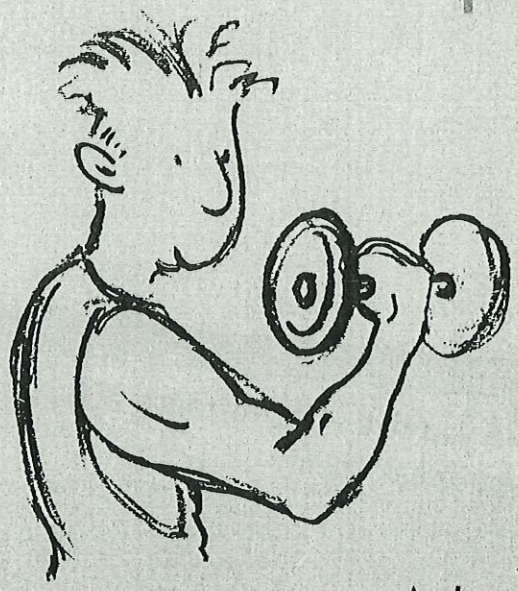
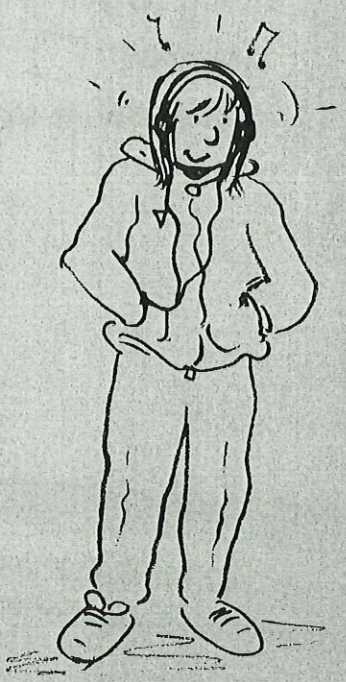


Having Your Say



At Your Review

Young Person's Report

Name DARREN DOWNIE Age 10

Date of Birth 26/7/90 Date of Review

A Review is where changes can be made to your Care Plan. It's important that you give your views. Use this form to help you decide what you want to say. Ask an adult to help you fill it in if you want. Try and tick a box for each question and write any comments you wish to make.

1

How do you like living where you are now? Like it ☑ It's OK ☐

Don't like it ☐ Do you want to say why you ticked this box?

This form is confidential but will normally be seen by the people who come to your Review. If there's anyone you don't want to see the form, speak to your social worker or the Review chairperson.

2

How do you get on with the people you live with?

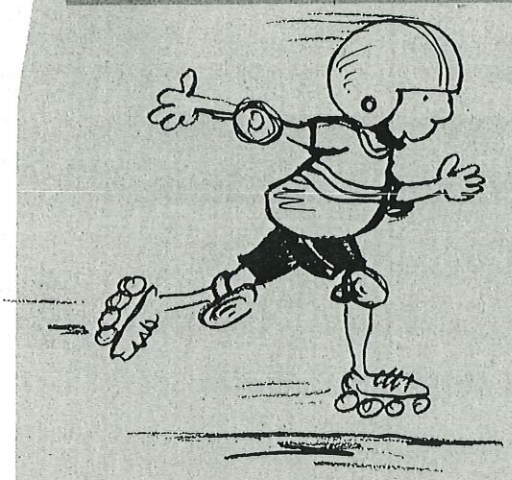
Very well ☐ OK ☑ Not very well ☐

Do you want to say why you ticked this box?

3

Is there anything else you would like to say about where you live – for instance about the food, pocket money, or the rules and what happens if you break them?

no



4

Are there times when you don't feel safe or are bullied either where you live or somewhere else?

Yes ☐ No ☑

If yes, what happens and where?

5

If you are moving soon, are you getting the help and preparation you need?

Yes ☑ No ☑

Do you want to say why you ticked this box?

6

I see my social worker:-

Too much ☐ About right ☐

Not enough ☑

Do you want to say why you ticked this box?

7

Are you happy with the contact you have with your family and friends?

Yes ☑ No ☐

Do you want to say why you ticked this box?

Is there anyone you'd like to see more or less often? Yes ☑ No ☐

If yes, who and how often?

I WOULD LIKE TO SEE STUART MORE OFTEN.

