

My Review

Tell us what's important to you

Name:

Questionnaire for 10 to 15 year olds



HILLINGDON
LONDON

young.hillingdon.gov.uk

Where you live

1. Do you feel happy and settled where you live now?

Yes completely Just about Not really Not at all

2. Do you feel a part of this family or the home where you live?

Yes completely Just about Not really Not at all

3. Do you know why you are in care?

Yes I think so Not really Not at all

4. Are you able to follow your religion or customs where you live?

Yes completely Just about Not really Not at all

5. Can you keep your own things safe?

Yes completely Just about Not really Not at all

6. Does anyone bully or pick on you?

Yes, a lot Sometimes Not really Not at all

If you answered yes, can you tell us what happens and who by?

7. Can you have the sort of food and drink you like?

Yes definitely Yes but I want more choice

Not really Not at all

8. Can you dress and look the way you prefer?

Yes definitely Yes but I want more choice

Not really Not at all

9. Do you feel safe where you live now?

Yes definitely Just about Not really Not at all

Is there anything that can be done to make you feel safer?



Where you live continued

10. Are there any unfair limits on when you can go out?

Yes Some Not really Not at all

If yes, can you tell us what they are?

11. Do you have all the things you need for your personal care?

Yes Some but I want more Not really Not at all

12. Are you able to talk to your carer about things that are important?

Yes definitely Just about Not really Not at all

13. If there is anything else you want to show us/tell us about where you live, please use the box below.



Hobbies and interests

14. What hobbies or sports do you like doing?

15. Do you get to do these activities as often as you like?

Yes definitely Sometimes Not really Not at all

16. Who helps you to do these hobbies or sports?

Your carer Your social worker Your friends

Your family Other

17. Are there any activities you don't do at the moment but you would like to go to?

18. If there is anything else you want to show us/tell us about what you like doing, please use the box below.

Your social worker and care plan

19. Do you see your social worker as often as you like?

Yes definitely Sometimes Not really Not at all

20. Is your social worker someone you can talk to?

Yes definitely Sometimes Not really Not at all

21. Do they help you when you have problems?

Yes definitely Sometimes Not really Not at all

22. Does your social worker or foster carer notice when you have done well at something?

Yes definitely Sometimes Not really Not at all

23. Do you know that you have a care plan?

Yes No Not sure

24. Are you helped to understand your care plan?

Yes definitely Yes a bit Not a lot Not at all

25. If there is anything else you want to show us/tell us about your social worker or care plan, please use the box below.



Friends and family

26. Are you able to make and keep friends of your own age?

Yes definitely Sometimes Not really Not at all

27. Do you see your friends as much as you want?

Yes definitely Sometimes Not really Not at all

28. Are you able to keep in touch with your family as much as you want?

Yes definitely Sometimes Not really Not at all

29. Do you have overnight stays with anyone?

Yes No

30. Are you happy with the arrangements for staying overnight with your friends or family?

Yes No Not really

31. Is there anything you want to change about contact with your friends or family?

32. Do you have a life story book or information about important people that have been in your life, past and present?

Yes No Not sure

33. What information would you like?

34. If there is anything else you want to show us/tell us about your family and friends, please use the box below.



Money and things

35. Do you have a bank account?

Yes No Not sure

36. Do you get pocket money?

Yes No Sometimes

37. What do you spend your money on?

38. Do you have new clothes bought for you?

Yes a lot Yes sometimes Not really Never

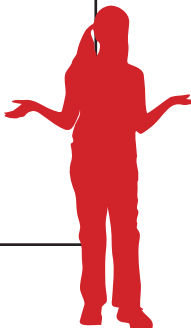
39. Who goes shopping with you for your clothes?

Foster carer Friends Family Link worker
Just myself Other

40. Do you feel you have all the things you need for your personal care?

Yes definitely Sometimes Not really Not at all

41. If there is anything else you want to show us/tell us about money and things, please use the box below.



You and school

42. Do you go to school every day?

Yes always Sometimes Not really Not at all

43. What do you like most about school?

44. Is there anything about school that worries you?

45. How do you think you are getting on at school?

Very good Good OK Poor Very poor

46. Do you get any help from your carer or anyone else with your school work?

47. Would you like any extra support with your school work?

48. Do you have the books and other things you need for school where you live?

Yes definitely Yes some Not really Not at all

49. Are you able to use a computer for school work where you live?

Yes always Sometimes Not really Not at all

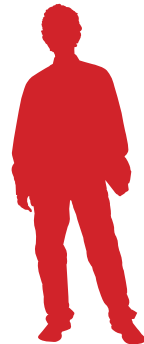
50. Do you have a Personal Education Plan (PEP)?

Yes No Not sure

51. Do you receive enough information to enable you to make decisions about your future?

Yes definitely Yes some Not really Not at all

52. If there is anything else you want to show us/tell us about you and school, please use the box below.



Your health and wellbeing

53. Do you have any worries about your health?

Yes No Sometimes

If yes, can you say what they are?

