Change Grow Live Gloucestershire Independent Visitors Service

# Request for service

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

Our Independent Visitors for Care Leavers are there to provide both emotional and practical advice and support throughout their sessions. Independent Visitors are matched with a young person aged 17 ½ years to 25 years who requires extra support and encouragement.

Support from an Independent Visitor can have the following benefits:

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| Initial Outcomes | * Continued support from the trusted adult.
* Trying new things.
* Having choices, e.g.: whether to have an Independent Visitor.
* Being listened to
* Help in resolving immediate issues/ concerns
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| 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
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| 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 e.g. staying safe; independent travel; making decisions; budgeting – Tenancy training etc
* Personal achievement: raising aspirations; increase access to education and employment; developing skills and range of experience
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| **Referrer’s Details**  |
| **Contact Name**  | **Role** | **Email Address** | **Contact Number**  |
|       |       |       |       |
| **Relationship to child/young person?**       |

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| **Young Person’s Details** |
| **Name of Child/Young Person:**       | **Address:**      |
| **Preferred Names:**      |
| **Previous Names:**      | **At Address Since:**      |
| **Contact Telephone Number:**      | **Is There A Planned Move In The Near Future?**Yes [ ]  No [ ] If yes,when?      Please provide new details:       |
| **Email:**       |
| **Date of Birth:**       **Age**:       |
| **Religion:**       | **First Language (Please specify)**       |
| **Gender:**       | **Ethnic Origin:**       |
| **Legal Status** | Choose an item. |
| **Does the child/young person have any additional communication needs or any disability?** Yes [ ]  No [ ] If yes,please specify:       |
| **Has the young person consented to this referral being made?** | Yes [ ]  No [ ] If yes,when?       |
| **Has this referral been discussed at the child/young person’s Looked After Child Review?** | Yes [ ]  No [ ] If yes,when?       |
| **Is Independent Visitor support included in the Young Persons Care Plan?**  | Yes [ ]  No [ ]  |

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| **Child and Young Person’s Risk Assessment** |
| **ENQUIRY** | **YES** | **NO** | **UNKNOWN** |
| 1 | Is it safe to visit the YP at their home/placement? | [ ]  | [ ]  | [ ]  |
| 2 | Has the YP exhibited any violent behaviour? | [ ]  | [ ]  | [ ]  |
| 3 | Has the YP been involved in any assault on others? | [ ]  | [ ]  | [ ]  |
| 4 | Does the YP display any inappropriate sexualised behaviour? | [ ]  | [ ]  | [ ]  |
| 5 | Are there any known triggers to the behaviour? | [ ]  | [ ]  | [ ]  |
| 6 | Is there a history of self-harm? | [ ]  | [ ]  | [ ]  |
| 7 | Is there a history of substance misuse of drugs or alcohol? | [ ]  | [ ]  | [ ]  |
| 8 | Is it safe for the volunteer to transport the YP alone? | [ ]  | [ ]  | [ ]  |
| 9 | Is it safe for the volunteer to take the YP out alone? | [ ]  | [ ]  | [ ]  |
| 10 | Is the YP aware of issues regarding personal safety? | [ ]  | [ ]  | [ ]  |
| 11 | Is there a history of the allegations made by the YP against staff? | [ ]  | [ ]  | [ ]  |
| 12 | Does the YP have any medical conditions or requirement of medication? | [ ]  | [ ]  | [ ]  |
| 13 | Is there a history of running away or absconding whilst on activities? | [ ]  | [ ]  | [ ]  |
| 14 | Does the YP exhibit any indicators that they are distressed, annoyed or upset or if they are about to engage in potentially inappropriate behaviour? | [ ]  | [ ]  | [ ]  |
| **Please use the space provided to elaborate on any of the questions asked above. Please include other information you deem relevant. This will help to ensure we match the most suitable volunteer.** |
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| **Referral Details** |
| **What are the main reasons for referral?** |
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| **What outcomes and aims do you want to achieve?**  |
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| **Does the young person have a preference on age or gender of mentor? If yes oease give details. We will do our best to accommodate this.** |
| Yes/No Details: |
| **Are these objectives stated in the Care Plan?** Yes /No[ ]  [ ]  |

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| **Children’s Social Care Details** |  |
| **Name of social worker:** |       |
| **Start date of involvement:** |       |
| **Team:** |       |
| **Is there a planned change to team and/or social worker? If yes, please provide details** |       |
| **Team Manager Name:** |       |
| **Team Manager email address:** |       |

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| **Other Key Agencies Involved (*including School, YOS, Therapies, Family Support, and Child Protection Team etc.)*** |
| Contact Name: | Role: | Agency/Team: | Contact Number: |
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| **Health and Safety Consent** |
| In the normal course of their meetings, young people and their Independent Visitors might do various activities such as; Walks in the park, Sporting activities: i.e. swimming, ice skating, bowling, Go for a coffee/meal together, Cinema Visits etc...We would expect Independent Visitors to obtain specific agreement for anything deemed to be a high risk activity i.e. Go Karting, Paintballing, Contact Sports, Abseiling/climbing etc. and will inform the relevant person (i.e. carer, social worker and/or referrer) as and when these arise. However, I hereby agree to the above young person participating in activities that are organised by and with the Independent Visitor which have been outlined in the referral details above.  |
| Name of person signing: |
| Signature |
| Date:  |

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| **Please return to:**Gloucestershire Independent Visitors ServiceEmail: gloucestershireiv@cgl.org.uk For additional information please see the Change Grow Live website: [www.changegrowlive.org.uk](http://www.changegrowlive.org.uk)  |

**For Staff Use Only**

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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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| **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 |