

# YOUR VIEWS and COMMENTS for YOUR Child In Care MEETING



**My name:** \_\_\_\_\_ **I like to be called:** \_\_\_\_\_

**Date of CiC Review:** \_\_\_\_\_ **District:** \_\_\_\_\_

Please take some time to complete this leaflet and bring it to the meeting. If you are not coming to your meeting, please ask your Social Worker to bring this leaflet so they can talk for you.

You can send this to your Independent Reviewing Officer (IRO) and contact them by phone, email or text. It will help your IRO to know how **you** are feeling about things.

You can ask your social worker to help fill this in. If you are not keen on writing you can use the pictures or make a recording of your answers or bring your own pictures.

You will be able to meet with your IRO before your meeting and talk more about what you have written and let them know if there are any things that you don't want shared at your meeting.

You can ask someone to attend your meeting with you. This could be your Independent Visitor or Advocate. Please ask your Social Worker or IRO who can help you arrange this.

Did you know you can chair all or part of your review? Your IRO can give you more information about this.

**My Social Worker's Name:** \_\_\_\_\_

**My IRO's Name:** \_\_\_\_\_

**IRO's Email:** \_\_\_\_\_

**IRO's Text / Phone:** \_\_\_\_\_

**My hobbies and interests / what I like doing** \_\_\_\_\_  
\_\_\_\_\_

**Things I would like to do / clubs I would like to join:** \_\_\_\_\_  
\_\_\_\_\_

**My favourite food/meals are** \_\_\_\_\_  
\_\_\_\_\_

**Meals I can cook are:** \_\_\_\_\_  
\_\_\_\_\_

**How I feel about where I live:**

Tick a number

The worst it can be

The best it can be

1 2 3 4 5 6 7 8 9 10

What could make it a 10?

\_\_\_\_\_  
\_\_\_\_\_

**How I feel about my school:**

Tick a number

The worst it can be

The best it can be

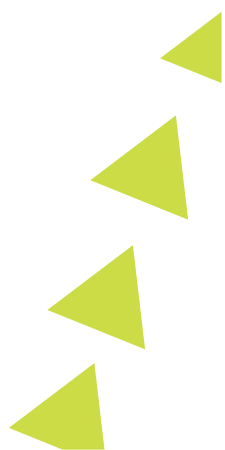
1 2 3 4 5 6 7 8 9 10

What could make it a 10?

\_\_\_\_\_  
\_\_\_\_\_

What I would like to do when I leave school / College:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## People I see:

Family I see: \_\_\_\_\_

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Other people I would like to see: \_\_\_\_\_

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## My Social Worker visits:



Not enough



The right amount



Too much

## This is how I feel most of the time:



Confused



Angry



Worried



Sad



OK



Happy

What could make me feel better? \_\_\_\_\_

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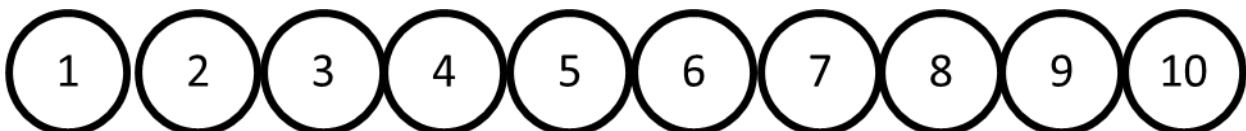
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## How safe I feel where I live:

Tick a number

Not safe

Very safe



What could make me feel safer?

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## How safe do I feel at school / college:

Tick a number

Not safe

Very safe

1 2 3 4 5 6 7 8 9 10

What could make me feel safer? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who would you tell if you are not happy? \_\_\_\_\_

\_\_\_\_\_

### I know about:

Who to talk to if I have a complaint:

Yes

No

Our children and Young People's Council

Yes

No

Advocacy Service

Yes

No

The Kent Pledge

Yes

No

If you answered 'No' to any question, your social worker and carer can discuss this with you to ensure that you are getting everything you are entitled to.

Website: <http://kentcarestown.lea.kent.sch.uk/>

Things I want to talk about at my review are: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I would like to chair all of my next Child in Care Review:

Yes

No

Maybe

I would like to chair part of my next Child in Care Review:

Yes

No

Maybe

If YES your IRO will be able to provide you with more information about this.

Thank you for completing this. Well Done!