8

Are you at: School ☑ College ☐

Work ☐ Training ☐ Other ☐

What's it like? Is there anything you need help with?

9

What interests and sports do you take part in? FOOTBALL POOL COMPUTERS SWIMMING KAYAKING ROLLER BLADING HILLWALKING

Are there any others you'd like to try?

10

Do you know why you are being looked after away from home?

Yes ☐ No ☐

Has anyone talked to you about what was decided at your last review?

Yes ☐ No ☐

This is my first review ☐

11

Do you know how to contact your Who Cares? worker or your Children's Rights Officer?

Yes ☐ No ☑

12 What decisions would you like made at your Review?

OVERNIGHT AT STUARTS
MORE TIME WITH MY MUM

13 If you could change anything about your care, what would it be?

14 Please use this space to say anything else you want the Review to know. You might want to ask some questions or draw a picture. Add another piece of paper if you haven't got enough room.

I am on HOLIday
SO I CAN'T COME
TOThe REVIEW

Tick here if you've added another piece of paper. ☐

Signature: Darren Date:

Remember your **Who Cares?** worker or **Children's Rights Officer**, or someone else you trust can come with you to your Review to help you Have Your Say.

Unique Reference Number: ☐☐☐☐☐☐☐☐☐☐

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REVIEW OF THE CARE PLAN

PART I

Social Worker's Report

When recording the child/young persons forename(s) and family name, please state the names recorded on his/her birth certificate. If the child/young person is known by a different name(s) also record this name(s).

1. Forename(s): Darren.

   Family name: Downie.

   Known as: Darren.

2. Date of Birth: Day 26 Month 07 Year 1990

3. Date when child/young person started to be looked after away from home: Day 21 Month 01 Year 1997

4. Date of last Review meeting (if appropriate): Day 18 Month 12 Year 2000

5. Date of this Review meeting: Day 14 Month 06 Year 2001

6. Reason for Review

	Tick
Child/Young person looked after for 6 weeks	☐
Child/Young person looked after for 4½ months	☐
Six monthly Review	☑
Other (Please specify)	☐

Placement type: Please use the following categories: with friends/relatives; with foster carers; with prospective adopters; other community (specify); local authority home; voluntary home; residential school; secure accommodation; other residential (specify).

7. Current placement type: Residential School

   Name of carer(s)/keyworker: Gary Hawick.

   Relationship to child/young person (if any): N/A.

   Address (including postcode): Ballikinrain School, Balfron, Stirlingshire G63 0LL

This form contains confidential information which should only be shared in accordance with the Data Protection Act 1998.

8. Please state whom you have consulted before the Review, who has been invited to the Review, and who has been invited to submit a report:-

	CONSULTED *(Please tick if applicable)*	INVITED *(Please tick if applicable)*	REPORT REQUESTED *(Please tick if applicable)*
Child/young person	☑	☑	☑
His/~~her~~ mother	☑	☑	☑
His/her father	☐	☐	☐
His/her carer(s)/residential key worker	☑	☑	☑
Health professionals (please specify)			
.....	☐	☐	☐
.....	☐	☐	☐
Education professionals (please specify)			
Teaching Staff	☑	☑	☑
Ballikinrain Sc	☐	☐	☐
Other interested persons (please specify)			
.....	☐	☐	☐
.....	☐	☐	☐
.....	☐	☐	☐

9. How often has the social worker visited the child/young person since the last Review, or, if first Review, since the child started to be looked after away from home?

☐3☐ Times

Is this as frequent as agreed in the Day to Day Placement Arrangements? Yes ☑ No ☐

If **NO**, please explain

Does this frequency meet statutory requirements? Yes ☑ No ☐

If **NO**, please explain

10. How often has the social worker visited the following? (If parent(s) deceased or whereabouts unknown, please state).

Mother: Four occasions

Father: N/A.

Other relatives, including siblings, or friends. (Please state whom).

Contact with Kevin has been on four occasions since last review. Twice with Stuart in his foster placement.

11. Was a full assessment of the child/young person's needs completed either before being looked after away from home, or since?

Yes ☑ No ☐

12. Has an Assessment and Action Record been completed since the last Review?

Yes ☐ No ☑ If yes, attach a copy of the summary sheet from the Assessment and Action record in Part 5 of this Review folder

Not yet applicable ☐

13. What is the child/young person's legal status?

Section 70 of the Children Scotland Act '95

Has this changed or have there been any other legal developments, e.g. referral to the Reporter, since starting to be looked after away from home/last Review?

