

London Independent Visitors

Request for an Independent Visitor

Please forward completed form to: **Action for Children London Independent Visitors**
The Print House
18 Ashwin Street
London, E8 3DL

Tel: 020 7254 9408
Fax: 020 7254 5032
Email: LondonIV@actionforchildren.org.uk

Please ensure that you attach a copy of the most recent 'Statutory Child Care Review' report. If you have any queries regarding completion of this form, please contact the Project Administrator.

Independent Visitors are unpaid volunteers (adults) who befriend and take a long-term interest in a young person. All our volunteers are trained & supervised by Action for Children.

Please Note: It is a statutory requirement that looked after children are offered an Independent Visitor.

1. DETAILS OF CHILD / YOUNG PERSON

| | | | | | | | | | |
|-------------------------|--|--|--|---|---|---|---|--|--|
| Local Authority: | Referral Date: | | | | | | | | |
| | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> | | | | | 2 | 0 | | |
| | | | | 2 | 0 | | | | |

| | |
|------------------|-----------------|
| Forename: | Surname: |
| | |

| | |
|------------------------|---|
| Nickname/Alias: | Gender: |
| | <input type="checkbox"/> Female <input type="checkbox"/> Male |

| | | | | | | | | | |
|--|---------------------|--|--|--|--|--|--|--|--|
| Date of Birth: | Current Age: | | | | | | | | |
| <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> | | | | | | | | | |
| | | | | | | | | | |

Placement Details:

| | | |
|--------------------------|-----------------------|--|
| Placement Address | 1 st Line: | |
| | 2 nd Line: | |
| | 3 rd Line: | |
| | 4 th Line: | |
| | Post Code: | |

| | |
|--------------------|---------------------|
| ☎ Home Tel: | ☎ YP Mobile: |
| | |

| | |
|--------------------|---------------|
| Key Worker: | ☎ Tel: |
| | Email: |
| | |

| | |
|----------------------|---------------|
| Foster Carer: | ☎ Tel: |
| | Email: |
| | |

| | |
|-----------------------|---------------|
| Social Worker: | ☎ Tel: |
| | Email: |
| | |

| Type of Placement: | | | |
|--------------------------------------|-------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Long-term | <input type="checkbox"/> Short-term | <input type="checkbox"/> Place for Adoption | <input type="checkbox"/> Secure Unit |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Kinship | <input type="checkbox"/> Other | |

| | |
|---------------------------------------|--|
| Frequency of Family Telephone Contact | |
| Frequency of Family Physical Contact | |

| Child/Young Person's Legal Status: | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Section 17 | <input type="checkbox"/> Section 20 | <input type="checkbox"/> Section 30 | <input type="checkbox"/> Section 31 |
| <input type="checkbox"/> Other | | | |

| Category of Need: | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Vulnerable | <input type="checkbox"/> Child in Need | <input type="checkbox"/> Child Protection |
| <input type="checkbox"/> Looked After | <input type="checkbox"/> None of these | <input type="checkbox"/> Unknown |

| Immigration Status: | | |
|--|--|---|
| <input type="checkbox"/> Asylum Seeker | <input type="checkbox"/> Exceptional leave to remain | <input type="checkbox"/> Refugee Status |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Not applicable | <input type="checkbox"/> |

CHILD OR YOUNG PERSON'S ETHNICITY/BACKGROUND:

| Black or Black British | Asian or Asian British | White |
|--|--------------------------------------|--|
| <input type="checkbox"/> Caribbean | <input type="checkbox"/> Indian | <input type="checkbox"/> White British |
| <input type="checkbox"/> African | <input type="checkbox"/> Pakistani | <input type="checkbox"/> White Irish |
| <input type="checkbox"/> Any other Black Background* | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Any other White background* |

| Mixed | Other Ethnic Groups |
|--|--|
| <input type="checkbox"/> White and Black Caribbean | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> White and Black African | <input type="checkbox"/> Any other ethnic group* |
| <input type="checkbox"/> White and Asian | Not Given |
| <input type="checkbox"/> Other mixed* **background * | <input type="checkbox"/> Not given |

| | |
|-------------------------------------|--|
| * Please specify/any other details: | |
|-------------------------------------|--|

| | | |
|---------|--------------------------------|--------------------------------|
| Source: | <input type="checkbox"/> Self- | <input type="checkbox"/> Other |
|---------|--------------------------------|--------------------------------|

| | |
|-----------------------------|--|
| Religious Background | |
|-----------------------------|--|

| | |
|--|--|
| Child/Young Person's first language or preferred means of communication | |
|--|--|

| | | |
|-----------------------|------------------------------|-----------------------------|
| Interpreter required? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|-----------------------|------------------------------|-----------------------------|

| | | |
|---|------------------------------|-----------------------------|
| Special Needs: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Supported under the SEN Code of Practice 2001: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Disability: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| | |
|-------------------------|--|
| Comments/Details | |
|-------------------------|--|