54. Do you have someone to talk to about your health, if so who?

Yes No Sometimes

55. Do you have any problems with sleeping?

Yes a lot Sometimes Not really Never

56. Do you have a health plan?

Yes No Not sure

57. How often do you exercise or play sport?

58. What makes you happy?

59. What makes you sad?

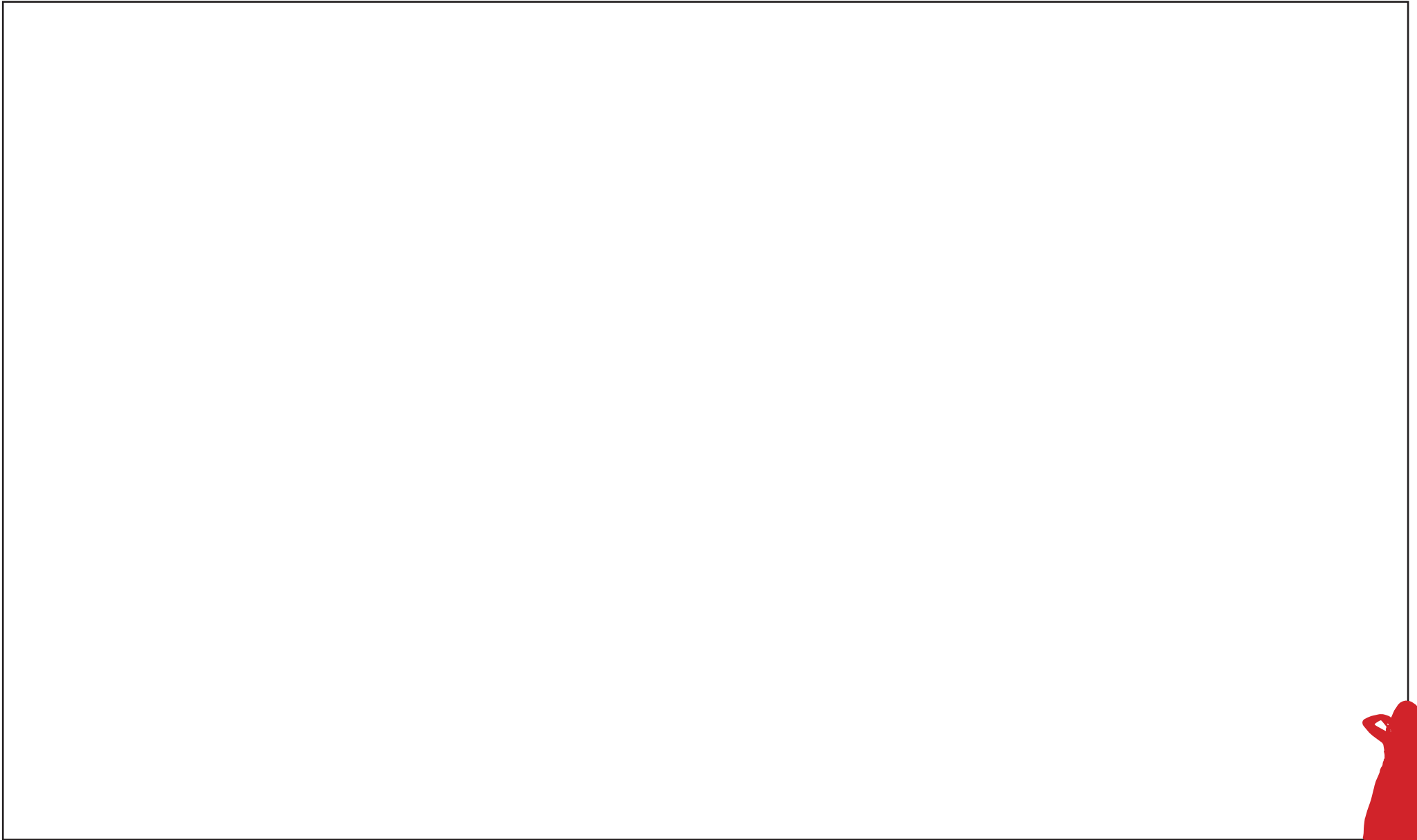
60. Are there ever times when you feel angry or frustrated?

61. Do you feel like your views and opinions are listened to?

62. If there is anything else you want to show us/tell us about your health or what could make you healthier or happier, please use the box below.



Please use this page to draw or tell us about something that you think is important for us to know about you.



About these questions

63. Do you think the questions were OK?

Yes No Some

If no, can you say why?

64. Did anyone help you answer these questions?

Yes No

If yes, who helped you?

65. Were you asked about the right things?

Yes No

66. Would it be OK to do this again in the future?

Yes No

67. Would you like to join a group for children in care?

Yes No Tell me more about this

Information about you

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

If not, in which borough do you live?

