 **Community Diversion Service**

 **Referral Form for CYPF**

Please send completed form to: vrucommunitydiversion@humankindcharity.org.uk

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| Criteria |
| Is the young person aged between 10-25 years old  | **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 has given consent to be referred to the Community Diversion Team. If the young person is under 16, please confirm that parental consent has also been gained. | **Yes/No****Yes/No/ NA** |

**For Northumberland cases please ensure the individual you are referring is NOT active with the Youth Justice Service.**

**If the service user does not meet this criterion the referral may be declined, it is advised to contact the Community diversion team to discuss.**

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| Young Person Details |
| Name  |  |
| Preferred Name  |  |
| Date of Birth  |  |
| Address |  |
| Telephone Number  |  |
| Gender Identity  |   |
| Sexual orientation  |  |
| Is the young person a parent or pregnant? | Yes pregnant ☐[ ] Yes Parent [ ] 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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| Referrer information |
| Name  |  |
| Occupation  |  |
| Agency |  |
| Address  |  |
| Telephone number |  |
| Email address  |  |
| Are there other professionals working with this Individual, if so please specify: |  |

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| Parent/Guardian information |  |
| Name  |  |
| Address  |  |
| Telephone number |  |
| Email address  |  |
| Has the parent/guardian been informed of the role of the Community Diversion TeamHas the parent/guardian given consent for the young person to be referred to the Community Diversion Team.  | Yes/NoYes/No |

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| Please tick any specific needs or risk factors that apply in relation to the young person and provide details: |
| 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 experienced 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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| Please describe your main concerns in relation to this young person and what you hope the outcome of this referral will be:  |
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**Office use only:**

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| Date referral received: |
| Referral accepted [ ] Referral declined [ ]  |
|  If referral accepted: |
|  | Date of first appointment offered: |  |
| Charity Log number:  |  |
|  If referral declined:  |
|  | Reason for referral decline: |  |
| Has the referrer been informed? |  |