

# Consultation Paper



Consultation Paper for all foster carers, residential workers or independent visitors with responsibility for a child or young person looked after by Lambeth Children and Young People's Service

A review is an opportunity to make plans and decisions which will be very important to the child/ young person you are looking after. As the child's carer your views are also extremely important.

As the chair of the review it would be very helpful if you could tell me something about the child and what they are like to look after by completing this form.

I look forward to seeing you at the review.



Child/ young person's name .....

Child/ young person's age .....

Your name .....

Relationship to child/ young person .....

Date of Review .....

Signature .....

# Section 1

## General Information

This section needs to be completed for each review meeting

- 1) Do you have an up to date copy of the child's Care Plan?

Yes  No

- 2) What are your views about the Care Plan? Do you feel any changes are needed?

.....  
.....  
.....

- 3) Does the child/ young person have the following? [Please Tick]

Birth certificate  Medical card

Passport  Red health book

If no please give further details:

.....  
.....  
.....  
.....  
.....  
.....  
.....

- 4) Does the social worker for the child visit him/her within statutory timescales?  
(I.e. not less than once every six weeks in the first year of care and not less than once every 3 months thereafter)

Yes  No

- 5) Is the social worker approachable and responsive to the child's wishes and feelings?

Yes  No



# Section 2

## Date of last review

1) Since the last review can you tell me what has gone well with the young person?

1a) In the placement

.....

.....

.....

.....

.....

1b) At school/in education

.....

.....

.....

.....

.....

1c) With friends

.....

.....

.....

.....

.....

2) Since the last review can you tell me anything that has not gone well with the young person

.....

.....

.....

.....

3) Did you receive a copy of the minutes of the last children looked after review meeting

Yes  No



# Section 3

## Happiness and Well-being

This section is about the child/ young person's physical and emotional health

1a) Has the child/young person visited any of the following in the last six months?

Optician  Dentist  Doctor

Nurse  Hospital outpatient appointment  Physiotherapist

Child Adolescent Mental Health (CAMHS) or other therapeutic service

Other .....

1b) Please give dates and results of any recently attended appointments

.....  
.....  
.....

2) Are the child/young person's immunisations up to date?

Yes  No

3a) Is the child/ young person a member of or actively taking part in any of the following?

Sports club  Gym  Healthy Pursuits  Dance classes

Other .....

3b) Does the child/ young person have a Lambeth leisure card?

Yes  No

4) Do you have any concerns about the child/ young person's diet, appetite or sleeping patterns?

Yes  No

Comments  
.....  
.....

5) Do you have any concerns about the child/ young person's behaviour?

Yes  No

Comments  
.....

.....  
.....

6) Do you feel that the child/ young person has received enough information on the following?

- |                              |                          |                   |                          |
|------------------------------|--------------------------|-------------------|--------------------------|
| Healthy eating               | <input type="checkbox"/> | Smoking           | <input type="checkbox"/> |
| Regular exercise             | <input type="checkbox"/> | Drugs and Alcohol | <input type="checkbox"/> |
| Taking prescribed medication | <input type="checkbox"/> | Sexual health     | <input type="checkbox"/> |

7) Please can you use this space to give your views on the physical health of the child/ young person. Please give positive and negative feedback

.....  
.....  
.....

8) Please can you use this space to give your views on the emotional wellbeing of the child/ young person. Please give positive and negative feedback

.....  
.....  
.....

9) Has Life Story work started?

Yes  No

If Yes,

10) Are you involved in working with the child/ young person to complete the Life Story?

Yes  No



# Section 4

## Education and Support for the future

This section refers to the child/ young person's education whether at primary, secondary or in higher education

1) During the last 6 months have you attended any of the following events?

Parent/Carer evening

Concert or play

Sporting event

Personal Education Plan

Sixth Form/ College Open days

University Open day

Annual review of special educational needs

Other

.....

2) Does the child/ young person have computer access at home?

Yes

No

3) Can you tell me what subjects the child/young person is currently studying?

.....  
.....  
.....

4) If appropriate what exams will the child/young person be taking?

.....  
.....  
.....

This section applies only if the child is aged 16 – 18

5) Have you been given a copy of the Pathway Plan?

Yes

No

6) Have you talked to the young person about what they would like to do after they finish in full time education (School/Sixth form/college)?

Yes

No

7) Has the young person met with a Connexions Adviser?

Yes

No



8) Please use this space to tell us any concerns or positive comments about the child/young person's education and also what could be done to help them in their education:

.....

.....

.....

.....

## Savings

This section refers to the personal savings of the child/ young person

1) Does their child/young person have a bank account?

Yes

No

2) Are you saving money for the child/young person?

Yes

No

3) How much money is saved for the child/ young person to date?

£



## Section 5

### Culture

1) Can you explain how you are meeting the child/young person's cultural and ethnic needs?

.....

.....

.....

2) Is there anything that we could be doing to help you meet the ethnic and cultural needs of the child/young person?

.....

.....

.....



# Section 6

## Contact

This section relates to the child/ young person's contact with parents, siblings, extended family and friends



1) Who does the young person have contact with?

Birth Mother

Birth Father

Maternal Family

Paternal Family

Siblings

Friends

Other

.....

2) Do you think that contact arrangements are working well for the child and young person?

Yes

No

If not, why?

.....  
.....  
.....  
.....  
.....

## Other Information

Is there anything else that you would like to discuss in this review meeting?

.....  
.....  
.....  
.....  
.....

Thank you for taking the time to complete this form. Please bring this form with you to the meeting or you can give it to the child/ young person's social worker beforehand.

This form can also be filled in electronically by using the following link

<http://g2k.org.uk/contact-us/Consultation-Paper-form.aspx> on the G2K website ([www.g2k.org.uk](http://www.g2k.org.uk))

**For any queries regarding Children Looked After reviews and the Consultation Paper, you can contact:**

The Independent Reviewing Team on **0207 926 8521**  
or **0207 926 8573**

The Fostering Support Team on **07949 123 727**

The Children with Disabilities Team on  
**0207 926 6915** or **0207 926 6916**

The Commissioning Team on **0207 926 5134**

The Children Looked after Team 1 on **0207 926 5454**

The Children Looked after Team 2 on **0207 926 6569**

The Children Looked after Team 3 on **0207 926 5417**

The Children Looked after Team 4 on **0207 926 6783**

The Leaving Care Team on **0207 926 6315** or **0207 926 6325**

**If your child is not happy about something and there are concerns that their rights are not being met, you can put them in touch with the Children's Rights Service, or your child can contact the Children's Rights Officer directly on Free phone: 08000 132 268 Mobile: 07949 501220 Email: [info@g2k.org.uk](mailto:info@g2k.org.uk)**