**Evolve Referral Form**

**Evolve Referral Criteria**

Presenting issues:

* Gang-affected
* Offending history (perceived or confirmed)
* Victim or perpetrator of serious youth violence
* Victim or perpetrator of exploitation

Service provision:

* The Evolve Team believe that we should provide a service which meets the young persons needs- not them having to meet the needs of the service. We are not bound by time constraints, and will work with a young person for as long as necessary or until they turn 25.
* We accept referrals for young people already open to services, those not known to any services or those who are being closed to services and need ongoing support. In particular, we can support with young people who have a history of non-engagement.

**Due to the current COVID restrictions, we will only be accepting referrals for young people/adults with a pre-existing professional relationship. Once measures relax, and we are able to resume face-face work we will be able to accept  referrals for those not open to partner agencies.**

**To be completed by the referring worker:**

|  |  |  |
| --- | --- | --- |
|  | **Young person**  | **Parent details (if yp<18)** |
| **Name**  |  |  |
| **DOB** |  |  |
| **Gender** |  |  |
| **Ethnicity** |  |  |
| **Telephone** |  |  |
| **Address** |  |  |

|  |
| --- |
| **Consent –** Does the young person (and parents for u18) agree to the referral? |
|  |

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| --- |
| **Reason for referral -** How does the young person meet the referral criteria? |
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| --- |
| **Case Summary** |
| **Current support -** What support is already in place? What work is being done? |
|  |
| **Engagement with services** – Previous and current |
|   |
| **ETE** – Status, SEND, SCLN, income, qualifications, goals |
|  |
| **Living arrangements** – Suitable accommodation, locality, missing |
|  |
| **Physical and mental health** – Diagnosis, additional needs, sexual health, SMU |
|  |
| **Personal relationships** – Family, peers, intimate, exploitation |
|  |
| **Safety concerns** – Gangs, weapons, experiences of SYV |
|  |

|  |  |
| --- | --- |
| **Referrer:** |  |
| **Referrer organisation:** |  |
| **Referrer email:** |  |
| **Referrer phone:** |  |
| **Referral date:** |  |

**Please send the completed form to** nicole.antoine@camden.gov.uk.cjsm.net and cc lucy.southern@camden.gov.uk.cjsm.net

**Allocation of cases takes place on a Tuesday**

**To be completed by Evolve team:**

|  |  |
| --- | --- |
| **Case accepted:** |  |
| **Reason:** |  |
| **Allocated to:** |  |
| **Allocated date:** |  |