What is The Compass?

The Compass is the children and young people’s disability register for Brighton and Hove. It’s held independently by Amaze for Brighton & Hove Children’s Services. Registering on The Compass is voluntary – if you do register your child, the information you give is used anonymously to help improve local services for children and young people with special educational needs and disabilities (SEND).

The Compass Card

Once you’ve registered a child, you’ll receive a Compass Card (a free leisure incentive card) along with our newsletter 3 times a year and regular updates on the issues, services and events that matter to you.

Can I register my child on The Compass?

You can register your child on The Compass if:

- They are under 25 years old and have special educational needs, disabilities or complex health needs that significantly affect their daily life. They will usually be eligible for Disability Living Allowance (DLA) or Personal Independence Payment (PIP), or have a statement of special educational needs, or Education, Health and Care Plan (EHC Plan)
- AND they live in Brighton and Hove or go to school or college here, or they are a Brighton and Hove ‘looked after’ child with special educational needs or disabilities

If you’re not sure whether you can register your child on The Compass, or would like help with filling out the form, call our helpline on 01273 772289.

Before you start filling in this form

- A parent, or carer with parental responsibility, should complete this form for children under 16. Although this form is designed for parent carers, children over 16 are welcome to complete their own form.
- Young people aged 18-24 should complete a young person’s Compass Registration form. You can get one from our website at www.amazebrighton.org.uk or call our helpline on 01273 772289.
- Fill in a separate form for each child in the family with special educational needs or disabilities. The more information you provide the better – but if questions, don’t apply to you, just leave them blank.

Child’s details

<table>
<thead>
<tr>
<th>First name:</th>
<th>Surname:</th>
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</thead>
<tbody>
<tr>
<td>Address:</td>
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<tr>
<td>Postcode:</td>
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</tr>
<tr>
<td>Tel:</td>
<td>Date of birth:</td>
</tr>
<tr>
<td>GP Practice:</td>
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</tbody>
</table>

Parent carer’s details

<table>
<thead>
<tr>
<th>Title:</th>
<th>First name:</th>
<th>Surname:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address (if different from above):</td>
<td></td>
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<tr>
<td>Postcode:</td>
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<tr>
<td>Relationship to child (e.g. parent, adoptive parent, grandparent, foster carer):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email*:</td>
<td>Tel:</td>
<td>Mob:</td>
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* allows us to tell you about last-minute Compass Card special offers
How would you like to receive the Amaze newsletter?  
Email  
Post

Are you completing this form for a ‘looked after’ child?  
Yes  
No

If yes, please provide the name of the child’s social worker:

Tel no:  
Email:
(they will need to confirm, where legally required, that the parents have been informed or give their permission for Compass registration)

Questions about your child

Brothers and Sisters

How many brothers and sisters does your child have? (please circle one option)  
none / 1 / 2 / 3 / 4 / 5 / more than 5

Do any of them have special educational needs or disabilities?  
none / 1 / 2 / 3 / 4 / 5 / more than 5

Do the brothers/sisters share in the care of your child?  
yes / no / not applicable

Your child’s needs, care and diagnosis

Tell us more about your child’s needs by ticking one box for each question.  
Some questions might not apply to your child. Leave those questions blank.

1. Does your child have a learning difficulty?
   - No
   - Mild learning difficulty
   - Moderate learning difficulty
   - Severe learning difficulty
   - Profound learning difficulty
   - Specific learning difficulty (e.g. Dyslexia, Dyspraxia)

2. Does your child have any difficulties with communication?
   - No
   - Has limited understanding and/or difficulties expressing self
   - Relies on gestures, aids or other people to express their needs

3. Does your child have visual problems?
   - No
   - Mild (e.g. can’t recognise a friend across the road)
   - Moderate (e.g. needs glasses to watch TV or look at a book)
   - Severe (e.g. can’t tell by the light where windows are)
   - Registered blind

4. Does your child have hearing problems?
   - No
   - Mild (e.g. doesn’t hear someone calling to them in the street)
   - Moderate (e.g. hearing could be improved with a hearing aid)
   - Severe (profoundly or totally deaf)

5. Does your child have challenging behaviour?
   - No
   - Mild (e.g. often miserable, afraid or worried)
   - Moderately (e.g. gets into arguments or falls out with other children quite a lot)
   - Severe (e.g. can be aggressive, destructive, often shouts or hurts self)

6. Does your child have mobility problems?
   - No (is fully mobile)
   - Moderate difficulties (e.g. needs help or walking aids, or tires very quickly)
   - Severe difficulties (e.g. needs a wheelchair to get about)

