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| **Privacy Notice Statement & CONSENT** |
| **Please note by completing this referral, Compass will expect the following (please tick to confirm):**   |  |  | | --- | --- | | This referral has been discussed and agreed by the young person (if aged 16 years and over) | Yes  No | | For children under 16 years or young people who lack capacity to consent the parent/carer has agreed to referral | Yes  No | | You have explained that any information held on this form will be stored by Compass on a secure database | Yes  No | |  |  | |  |  |   **PLEASE NOTE: If the boxes above have not been completed, you will need to confirm these before a referral can be processed.**  Signed by referrer:…………………… Signed by parent/carer: ………………..… Signed by young person:…………….…..……. |
| Compass Changing Lives works with children, young people, families, schools and colleges across Derby & Derbyshire.  We provide low intensity one-to-one interventions (typically 8 sessions) to children and young people aged 5-18 (up to 25 for care leavers and SEND) with mild to moderate emotional health and wellbeing needs and parent led support. This includes:  Low mood: sadness, low motivation  Mild to moderate anxiety: worries, irrational fears, and concerns  Common challenging behaviours; angry outbursts, pushing boundaries, frustration, and distress.  Family and peer relationship difficulties  Difficulty adjusting to change and transition.  Difficulty managing emotions.  Compass Changing Lives… **cannot** work with children and young people who:   * Are currently engaging with any other emotional-wellbeing service * Have a diagnosis of ‘clinical’ depression, severe anxiety, Obsessive-Compulsive Disorder (OCD), schizophrenia, eating disorders, psychosis. * Have self-harmed long term and currently experiencing significant suicidal thoughts/behaviours. * Are requiring long-term therapy. * Are in crisis or requiring out of hours support.   **PLEASE NOTE**: To discuss any queries, please call our team on **01332 315569** (Monday – Thursday 9am to 5pm / Friday 9am to 4.30pm). |

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| **ABOUT THE CHILD OR YOUNG PERSON** | |
| **Full name:** | **Preferred name/ pronoun** |
| **Date of Birth:** | **Age:** |
| **Assigned gender:** | **Mobile/ landline number:** |
| **Address:** | |
| **Post Code:** | **NHS Number** |
| **Ethnicity:**  White British  White Irish  Any other white background  Mixed White and Black Caribbean  Mixed White and Black African  Mixed White and Asian  Any other Mixed Background  Asian or Asian British – Indian  Asian or Asian British – Pakistani  Asian or Asian British – Bangladeshi  Any other Asian Background  Black or Black British – Caribbean  Black or Black British – African  Black or Black British – Other  Other Ethnic group – Chinese  Any other ethnic group (state)…………………….. | **Main Language:**  **English**  **Is an interpreter required?**  **Documents required in main language?**  **Religion:** |
| **Accommodation status:**  (i.e. Living with parents, living with relatives, fostered, adopted, independent living) | |
| **Are there any methods that the child would NOT want to be contacted?** | |

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| **ABOUT THE PARENT OR CARER** | | |
| **Parent/Carer/ Next of Kin name:** | **Relationship:** | |
| **Address: as above** | | |
| **Phone number:** | | **Email address:** |
| **Main Language:** | | **Is an interpreter required?** |
| **Are there any methods by which the parent/carer does NOT want to be contacted?** | | |

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| **ABOUT THE REFERRER** | | |
| **Name: As above. –** | **Relationship to child/young person:** | |
| **Organisation (if applicable):** | | |
| **Address:** | | |
| **Referrer’s contact phone number:** | | **Referrer’s email address:** |
| **Have you spoken with a Compass Changing Lives worker?** Yes  Who?.... No | | |
| **How did you hear about Compass Changing Lives?** | | |

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| **SCHOOL/COLLEGE DETAILS (if applicable)** | |
| **Name of school:** | **Year group:** |
| **Name of key contact / member of staff:** | |
| **Telephone number:** | **Email address:** |
| **GP DETAILS** | |
| **GP Name:** | |
| **Name and Address of G.P Surgery:** | |
| **Phone Number:** | **Email address:** |

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| **DOES THIS YOUNG PERSON HAVE ANY ADDITIONAL NEEDS** | |
| Child protection plan/ child in need plan/ early help **(please specify)** | Yes  No  Don’t know |
| Elected Home Educated | Yes  No  Don’t know |
| LAC/ SGO/ Care Leaver | Yes  No  Don’t know |
| Young Carer | Yes  No  Don’t know |
| Excluded / at risk of | Yes  No  Don’t know |
| Substance Misuse | Yes  No  Don’t know |
| NEET | Yes  No  Don’t know |
| Special Educational Need or Disability (SEND) | Yes  No  Don’t know |
| Physical health needs (including allergies) | Yes  No  Don’t know |
| Education Health and Care Plan (EHCP) | Yes  No  Don’t know |
| **If any of the above are YES, please provide more details:** | |

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| **Please give a brief summary of the difficulties the child/young person is experiencing:** (What is the reason for referral? What is the impact of this? What has been tried before?) |
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| **WHAT IS THE VIEW OF THE YOUNG PERSON AND PARENT/CARER** (What would the young person like to achieve from support, what would the parent carer like to see the child achieve) | |
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| **ARE YOU AWARE OF ANY CURRENT OR PREVIOUS RISKS WITH THE CHILD/YOUNG PERSON/FAMILY?**  (Outline any known risks to self or others (including staff) or any risks or safeguarding concerns for the child) | |
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| **Please list any other agencies involved in supporting the child/young person** (Please list contact names/numbers if known) | |
| **Past: none** | **Current:** |

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| **Once completed send securely via** | **Postal address:** |
| **If you have a Egress email address:** [**changinglives@compass-uk.org**](mailto:changinglives@compass-uk.org) | Compass Changing lives  St Katherines House,  St Mary's Wharf, Mansfield Rd., Derby DE1 3TQ |
| **If you have an NHS email address:** [**compass.changing\_lives@nhs.net**](mailto:compass.changing_lives@nhs.net) |
| *If you have any difficulties, please contact Compass Changing Lives on 01332 315569* Monday – Thursday 9am to 5pm, Friday 9am to 4.30pm |

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| Following receipt of your request for service:   1. A team member will be in touch regarding the outcome 2. If accepted, a practitioner will carry out an assessment to assess the most appropriate intervention/s 3. Interventions are typically 8 sessions 4. Progress is reviewed at each session. |

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| **COMPAss OFFICE USE ONLY** | | |
| **Date referral received** | **Received via which channel** | **Duty Worker** |
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