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| This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. Please get in touch by emailing us at **ChangingLives@COMPASS-UK.ORG** or speaking to our Administration Team on **01332 315569** |

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| **Privacy Notice Statement & CONSENT** |
| Has this referral has been discussed and agreed to by the young person?  | Yes [ ]  No [ ] If you have answered no, please state why:  |
| Has the parent/carer agreed to referral?(if aged 16 years old or over, parental consent is not necessarily required, unless the child lacks capacity) | Yes [ ]  No [ ]  |
| Was this referral discussed with a Changing Lives practitioner in a link session meeting? | Yes [ ]  No [ ]  Practitioner name: |
| **PLEASE NOTE: By ticking these boxes, you are consenting to Changing Lives storing the information and processing the referral. If you are a completing this on behalf of this family, you are confirming you’ve sought consent.**Signed by referrer:…………………………….**PLEASE NOTE: Incomplete referrals/ referrals with inaccurate information may be returned to the referrer.** |
| Compass Changing Lives works with children, young people, families, schools and colleges across Derby & Derbyshire.We provide short term one-to-one, group and parent led interventions. One to one interventions are typically 6-8 sessions delivered with children and young people aged 5-18 (up to 25 for care leavers and SEND) or parent/carers. The service supports those with mild to moderate emotional health and wellbeing needs and This includes (please tick primary reason for request for support below): * 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.

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:**  | **Date of Birth:** |
| **Preferred name & pronouns if different:** | **Age:** |
| **Gender:**

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| Male [ ]  | Trans Female [ ]  | Non-binary [ ]  | Any other, please state: …….. |
| Female [ ]  | Trans Male [ ]  | Gender-fluid [ ]   |  |
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| **Phone Number:** | **Email Address:** |
| **Address:**  | **Postcode:** |
| **Main Language:**  | **Is an interpreter required?** [ ] **Documents required in main language?** [ ]  |
| **Ethnicity:**

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| Asian or Asian British – Bangladeshi [ ]  | Mixed White and Asian [ ]  | Any other ethnic group [ ]  |
| Asian or Asian British – Chinese [ ]  | Mixed White and Black Caribbean [ ]  | Please state: ………………… |
| Asian or Asian British – Indian [ ]  | Mixed White and Black African [ ]   |  |
| Asian or Asian British – Pakistani [ ]  | Any other Mixed Background [ ]  |  |
| Any other Asian Background [ ]  |  |  |
|  | White British [ ]  |  |
| Black or Black British – African [ ]  | White Irish [ ]  |  |
| Black or Black British – Caribbean [ ]  | Any other white background [ ]  |
| Black or Black British – Other [ ]  |  |

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| **Religion:**  |
|  **Accommodation status:** (i.e. Living with parents, living with relatives, fostered, adopted, independent living) |

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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:** |

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| **GP DETAILS** |
| **GP Name:**  |
| **Name and Address of G.P Surgery:**  |
| **Phone Number:** | **Email address:** |
| **Please list any other agencies involved in supporting the child/young person**(Please list contact names/numbers if known) |
| **Past:**  | **Current:**  |

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| **ABOUT THE PARENTS OR CARERS****By providing contact information, you are confirming we can discuss the referral with parents/carers** |
| 1. **Parent/Carer/ Next of Kin name:**
 | **Relationship:**  |
| **Do you/they have parental responsibility for the child ?** Yes [ ]  No [ ]   |
| **Address:**  |
| **Phone number:**  | **Email address:**  |
| **Main Language:** | **Is an interpreter required?** |
| 1. **Parent/Carer/ Next of Kin name:**
 | **Relationship:**  |
| **Do you/they have parental responsibility for the child ?** Yes ☐ No ☐ |
| **Address:**  |
| **Phone number:**  | **Email address:**  |
| **Main Language:** | **Is an interpreter required?** |
| **Please share details below for any other members living in the same household i.e. siblings/family members.**  |

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| **ABOUT THE REFERRER**  |
| **Name:**  | **Relationship to child/young person:**  |
| **Organisation (if applicable):**  |
| **Address:**  |
| **Referrer’s contact phone number:**  | **Referrer’s email address:** |
| **How long have you known the child:** |
| **How did you hear about Compass Changing Lives?**  |

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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 [ ]  |
| Looked After Child/ Special Guardianship Order/ 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 [ ]  |
| A young person who is no longer in the education system and who is not working or being trained for work (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 [ ]  |
| Does the child have a safety plan in place  | Yes [ ]  No [ ]  Don’t know [ ]  |
| Asylum seeker or Refugee | Yes [ ]  No [ ]  Don’t know [ ]  |
| **If any of the above are YES, please provide more details:**  |

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| **Please provide details 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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| **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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| **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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| **Once completed send securely via** | **Postal address:** |
| **If you have a Egress email address:** **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** |
| *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 Practitioner will be in touch
2. If accepted for our service, a practitioner will carry out an assessment to assess the most appropriate intervention/s one to one or groups
3. Interventions are typically 6-8 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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**Changing Lives and Childrens and Adolescent Mental Health Services in Derby & Derbyshire have a joint information sharing agreement and will automatically pass on any referrals more suited to each service to ensure that children, young people & families can access the right service for them without unnecessary delay. If you do NOT wish us to pass your referral onto CAMHS without discussing with you beforehand please tick here** [ ]

**Changing Lives work closely with school based professionals in Derby & Derbyshire to support the children and young people referred into our service. If you do NOT wish us to discuss your referral with the school you/ your child attends, please tick here** [ ]