**Independent Visitors Professionals**

**Referral Form**

To request a trained volunteer to visit, befriend and advise children and young people.

Referrals should be made by the Looked After Children’s Service, Children’s Disability Service (where the child is Looked After by the Local Authority) and via Social Care Teams.

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| 1. **Eligibility** | | | | | | | | | | |
| **The child or young person must be:**   1. *A ‘looked after child’.* 2. *In the care of Stoke-on-Trent City Council.* | | | | | | | | | | |
| 1. **About the child or young person** | | | | | | | | | | |
| **Mr/ Mrs:** | | **Name:** | | | | | **Date of birth:** | | | |
| **Tel:** | | **Email:** | | | | | **Mobile:** | | | |
| **Current Address:**  **Postcode:** | | | | | | | | | | |
| Own Home  Foster Placement  Homeless  Local Authority Accommodation  Other: | | | | | | | | | | |
| 1. **Child or Young Person’s Support Needs** | | | | | | | | | | |
| **Please include information about any relevant physical health needs, mental health needs, behavioural needs, and any developmental needs.**  Known allergies, known diagnosis, suspected diagnosis/ conditions, medications, and requirements, known triggers, phobias, dietary needs (strict, religious, cultural), disabilities, | | | | | | | | | | |
| Legal Status/ Care order: | | | | | LA system Reference Number: | | | | | |
| I can confirm the child is a Looked After child open to Stoke on Trent Council’s Local Authority. | | | | | | | | | Yes  No | |
| 1. **Carer’s Information** | | | | | | | | | | |
| **Mr/ Miss:** | | **Name:** | | | | | **Date of birth:** | | | |
| **Tel:** | | **Email:** | | | | | **Mobile:** | | | |
| **Current Address:**  **Postcode:** | | | | | | | | | | |
| Parent  Guardian  Foster Parent/ Placement  Sibling  Local Authority Accommodation  Group Home  Other: | | | | | | | | | | |
| 1. **How does the child or young person communicate?** | | | | | | | | | | |
| Preferred Language: | | | | | Dialect: | | | | | |
| Spoken Language | | | |  | Gestures/Facial Expressions/Vocalisations | | | | |  |
| British Sign Language | | | |  | Words/Pictures/Makaton | | | | |  |
| **Other, please give details:** If you know multiple languages, please list them here | | | | | | | | | | |
| **Known risks (to themselves or others):** Please include if the person is currently on a Covid positive ward, any historical risks, etc | | | | | | | | | | |
| **Please give details of any communication adjustments that may need to be made.**  Please include any communication aids required, any cultural/ spiritual requirements (prayer times) any physical health needs that require accommodation (wheelchairs access, limited mobility, etc) | | | | | | | | | | |
| 1. **Additional Information about the child or young person** | | | | | | | | | | |
| **Brief Pre- care History** | | | | | | | | | | |
| **Birth family Relationships/ Contact Levels** | | | | | **Any people or areas to be avoided.** | | | | | |
| **Long Term Accommodation Plans** | | | | | **Education and Training** (mainstream or specialist school, location, class times/ days) | | | | | |
| **What are the child’s interests?** Please include any hobbies/ activities/ interests. | | | | | | | | | | |
| **What outcomes are you seeking from this project?**  This may include increased confidence, wellbeing, future planning, etc. | | | | | | | | | | |
| 1. **Other Services/ Professionals Involved** | | | | | | | | | | |
| **Roles** | **Name** | | **Organisation** | | | **Tel/ Mobiles** | | **Email Address** | | |
| **CSC Social Worker:** |  | |  | | |  | |  | | |
| **Team Manager** |  | |  | | |  | |  | | |
| **IRO** |  | |  | | |  | |  | | |
| **Key worker** |  | |  | | |  | |  | | |
| **PA, leaving Care** |  | |  | | |  | |  | | |
| **Adult SW, Leaving Care** |  | |  | | |  | |  | | |
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| 1. **Diversity Monitoring** | | | | | |
| **By completing the information below you can help us ensure our services reach everyone who needs them and inform how we might improve our service provision.** | | | | | |
| **What is the person’s gender?** | | | | **Is the person’s gender different from that assigned at birth?** | |
| Male | | |  | Yes |  |
| Female | | |  | No |  |
| Non-binary | | |  | Don’t know/prefer not to say |  |
| Don’t know/prefer not to say | | |  |  |  |
| Person’s own description: | | | |  |  |
| **What is the person’s sexual orientation?** | | | | | |
| Heterosexual/straight | | |  | Gay woman/lesbian |  |
| Bisexual | | |  | Don’t know/prefer not to say |  |
| Gay man | | |  | Person’s own description: | |
| **What is the person’s ethnic group?** | | | | | |
| *Asian or Asian British* | | | | | |
| Bangaldeshi | | |  | Pakistani |  |
| Chinese | | |  | Another Asian background |  |
| Indian | | |  | Don’t know/prefer not to say |  |
| *Black, African, Black British or Caribbean* | | | | | |
| African | | |  | Another black background |  |
| Caribbean | | |  | Don’t know/prefer not to say |  |
| *Mixed or multiple ethnic groups* | | | | | |
| Asian and White | | |  | Another Mixed background |  |
| Black African and White | | |  | Don’t know/prefer not to say |  |
| Black Caribbean and White | | |  |  |  |
| *White* | | | | | |
| English/Welsh/Scottish/Northern Irish/British | | |  | Another White background |  |
| Irish | | |  | Don’t know/prefer not to say |  |
| Irish Traveller or Gypsy | | |  |  |  |
| *Another ethnic group* | | | | | |
| Arab | | |  | Don’t know/prefer not to say |  |
| Another ethnic background | | |  | Person’s own description: | |
| *What is the person’s religion?* | | | | | |
| No religion | | |  | Hindu |  |
| Christian (all denominations) | | |  | Muslim |  |
| Buddhist | | |  | Other (please state) |  |
| Jewish | | |  | Don’t know/prefer not to say |  |
| Sikh | | |  | Person’s own description: | |
| **Does the person identify as having a disability or long-term health condition?** | | | | | |
| Yes | No | Please specify: | | | |

