

Compass Referral Form

Reference Number:

Please return to: Compass, Parkside Centre, Charlotte Street, Bath BA1 2NE Tel No: 01225 396495

Email: compass@bathnes.gov.uk

Compass is committed to a fair and equal process and encourages referrals from diverse backgrounds

Referrer details	Name:	Agency (if applicable):
	Address:	Telephone No:
		E-mail:

Young Persons details	Name:	Other Names:	Male	Female
	Address:	Home Telephone:	DOB:	
	Post-code:	Other Telephone:	Age:	
Ethnic Classification (based on 2001 census)				
White	Black/Black British	Asian/Asian British	Chinese/Other Ethnic	Mixed
British <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	Chinese <input type="checkbox"/>	White/Black Caribbean <input type="checkbox"/>
Irish <input type="checkbox"/>	African <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Any Other <input type="checkbox"/>	White/Black African <input type="checkbox"/>
Other White <input type="checkbox"/>	Other Black <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>		White/Asian <input type="checkbox"/>
		Other Asian <input type="checkbox"/>		Other mixed <input type="checkbox"/>
RELIGION:				Information not obtainable <input type="checkbox"/>
PREFERRED LANGUAGE (other than English):				

Is the young person disabled (see guidance for definition)?	YES	NO
Details		

Family Details	Mother:	Father:	Other Carer:
	Address (if different from above):	Address (if different from above):	Address (if different from above):
	Telephone:	Telephone:	Telephone:

Other Children in household	1 Name:	2 Name:	3 Name:
	Age:	Age:	Age:
	Relationship:	M/F	M/F
	4 Name:	5 Name:	6 Name:
	Age:	Age:	Age:
	Relationship:	M/F	M/F

Current or previous social services involvement with any young person, or adult, mentioned above (Please provide brief details)

Educational Details	Name of School (or other educational establishment):
Address:	
Main contact at school:	Telephone:

Is the young person receiving support under the SEN Code of Practice 2001?	YES	NO
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Is the young person known to the police?	YES	NO	If yes, how?	Date:
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Details of any other agencies involved with the young person (where known)	Name:	Name:	Name:
	Agency:	Agency:	Agency:
	Telephone:	Telephone:	Telephone:
	Details of Involvement:	Details of Involvement:	Details of Involvement:

The following factors can be associated with the onset of offending. Please circle as many factors as you believe apply to the child being referred and provide evidence for each:

(NOTE: Compass staff should update/amend in a different coloured pen for easy identification)

Living and Family Arrangements

- Not living with Mother/father or both
- Harsh discipline at home
- Low income
- Family members involved in crime/ASB
- Inconsistent supervision
- Unstable accommodation

Statutory Education

- Not in full time education
- Behavioural or learning difficulties
- Regular non-attendance/excluded
- Low reading age
- Is bullied or bullies
- Does not like school

Evidence

Evidence

Neighbourhood and Friends

- Lives in an area of deprivation
- Isolated location
- Lack of appropriate facilities
- Non-constructive spare time
- Peers who are involved in crime
- Few age-appropriate friends

Substance Misuse

- Drinks alcohol
- Smokes
- Known to take drugs
- At risk of harm through use
- Sees substance use as a positive part of life

Evidence

Evidence

Emotional and Mental Health

- Has condition that affects everyday life e.g. ADHD
- Significant Bereavement/loss
- Emotional Disturbance
- Referral has been made to mental health service

Perception of self and others

- Does not trust others
- Picks on others
- Picked on
- Low self-esteem
- Does not believe s/he commit anti-social acts

Evidence

Evidence

Thinking, Behaviour and Attitudes

- Acts impulsively
- Easily influenced
- Gets easily bored
- Needs things at once
- Does not understand consequences of actions

Motivation/Positives

- Any success in school
- An adult they are close to
- Can think problems through
- Ambitions for the future
- Friends
- Hobbies/interests

Evidence

Evidence

Young Person's Vulnerability

Due to the behaviour of other people

Due to events or circumstances

Due to their own behaviour (inc. self-harm/suicide)

Risk of Harm by Young Person

Has caused actual serious harm to somebody

Young person has said they will cause serious harm

Concerns expressed by other people about serious harm issues

Evidence	Evidence
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Are you aware of any danger associated with home visits? YES NO
Details

Reasons for the Referral
What behaviour by the young person are you concerned about?

What has been the impact of the behaviour? e.g. on the young person, individuals, the family, school or community

What work has your agency (if applicable) been doing with the young person to deal with the behaviour and risk factors identified above?

What would you like Compass to do?

