

Children in Care  
& Care Leavers'

Have  
your say



NOTTINGHAM  
CHILDREN'S  
PARTNERSHIP

**Q1 Are you responding as**

- A child in care (aged 11 or under) *Go to Q2*
- A child in care (aged 12-18) *Go to Q2*
- A care leaver (aged 18 and over) *Go to Q2*
- On behalf of a child in care or a care leaver *Please answer the following question*

If you are completing this form on behalf of a child in care or a care leaver what is your name and care role?

## Section One: About you and the people around you

**Q2 Please tell us what best describes your experiences.**

	All the time	Most of the time	Only sometimes	Never
My social worker/personal advisor treats me with respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My social worker/personal advisor has enough time for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My carer(s)* treats me with respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My carer(s)* has enough time for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* Please do not answer if you are a care leaver.

Please use this box to tell us more about how you feel things could be better:

**Q3 Do you know where to go if you have a problem or want to make a complaint?**

YES  NO

**Q4 Do you know where to go if you want to speak to someone who is not your carer, social worker or personal advisor?**

YES  NO

**Q5 Who would you talk to if there was a problem with your social worker, personal advisor or carer(s)? PLEASE TICK ALL THAT APPLY.**

- |  |   |
|--|---|
| <input type="checkbox"/> My social worker    | <input type="checkbox"/> My friends                                     |
| <input type="checkbox"/> My personal advisor | <input type="checkbox"/> My parents                                     |
| <input type="checkbox"/> My carer            | <input type="checkbox"/> My relatives                                   |
| <input type="checkbox"/> Advocacy service    | <input type="checkbox"/> I find it hard to talk to anyone               |
| <input type="checkbox"/> Complaints service  | <input type="checkbox"/> Other, please tell us :                        |
| <input type="checkbox"/> My school           | <div style="border: 1px solid green; height: 20px; width: 100%;"></div> |

**Q6 Please tell us what best describes your experiences.**

	All the time	Most of the time	Only sometimes	Never
My social worker/personal advisor listens to what I say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My carer(s)* listens to what I say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My designated teacher listens to what I say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel my opinions are heard and do make a difference to decisions made in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* Please do not answer if you are a care leaver.

Please use this box to tell us what worked well for you and what could have worked better:

**Q7 Please tell us how you contribute your wishes and feelings to your Looked After review/ Pathway Plan review (Please tick ONE only).**

- I attend my Looked After review/ Pathway Plan review and tell my social worker/ personal advisor what I think during the meeting.
- I don't attend my Looked After review/ Pathway Plan review but I tell my social worker/ personal advisor what I think before the meeting.
- I don't attend my Looked After review/ Pathway Plan review and I don't want to tell anyone what I think.
- None of the above, but I was able to have a say in my Looked After Review/ Pathway Plan review by other ways

(Please tell us what it is).

**Q8 Please tell us what best describes your experiences.**

	All the time	Most of the time	Only sometimes	Never
I feel my voice is heard in my Looked After review/ Pathway Plan review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get help in preparing for my Looked After review/ Pathway Plan review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can use different ways to communicate what I think e.g. drawing pictures, using photos, writing etc. in my Looked After Review/ Pathway Plan review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use this box to tell us what worked well and what could have worked better.

## Section Two: Your placement and your life

**Q9 Thinking about where you are living at the moment, do you feel it is the right care place/ semi- independent living/ independent living placement for you?**

YES       NO       NOT SURE

If you are unsure or do not feel that where you are living is the right care place for you, please tell us why.

**Q10 Please tell us what best describes your experiences.**

	All the time	Most of the time	Only sometimes	Never
I feel safe where I live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel safe at school/ further education/ work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel safe in my neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use this box to tell us more about what makes you feel safe or what could make you feel safer.

**Q11 Are you worried about any of the following? TICK ALL THAT APPLY**

- |   |   |
|---|---|
| <input type="checkbox"/> My family  | <input type="checkbox"/> My future                                      |
| <input type="checkbox"/> My health  | <input type="checkbox"/> Where to live after leaving care               |
| <input type="checkbox"/> Not getting the support that I need              | <input type="checkbox"/> Don't know if I will be able to support myself |
| <input type="checkbox"/> No one to support me/ Staff leaving              | <input type="checkbox"/> Living on my own/ loneliness                   |
| <input type="checkbox"/> My safety  | <input type="checkbox"/> Not being able to go home                      |
| <input type="checkbox"/> My friendships                                   | <input type="checkbox"/> My care experience/ My past                    |
| <input type="checkbox"/> Relationship with boyfriend/ girlfriend          | <input type="checkbox"/> My religion or beliefs                         |
| <input type="checkbox"/> My education (school, college, university, exam) | <input type="checkbox"/> My sexuality                                   |
| <input type="checkbox"/> Being bullied                                    | <input type="checkbox"/> My identify                                    |
| <input type="checkbox"/> Money issues (fees, bills, rent, debt)           | <input type="checkbox"/> Other (please tell us what it is)              |
| <input type="checkbox"/> Finding a job/ work/ career                      |   |

Please tell us what helps you cope with worry.