Yes ☐ No ☑

If yes, please give brief details.

14. Is the child's/young persons name on the Child Protection Register?

Yes ☐ No ☑

If yes, and the Reviews are not being held simultaneously, attach the decisions/recommendations of the most recent child protection review in Part 5 of this Review folder.

Has there been a change in child protection status since the child/young person started to be looked after away from home/last Review?

Yes ☐ No ☐

If yes, please explain

15. Please list the recommendations/decisions of the last Review and indicate if each is fully met/partly met/not met. Where 'not met' or only 'partly met', please explain. If this is the first Review, add here a copy of Questions 16 and 17 from the Care Plan.

Recommendations/Decisions and Action to be taken	By Whom?	By When?	Fully Met/Partly Met/ Not Met. Please Explain
Darren to remain in placement			Fully met.
Contact to remain on a weekly basis to Ms Downie.			Fully met
Contact to remain on a weekly (2x) basis to Chrissie Mc Ewan (Respite Carer)			met.
Contact with Student to be discussed by S/W - Ms Downie, and Mr & Mrs Soave.			Met.
Ballikinrain to continue to promote Darren's Social / Emotional development.			Fully met
Dorothy Hughes to pursue Toe to Toe			
Darren to continue treatment at Yorkhill Hospital.			

ADD ADDITIONAL PAGES IF REQUIRED

16. **Please describe what has happened in the child/young person's placement since the last Review.** (If this is the first Review, describe what has happened since the child or young person started to be looked after away from home). Make sure you describe positive developments as well as any problems. Always record something under each heading.

i) Has there been a change of placement? If yes, describe the circumstances and the effects on the child/young person.

No change of placement. Darren continues to reside at Ballikinrain. He has weekly contact with his Mother at the family home in Drumry, and fortnightly contact with Respite Carer Chrissie McEwan. One overnight contact has taken place with his brother Stuart who resides in Edinburgh.

ii) Have there been any significant changes within the current placement which have affected the child/young person, e.g. someone arriving or leaving?

Refer to school Report.

iii) What are the child/young person's relationships like with adults and other children/young people in the placement?

Darren's relationships with adults are generally positive. Interactions with peers can be negative and confrontational. Darren has a tendency to "wind up" his peers usually combined with personalised comments.
Darren can revert to the use of sexualised language when in confrontational moods.

ADD ADDITIONAL PAGES IF REQUIRED

iv) Does the child/young person understand and accept the rules and guidance provided by staff/carers? Has s/he been subject to any sanctions? If so, what, how often and with what result?

Refer to unit / school report.

v) How does the child/young person spend his/her leisure time? Are there activities s/he would like to be able to do which s/he is not doing?

Refer to unit Report.

vi) Are there any concerns about the child/young person's safety either because of his/her own or other peoples actions? If yes, describe what will be done to protect him or her.

Darren's outbursts | both verbally & physical frequently bring him into conflict with his peers. On these occasions he has to be removed by staff usually for his own protection.

ADD ADDITIONAL PAGES IF REQUIRED

vii) Does the child/young person feel safe in the placement? If not describe why, and outline what is being done to help him/her feel safer.

From my limited contact with Darren he has always informed that he feels safe in this current environment.

viii) Is the placement appropriate for the child/young person? Is the placement stable, fragile or approaching breakdown? Is a move needed for other reasons, e.g. a time limited placement? If the placement might need to end, what alternative(s) has been considered and what needs to be been done to achieve it?

Ballikinrain continues to be an appropriate placement in promoting Darren's current needs.
Further discussion will ensue at review re this aspect of care planning.

17. **Please describe the child/young person's development since the last Review.** (If this is the first Review, describe what has happened since the child or young person started to be looked after away from home). Make sure you describe positive developments as well as any problems. Always record something under each heading. Attach copies of any relevant reports at Section 5 of the Review folder.

i) How is the child/young person's health? Has the child/young person had or refused any assessments or treatment? If the child/young person is disabled, are there any specific needs or issues arising for him/her or his/her carer(s)?

Refer to school report.

