

For office use

Date received:

* Further info required 🞎
* Referral accepted 🞎
* Referral rejected 🞎

Independent Visitor Service Referral

Birmingham Rights and Participation Service

**We accept referrals for children and young people who are**

* In Birmingham’s care aged between 8 – 17
* Have limited contact with birth family
* Have been in care for over 12 months.

|  |  |  |
| --- | --- | --- |
| Was the decision to refer a recommendation of the young person’s statutory review / care plan? | Yes  | No |
| Has the young person consented to this referral? | Yes  | No |
| Name of young person being referred: |  |
| Address: |  |
| Contact telephone numbers: |  |
| Date of birth: | Gender: | Ethnicity: | First language: | Legal status: |
|  |  |  |  |  |
| Is this young person: | Living in a Residential Care Unit? |  |
| Living with a Foster Carer? |  |
| Other? (please explain) |
| In placement since:  | Name of IRO  |
| Name of Social Worker:  | Area:  |
|  |  |
|  |  |
| Contact telephone numbers: |  |
| Email address: |  |
| Carer / Key Worker contact details: |  |

**Independent Visitor Service Referral continued**

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| **Any other professionals involved:**  |
| **Long-term placement plan** (particularly in relation to out-of-borough placements)**:** |
| **Family and social relationships, including contact:** |
| **Education** (main contact details)**:** |
| **Please give details of any needs, issues or areas where the young person requires support** (including disabilities, SEN, etc)**:** |
| **Are you aware of any hobbies and interest the young person has?**  |
| Additional information attached / enclosed?(please include young person’s name on each sheet) |  |  |

**Independent Visitor Service Referral continued**

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| **Risk Assessment** (this will assist us in deciding if an IV is appropriate for the young person) |
| Is it safe to visit the young person at their home? |  |  |
| Has the young person exhibited any violent behaviour? |  |  |
| Has the young person been involved in assaults on others? |  |  |
| Does the young person display inappropriate sexualised behaviour? |  |  |
| Are there any known triggers to the behaviour? |  |  |
| Is there a history of self-harm? |  |  |
| Is there a history of drug or alcohol abuse? |  |  |
| Is it safe for the IV to transport the young person out alone? |  |  |
| Is it safe for the IV to take the young person out alone? |  |  |
| Is the young person aware of issues regarding personal safety? |  |  |
| Is there a history of allegations made by the young person against staff? |  |  |
| Does the young person have any medical conditions or requirement of medication? |  |  |
| Is there a history of running away or absconding whilst on activities? |  |  |
| Does the young person exhibit any indicators that they are distressed, annoyed or upset, or if they are about to engage in potentially inappropriate behaviour? |  |  |
| Does the young person have a physical or learning disability? |  |  |
| **Please use this space to elaborate on any of the questions asked above, including any other information you deem relevant for this service:** |
| **Does the YP have any wishes regarding their IV (gender/likes/dislikes etc.) however please don’t make any promises!** |
| Additional information attached / enclosed?(please include young person’s name on each sheet) |  |  |

**Independent Visitor Service Referral continued**

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| **Young person’s medical details** |
| **Medical condition:** |  |
| **Medication:** |  |
| **Allergy / food allergy:** |  |
| **Please give details of any other relevant medical information:** |
| **Consent for photograph / video use** |
| On occasion we may want to take photos or videos of the young person and their IV for publicity and case studies purposes |
| Who should we approach to gain consent for the above?  |  |
| Health and Safety consent |
| In the normal course of their meetings, young people and their IVs might do various activities, such as walks in the park, swimming, bowling, going for a meal, etc |
| Are you willing for the young person to participate in these types of activities? |  |  |
| If ‘No’, please state which activity: |  |
|  |
| Referrer signature:  |  |

**Please return this form to:**

**IndependentVisitors@birminghamchildrenstrust.co.uk**

**What happens now?**

* **We will acknowledge receipt of referral and contact you do discuss.**
* **We will arrange to meet with the child/young person ASAP.**
* **We will update you and the child/person when an IV is matched.**
* **We arrange to visit with the child/young person and IV.**
* **We expect you to share any changes of information with us ASAP.**