

Derby Children's Rights Service

Request for IV 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; asking 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
- Personal achievement: raising aspirations; increase access to education and employment; developing skills and range of experience

IV REFERRAL FORM

FIRST NAME/S			SURNAME	
A.K.A				
Equal opportunities	GENDER	DOB		AGE
	RELIGION	ETHNICITY		NATIONALITY
PLACEMENT ADDRESS (inc. postcode)				
Contact Name/s				
Contact Email address				
Contact Phone Number/s	Home			Mobile
Referrer Name			Job Title	
Referrer Address (inc. postcode)				
Referrer Email address				
Referrer Phone Number/s	Office			Mobile
Emergency Contact Name/s				
Emergency Phone Number/s	Office			Mobile

Other agencies / workers involved (as a minimum please include IRO details)				
Job Title	NAME	ORGANISATION	TEL	Email Address
IRO				
SW Team Manager				
Keyworker				
PA Leaving Care Team				
Other (add title)				
Does the young person being referred have a disability or any health needs? [Please include any phobias or allergies]	If yes, please describe below the disability/health needs If none, please write NONE below		If yes, please describe below the support we would need to put in place to support the individual	
Is the young person accomodated	Under which order		Person with PR	

Please state main reason for referral

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Desired outcome(s) of referral

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Risk Information

Has a SUM17 risk assessment been completed for this service user?	YES ?	NO ?
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If YES, please append or forward the DCRS SUM17 - Risk Assessment form with this referral form
 If NO, please advise when the information will be provided – we need to be aware of any known risks regarding the service user which could affect safety for them, our staff, or our volunteers; lack of risk information may delay our acceptance of this referral

Health and Safety Consent

In the normal course of their meetings the service user may undertake various standard activities: e.g. having a coffee or meal together, walks around a city, park or town, entertainment activities [visiting a cinema, museum, bowling etc.], visiting trusted supporting agencies

Specific risk assessments and agreements will be produced for anything deemed to be a high risk activity i.e. Go Karting, Paintballing, Contact sports, Abseiling/Climbing etc.

Are you willing for the service user to participate in standard of activities?	YES ?	NO ?
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If NO, please state which activities the service user should be considered to be pre-cleared to undertake with a member of staff or a volunteer

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Please add any additional information if you feel it is relevant – this will enable the fastest possible response to your referral

SUM17 – IV Risk assessment

Please complete this form regarding the service user you are referring and submit with your DCRS SUM 11 IV Referral Form

Risk Domain		Details	Status	Risk level	Protective Factors - information that needs to be shared with staff & independent visitors in order to mitigate risks
Alcohol or Substance Misuse / history			<i>Current Last 3 months Previous</i>	<i>High Medium Low</i>	
Physical Health needs / difficulties / diagnosis			<i>Current Last 3 months Previous</i>	<i>High Medium Low</i>	
Mental health needs / difficulties / diagnosis			<i>Current Last 3 months Previous</i>	<i>High Medium Low</i>	
Special Educational Needs - diagnosis			<i>Current Last 3 months Previous</i>	<i>High Medium Low</i>	
Harm	To Self		<i>Current Last 3 months Previous</i>	<i>High Medium Low</i>	
	From Others				
Social [e.g. any people/ towns/areas to avoid; any issues in crowds/noise]				<i>High Medium Low</i>	
Are there any other known risks which may affect young person, staff, or volunteer safety?				<i>High Medium Low</i>	
Signed: Referrer					Date:
Signed: Other					Date:

Please add any additional information/documents on extra pages if you feel it is relevant



Please return completed form/s by secure/encrypted email to:

DerbyIV@cgl.org.uk

Alternatively you can post to our office by special delivery mail:

(Please contact 07809 587007 in advance to confirm a member of staff will be available to sign for it)

Derby Children's Rights Service IV

Change Grow Live

Rm 7, Halliday House 2 Wilson Street Derby DE1 1PG

For Support Contact

07809 587007 Mon to Fri 8am - 8pm, Saturday 10am - 4pm