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| **Privacy Notice Statement & CONSENT** |
| **Please note by completing this referral, Compass will expect the following (please tick to confirm):**

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| You consider the young person to have capacity to give informed consent | Yes [ ]  No [ ]  |
| Has the young person consented to this request for support?  | Yes [ ]  No [ ]  |
| Has the child’s parent/ carer (if under 16) consented to this request for support? | Yes [ ]  No [ ]  |
| Does the child/ young person consent to us contacting their parent/ carer? | Yes [ ]  No [ ]  |
| Does the parent/carer (if under 16) or young person, consent to Compass contacting other agencies to discuss the referral if required | Yes [ ]  No [ ]  |

**PLEASE NOTE: If the boxes above have not been completed, you will need to confirm these before a referral will 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 (max 8-12 sessions) to children and young people aged 5-19 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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| **CONTACT DETAILS OF 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 [ ]  Not known [ ] White other [ ]  Other [ ]  Mixed [ ] Asian or Asian British [ ]  **If other, please specify:**Black or Black British [ ]  Other Ethnic Groups [ ]    | **Main Language:** **English** **Is an interpreter required?** [ ] **Documents required in main language?** [ ] **Religion: None** |
| **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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| **CONTACT DETAILS OF PARENT/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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| **CONTACT DETAILS OF 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 child like to achieve from support, what would the parent carer like to see the child achieve) |
| **Parent/ Carer****Young person** |
| **ARE YOU AWARE OF ANY CURRENT OR PREVIOUS RISKS WITH THE CHILD/YOUNG PERSON/FAMILY?**(Please if deemed appropriate for home visits. Please attach any current or previous risk assessment if applicable) |
| **To self: None**  | **To others : none** |
| **From others: none**   | **General: none**  |
| **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**  | 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 team member might 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 a maximum of 8 – 10 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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