**The Provision of an Independent Visiting Service for Children and Young People who are Looked After**

**Covering:- Dudley, Sandwell, Telford and Wrekin and Walsall**

# Request for Service Form

**YOUNG PERSON : please give this form to your social worker or carer so they can get in touch with us**

Please complete all sections – missing information will mean the referral will be returned unprocessed

Independent Visitors are volunteers. They can encourage young people to demonstrate resilience by making time for the child or young person to enable them to feel cared for as the main or sole purpose (relating to unpaid/non-professional relationship)

Independent visitors provide both emotional and practical advice and support throughout their journey from care to independent living. Volunteers are matched with a child or young person under 18 years of age (referred before 17 ½ years), who require extra support and encouragement. This may be due to minimum contact with their own families ***OR*** because it would be in the best interests of ***ANY***child to receive additional 1:1 support.

Support from an Independent Visitor can have the following benefits:

**Initial outcomes**

* Enjoyment & having fun
* Trying new things
* Having choices, e.g.: whether to have an Independent Visitor; type of person & activities
* Being listened to
* Help in resolving immediate issues/ concerns

**Medium-term outcomes**

* Reduced stress
* Experience of a positive/’normal’ relationship
* Sense of being liked and cared for as a person
* Having someone to be ‘normal’ with not feeling judged
* Positive behaviour change
* Experience of consistency & constancy to promote stability

**Long-term outcomes**

* Personal well-being: improved confidence; self-esteem; trust; resilience; able to ask for help
* Personal relationships; better able to form and maintain relationships with peers and new contacts
* Social interaction: Reduce social isolation, expanded network of support; improved social interaction, skills and behaviours reducing negative behaviour e.g. offending. Volunteers act as a role model for relationships and social interaction
* Practical skills & problem-solving: increasing independence skills eg: staying safe; independent travel; making decisions; budgeting – Tenancy training for 16-17 years old
* Personal achievement: raising aspirations; increase access to education and employment; developing skills and range of experience

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| --- | --- | --- |
| REFERRER | YOUNG PERSON |  |
| **NAME** | **NAME** |  |  |
| **RELATIONSHIP TO YOUNG PERSON** | **PREVIOUS NAMES** | **DOB** | **AGE** |
|
| ADDRESS**…………………………………………………..****…………………………………………………..****…………………………………………………..****Tel No……………….………………………..****Fax / E mail………………….………………** | ADDRESS**………………………………...………………..****……………………………………………...…..****……………………………………………..****Contact person and telephone no………………..……………………………………………………………………………****Other Contact No……………...……….** | **GENDER M / F****ETHNICITY****RELIGION** | **DISABILITY Y / N****If yes, please give details** |

Date of referral : …………………………………….

Has the Young Person consented to this referral being made? **Y / N** If yes, when?…………………

Has this referral been discussed at the child/young person Looked After Child Review?

 **Y / N** If yes,when?…………………..

Is CGL Volunteer Independentt Visitor support included in the Young Persons Care Plan?

**Y / N………………………………………**

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| Please state reasons for the referral:  |
| …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………. |

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| Proposed aims and objectives of the IV friendship: |
| …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….Are these objectives stated in the Care Plan? **Y / N** |

**SOCIAL SERVICES CONTACTS**

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| --- | --- |
| **Social Worker** | **Area Service Office Address** |
| **Tel / Email** |
| **Name of Child/Young Person’s Independent Reviewing Officer****Tel / Fax / Email** |
| **Name of Child/Young Person’s Carer****Relation to the Child/Young Person** |
| **Name of person with Parental Responsibilty****Relation to the Child/Young Person** |

 **OTHER AGENCIES INVOLVED**

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| **Are there any other statutory/voluntary angecies involved with the Young Person? (ie YOS, Family Support Services,Careers Service, School, Counselling / Support Group Services). Please state name of worker/advisor if known. (Please include contact numbers for these agencies).** |
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 **YOUNG PERSON INFORMATION**

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| --- | --- |
| **Current Type of Accommodation** | **Present Education / Training / Employment / Benefits information**  |
|  |
| **Are there any child protection matters?** |

 RISK ASSESSMENT FORM

Young person initial: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Young person Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of professional completing the assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Risk Domain** | **Details** | **Status** | **Risk Level** | **Protective Factors**  |
| **Substance Misuse** |  | *Current**Last 3 months**Previous* | *High**Medium**Low* |  |
| **Physical Health** |  | *Current**Last 3 months**Previous* | *High**Medium**Low* |  |
| **Mental health** |  | *Current**Last 3 months**Previous* | *High**Medium**Low* |  |
| **Children / Young People**[i.e. young carer; missing from education; pregnant] |  | *Current**Last 3 months**Previous* | *High**Medium**Low* |  |
| **Causing harm to others** |  | *Current**Last 3 months**Previous* | *High**Medium**Low* |  |
| **Harm from others**  |  | *Current**Last 3 months**Previous* | *High**Medium**Low* |  |
| **Harm to self**  |  | *Current**Last 3 months**Previous* | *High**Medium**Low* |  |
| **Risk of CSE or CRE** |  | *Current**Last 3 months**Previous* | *High**Medium**Low* |  |
| **Social** [i.e. homeless, housing at risk] |  | *Current**Last 3 months**Previous* | *High**Medium**Low* |  |

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| **Hazard** | **Expected Consequence** | **Assessment of Risk:****Likelihood x consequence =** **risk rating** | **Controls already used** | **Revised Risk Rating** | **What further action is needed to bring risk to acceptable level** | **Action by whom & when** | **Done (date)** |
|  |  | *Likeli-hood* | *Conse-quence* | *Risk Rating* |  |  |  |  |  |
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To be completed by CGL staff

**Assessment review date:** **………………..**  (Usually within one year, or earlier if working habits or conditions change)

**Signed Sova staff worker\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NOTES:**

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| **Likelihood (Realistically what is the likelihood of harm occurring)** | **Consequence (Realistically what is the worst likely outcome)** |
| 1=Unlikely that an accident could occur except in freak conditions – a relatively rare occurrence | 1=No risk or injury or disease |
| 2=Remote - might occur particularly where other factors are involved | 2=Slight risk of injury or disease (unlikely that the injury would prevent someone working) |
| 3=Possible – might occur without other factors being involved | 3=Moderate risk of injury (RIDDOR reportable injury possible) |
| 4=Probable – likely to occur fairly regularly | 4=High – Death or serious injury as defined by RIDDOR likely |
| 5=Likely – expected that an accident will occur ‘an accident waiting to happen) | 5=Very High – multiple deaths possible |

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| **RISK RATING** |  |
|  | **Likelihood x Consequence = Risk Rating** |
| 25 | Very high/very likely – must reduce before activity can take place |
| 16-20 | High/likely – must reduce before activity can take place |
| 9-15 | Moderate/quite possible – try to reduce if possible |
| 1-8 | No risk/very unlikely - acceptable |

\* Definition - person competent in risk assessing = someone who has attended either an internal or external Risk Assessment or Health and Safety course/coaching session (E learning acceptable)