

***A Crime Prevention Project providing support for 8 – 17 year olds and their parents / carers. We believe all children and families have individual strengths that can be identified, built on, and employed.***

**Referral Form**

Care-giver Name:	Telephone Number:
Care-giver Name:	
Address child resides:	
Childs Name:	DOB:
First Language:	Ethnicity:
Physical / Learning disabilities:	Gender:
Are you aware of any risk associated to home visits? Details:	
Has this referral been discussed with the child and an information leaflet given?    Yes            No	
Referrer Name:	Agency:
Email:	Telephone number:
Has this referral been discussed with the parent / carer?    Yes            No	
Are you aware of the child having any involvement with the Police?    Yes            No	
Details:	
Name of School or educational provision:	
Has an Early Help Assessment (formerly CAF) been completed in the last 6-months?    Yes            No	
If answered No, why have you not completed one?	
Is the child and/or parent receiving support from any other service?                      Yes            No	
Details: (name, agency, intervention)	
1.	
2.	

3.

Please consider the below factors (which are known to be associated to the onset of offending) and **tick all** those that apply to the child being referred.

**Family and living arrangements:**

Accommodation is unstable or inadequate		Family on low income	
Criminal or anti-social behaviour by parents or siblings		Parenting concerns	
Domestic Abuse (childhood experience)		Inconstant supervision or guidance	

Summary of concerns

**Education:**

Pattern of exclusion or non-attendance		Lack of commitment	
Behavioural or learning difficulties		Low achievement	
Aggressive behaviour towards others		Bullying	

Summary of concerns:

**Friends and Community:**

Lives in a deprived area		Lack of local facilities	
Peers involved in drugs or crime		Non-constructive use of spare time	
Lack of attachment to neighbourhood		Stays out late at night	

Summary of concerns:

**Individual risk factors:**

Attitudes condoning negative behaviour		Low self-esteem / low aspirations	
Has a condition that affects every day life e.g. ADHD, conduct disorder, mood disorder		Fire setting	
Does not understand consequences of actions		Uses substances (drugs / alcohol)	

Summary of concerns:

<b>Strengths (Protective Factors):</b>			
Positive social skills		Positive and Healthy friendships	
Good academic ability		Community participation including hobbies	
Supportive relationship with parent / carer including shared experiences.			
<b>Vulnerability issues:</b>		<b>Risk of harm to others:</b>	
Due to the behaviour of others		Child has caused harm	
Due to their own behaviour		Incidents of aggression / threats to harm	
Due to events or circumstances		Known to have used or threatened violence with a weapon e.g. knife	
Summary of concerns:			
What behaviour by the child are you concerned about?			
What has been tried with the child to address the behaviours and risk factors?			
Are you able to attend a Team Around The Child meeting?		Yes	No
How can Compass support the family and young person?			

**Parent / carers view of the referral:**

**Young Person's view:**

**Consent for referral and to share information (Consent required for referral to be received)**

**Parent(s) / Carer(s)**

Name: Signature Date:

Name: Signature Date:

**Child**

Name: Signature Date:

Referrer signature: Date:

**Compass** is one of two services funded by B&NES Council to support young people at risk of offending – the other service being Mentoring Plus. We support 8 to 17 year olds at risk of

offending. Key Workers deliver interventions for 6-9 months via assessment and an Individual Support Plan. This can include 1-1 support, work with parents, family work, positive activities, support in school, and a range of interventions to promote resilience. We can access specialist staff from the Youth Offending Service (Parenting worker, School Nurse, Speech and Language therapist, Education Worker.)

### **Alternative Service**

**Mentoring Plus** supports vulnerable 12 – 21 year olds who are keen and able to commit to working with a volunteer mentor for an evening a week for up to a year. Once matched with a mentor, young people are supported to develop a personal plan and reflect on and make positive changes to their life, alongside accessing cultural, educational and recreational opportunities delivered by local partners.

Both organisations share referral information to ensure young people access the most appropriate service. This means a referral to one service can mean being contacted by the other.

*Has the referred young person previously worked with Mentoring Plus? **Yes / No***

*If yes, please detail when and for how long:*

**Please return this form to Compass, Lewis House, Manvers Street, Bath BA1 1JG. (Tel 01225 396966)  
E mail referrals to can be accepted from Bath and North East Somerset employees  
Compass@bathnes.gov.uk . All other e mail referrals need to be made securely via Globalscape**

**Thank you for your referral.**

For office use only: Decision Making record – Low / Medium / High Concerns

- Family Relationships / Living Arrangements ☐
- Education ☐
- Friendships / Community Factors ☐
- Individual Risk Factors ☐
- Behaviours ☐
- Strengths / Protective Factors ☐

CAF	Yes	No	Previous	
CIN	Yes	No	Previous	
CP	Yes	No	Previous	
YRD	Yes	No		
Caution or Conditional Caution	Yes	No		
Connecting Families	Yes	No		

