

One on 1's

Dear Parent or Guardian,

Welcome to 1 Compass's One on 1's scheme. If you would like support for your child on a fortnightly bases from a wellbeing worker, please fill out this information as accurately as possible.

The sessions are to be operated in connection with schools and home life. One on 1's can take place at home, in our community centre and telephone communication is also available in if required.

Please be aware that sessions will not occur without a responsible adult present.

What we do:

One on 1s intervention sessions will start with icebreakers tailored to the youth members individual interests and standard of engagement. The aim of these sessions is to build on trust and open lines of communication. Various approaches may be adopted to initially engage with an individual such as:

1. General conversations
2. Sporting activities in the community garden or the adjacent community sports field
3. Artistic activities in the community hall, on paper or online

How we do it:

Support focused on listening and discussion surrounding the young person's emotional needs. Youth stars will be used to track youth members to see where support is needed.

By using a variety of activities in sessions we look to promote:

1. Exercises related to anxiety, awareness, and motivational habits
2. Happiness, positivity for the future and increase resilience
3. A decrease anti-social behaviour and support a healthy integration with others

The self-assessment youth star helps young people to track friendship, education, family, confidence, emotional wellbeing, and communication, which allows the individual to visually capture their journey. It will also measure the impact of the youth programme and its activities.

Time frame and support aims:

The programme will provide support and mentorship with One on 1 intervention sessions with an allocated 1 Compass staff member. These sessions may continue for a period of months. We aim to make progress within three months, and close them from the program, but if there is no indication that support has been able to benefit the individual or other factors in their life has resulted in a decrease of wellbeing, we will continue to support until the young person is stable. The maximum time of support will be twelve months, before the young person's file is closed. They will be recommended to other services who can support, but also have the option to make a re-referral to restart the One on 1s intervention if extenuating circumstances are apparent. When a youth member has shown a considerable increase in their wellbeing star, we would consider closing their account to allow space for other youth in need. The opportunity to remain in the other youth groups and in other projects would remain.

If a youth member fails to attend two scheduled sessions, contact will be made to check on their wellbeing. Failing a lack of communication after one month the youth members file would be closed to allow a new member to enrol. The opportunity to re-enrol and resume support in the future would be possible.

Please note if you are making this referral on behalf of the family, that all referrals must be made with the consent from the family. This form will be held in confidence but may be shown to the family if requested.

**WE ARE UNABLE TO
PROCESS YOUR
REFERRAL UNTIL WE
RECEIVE THIS FORM**

Referral Form

FAMILY DETAILS					
NAME OF FAMILY					
ADDRESS					
POSTCODE		CONTACT NUMBER			
		EMAIL ADDRESS			
NAME OF MOTHER / PARTNER / GUARDIAN		DATE OF BIRTH		MAIN CARER?	YES NO
NAME OF FATHER / PARTNER / GUARDIAN		DATE OF BIRTH		MAIN CARER?	YES NO
NAME OF YOUNG PERSON		DATE OF BIRTH			
HAVE YOU DISCUSSED THIS REFERRAL WITH THE FAMILY PRIOR TO COMPLETING THIS FORM?	YES NO	INTERPRETER REQUIRED?		YES NO	
REFERRER DETAILS					
SELF REFERRAL?					
NAME		AGENCY			
ADDRESS		CONTACT NUMBER			
FAMILY DOCTOR		CONTACT NUMBER			
HEALTH VISITOR		CONTACT NUMBER			

OTHER AGENCIES INVOLVED	
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Young person's needs

So that we can offer the young person the most appropriate support, please complete the following table. Please note that there is not a 'points' system. Individuals will not be prioritised on the basis of how many categories are ticked. This information, will be used to monitor how our support meets the young person's needs.

I hope that 1 Compass will help meet needs the young person has in the following areas:	✓	If you have ticked, please tell us why this is a need
1. Managing child's behaviour		
2. Being involved in the child's development		
3. Coping with physical health		
4. Coping with mental health		
5. Feeling isolated		
6. School attendance		
7. Anti-social behaviour		
8. Gaining confidence and Happiness		
9. Stress caused by conflict in the family		
10. Gaining resilience		
11. Improving relationships		

ADDITIONAL INFORMATION – Please add any background information you think may be useful.

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SIGNATURES

REFERRER SIGNATURE		DATE	
PARENT / CARER SIGNATURE		DATE	

Thank you for taking time to provide this information which will help us to process the referral

- We will try to respond to you within 2 weeks to tell you about progress with this referral
- Please tell us about any Health and Safety issues that we need to consider when placing a volunteer with this family.