2. HOUSEHOLD COMPOSITION OF CHILD/YOUNG PERSON

| Surname | Forename | Gender | Date of birth | Relationship to child (please indicate principal carer) | Person(s) with parental responsibility |
|---------|----------|--------|---------------|--|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

3. SOCIAL WORKER DETAILS

| | | | |
|------------------|--|-----------------|--|
| Forename: | | Surname: | |
|------------------|--|-----------------|--|

| | | | |
|-----------------------|-----------------------|-------------------|--|
| Team: | | | |
| Office Address | 1 st Line: | | |
| | 2 nd Line: | | |
| | 3 rd Line: | | |
| | 4 th Line: | Post Code: | |

| | |
|----------------|--|
| Tel: | |
| Mobile: | |
| Email: | |

| | | |
|----------------------|----------------|--|
| Team Manager: | Name: | |
| | Tel: | |
| | Mobile: | |

4. CHILD & FAMILY NETWORKS

| Name: | Relationship: | Contact details: |
|-------|---------------|------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |

5. KEY CHARACTERISTICS OF THE CHILD/YOUNG PERSON

Please describe the child / young person's interests and hobbies:

| |
|--|
| |
|--|

| | |
|---|--|
| Child / young person's Health details: | |
|---|--|

| | |
|--|--|
| Child / young person's current Education details: | |
|--|--|

| | |
|--|--|
| Child / young person's Emotional & Behavioural development: | |
|--|--|

| | |
|--|--|
| Child / young person's Family & Social relationships: | |
|--|--|

| | |
|---|--|
| Child / young person's Identity: | |
|---|--|

| | |
|--|--|
| Child / young person's Social Presentation: | |
|--|--|

| | |
|---|--|
| Child / young person's Self-care skills: | |
|---|--|

| | |
|--|--|
| Child / young person's Employment / Training & Further Education: | |
|--|--|

| | |
|-----------------|--|
| Summary: | |
|-----------------|--|

6. APPOINTING AN INDEPENDENT VISITOR

| | | |
|--|------------------------------|-----------------------------|
| Is the child/young person in agreement with appointing an Independent Visitor? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

| | | |
|---|------------------------------|-----------------------------|
| Has the decision to seek the appointment of an Independent Visitor been agreed at a Statutory Review? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

| | |
|--|--|
| If yes, on what date was the Statutory review? | |
|--|--|

| | |
|--|--|
| Please give details of the views of others (parents / those with parental responsibility etc.) consulted on the proposed appointment | |
|--|--|

| | |
|--|--|
| <p>In considering the appointment of an Independent Visitor, and taking all the circumstances into account, what are the qualities sought in the appointment?</p> <p>Should the independent visitor be a parent or grandparent-type figure, an older sibling or friend-type figure? Please outline any particular qualities sought and / or aims in the appointment.</p> | |
|--|--|

| | | | |
|--------------------------|--|-----------------|--|
| Signed by Social Worker: | | Date Completed: | |
|--------------------------|--|-----------------|--|

CHECKLIST FOR FORM COMPLETION:

| | | |
|---|------------------------------|-----------------------------|
| Have you attached a copy of the most recent 'Statutory Child Care Review' report? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

| | | |
|--|------------------------------|-----------------------------|
| Have you attached a copy of the Risk Assessment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

| |
|--|
| <p>The information contained in this form (and any attachment) will be made available to the Independent Visitor unless otherwise indicated as inappropriate by the child / young person's social worker.</p> |
|--|

FOR OFFICE USE ONLY:**Initial Referral Outcome:** Redirect to other agencies Refer for Action for Children Services No further action**Date of initial contact / referral outcome:****Why?****Notification of decision made to Social Services** **Letter** **Fax****Date****Category of need**
(Only one can be selected) Unknown Vulnerable Child in Need Child Protection Looked after None of these

Full name of worker completing the referral

Allocated Named Worker

Date Allocated:

7. DESIRED OUTCOMES FOR: _____

Please select the outcomes indicators that apply to the child/young person by ticking the boxes as necessary: (NB, this list is taken from the Action for Children Outcomes Framework. The first 5 outcomes have not been included for this service)

| | |
|--|--------------------------|
| 6. There is a reduction in self-harm or suicide risk in respect of a child or young person | <input type="checkbox"/> |
| 7. The child or young person lives safely in family or family network | <input type="checkbox"/> |
| 8. The child or young person maintains or forms a supportive relationship with significant other/s | <input type="checkbox"/> |
| 9. Relationships between child/ren and young people and parents/carers improve so that there is a reduced risk of family/placement breakdown; this includes evidence of reduced behavioural challenge by a child or young person | <input type="checkbox"/> |
| 10. The child or young person's communication skills improve | <input type="checkbox"/> |
| 11. The child or young person achieves in a learning environment to the best of their ability or achieves readiness for school | <input type="checkbox"/> |
| 12. A young person remains in education, employment or training after 16 | <input type="checkbox"/> |
| 13. The young person reduces offending or anti-social behaviour | <input type="checkbox"/> |
| 14. The young person improves financial or practical life skills | <input type="checkbox"/> |
| 15. The child or young person engages safely in a leisure activity of their choice | <input type="checkbox"/> |
| 16. A child or young person is able to exercise a choice and express their ambitions for the future. | <input type="checkbox"/> |
| 17. There is an improvement in a child or young person's emotional or mental wellbeing | <input type="checkbox"/> |
| 18. A child or young person maintains or improves physical health and/or meets individual developmental milestones | <input type="checkbox"/> |
| 19. A child or young person with complex health needs sustains maximum independence | <input type="checkbox"/> |
| 20. The use of harmful substances by the child/young person is reduced. | <input type="checkbox"/> |
| Please list any other specific outcomes: | |
| | |
| | |
| | |

