

Croydon's Consultation Document for family members

**Your Child's Review**

**Time & date of Review Meeting** : .....

**Venue for Review Meeting** : .....

**Name of Social / Family Worker** : .....

**Name of Review Chair** : .....

A Review Meeting is due to be held soon for your child who is 'looked after'. It is very important that we hear your views on the plan for her/him, and the quality of the care you think s/he is receiving.

This form gives you a chance to tell us what you would like to be talked about, in relation to your child, at the Meeting. You can either bring it to the Meeting or send it in advance to the Review Chair (*see last page for details*).

You should be part of the Meeting if at all possible, so that what is decided takes account of your views and wishes.

Don't worry about spelling or neat handwriting, and please ask the Social / Family Worker if you need any help completing it.

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

**Your child's name** : .....

**Your relationship to child** : .....

**Do you need an interpreter?** : YES / NO

**If so, in which language?** : .....

*(Second and subsequent Reviews only)*

**1. YOUR VIEWS ON THE LAST REVIEW MEETING**

**(a) Did you receive a copy of the Decisions Sheet from the last Review Meeting?**

**YES / NO**

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

**YES /NO**

**(c) Do you have any other comments about what was decided at the last Review?**

## 2. GENERAL COMMENTS

(a) What do you understand are the reasons why your child is being 'looked after'?

(b) What do you understand to be the overall Care Plan for your child?

(c) What has gone well for your child since s/he became 'looked after'?

(d) What has gone less well for your child since s/he became 'looked after'?

(e) Do you feel that these problems have been or are being addressed?

(f) Do you have any other comments?

### 3. YOUR CHILD'S PLACEMENT

(a) Do you think the place in which your child is living is :

*(circle one)*

Very good

Ok

Not good

(b) Do you think the person or people caring for your child is /are :

*(circle one)*

Looking after  
them well

Looking after  
them okay

Not looking after  
them well

(c) Do you have any comments about the way your child is being looked after away from home (for example : religious practices, dietary needs, family customs, etc)?

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### 4. YOUR CHILD'S HEALTH AND DEVELOPMENT

Do you have any comments about your child's health (including both physical and emotional health)?

**5. YOUR CHILD'S EDUCATION / EMPLOYMENT / LEISURE  
ACTIVITIES**

**(a) Are you satisfied with your child's schooling at the moment?**

YES / NO

**If no, please explain :**

**(b) Are you satisfied with your child's plans for employment / career?  
(if applicable)**

YES / NO

**If no, please explain :**

**(d) Are you satisfied with your child's involvement in activities /  
sports / leisure pursuits, etc?**

YES / NO

**If no, please explain :**

**6. CONTACT WITH YOUR CHILD**

**(a) What are the current arrangements for you to have contact with your child?**

**Face-to-face? :** .....  
.....

**By phone? :** .....  
.....

**Other? :** .....  
*(please state nature of contact)* : .....

**(b) Are you happy with these arrangements?**

**YES / NO**

**If no, what changes would you like to see?**

**(c) Do you have any comments regarding the contact arrangements your child has with other members of her / his family, or others?**

**7. YOUR VIEWS ON INFORMATION AND COMMUNICATION**

**(a) Do you feel that you are being kept adequately informed of your child's progress (for example: health appointments, school Parents' Evenings, etc)?**

**YES / NO**

**If no, please explain further:**

**(b) Do you feel that you are being kept adequately informed of the planning for your child's care?**

**YES / NO**

**If no, please explain further:**

**(c) Do you have information about the local authority's Complaints & Representations Procedure?**

**YES / NO**

**(d) Are there any issues of concern or complaint that you wish to discuss outside of this Review Meeting?**

**YES / NO**

**If yes, please explain further:**

**(e) Do you feel that you have sufficient information on your rights (for example, under Human Rights Act 1998)?**

**YES / NO**

**8. ABOUT THIS REVIEW MEETING**

**(a) Are there any other matters that you would like this Review Meeting to consider?**

YES / NO

**If yes, please explain further:**

**(b) Do you intend to come to this Review Meeting?**

YES / NO

**If no, please explain why:**

**(c) Would you need help (for example: assistance with transport, provision of an interpreter, etc) to attend the Meeting?**

YES / NO

**If yes, please explain further:**

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***Thank you for completing this form. What you have written will be taken into account and discussed, as appropriate, in the forthcoming Review Meeting.***

***Please could you now either:-***

- ***send it in advance to the Review Chair or the LAC Administrator at:  
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***
- ***bring it with you on the day and hand it to the Chair beforehand.***