7. What personal care (e.g. washing dressing, feeding) does your child need?
   - About what you would expect for their age
   - Needs extra help or reminding
   - Dependent on others for all personal care

8. Are your child’s toileting skills about what you would expect for their age?
   - Yes
   - Needs help or reminding
   - Incontinent at night
   - Incontinent both day and night
Please tick any of the following conditions that apply to your child:

- Acquired brain injury
- Anxiety
- Arthritis
- Asperger Syndrome
- Asthma
- Attachment Disorder
- Attention Deficit Hyperactivity Disorder (ADHD)
- Autistic spectrum condition
- Blood disorders
- Cancer or leukaemia
- Cerebral Palsy
- Global Developmental Delay
- Heart condition
- Hydrocephalus
- ME/Chronic Fatigue Syndrome
- Metabolic disorders
- Muscular Dystrophy
- Named syndrome (please give name)
- Obsessive Compulsive Disorder
- Oppositional Defiance Disorder
- Cystic Fibrosis
- Depression
- Diabetes
- Down’s Syndrome
- Dyslexia or specific learning difficulty
- Dyspraxia or coordination difficulties
- Eczema
- Emotional and behavioural difficulties
- Epilepsy
- Genetic syndrome (please give name)
- Pathological Demand Avoidance
- Pervasive Developmental Disorder
- Renal disorders
- Skeletal disorders
- Skin condition
- Speech and language difficulties
- Spina Bifida
- Tourette’s Syndrome or other tic disorder
- Any other condition (please give details)

Does your child have a condition that requires medical treatment or intervention every day? (e.g. taking medicines, physiotherapy, asthma pump)  
Yes ☐  No ☐

If yes, who provides this care? .................................................................

Has this person received enough training and support?  
Yes ☐  No ☐  Not applicable ☐

How many days has your child spent in hospital in the last year?  
0  1-5  6-10  11-15  16-20  21+  (circle one option)

How many health-related appointments have they had in the last year?  
0  1-5  6-10  11-15  16-20  21+  

If your child has a GP, do they have a good grasp of your child’s needs?  
Yes ☐  No ☐  Not applicable ☐

Is your child registered with a dentist?  
Yes ☐  No ☐

If yes, are you satisfied with their treatment?  
Yes ☐  No ☐

Does your child need constant supervision?  
Yes ☐  No ☐

Does your child receive Disability Living Allowance (DLA) or Personal Independence Payment (PIP)?  
Yes ☐  No ☐  Awaiting outcome ☐

Has your child ever had an Early Help Assessment? (used to be called a CAF/TAF)  
Yes ☐  No ☐

Your child’s housing

Is your child’s housing adequate for their needs?  
Yes ☐  No ☐

What type of housing is it?  
House ☐  Flat ☐  Bungalow ☐  Other ☐

Is it:  
- owned
- shared ownership scheme
- private rented
- rented from local authority
- rented through housing association
- other  
(circle one option)
Your child’s transport

Does your family own a car?  
Yes [ ]  No [ ]

Or do you lease a car through the Motability Scheme?  
Yes [ ]  No [ ]

Does your child travel by bus or train?  
Yes [ ]  No [ ]

Is your child able to travel independently (that is, on their own)?  
Yes [ ]  No [ ]

Your child’s education

What’s the name of your child’s nursery, school, college or special unit (if more than one, please list all)?

………………………………………………………………………………………………………………………………………………………………

If it’s outside Brighton and Hove, where is it?  
………………………………………………………………………………………………………………………………………………………………

Does your child board there?  
Yes [ ]  No [ ]

Does your child have a Statement or an Education, Health and Care Plan (EHC Plan)?  
Yes [ ]  No [ ]

(EHC Plans are only for children with special educational needs or disabilities and are replacing statements of SEN)

If no, are they getting other SEN support at school?  
Yes [ ]  No [ ]

Has your child been excluded from school in the past year?  
no / at risk of exclusion / temporary exclusion / permanent

Has your child been informally excluded in the past year?  
(e.g. you’ve been asked to collect them before school finishes)

Yes [ ]  No [ ]

If your child has been formally/informally excluded in the past year, could you name the school(s) involved below?

