**CARERS CONSULTATION**

In answering the questions on this questionnaire you are supporting the Independent Reviewing Officer in preparing for the Looked After Review on the child in your care. Answers to all questions may be shared within the meeting.

*It would be helpful to the Independent Reviewing Officer if they receive the completed questionnaire in advance, however, it can be brought to the meeting on the day*

|  |  |
| --- | --- |
| **Child’s Name** |  |
| **Carer’s Name** |  |
| **Independent Reviewing Officer** |  |
| **Date of next Review** |  |

CARE PLAN

**How long is it planned that the child will remain in your care?**

|  |
| --- |
|  |

**If there is to be a move, is there a plan in place?** –YES / NO / N/A

(Transition to independence, adoption, residential to foster care …..)

|  |
| --- |
|  |

SUPPORT TO THE CHILD

**What are the rewards and challenges in looking after the child?**

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| --- |
|  |

**What activities is the child involved with?**

|  |
| --- |
|  |

**Who does the child tend to go to if they are seeking comfort or advice?**

|  |
| --- |
|  |

**Do you think the Social Worker is supporting and seeing the child enough? –** YES / NO

|  |
| --- |
| If no …. |

**Is there additional support you feel the child needs? –** YES / NO

|  |
| --- |
| If yes …….. |

**Do you think the child’s identity needs are met (cultural, heritage or religious)? –** YES / NO

|  |
| --- |
|  |

**Do you have any worries over the child’s safety? (Safeguarding concerns) –** YES / NO

|  |
| --- |
| If yes ….. |

RELATIONSHIPS

**Do you think the current contact arrangements are working for the child?** YES / NO

**What role do you play, if any? –**

|  |
| --- |
| My role …. |

**How does the child get on with others they are living with?**

|  |
| --- |
|  |

EDUCATION

**Are you happy with the child’s education, would you suggest any changes? –** YES / NO

|  |
| --- |
| Suggested changes ….. |

HEALTH

**Is the child registered with the following:-**

* **GP** YES / NO
* **Dentist** YES / NO
* **Opticians** YES / NO

|  |
| --- |
| If no ….. |

**Are you aware of whom the child’s LAC Nurse is? –** YES / NO

**Has the child had a health assessment in the last year? –** YES / NO

**Have you any health concerns regarding the child? –** YES / NO

|  |
| --- |
| If yes …… |

FOSTER CARE SUPPORT

**Do you have a Supervising Social Worker? –** YES / NO

**Do you feel that you are receiving enough support from the Fostering Unit? –** YES / NO

|  |
| --- |
| Please expand |

ANY OTHER INFORMATION

**Is there any other information relating to the child you wish to share not already mentioned?**

|  |
| --- |
|  |

**Is there any information you wish to share directly with the Independent Reviewing Officer prior to the meeting? –** YES / NO (If yes, the Independent Reviewing Officer will contact you)

|  |
| --- |
| If yes, best contact details… |