**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 take this completed questionnaire so they can talk for you.

You can also send it 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 Favourite Things:**

**TV Programme:**

**Music:**

**Book:**

**Game:**

**Lessons at School:**

**Food:**

**My hobbies and interests (what I like doing)**

**Things I would like to do and clubs I would like to join:**

**How I feel about where live**

**Tick a face**

**The worst it can be** The best it can be

**What could make it a smiley face?**

**How I feel about my school:**

**Tick a face**

The worst it can be The best it can be

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**What could make it a smiley face?:**

**People I see:**

**Family I see:**

**Other people I would like to see:**

**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**

**Things that could make me feel better?:**

**How safe I feel where I live:**

**Tick a face**

**Not safe Very safe**

**What could make it a smiley face?:**

**How safe do I feel at school:**

**Tick a face**

**Not safe Very safe**

**Things that 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:****Our children and Young People’s Council****Advocacy Service****The Kent Pledge** | **Yes** **Yes** **Yes****Yes** | **No****No****No****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 should be.

**Website:** [**http://kentcarestown.lea.kent.sch.uk/**](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.**

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**Thank you for completing this. Well Done!**