

Havering Independent Visitor Service Referral Form

Young Person's Key Information			
Name			
Current address			
Contact number			
DOB		Age	
Gender			
Ethnicity			
Faith or Belief			
Languages / Specific communication needs			
Disability Please provide details of any disabilities			
Is the young person willing to engage with an Independent Visitor?			
Name and contact details of current placement		Name(s): Relationship to young person: Telephone number:	
Length of time at current placement:			
Type of placement:		Long term	Short term
		Secure unit	Place for adoption
		Residential	Family
		Other (please specify):	
Who else lives in the placement setting?		Please give names, ages and their relationship to the young person (if it is a residential setting or secure unit, please give the number and age range of other residents):	
Is the young person's family/carers aware of this referral? If yes, what was their response?			

Please email this referral form to earlyhelp@havering.gov.uk

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Young Person's Characteristics

Please fill in the boxes below with as much information as you can, to enable the Service to best support the young person

Any interests or hobbies	
Current education provision and the young person's experience of this	
Future aspirations	
Identity	
Quality of relationships at current placement	
Family members the young person is in contact with	
Social network	
Physical and / or mental health	
Emotional / Behavioural development	

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Referral Information		
Date of referral		
Name of referrer		
Job title and relationship to young person		
Telephone number of referrer		
Email address of referrer		
If the referrer is not the young person's social worker, please give these details:	Name: Telephone: Email:	
Reasons for referral: Please tick as many as apply	Support with education, employment or training	Reduction in anti-social or offending behaviour
	Take part in a range of safe, positive activities	Build healthy relationships with peers
	Build healthy relationships with family or carers	Reduction in self-harming behaviour
	Reduction in alcohol or drug misuse	Improvement in or support with mental and emotional health
	Improvement in or support with physical health	Support to make positive choices about their future
	Preparation for leaving care	Skills to become more independent
Reasons for referral - further information Please use this space to expand on the reasons for referral. This will help in providing the best match and service for the young person.		
Have you attached the young person's care plan to this referral?	YES	NO
Have you completed the risk assessment on the following pages?	YES	NO
<u>Please be aware that any information on this form may be shared with an Independent Visitor if we deem it appropriate or relevant to do so. Please mark any information you do not allow us to share.</u>		

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Risk Assessment

Please answer the following questions YES or NO:

If you answer YES to any of these questions, please expand in the space provided on the following page

Are there any risks for a lone Independent Visitor volunteer?	YES / NO
Does the young person display aggressive behaviour towards professionals?	YES / NO
Does the young person display aggressive behaviour towards family members or carers?	YES / NO
Does the young person display aggressive behaviour towards peers or any other people?	YES / NO
Does the young person use alcohol or drugs?	YES / NO
Does the young person smoke?	YES / NO
Do you have any child protection concerns regarding this young person?	YES / NO
Does the young person go missing?	YES / NO
Is there anyone who must not have any contact with the young person?	YES / NO
Are there any locations that the young person should avoid?	YES / NO
Do you have any concerns about the mental health of the young person?	YES / NO
Does the young person self-harm or experience suicidal thoughts/have they attempted suicide?	YES / NO
Does the young person have a physical health condition?	YES / NO
Does the young person take any prescription medication?	YES / NO
Does the young person have any allergies?	YES / NO
Is there anything that will trigger challenging behaviour in the young person?	YES / NO
Is there any further information that you can give, such as any sensitive issues to be aware of?	YES / NO

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Risk Assessment

If you answered YES to any of the questions on the previous page, please give further information:

In your opinion, is there anyone that the young person would not engage well with as an Independent Visitor?

In your opinion, are there any attributes or characteristics that an Independent should have that would match well with the young person?

In your experience, are there any effective strategies an Independent Visitor could use to manage challenging behaviour in the young person?