTAL SECTION 1:

		SECTION 2 Social situation/behaviour	
Living Situation			
	0	No problems with accommodation	
	1	Problems with accommodation, insecure or inadequate housing	
	2	Looked after by Local Authority	
	6	Homeless	
Adult Support			
	0	Has supportive relationships with more than one adult	
	1	Has supportive relationship with one adult	
	2	Has no supportive relationships with adults	
	2	Problematic relationships (e.g. domestic violence at home)	
Occupation			
	0	In education /employment /training	
	1	Truanting from school/at risk of school exclusion/ drug or alcohol related absences from work	
	2	School excluded /unemployed	
Criminal Involvement			
	0	No criminal involvement	
	1	At risk of involvement in the Criminal Justice System	
	2	Involved in Criminal Justice System or committing more serious crimes	
Sexual Behaviour			
	0	Age appropriate/safe sexual behaviour	
	2	Inappropriate/unsafe sexual behaviour	
	6	Commercial sex/abusive sexual relations	
Other			
	2	Drug related debt	
Family Drug /Alcohol Use			
	0	No known family drug /alcohol misuse	
	2	Known drug /alcohol misuse among close family member(s) /carers	
	5	Significantly affected by someone else's drug/alcohol misuse	

TOTAL SECTION 2:

		SECTION 3 General and Psychological health	
General Health			
	0	Young person reports no significant health problems	
	1	Teeth problems	
	1	Stomach problems	
	1	Regular headaches	
	1	Difficulty sleeping	
	5	Chronic fatigue	
	5	Severe sleep problems	
	5	Self neglect	
	10	Extreme weight loss	
	10	Blackouts and /or memory loss	
	10	Pregnant	
	10	Fitting	
	10	Accidental/planned overdose	
Psychological Health			
	0	Young person reports no significant psychological problems	
	1	Low self esteem	
	1	Mild anxiety	
	1	Shyness	
	5	Eating disorder/ marked change in eating pattern (e.g. loss of appetite/ bingeing)	
	5	Frequent bouts of unhappiness/depression	
	5	Self harm	
	5	Severe anxiety/panic attacks	
	10	Suicide attempts	
	10	Severe paranoia	
	10	Hallucinations (when not under the influence of drugs/alcohol)	

TOTAL SECTION 3:

This tool is for guidance. It is intended to assist with decision making about how to respond to drug/alcohol use by a young person. It does not remove the need for professional judgement which should take account of factors such as the age and maturity of the young person.