

Having Your Say At YOUR Review

This form is confidential but will normally be seen by people who come to your Review. If there is anyone you don't want to see this form, speak to your social worker or the Independent Reviewing Officer.

YOUNG PERSON'S REPORT AGE 16 to 18 YEARS

| | |
|--------------------|---------------------|
| Name: | Age: |
| Date of Birth: / / | Date of Review: / / |

A Review is where changes can be made to your Care Plan. It's important that you give your views. Use this form to help you decide what you want to say. Ask an adult to help you fill it in if you want.

Try and tick a box for each question and write any comments you wish to make.

1. How do you like living where you are now?

Like it It's OK Don't like it

Do you want to say why you ticked this box?

2. How well do you get on with the people you live with?

Very well OK

Not very well

Do you want to say why you ticked this box?

3. Is there anything else you would like to say about where you live?

For example, anything about the food, cooking facilities, other residents, general environment or rules and regulations?

If you receive an allowance, how are you coping with it?

Is there anything else about your placement that you would like to discuss? Yes No

4. Are there times when you feel unsafe or are bullied, either where you live or somewhere else? Yes No

If yes, what happens and where?

Would you like help to deal with this? Yes No

5. Do you feel healthy? YES NO

Is there anything about your health/development that you would like to discuss or receive information about?

6.

Has a Needs Assessment & Pathway Plan been completed with you?

Yes No

Has the Leaving Care and Independence Service explained semi-independent/permanent accommodation, the leaving care grant and post-eighteen support to you?

Yes No

If you are about to change placement soon are you getting the help and support that you need?

Yes No

If no, what information do you feel you need?

7. I see my social/LCIS/family worker:-

Too much About right Too little

Do you want to say why you ticked this box?

8. Are you happy with the contact you have with your family and friends? Yes No

If no, please explain why.

Is there anyone you'd like to see more or less often?

Yes No

If yes, who and how often?

9. Are you at: School College Work
Training Other

What is it like? Is there anything you need help with?

10. What hobbies, leisure activities or sports do you take part in?

Are there any others you would like to try?

11. Do you know why you are being looked after away from home? Yes No
Would you like more information about this? Yes No
Has anyone talked to you about what was decided at your last review? Yes No
This is my first review

12. Do you have a copy of Croydon's Complaints Procedures?
Yes No

Has it been explained to you?
Yes No

13. Do you know how to contact the Croydon Children's Rights Service Advocate?
Yes No
Would you like more information about the Independent Visitors Service?
Yes No

14. Who would you like to invite to your review?

15. Is there anyone that you do not want to attend?

16. What decisions would you like made at your review?

17. If you could change anything about your care what would it be?

18. Please use this space to say anything else you want the Review to know. Add another piece of paper if you haven't got enough room.

Tick here if you've added another piece of paper

Signature:

Date:

Remember, your **Children's Rights Officer** or someone else you trust can come with you to the Review to help you Have YOUR Say