**Q12 Generally, do you feel healthy?**

- |  |   |
|--|---|
| <input type="checkbox"/> Yes, all the time | <input type="checkbox"/> Rarely               |
| <input type="checkbox"/> Yes, often        | <input type="checkbox"/> No, none of the time |

How do you find out about staying healthy?

**Q13 Please tell us about your free time and what you like to do. What else would you like to do?**

**Q14 How well do you feel you are doing at school/ further education/ work?**

- |   |   |
|---|---|
| <input type="checkbox"/> I am doing very well | <input type="checkbox"/> I am not doing well                          |
| <input type="checkbox"/> I am doing well      | <input type="checkbox"/> I am not doing very well at all              |
| <input type="checkbox"/> I am doing OK        | <input type="checkbox"/> I do not go to school/further education/work |

If you feel you are not doing well or not very well at all, please tell us why you think this, and what support you think you need to do better.

**Q15 If you are still in education, please tell us about your experience.**

	All the time	Most of the time	Only sometimes	Never
I know all about my Personal Education Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am happy with my Personal Education Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am involved in drawing up my Personal Education Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would do better with more help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use this box to tell us more about your Personal Education Plan.

**Q16 Within the past 12 months (or if you are new in care), have you had a change of:** (TICK ALL THAT APPLY)

- Home** Go to Q17       **Social Worker** Go to Q17       **School** Go to Q17  
 **Carer** Go to Q17       **Personal Advisor** Go to Q17       **No changes** Go to Q18

**Q17 If you have had a change in the last 12 months, how would you rate the help you received?**

- Very good       Good       OK       Poor       Very poor

Please tell us what helped you cope with change and what wasn't helpful.

**Q18 Do you see your own family?**

- Yes, as much as I like       Not as much as I like  
 Yes, quite often       I never see my own family

Please use this space to tell us anything you want about getting in touch with your birth family:

**Q19 Please tell us what best describes your experiences.**

	All the time	Most of the time	Only sometimes	Never
I see or speak to my old friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I go round to my old friend's houses to visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My old friends come to visit me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Since leaving care, I have made new friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there anything that you want to tell us about getting in touch with friends you had before coming into care?

**Q20 Overall, how happy are you with the way Nottingham City Council takes care of you?**

Very happy    Happy    Unhappy    Very unhappy    Not sure

**Q21 If you would like to receive information about how Nottingham City Council is looking after children and young people in care, please tick this box and we will get in touch with you.**

**How do you want to receive the information?**

Facebook    Printed newsletter    Email    Text message  
 Website    Telephone    Other - please tell us:

**Q22 If you are interested in getting involved in Children in Care Council and having your say about care or care leaver issues, please tick this box and we will get in touch.**

### Section Three: Please only answer the following questions if you are over 15 years old or a care leaver.

**Q23 How happy are you with the help and support you are getting to plan for your future?**

Very happy    Happy    Unhappy    Very unhappy

If you are unhappy or very unhappy, please tell us why.

**Q24 Which of the following skills have you got and which would you like help with?**

	I can	I would like help to
clean my room or house	<input type="checkbox"/>	<input type="checkbox"/>
iron clothes	<input type="checkbox"/>	<input type="checkbox"/>
wash my clothes	<input type="checkbox"/>	<input type="checkbox"/>
cook for myself	<input type="checkbox"/>	<input type="checkbox"/>
budget my money	<input type="checkbox"/>	<input type="checkbox"/>
write a curriculum vitae (CV)	<input type="checkbox"/>	<input type="checkbox"/>
prepare for an interview	<input type="checkbox"/>	<input type="checkbox"/>
find information about jobs and training	<input type="checkbox"/>	<input type="checkbox"/>
apply for further or higher education	<input type="checkbox"/>	<input type="checkbox"/>
choose subjects for further or higher education	<input type="checkbox"/>	<input type="checkbox"/>
be a responsible tenant	<input type="checkbox"/>	<input type="checkbox"/>

**Q25** Do you know what is in your Pathway Plan?

**Yes** Go to Q26

**No** End

**I did not know I had a Pathway Plan** End

**Q26** Please tell us how your pathway plan is helping you prepare for leaving care.

**Thank you for completing the questionnaire!**

**For office use only**  
**Ref No:**