………………………………………………………………………………………………………………………………………………………………

Has your child ever experienced bullying at school?  
Yes [ ]  No [ ]

Has your child ever experienced bullying out of school?  
Yes [ ]  No [ ]

Because of their additional needs, have they been involved in bullying others?  
Yes [ ]  No [ ]

Services used and/or needed by your child

1. Tell us which services your child has received in the last year by ticking the Receiving box
2. Tell us which services your child doesn’t receive, but you feel they would benefit from, by ticking the Needed box (even if the service has been refused to your child or you know there is a long waiting list)
3. Tick both boxes if you’re child has received a service in the last year but you feel they need more of it

### Health

<table>
<thead>
<tr>
<th>Receiving</th>
<th>Needed</th>
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<tbody>
<tr>
<td>Hospital Paediatrician</td>
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<tr>
<td>(a paediatrician is a doctor who specialises in treating children)</td>
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<tr>
<td>Community Paediatrician</td>
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<tr>
<td>(e.g. paediatrician at Seaside View Child Development Centre)</td>
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<tr>
<td>Community Paediatric Nurse</td>
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<tr>
<td>(e.g. Home Care Tram or School Nurse for children with disabilities)</td>
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<tr>
<td>Specialist Health Visitor</td>
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<tr>
<td>Family Health Visitor</td>
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<tr>
<td>Occupational Therapy</td>
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<tr>
<td>Physiotherapy</td>
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<tr>
<td>Speech and Language Therapy</td>
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<tr>
<td>CAMHS (Child and Adolescent Mental Health Service)</td>
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<tr>
<td>Alternative/Complementary Therapies</td>
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<tr>
<td>Wheelchair and Special Seating Service</td>
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</table>

### Education

<table>
<thead>
<tr>
<th>Receiving</th>
<th>Needed</th>
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<tbody>
<tr>
<td>Language Support Service</td>
<td></td>
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<tr>
<td>Literacy Support Service</td>
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<tr>
<td>ASCSS (Autistic Spectrum Condition Support Service)</td>
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<tr>
<td>Behaviour Support</td>
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<tr>
<td>(e.g. Behaviour &amp; Inclusive Learning Team)</td>
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<tr>
<td>PRESENS (Pre-school Special Educational Needs Service)</td>
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<tr>
<td>Transport to school</td>
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<tr>
<td>Transport and escort to school</td>
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<tr>
<td>Belltree Music Therapy Centre</td>
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<tr>
<td>Use of special educational equipment at school</td>
<td></td>
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<tr>
<td>Educational Psychology Service</td>
<td></td>
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<tr>
<td>Sensory Needs Service</td>
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</tbody>
</table>
Social Care

I get  I need

- Children’s Disability Service Social Worker
- Other Social Worker
- Residential short breaks (respite care)
- Children’s Disability Team Outreach
- Link Plus Service (Barnardo’s)
- Family Support Worker
- Community Family Worker (e.g. Safety Net Families Team, Linx Family Support or Early Years Visitor)
- Family Coach (Integrated Team for Families)
- Foster Placement
- Adaptations or special equipment
- Help/Advice (including financial)
- Transport (not to and from school – see Education above)
- Sensory Loss Team
- Direct Payments or Personal Budgets

Voluntary organisations and other services

I get  I need

- Amaze
- Blue Badge
- Childminder
- Counselling
- Crossroads Care
- Triangle
- After school play schemes (please name, e.g. extratime)
- Holiday play schemes (please name, e.g. Cherish)
- Leisure and sporting clubs (please name, e.g. Adventure Unlimited)
- National or local support groups (please name)

Are there other services you receive or need?

Ethnic monitoring

The 1989 Children Act asks that we consider your child’s ethnic origin. Please tick one ethnic group:

White
- White British
- White Irish
- White Traveller of Irish Heritage
- White Gypsy Roma
- Any other White background

Black or Black British
- African
- Caribbean
- Any other Black background

Mixed/Multiple ethnic groups
- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed/Multiple background

Asian or Asian British
- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background

What is the main language you speak at home?
I declare that the information I have given on this form is true to the best of my knowledge

Signed: ................................................................................................................................................

Date: ...................................................................................................................................................

Print name: ...........................................................................................................................................

Status:  parent carer / other carer / young person over 16 / professional
(please specify type of professional below, e.g. Support Worker)
...........................................................................................................................................................

Where did you hear about The Compass?
...........................................................................................................................................................

Was this form easy / okay / hard to fill out? (circle one option)

..............................................................................................................................................................

Thank you for completing this form and registering on The Compass. If your child is eligible for a Compass Card, we aim to send your card out to you within three weeks. We'll ask you to update your information every two years.

Please return this form (no stamp needed) to: AMAZE, FREEPOST SEA14216, BRIGHTON, BN1 3ZZ