



Cgl Staffordshire and Stoke-on-Trent 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:

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



DATE:

REFERRER	YOUNG PERSON		
NAME	NAME	BP No	
RELATIONSHIP TO YOUNG PERSON	PREVIOUS NAMES	DOB	AGE
ADDRESS	ADDRESS	GENDER	M / F
.....	ETHNICITY	
.....	RELIGION	
.....	DISABILITY	Y / N
Tel No	Tel No	If yes, please give details	
Mobile	Other Contact No		
Fax / E mail			

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 support included in the Young Persons Care Plan? **Y / N**.....

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



Proposed aims and objectives of the IV friendship:

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Are these objectives stated in the Care Plan?

Y / N

SOCIAL SERVICES CONTACTS

<p>Social Worker</p> <p>Social work team</p>	<p>Area Service Office Address</p>
<p>Tel / Fax</p>	
<p>Name of Child/Young Person's Carer</p> <p>Relation to the Child/Young Person</p>	



Name of person with Parental Responsibility

Relation to the Child/Young Person

OTHER AGENCIES INVOLVED

Are there any other statutory/voluntary agencies involved with the Young Person? (ie YOTS, Family Support Services, Careers Service, Teacher, Counselling / Support Group Services). Please state name of worker/adviser if known. (Please include contact numbers for these agencies).

YOUNG PERSON INFORMATION

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

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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: i.e. Walks in the park - Sporting activities: i.e. swimming, ice skating, bowling - Go for a coffee/meal together – Cinema Visits

Are you willing for your young person to participate in these types of activities?

Yes

No If 'No' please state which

.....
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.

Can we contact the young person directly to discuss the Referral details?

Y / N

Referrer Name.....

Signed.....

Please attach the most recent Pathway Plan and return to:

Cgl Staffordshire Independent Visitor Project

Unit 30, Staffordshire Business Village, Staffordshire Technology Park, Beaconside, Stafford ST18 0TW - Tel: 01785 887954 / 07912 120158 - Email: ssypp@cgl.org.uk

Cgl Stoke Independent Visitor Project

The Dudson Centre, Office 14, Hope Street, Hanley, Stoke-on-Trent. ST1 5BS.
Tel: 01785 887954 / 07912 120158 - Email: ssypp@cgl.org.uk

For additional information please see the Cgl website:

www.changegrowlive.org



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RISK ASSESSMENT FORM

Young person initial: _____ Date completed: _____ Young person Date of Birth: _____

Name of professional completing the assessment: _____ Job title _____

	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?			



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Please use the space provided to elaborate on any of the questions asked overleaf. Please include other information you deem relevant





Expected consequence	Assessment of Risk:			Controls already used City of Stoke-on-Trent	Revised Risk Rating	What further action is needed to bring risk to acceptable level	Action by whom & when	Done (date)
	Likelihood x consequence = risk rating							
	Likeli- hood	Conse- quence	Risk Rating					

To be
compl
eted
by Cgl
staff



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

Signed Cgl staff worker _____

NOTES:

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



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)