Change Grow Live Gloucestershire Independent Visitors Service

# Request for service

Independent Visitors 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:

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| 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
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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 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’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:**        | **Religion:**       |
| **Preferred first name:**        | **First Language (Please specify)**       |
| **Previous names:**       | **Ethnic Origin:**       |
| **Date of Birth:**       | Age:       | **Gender:**       |
| **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 [ ]  |
| **Has the parent / carer or the person with majority PR, agreed for the child / young person to be contacted & seen by an IV?** | Yes [ ]  No [ ] Name of person with PR?      |
| **Can we contact the young person directly to discuss the referral details?** | Yes [ ]  No [ ]  |

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| **Placement Details**  |
| **Current Placement Address (incl postcode):**  |       |
| **Type of accommodation:** |       |
| **Contact Telephone Number:**  |       |
| **Other Contact No:** |       |
| **When did this placement begin?** |       |
| **Is there a placement move planned in the near future?** | Yes [ ]  No [ ] If yes,when?      Please provide new details:       |
| **Name of young persons carer:** |       |
| **Contact telephone number if different from above:** |       |
| **Are there any pets at the placement address?**  | Yes [ ]  No [ ] If yes, please provide details:       |

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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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| **What sorts of activities does the child/young person like? Tick all that apply and please add more via the other tab**[ ]  Sport[ ]  Climbing[ ]  Walking[ ]  Swimming | [ ]  Ice-Skating[ ]  Bowling[ ]  Cinema[ ]  Other: |

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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 |