**Exit Interview for Children and Young People Leaving Care**

# Kent County Council want to improve the way we support children and young people in care in order to ensure that this is a positive experience. We value your views and want to know what you think about your experiences of being in care and the services you received.

**Your responses** will **help us improve the services** we provide to other children and young people. Anything you say will be kept confidential. We will not name you in any report with regards to this survey.

**Please return your completed questionnaire to your IRO, Social Worker or Case Worker.**

**What is the name of your IRO?** ..........................................................................................................................................

**1. How would you rate your time in care?**

□ □ □ □ □  
Very good Good Neither good nor bad Bad Very poor

**b.** **Please tell us why?**

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**2. How would you rate how we met the Kent Pledge?**

□ □ □ □ □  
Very good Good Neither good nor bad Bad Very poor

**3. Thinking about your Care plan/Pathway plan:**

**a. did you understand your plan?** □ Yes □ No

**b. were you able to give your views?** □ Yes □ No

**c. did you think your views were listened to?** □ Yes □ No

**4. Did you think your IRO kept an eye on your case, including the time between reviews?**

□ Yes □ No □ Don’t know

**5. Were there any individuals who were particularly helpful while you were in care?**

□ Yes □ No

**b. If Yes, what was their role?**

□ □ □ □ □ □

Social/case workers Carers Teachers Youth workers IROs Others\*

\* **If others, please specify**

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1. **What was particularly helpful about them?**

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**6. How many times have you been in care?** ................................................................................................................

**7. How long was your last period in care?** ....................................................................................................................

**8. Is there anything else you would like to tell us about your time in care?**

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**ABOUT YOU**

We want to make sure that everyone is treated fairly and equally**,** and that no one gets left out. That's why we are asking you these questions. We won't share the information you give us with anyone else. We‘ll use it only to help us make decisions, and improve our services.

1. **Are you:** □ Male □ Female □ Prefer not to say
2. **How old are you?** ......................................
3. **a. Would you say that you have a disability?** *(A disability is if you have a problem or an illness to do with your mind or body, and it makes it hard for you to do everyday things)*

□ Yes □ No □ Prefer not to say

|  |  |
| --- | --- |
| **b. If you answered Yes to Q3, please tell us what problems you face.** *You may have more than one type, so please select all the problems that apply to you. If none of these applies to you, please select Something else, and give brief details.* | |
| □ | A disability to do with your body (such as problems walking, moving and getting around). |
| □ | Problems with hearing or seeing, or both. |
| □ | Having a bad illness for a long time (such as cancer, epilepsy, HIV/AIDS or another serious sickness). |
| □ | Mental health problems (this is a problem to do with your mind and the way you feel; for example, if you feel upset, worried or angry a lot). |
| □ | Learning difficulties. |
| □ | I prefer not to say. |
| □ | Something else, please specify: ………………………………………………….………..…………... |

1. **a. Do you regard yourself as belonging to any particular religion or belief?**

□ Yes □ No □ Prefer not to say

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **b. If you answered Yes to Q4, which one listed below applies to you?** | | | | | | | |
| □ | Christian | □ | Hindu | □ | Muslim | □ | Any other religion, please specify**:** |
| □ | Buddhist | □ | Jewish | □ | Sikh |  | …………………………………… |

1. **To which of these ethnic backgrounds do you feel you belong?** *(Your ethnic background is about lots of things, such as where your family comes from and the language you speak)?*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **White** | | **Mixed** | | **Asian or Asian British** | | **Black or Black British** | |
| □ | British | □ | White & Black Caribbean | □ | Indian | □ | Caribbean |
| □ | Irish | □ | White & Black African | □ | Pakistani | □ | African |
| □ | Gypsy/Roma | □ | White & Asian | □ | Bangladeshi | □ | Other black**\*** |
| □ | Irish Traveller | □ | Other mixed**\*** | □ | Other Asian**\*** |  |  |
| □ | Other white**\*** |  |  |  |  |  |  |
| □ | Arab | □ | Chinese | □ | Other Ethnic Group**\*** | □ | I prefer not to say |
| **\***Other ethnic group – if your ethnic group is not specified in the list, please describe it here:…………………………………………………….. | | | | | | | |



**Thank you for filling out this form**

***Independent Reviewing Officers Team***

*Kent County Council*