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| 1. **Referrer Information** | | | | |
| Name of Referrer: | | Job Title: | | |
| Team: | | Organisation: | | |
| Email: | | Phone: | | |
| Date of referral: | | How did you hear about us: | | |
| 1. **Consent** | | | | |
| Have you discussed this referral with the child or young person being referred? | | | | Yes  No |
| The child or young person has agreed to this referral being made | | | | Yes  No |
| Have you discussed this referral with the carer of the child or young person being referred? | | | | Yes  No |
| The carer of the child or young person has agreed to this referral being made | | | | Yes  No |
| 1. **Photography Consent, Health, and Safety Consent** | | | | |
| The Child or Young Person may have their photo taken to create a memory book on some outings with their IV, all photos will be the property of the child or the young person and will be given to them during or after they leave the project. | | | | |
| I consent to the child or young person having their photo taken and stored for the above purposes | | | | Yes  No |
| Some activities offered by the project may include meals in restaurants, going to the cinema, travelling in staff vehicles, visiting local venues. Anything with higher risks will require the completion of additional consent for the activities (go karting, wall climbing, paintballing, horse riding, etc) | | | | |
| I consent for the child or young person to participate in the activities listed above, pending additional consent for higher risk activities | | | | Yes  No |
| If no, please list which activities: | | | | |
| 1. **Children or Young Person Risks** | | | | |
| **Risk** | **Yes or No.** | | **If yes, is this current or historical?** Please provide information about triggers and behaviours to mitigate the risks. | |
| Violence to adults | Yes  No | |  | |
| Violence to peers | Yes  No | |  | |
| Self-Harm | Yes  No | |  | |
| Attempted Suicide | Yes  No | |  | |
| Self-Neglect | Yes  No | |  | |
| Drug/ Alcohol misuse | Yes  No | |  | |
| Child Sexual Exploitation | Yes  No | |  | |
| Inappropriate Sexual Behaviour | Yes  No | |  | |
| Arson/ Fire Setting | Yes  No | |  | |
| Theft | Yes  No | |  | |
| Criminal Behaviour/ Exploitation | Yes  No | |  | |
| Anti-Social behaviour | Yes  No | |  | |
| Gang Involvement | Yes  No | |  | |
| Radicalisation | Yes  No | |  | |
| Unfounded allegations | Yes  No | |  | |
| Absconding | Yes  No | |  | |
| Other/ further relevant Information: | | | | |
| **Disclaimer** | | | | |
| **Please note that we may not be able to attend all meetings listed on the referral form. Where possible, provide us with 2 weeks-notice for any meetings to allow the advocate adequate time to support the advocacy partner.** | | | | |
| **Once the referral has been submitted to ASIST, any changes in the information provided on this referral (either before an independent visitor has been partnered with the child or young person, or during the project) it is the responsibility of the Local Authority to inform the project as soon as possible to update this information.** | | | | |
| **To discuss a referral please contact Asist on 01782 845584**  **Fill in this form and send to Asist by emailing** [**referrals@asist.co.uk**](mailto:referrals@asist.co.uk)  **Head Office: Asist, Winton House, Stoke Road, Stoke-on-Trent, ST4 2RW.** | | | | |

Service available Monday to Friday 9am to 5pm (excluding bank holidays)

