

### What happens

## At the Review

- We will listen to what you want to happen and how you feel about matters.
- You may have someone with you to speak up for you.
- You should know before the meeting what will be talked about.
- We will send a letter letting you know what we decide at your review.

Your Name: \_\_\_\_\_

Date of Review: \_\_\_\_\_

---



---



---



---



---



---

## The Review

Parents/carers/social workers and your independent reviewing officer normally attend a review. Who else would you like to be present at your review?

Is there anyone you do not want to be at your meeting? Yes  No   
*If yes, please tell us:*

Where do you want your review to be held? School  Where you are living

What do you want to talk about at your review meeting?

Do you understand why you are being looked after? Yes  No

## Your Health

Have you been to see any of these since your last review?

Doctor  Dentist  Optician

Are you registered with a : Doctor  Dentist  Optician

Have you been ill recently?

Have you got any worries about your health? Yes  No   
*Please tell us which worries you have:*

Who can you talk to about puberty and your physical development?

If you have worries have you discussed them with an adult? Yes  No   
*Please tell us which:*

Do you consider yourself as having a disability? Yes  No

## Education

What is going well at school?

Is there anything you would like to change about school? Yes  No   
*I would like to change:*

Do you have somewhere quiet to do your homework? Yes  No

Do you have access to a computer where you live? Yes  No

Do you think you need extra support with your school/college work? Yes  No   
*Please tell us what extra support you need:*

Do you have a pathway plan? Yes  No

## Contacts & Accommodation

What do you like about where you are living?

Is there anything you would like to see changed? Yes  No   
*Please tell us:*

Is there anyone you would like to have telephone contact with? Yes  No

Is there anybody whom you don't see now? Yes  No

Who would you like to see? \_\_\_\_\_

Who do you talk to about things that are important to you?

How ready do you feel you are to move from your current placement into semi-independent/supported lodgings? \_\_\_\_\_



## Contacts & Accommodation cont.

On a scale of 1-10, how do you think you are coping at the moment:

1 2 3 4 5 6 7 8 9 10  
low high

Why is this?

## Your Feelings

Which of these is most like how you feel most of the time?

## Legal & Finance

Do you have identification e.g. Passport  Birth certificate  Travel documents  NHS number card   
 Do you have a bank account? \_\_\_\_\_  
 How do you think you manage your money? \_\_\_\_\_  
 What financial advice do you think you need i.e. Student loans  leaving care  grants or debts   
 Anything else: \_\_\_\_\_  
 Do you have any immigration concerns? Yes  No   
 Please tell us: \_\_\_\_\_  
 Do you have youth offending team worker or any outstanding criminal matters? Yes  No   
 Do you have any other legal issues? Yes  No



## Culture

Do you have the opportunity to meet people: (e.g. at church, youth club, mosque, leisure centre or work group)?

Yes  No

Do you have the opportunity to:

attend a church, mosque or temple as required by your religion/faith or culture? Yes  No   
 attend a church, mosque or temple as required by your religion/faith or culture? Yes  No   
 wear a headscarf or veil as required by your religion/faith or culture? Yes  No   
 wear a turban as required by your religion/faith or culture? Yes  No   
 wear a niqab as required by your religion/faith or culture? Yes  No   
 wear a full face veil as required by your religion/faith or culture? Yes  No   
 Any other opportunities: \_\_\_\_\_

## General

Have you seen your social worker on your own recently?

Yes  No

Are you happy with the support you get from your social worker/ personal advisor? If not, please tell us why: \_\_\_\_\_

Yes  No

Has anyone told you how to make a complaint if you have one?

Yes  No

Have you been given a complaint leaflet?

Yes  No

Is there anything else you would like to talk about at the review? I would like to talk about: \_\_\_\_\_

Yes  No

If you are unhappy about anything - let us know! If your Social Worker or Carer cannot sort it out, or if you prefer to talk to somebody outside of Social Services, we can give you some leaflets telling you more about this.

Have these leaflets been given to you? Yes  No

Please sign here: \_\_\_\_\_ Date: \_\_\_\_\_

Finally a big thank you for filling out this form. Please could you send it back to the office before your review, using the stamped addressed envelope or hand this to your reviewing officer or social worker.



© Lambeth Council 2015. All rights reserved. This document is the property of Lambeth Council. It is to be used only for the purposes for which it is issued. It is not to be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording, or by any information storage and retrieval system, without the prior written permission of Lambeth Council.

**CONTRIBUTION**  
**PAPER FOR A**  
**CHILD LOOKED AFTER BY**  
**LAMBETH CHILDREN AND**  
**YOUNG PEOPLE'S SERVICE**

A review is coming about your care plan and gives you the chance to say what you want to happen in your life. We hope that you will attend your review and make your comments, wishes, feelings and any other things you know about.

**age**  
**15-18**