

**Section 85 / 86 (Children Act, 1989) Welfare Check Report**

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| Name of Child / Young Person: |  |
| Date of Interview:  |  |

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| **Section 1** |
| **Question** | **Response** |
| What do you like about your room?Is there anything you don’t like about your room? |  |
| Do you have a choice of food from a menu?Do you like the food? |  |
| Do you decide when you take a bath / shower?Are you able to bathe in private? |  |
| Do you decide when you go to bed or get up in the mornings? |  |
| Are you able to be on your own sometimes? |  |
| Are you able to make some calls in private? |  |
| When you have visitors, can you meet them in private? |  |
| Do you decide what you wear each day?Can you wash your own clothes?  |  |
| Are you able to keep money safely? |  |
| Do you have a religious faith?Are you able to practice your faith? |  |
| (If applicable) Does your faith/religion require you to have a particular diet?Is the appropriate food provided for you?  |  |
| Can you see a doctor if you are ill (e.g. having pains)? |  |
| Do you have regular dental check-ups and treatment when needed? |  |

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| **Section 2** |
| 1. **Education**
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| **Question** | **Response** |
| Do you think the educational programme provided here is helpful to you? |  |
| Are there any subjects that you would like to do, that are not on your timetable? |  |
| Do you have opportunities to discuss your education programme with anyone? |  |
| 1. **Social and Leisure Opportunities**
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| **Question** | **Response** |
| Do you have enough to do in your free time? |  |
| Do you get on with the other young people you live with? |  |
| If you have a particular problem with one of the young people you live with, do the staff help you sort it out?  |  |
| Have you been bullied at any time? Can you explain? |  |
| Do you feel safe? |  |
| Do you have access to fresh air? |  |
| Do you have opportunities to exercise? |  |

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| **Section 3: People Who Support You** |
| 1. **Professional People**
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| **Question** | **Response** |
| Which staff are very involved with your treatment and care and know you well? |  |
| Do you have contact with your ‘home’ Social Worker?  |  |
| Do you think the level of contact you have with your ‘home’ Social Worker is; about right, too much or not enough?  |  |
| 1. **Your Family**
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| **Question** | **Response** |
| Do you have contact with members of your family – e.g. by phone, visits? |  |
| Do you think the amount of contact you have with your family is;- about right, too much or not enough |  |

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| **Section 4: Your Rights in Your Placement** |
| **Question**  | **Response** |
| If you had concerns about your treatment or care, who would you talk to about them? |  |
| Have you been given information on advocacy services that may be available to you?  |  |
| Would you know how to complain if you wanted to? |  |
| Are you aware of your right to a solicitor? |  |
| Are you aware of your rights to a tribunal? |  |

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| **Section 5: Young Person’s Comments** |
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| **Section 6: Conclusions including any safeguarding concerns** |
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| **Section 7: Follow-up Actions** |
| **Action** | **Owner** | **Timescale** |
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| **Section 8: Manager’s Comments** |
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| **Section 9: Themes Arising From Welfare Check** |
| Food |[ ]  Benefits and Funding |[ ]
| Contact with Family |[ ]  Telephone Privacy |[ ]
| Contact with Case Accountable Social Worker |[ ]  Facilities |[ ]
| Complaints and Rights |[ ]  Issues with Staff |[ ]
| Issues with other patients |[ ]  Other (please specify below) |[ ]
| **Additional notes** |

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| **Section 10: Welfare Check carried out by:** |
| Name (please print): |  |
| Contact telephone number: |  |
| Proposed date of next review: |  |

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| **Section 11: Send Copy of Recommendations to:** |
| Child / Young Person |[ ]  Placement Social Worker |[ ]
| Child Advocate |[ ]  Case Accountable Social Worker in Referring Authority  |[ ]
| Parent / Carer |[ ]   |  |

**Please Note: Copies of recommendations will be forwarded to ALL parties who are required to have a copy.**