



# The looked after children review meeting

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Click online link

https://www.trainingcheck.com/live/TakeSurvey.aspx?SurveyID=mlKJ8l76Kl&lid=0

We would like to know about your experience of the review meeting. Please could you take a few minutes to give your feedback about the meeting; your comments are important for the improvement of services.

#### Support before the review meeting

| 1. | Did the social worker explain WHY the |
|----|---------------------------------------|
|    | review meeting was taking place?      |
|    |                                       |

| Yes | No |  |
|-----|----|--|

| 2. | Did the social worker explain |
|----|-------------------------------|
|    | WHAT HAPPENS at the review    |
|    | meeting and how you could be  |
|    | involved in decisions?        |

| Yes | No [ |  |
|-----|------|--|

#### Support at the review meeting

| 3. | Did the social worker or Independent |
|----|--------------------------------------|
|    | Reviewing officer (IRO) explain the  |
|    | rules around confidentiality and     |
|    | the need to share the information    |
|    | from the review meeting with other   |
|    | professionals?                       |

| Yes | No [  |  |
|-----|-------|--|
| 103 | INO L |  |

4. Did you feel your views were being considered when making a care plan for your child?

| Yes No [ |
|----------|
|----------|



| 5. | Do you feel you were supported in terms of your language, religion, age, gender, sexuality or disability?  | 8.  | What other support would you have liked to get? Tick all that apply.  Someone to speak for me                              |
|----|--|-----|--|
|    | Yes No No  |     | Help from an interpreter   |
| 6. | If not, what support would you have liked to get in terms of your language, religion, age,   |     | Professionals making sure I understand what is being discussed   |
|    | gender, sexuality or disability?   |     | Taking my religious needs into consideration   |
|    |  |     | Taking my disability into consideration  |
|    |  |     | Other, please say  |
| 7. | What did you find particularly helpful about the review meeting? Tick all that apply.  I had an interpreter to help me with my English  I had someone to speak for me (my social worker, a teacher, a nurse, family friend)  Professionals made sure I understood what was being discussed  My religious needs were taken into consideration  My disability was taken into consideration  The right people were at the meeting who know my child  I had help to be involved in making the care plan  Other, please say | 9.  | the end of the meeting  When the meeting ended, did the social worker or the chair explain what would happen next?  Yes No |
|    |  | 11. | . What is your overall view of the support you   |
|    |  |     | received at the meeting?   |
|    |  |     | 4 Excellent 2 Satisfactory   |
|    |  |     | 3 Good 1 Poor  |
|    | ate of Looked After<br>nildren review meeting  |     | Name of social worker  |
|    |  |     |  |

If you are responding to the questions on paper, please return this form in the envelope provided to: **Elzbieta Chandrasena, Senior Participation Development Officer**, Children's Safeguarding and Social Work, Crowndale Centre, 1st Floor, 218 Eversholt Street, London NW1 1BD. **Thank you for your feedback!** 

### PARENTS' FEEDBACK

## **Equality monitoring form**

The London Borough of Camden is committed to equality and diversity in providing services. In order to monitor and ensure effectiveness of this, we ask all service users to provide the following information..

| Your age  | Your Gender:                               |  |  |
|---|--|--|--|
| ☐ 17-21 ☐ 22-35 ☐ 36-50 ☐ 51-70   | Male Female                                |  |  |
|   |  |  |  |
| Disability:   |  |  |  |
| Under the terms of the Disability Discrimination Act 1995 'a person has a disability if he/she has a physical or mental impairment which has a substantial and long-term adverse effect on his/her ability to carry out normal day to day activities'. Individuals with the following conditions can be classified as having a disability: HIV, cancer, multiple sclerosis, severe disfigurements, certified blindness or partial sightedness.  Do you consider yourself to have a disability as defined above?  Yes No |  |  |  |
| What is your ethnic group?  | Acion                                      |  |  |
| Our ethnic background describes how we think of ourselves. Ethnic background is not the same as   | Asian:                                     |  |  |
| nationality or country of birth. The groups listed below  | Bangladeshi Pakistani                      |  |  |
| reflect the largest ethnic groups in Camden. You are  | Indian                                     |  |  |
| asked to choose the ethnic group that is closest to how you see yourself and specify a more specific group if   | Any other Asian background, please specify |  |  |
| you wish.   | Black:                                     |  |  |
| White:  | African Congolese African Eritrean         |  |  |
| Albanian (excluding Turkish or Turkish Kosovan) Cypriot   | African Ethiopian African Nigerian         |  |  |
| Greek or Greek White UK   | African Somalian Black Caribbean           |  |  |
| Cypriot White Irish   | Any other Black background, please specify |  |  |
| Kosovan White (traveller of Irish heritage)   | Chinese or other ethnic group:             |  |  |
| Any other white   | Chinese                                    |  |  |
| background, please specify  | Any other group, please specify            |  |  |
| Mixea:  |  |  |  |
| White and African White and Asian   | ☐ I would rather not say                   |  |  |
| White and Caribbean   |  |  |  |
| Any other mixed background, please specify  |  |  |  |