 **Community Diversion Service**

**Referral Form for Hospital Link Workers**

**Hospital Link worker criteria:**

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| Criteria |
| Is the young person aged between 10-17 years old (17-25 to be considered on a case-by-case basis) | **Yes/No** |
| The young person has displayed an increase in vulnerability and/or risk-taking behaviours within the last 12 months (risk taking behaviour – likely to increase and lead to serious violence without support) Please tick the vulnerability/risk taking behaviours that apply:* Physical assault by knife or bladed article
* Domestic violence
* Shootings
* Non-weapon related assaults (not including sexual assaults).
* Those being exploited or at risk of sexual exploitation.
* Those being exploited or at risk of criminal exploitation
* Those being exploited or at risk of county lines
 | **Yes/No**[ ] [ ] [ ] [ ] [ ] [ ] [ ]  |
| The young person is residing within the Northumbria police force area.Please tick which area the young person resides within:* Northumberland
* Newcastle
* Gateshead
* North Tyneside
* South Tyneside
* Sunderland
 | **Yes/No**[ ] [ ] [ ] [ ] [ ] [ ]  |
| The young person has been informed of the role of the Community Diversion Team and is willing to voluntarily engage with the Community Diversion Team. If the young person is under 16, please confirm that parental consent has been gained.  | **Yes/No****Yes/No/ NA** |

**Only complete the following section if ALL referral criteria have been met:**

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| Service User Details |
| Name  |  |
| Preferred name  |  |
| Date of Birth  |  |
| Address |  |
| Telephone Number  |  |
| Gender Identity  |   |
| Sexual orientation  |  |
| Is the young person a parent or pregnant? | Yes ☐ No ☐ Please provide details of any known dependants: Name: DoB: Address: Name: DoB: Address:  |
| Relationship status (if over 18)  |  |
| Ethnicity  |  |
| Religious beliefs |  |
| Education/Employment (please tick as appropriate) | Employed ☐ Unemployed ☐ In full time education ☐ Volunteering ☐  |

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| --- | --- |
| Risk Related Information |  |
| Does the young person have any known disabilities? Please specify… | **​​☐​** |
| Does the young person have a diagnosed mental health condition?  Please specify… | ​​☐​  |
| Does the young person have a self-identified mental health condition?  Please specify… | ​​☐​  |
| Has the young person experiences care?  Please specify… | ​​☐​  |
| Does the young person have caring responsibilities or is a young carer? Please specify… | ​​☐​  |
| Does the young person use alcohol or substances?  Please specify… | ​​☐​  |
| Does the young person’s parents or guardian use alcohol or substances? Please specify… | ​​☐​  |
| Does the young person have an Education Health Care Plan?Please specify… | ​​☐​  |
| Does the young person experience any violence or control within the home? Please specify… | ​​☐​  |
| MSET (Missing, Slavery, Exploited and Trafficked) Please specify… |[ ]
| Has or is the young person experiencing exploitation?Please specify… |[ ]
|  Does the young person have a history of/ or currently carry weapons?Please specify… |[ ]
| Are there any other known risks/needs that have not been covered above:Please specify… |

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| Parent/guardian information (if under 18) Next of Kin (18+) |
| Name  |  |
| Relationship to the client  |  |
| Address  |  |
| Telephone number |  |
| Email address  |  |