| | | | |
|------------------------|--|----------------------|--|
| Date Completed: | | Completed by: | |
|------------------------|--|----------------------|--|

London Independent Visitors



Request for an Independent Visitor

Risk Assessment

To be completed by Carer/Key-worker/Social Worker

Risk Assessment – Part 1

| | |
|--------------------------------------|--|
| Young Person Name: | |
| Date of Birth: | |
| Legal Status: | |
| Form Completed By: | |
| Relationship to young person: | |
| ☎ Tel Number: | |
| Date Form Completed | |

| | | | | | | | | | | |
|-------------------------|---|--|--|--|---|---|---|---|--|--|
| Local Authority: | Completion Date: | | | | | | | | | |
| | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> | | | | | | 2 | 0 | | |
| | | | | | 2 | 0 | | | | |

| | | | | | | | | | | | |
|------------------------|--|-----------------|---|--|--|--|--|--|--|---------------------|--|
| Forename: | | Surname: | | | | | | | | | |
| Nickname/Alias: | | Gender: | <input type="checkbox"/> Female <input type="checkbox"/> Male | | | | | | | | |
| Date of Birth: | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> | | | | | | | | | Current Age: | |
| | | | | | | | | | | | |

Placement Details:

| | | |
|--------------------------|-----------------------|-------------------|
| Placement Address | 1 st Line: | Post Code: |
| | 2 nd Line: | |
| | 3 rd Line: | |
| | 3 rd Line: | |

| | |
|---------------|---------------------|
| ☎ Tel: | ☎ YP Mobile: |
| | |

Risk Assessment – Part 2
Checklist

| PLEASE TICK RELEVANT COLUMN | | Yes | No |
|--|--|--------------------------|--------------------------|
| Identified Risk Of: | | | |
| Violence to others | | <input type="checkbox"/> | <input type="checkbox"/> |
| Violence to family members | | <input type="checkbox"/> | <input type="checkbox"/> |
| Violence to peers | | <input type="checkbox"/> | <input type="checkbox"/> |
| Self-injurious behaviour | | <input type="checkbox"/> | <input type="checkbox"/> |
| Self neglect | | <input type="checkbox"/> | <input type="checkbox"/> |
| Alcohol abuse | | <input type="checkbox"/> | <input type="checkbox"/> |
| Solvent abuse | | <input type="checkbox"/> | <input type="checkbox"/> |
| Illicit drug misuse | | <input type="checkbox"/> | <input type="checkbox"/> |
| Sexual assault against children | | <input type="checkbox"/> | <input type="checkbox"/> |
| Inappropriate sexualised behaviour | | <input type="checkbox"/> | <input type="checkbox"/> |
| Arson with intent to endanger life | | <input type="checkbox"/> | <input type="checkbox"/> |
| Fire setting | | <input type="checkbox"/> | <input type="checkbox"/> |
| Theft | | <input type="checkbox"/> | <input type="checkbox"/> |
| Burglary | | <input type="checkbox"/> | <input type="checkbox"/> |
| Damage to property | | <input type="checkbox"/> | <input type="checkbox"/> |
| Bizarre behaviour | | <input type="checkbox"/> | <input type="checkbox"/> |
| Vulnerable to abuse by others | | <input type="checkbox"/> | <input type="checkbox"/> |
| Serious anti-social behaviour | | <input type="checkbox"/> | <input type="checkbox"/> |
| Attempted suicide | | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (please specify) | | | |
| Legal status of person (please specify) | | | |
| | | | |

Risk Assessment – Part 3

Risk Management Strategy

For each identified risk, please prepare a Risk Management Strategy

| | |
|--|--|
| Behaviour: | |
| Antecedents (what triggers the behaviour) | |
| Behaviour (frequency and severity) | |
| Consequences (what have been the consequences of previous episodes of this behaviour) | |
| Action Plan – what should the Independent Visitor do: (a) to minimise the risk of the behaviour occurring (b) in response to the behaviour | (a) (b) |
| Special Precautions that need to be observed (e.g. foods to be avoided / locations to be avoided etc.) | |
| Does the young person agree to this assessment and strategy? | |

| | | | |
|--------------------------|--|------------------------|--|
| Signed by Worker: | | Date Completed: | |
|--------------------------|--|------------------------|--|

This page may be photocopied –
one page should be completed for each behaviour identified in Section A