My Review Tell us what's important to you

Name:

Questionnaire for 16+ year olds





1. Do you have a care or pathway plan? Yes No Not sure	
2. Do you have a copy of your care or pathw plan? Yes No Not sure	vay
3. Do you feel involved in making and revie your pathway plan? Very A bit Not a lot Not at all	
4. Are there any of these that you do not have Your birth certificate A passport Your medical card Family medical history National Insurance Number	ve?
5. Do you have any other comments about planning for your future?	

Your pathway plan Your social worker or PA All about you

6. Do you feel you have a good relationsh your PA or social worker?	ip with
Yes definitely It is OK Not really Not at all	,
7. Do you know how to contact your PA or worker? Yes No Not sure	social
8. How often do you see your PA or social worker?	
Once a week Once a month Every six weeks	
Other	
9. Do you have any other comments abou support from children's services?	t

Health and wellbeing

Health and wellbeing	20. Would you like more help or information on any of these health issues? (You can select	22. Is there anything that sad at present?
16. Who gives you advice about staying healthy? PA Social worker Your carer Health visitor Family Other	more than one) Drug or substance misuse Alcohol abuse Smoking Healthy diet Exercise Emotional wellbeing Relationships	
17. Have you had a health assessment in the last 12 months? Yes No Not sure	Safe sex Marriage Parenting	23. Is there anything that frustrated?
18. Do you have any concerns about your health? Yes No Some If you answered yes or some, please give	Family medical history Other 21. Is there anything that makes you particularly	
details below.	happy at present?	24. Who do you talk to wh upset and need advice
19. Which of the following are you registered with? (Tick all that apply) Doctor Dentist Health visitor Optician		

22. Is there anything that makes you particularly sad at present?		
23. Is there anything that makes you angry or frustrated?		
24. Who do you talk to when you are worried or upset and need advice or care?		

Where you live

25. Are you living where you want to at the moment? Yes No Not sure	
26. Where do you live? With family With foster carers Children's home Residential school or college Supported shared house Supported flat Emergency accommodation Homeless Other	
27. Is where you live suitable for you and no your needs? Yes definitely Quite a lot Not real Not at all	_
28. Do you know what housing is available you leave care? Yes No Not sure	when
29. Do you know who to contact if there are problems with your accommodation? Yes No Not sure	е
30. Do you feel safe where you live now? Yes completely Quite safe Not very safe Not safe at all	

not pleas lp you fe	y and wh	at can be	done to
there any		ant to say	about

Financial help

I	
Have you been told what financial help you are entitled to?	
Yes No Not sure	
Who gives you advice about how to budget for the things you need?	
PA	
Social worker	
Your carer Link/key worker Family	
Family	
No-one	
Other	
Other	
Do you know how to open your own bank account? Yes No Not sure	
Are you worried about debts or how you will manage money? Yes No	
Do you have any comments about finance/money?	

Education

38. Are you in employment, education or training?	
At school	
At college	
University	
Training Uraining Ura	
Working Unemployed	
A parent or pregnant	
39. What qualifications are you working towards?	
40. Do you have ideas about what work/job you want to do in the future?	
41. Do you get enough help with your education?	
Yes as much as I need Not as much as I need	
Hardly at all	
Not at all	
42. Do you have the books and other things you need for you course? Yes No Some Not sure	

	Do you know enough about education and training bursaries, grants and funds? Yes No Some Not sure
	Have you moved placements in the last year Yes, once Yes, more than once No
	If yes, did it have an impact on your education? If so, how?
6.	Is there anything else you want to tell us or ask about your education and what can be provided to help you reach your goals?

Your interests and hobbies

47. What are your interests and hobbies?		
	oes anyone help you to get involved in your nterests or hobbies?	
C P T	amily Carer CA or social worker Chrough school or college Other	
	o you get the chance to do your hobbies as nuch as you like?	
Y	es 🗌 Not as much as I'd like 🗌 Not at all 🗌	
50. W	What extra help do you need, if any?	

Information

51. Have you had information to prepare you for leaving care and enable you to make decisions about your future? Yes \(\subseteq \text{Not as much as I'd like } \subseteq \text{Not at all } \subseteq \text{Not at all } \subseteq \text{Not and suppersonant to prepare you for all } \subseteq \text{Not at all } \subseteq \text{Not and suppersonant to prepare you for all } \subseteq \text{Not at all } \subseteq Not
52. Is there other information that you would like that would help you?
53. Do you know how to make a complaint if you need to? Yes No Not sure
54. Do you know how to access an advocate? (An advocate is someone who can help you get your views heard and/or speak on your behalf if needed.) Yes No
55. Do you know about the Children in Care Council? (The Children in Care councils are Step Up (for 12 to 15 year olds) and Stepping Out (for 16+) Yes No
56. Would you like more information about Stepping Out and how you can get involved? Yes No

Any other comments or questions Information about you Name:

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Do Yes
If n

Name:
Girl ☐ Boy ☐
Date of birth:
Ethnicity
Legal status: Section 20 ☐ Care order ☐ Asylum Seeker ☐ Don't know ☐
Foster carer/key worker:
Social worker:
Date completed:
Do you live in the borough of Hillingdon? Yes No No
If not, in which borough do you live?



