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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 BMHST practitioner in a link session meeting? | Yes  No  Practitioner name: |
| **PLEASE NOTE: By ticking these boxes, you are consenting to Birmingham MHST 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:  Date:  **PLEASE NOTE: Incomplete referrals/ referrals with inaccurate information may be returned to the referrer.** | |
| Compass Birmingham MHST works with children, young people, families, schools and colleges across Birmingham.  We provide low intensity one-to-one interventions or groupwork. One to one sessions are (typically 6-8 sessions) delivered 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 Birmingham **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 0121 227 8254 (Monday – Thursday 9am to 5pm / Friday 9am to 4.30pm). | |

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| **ABOUT THE CHILD OR YOUNG PERSON** | |
| **Full name:** | **Gender:** |
| **Date of Birth:** | **Age:** |
| **Preferred name & pronouns if different:** | |
| **Phone Number:** | **Email Address:** |
| **Address:** | **Postcode:** |
| **Main Language:**  **Is an interpreter required?**  **Documents required in main language?** | **Religion:** |
| **Ethnicity:**   |  |  |  | | --- | --- | --- | | 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 | |  | | |
| **Accommodation status:** **Living with parents.**  (i.e. Living with parents, living with relatives, fostered, adopted, independent living) | |

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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 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 have parental responsibility for the child ?** Yes ☐ No ☐ | | |
| **Address:** | | |
| **Phone number:** | | **Email address:** |
| **Main Language:** | | **Is an interpreter required?** |
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| **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: Kingsbury Road, Erdington** | | |
| **Referrer’s contact phone number:** | | **Referrer’s email address:** |
| **How long have you known the child:** | | |
| **How did you hear about Compass Birmingham MHST?** | | |

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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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| **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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| **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 |
| **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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| **Once completed send securely to:** | **Postal address:** |
| [**BirminghamMHST@compass-uk.org**](mailto:BirminghamMHST@compass-uk.org) | Compass Birmingham  101-106 Bridge House, 509 Aldridge Road, Great Barr, Birmingham B44 8NA |
| **If you have an NHS email address:** [**CompassBirminghamMHST@nhs.net**](mailto:CompassBirminghamMHST@nhs.net) |
| *If you have any difficulties, please contact Compass Birmingham MHST on*  *0121 227 8254* 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 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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**Birmingham MHST work with specific schools in Birmingham as arranged with local NHS Commissioners. Any Birmingham schools not covered by the Birmingham MHST are covered by Forward Thinking Birmingham. Birmingham MHST and Forward Thinking Birmingham have a joint information sharing agreement and will automatically pass on any referrals received by the incorrect service to ensure that Young people & families can access the right service for them without unnecessary delay. If you do not wish us to pass your referral onto Forward Thinking Birmingham, please let us know.**