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