

Croydon's Consultation Document for Carers

**Review for a Looked After  
Child / Young Person**

**Name of child / young person** : .....

**Swift no.** : .....

**Date that this child / young person was placed with you** :.....

**Name of the child / young person's social / family worker / service** :

.....

**Your name** : .....

**Are you** (please indicate) :-

- \* Foster carer - Croydon \_\_\_\_\_  
- agency \_\_\_\_\_ name of agency.....

Your linkworker / supervising social worker :

.....

- \* Residential home \_\_\_\_\_ name of home / agency .....

/ Semi-independent scheme .....

- \* Respite carer \_\_\_\_\_

- \* Kinship carer \_\_\_\_\_

- \* Adoptive carer \_\_\_\_\_

**Time & date of this Review meeting** :.....

**Venue for this Review meeting** : .....

.....

**Chair of Review meeting** (if known) : .....

# Part One

## Section 1 : Documents

Could you confirm that you have received completed and up-to-date copies of the following documents:-

- \* DoH Essential Information Record Part 1 \_\_\_\_\_
- \* DoH Essential Information Record Part 2 \_\_\_\_\_
- \* DoH Placement Plan Part 1 \_\_\_\_\_
- \* DoH Placement Plan Part 2 \_\_\_\_\_
- \* DoH Care Plan \_\_\_\_\_
- \* Copy of any Order (if appropriate) \_\_\_\_\_
- \* 16+ only : copy of Pathway Plan summary \_\_\_\_\_
- \* Pre-adoptive placement only : copies of required documents, eg:-
  - Life Story Book \_\_\_\_\_
  - Later Life Letter \_\_\_\_\_
  - medical summary \_\_\_\_\_
  - birth certificate \_\_\_\_\_

**Section 2 : The last Review meeting**

(a) **Did you receive a copy of the minutes of the last Review meeting?**

YES / NO

(b) **Were the minutes written clearly and in a way easy to understand?**

YES / NO

(c) **Do you have any comments about what was decided at the last Review meeting, and how those decisions have or have not been carried out since?**

**Section 3 : Health**

(a) Does the child / young person have a medical diagnosis; if so, what? And is s / he currently prescribed any medication?

(b) What health appointments has s / he had since the previous Review meeting?

	<u>Date(s)</u>	<u>What, if any, further action was recommended?</u>
• General medicals (eg Health Assessment, Adoption medical, GP medical)	.....	
	.....	
	.....	
	.....	
* Immunisations	.....	
* Dental checks	.....	
* Optical checks	.....	
* Audiology checks	.....	
• All other check-ups for matters of physical health ( <i>please list</i> ):-		
•	.....	
•	.....	
•	.....	
•	.....	
•	.....	
•	.....	
•	.....	
• Counselling / therapeutic input	.....	
	.....	
	.....	
	.....	
	.....	

(c) If any health appointments have been missed, please briefly explain the circumstances:

(d) In your view, what are the current (physical / emotional / psychological) health needs of this child / young person, and how could they best be met?

## **Section 4 : Education**

(a) **Personal Education Plan (for children / young people aged 5-16):**

- **does the child / young person have a current and up-to-date Personal Education Plan?**

YES / NO / DON'T KNOW

- **did you participate in its formulation?**

YES / NO

- **and do you have a copy of it?**

YES / NO

(b) **In your view, how can we best ensure that s/he gets the most out of her / his education?**

***(please comment as appropriate on, for example : academic work, extra-curricular activities, homework completion, peer relationships, attendance, punctuality, behaviour, liaison with school, need for equipment or other resources, transport arrangements, planning for future provision, examination achievements, career options / choices, etc)***

# Part Two

## Section 1 : Contact

(a) Do you feel that the arrangements for contact\* that this child / young person currently has are (usually and generally) beneficial for her / him?

( \* NB : please consider the child / young person's contact with:-

- *immediate birth family*
- *extended family*
- *significant others)*

YES / NO

- if no, please explain:

(b) Do the current arrangements for contact present any practical difficulties for the child / young person and / or for yourself?

YES / NO

- if yes, please explain:

## **Section 2 : General thoughts**

(a) **Please give an overall picture of how the placement is going**

(b) **Do you feel that the child / young person has had sufficient placement visits from her / his social worker or service?**

YES / NO

- **if no, please explain:**

(c) **What significant changes in this child / young person's development have you observed since the previous Review meeting?**

(d) **How do you feel we can best help her / him at this stage?**

(e) **How can we do more to meet her / his particular cultural / religious / racial / identity needs?**

(f) **Do you feel that the overall Care Plan for this child / young person is on course to be achieved?**

YES / NO

- **if no, please explain:**

(g) **In your view, who are the most important people in this child / young person's life right now?**

(h) **In your view, what are the most important events / activities / routines in her / his life right now?**

- (i) Do you feel that s / he is suppressing fears or worries at the moment?
- (j) Does s / he express worries / fears / feelings of guilt or sorrow, about anyone or anything?
- a. if so, about whom or what?
- b. and if so, how?
- c. and if so, to whom?
- (k) In general, how does s / he get on with:-
- a. other children / young people in the household / home?
- b. adults in the household / home?
- (l) Do her / his behaviour patterns present difficulties within the household / home?
- YES / NO
- a. if so, in what way?
- b. and if so, how are such instances dealt with?

**(m) In general, how does s / he respond to:-**

- a. **being given praise?**
  
- b. **being criticised?**
  
- c. **being offered advice?**
  
- d. **being given affection?**
  
- e. **being told 'no'?**

**(n) Are there any other clues in her / his behaviour as to how s / he may be feeling at the moment?**

**Section 3 : Sharing of information / views**

**Please confirm that the child / young person, if age appropriate, is aware of the contents of this document and that they will be discussed in her / his forthcoming Review meeting:**

YES / NO

- **Child / young person's comments on what has been written :-**

**Signed :** ..... *(child / young person)*

..... *(carer)*

**Date :** .....

## **PART THREE**

**Are there any matters that you would like to discuss with the Chair outside of the Review meeting?**

YES / NO

- **if yes, please give brief details:-**

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***Thank you for completing this Consultation Document. What you have written will be considered and discussed, as appropriate, in the forthcoming Review meeting.***

**Please could you now:-**

- \* ***send it at least five days in advance by post, fax or email to:  
Children's Quality Assurance Unit,  
Room 1.09 Taberner House,  
Park Lane,  
Croydon CR9 2BA.  
Tel.: 020 8686 4433 x 63231 Fax.: 020 8760 0993  
Email : [CQAU@croydon.gov.uk](mailto:CQAU@croydon.gov.uk)***
- \* ***in exceptional circumstances, when it cannot be sent in advance, please give it to the Chair on the day.***