

What *i* Want
my Review
to think about

This is a confidential booklet that only your social worker and independent reviewing officer (IRO) will need, unless there is something that is very concerning which may need to be shared with others.

If you do not wish to fill this booklet in before your review, but still want the IRO to know your views, please contact them.

Your Review

A review is an opportunity to make plans and decisions which will be very important to you over the next few months. It is a good idea to spend time before the meeting working out how you think things are going, and what changes you would like to see made.

You can use this form to help decide what you want to say, but you could also give your views in different ways such as a report, tape or letter. Your social worker, carer, parent or someone else you know can help you to present your views.

It's really important that you fill this form in as we now collect all the information together and use it to help improve the services we provide you with.

Do you want your IRO to share your information in your booklet at your review?



Yes



No

NOTE: If there is anything in your booklet that you do not want your IRO to share, please put a **X** next to it.

What would you like to talk about at your review?

What would you like to talk about at your review?

What has made you **happy** since your last review?



.....

.....

.....



What has made you **unhappy** since your last review?

.....

.....

Name **at least** one thing you would like to see happen before your next review:

.....

.....

.....

Generally, how happy have you been since your last review?

(please tick)



Not very happy



Okay



Happy



Very happy

Do you understand the reasons you are in care? (please tick)



Not at all



Some of them



Most of them



All of them

Do you agree with the plans for your care? (please tick)



Not at all



Not really



Some of them



All of them

Have you a written copy of these plans? (please tick)



Yes



No



Not sure

How well do you get on with your social worker? (please tick)



Not well



Okay



Well



Very Well

How often do you see your social worker? (please tick)



Hardly ever



Not enough



Enough



Too often!



How well do you get on with adults you live with? (please tick)



Not well



Okay



Well



Very well

How well do you get on with the other children and young people you live with? (please tick)



Not well



Okay

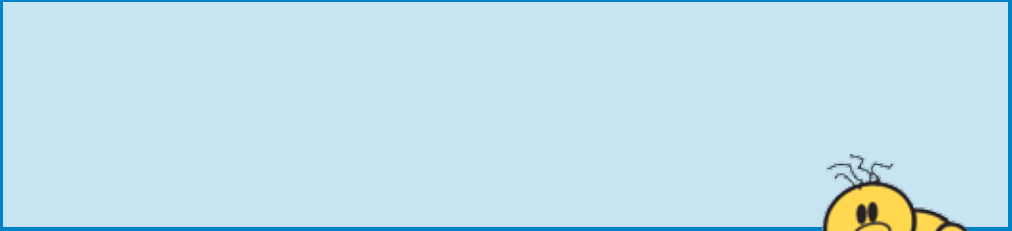


Well



Very well

Is there anything you don't like about where you are living?



Do you feel safe, protected and cared for where you are living?



Yes



No



Not sure



If you did not feel safe and well cared for, who would you like to talk to? (Please tick one or more)

- | | | |
|--|--|---|
| <input type="checkbox"/> Carer | <input type="checkbox"/> Children's Rights officer | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Social worker | <input type="checkbox"/> National Youth Advocacy Service | <input type="checkbox"/> IRO |
| <input type="checkbox"/> Teacher/lecturer | <input type="checkbox"/> Parent | <input type="checkbox"/> Someone else
Who? |
| <input type="checkbox"/> Residential staff | | |

Are you happy about the amount of contact you have with the following people?

	Unhappy	Okay	Happy	Very happy	Does not apply
Mam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-mam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-dad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brothers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sisters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandparent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aunts/Uncles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, who?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Is there anyone you don't see who you'd like to see?

Would you like to know more about your family or background?



Yes



No



Not sure

How are things going at school/college/work?


Not well


Okay


Well


Very well


Please say if anything needs sorting out at school, college or work:

How healthy have you been since your last review?


Not well


Okay


Well


Very well

Have you been offered a PEP meeting in the last 6 months?



Yes



No

If yes, did you attend?

Yes No

Have you been offered a health assessment?



Yes



No

If yes, did you attend?

Yes No

Would you like to tell us about what you do in your spare time?

Are there any leisure activities you would like to do?

Do you feel you are getting enough support to prepare you for independent living?



Yes



No



Not sure

Where would you like your next review to be held?

.....

.....

Did you tell your social worker who you wanted to come to your review?



Yes



No



My name:

Date of my meeting:

How old are you?

Who helped you fill in this form?

What decisions would you like to see made at this review?

You can also use this box for anything else you'd like to say:

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.....

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.....

.....

Thank you for filling in this form. It will not only be useful at your meeting but we will use your answers, together with the views of other young people, to help improve the services we provide you with.



CH86 July 2016



Please ask us if you would like this document summarised in another language or format.



Braille



Audio



Large print

العربية	Arabic	(中文(繁體字))	Chinese	اردو	Urdu
polski	Polish	ਪੰਜਾਬੀ	Punjabi	Español	Spanish
বাংলা	Bengali	हिन्दी	Hindi	Deutsch	German
Français	French	Türkçe	Turkish	Melayu	Malay

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