ADD ADDITIONAL PAGES IF REQUIRED

ii) How is the child/young person progressing in pre-school provision/school/training/college/work? Are there barriers to him/her achieving his/her potential? If so, describe them. Does the child/young person have an education plan? If so, what date was it or will it be reviewed?

Refer to education report.

iii) What sense does the child/young person have of his/her identity, e.g. concerning gender, disability, sexuality, religion, culture, ethnicity, language, self-worth, knowledge and understanding of own and family circumstances? What is being done to support the child/young person to achieve a positive sense of identity?

Ballikinrain staff continue to promote this issue with Darren – especially in relation towards Darren presenting a more positive view of his own ability to interact positively with his peers.

iv) With whom is contact taking place? Is it taking place as often as planned? What effect is it having on the child/young person? What contribution do the parent(s) or people with parental responsibilities make to the child/young person's day-to-day care?

Darren sees his Mother on a weekly basis. He visits his respite carer Chrissie McEwan on a fortnightly basis

ADD ADDITIONAL PAGES IF REQUIRED

v) How does the child/young person relate with members of his/her family? Have there been any changes in these relationships or of family membership? How have these affected the child/young person?

Would suggest that this area be discussed at review, allowing Ms Dowie to intimate her feelings.

vi) How does the child/young person present him/herself in social situations? What impression does s/he make on other people?

Refer to unit report.

vii) Describe the child/young person's behaviour. How is s/he developing emotionally? Have there been any changes? If so, give details and possible reasons why you think they happened.

Refer to unit report.

ADD ADDITIONAL PAGES IF REQUIRED

viii) What self-care skills does the child/young person have? Are there any barriers to the child/young person achieving appropriate self-care skills? If so, describe them.

Darren's self care skills are from accounts appropriate to his age and level of development.

18. **Please describe the child/young person's, and his/her family's, relationship with you since the last Review.** (If this is the first Review, describe what has happened since the child/young person started to be looked after away from home.) If there has been a change of social worker, what effect has this had on the child/young person and his/her family? Make sure you record positive developments as well as any problems.

Relationships with Darren & his family remain positive.

19. **Are there any other significant developments for the child/young person not outlined in Questions 16-18 above?**

I have checked this report for accuracy and completeness. [If applicable] The following questions have not been fully completed because:-

Signed James O'Neill Name JAMES O'NEILL (BLOCK CAPITALS)

Date 12/6/00. Designation Social Worker

Unique Reference Number: ☐☐☐☐☐☐☐☐☐☐

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REVIEW OF THE CARE PLAN

PART 4

Parents' Report (or report by a person(s) with parental responsibilities)

Name of child/young person: Darren Downie

Date of birth: Day 26 Month 07 Year 1990

Name of parent(s) (or person(s) with parental responsibilities): Janet Downie

1. What are your views about where your child is staying?

2. Have you met with the foster carer/key worker to discuss the day-to-day arrangements for your child's care?

Yes ☐ No ☑

Is there anything you would like to see changed?

3. Are your child's health needs being met?

Yes ☑ No ☐

If No, what are your concerns?

This form is confidential but will normally be seen by the people who come to your child's Review. If there is anyone you do not want to see the form, speak to your social worker or to the Review chairperson.

4. Are your child's pre-school/education/training/employment needs being met? Yes ☑ No ☐

If No, what are your concerns?

5. Is there anything important about your child's race, religion, language or cultural background that you would like discussed at this Review? Yes ☐ No ☑

If yes, please explain.

6. Describe any changes in your family circumstances since your child became looked after/the last child care Review.

NONE

7. Which members of your family does your child have contact with? Are these contacts going well? Are any changes needed?

MOTHER,

8. Do you have any concerns about your child's safety? Yes ☑ No ☐

If Yes, what are they?

Darren Running away.

9. Since your child became looked after by the local authority, have you received the following written information?

a) An assessment of your child's needs Yes ☑ No ☐

b) A Care Plan Yes ☐ No ☑

c) Minutes of all previous child care reviews Yes ☑ No ☐ First review ☐

10. Are there any changes to the Care Plan you would like the Review to consider?

NO

11. What decisions would you like made at your child's Review?

~~NOTHING~~

IS Darren ready To LEAVE Ballenkenrain ? if NOT when.

12. Please describe anything else you want discussed at the Review which is not covered by the above questions.

NOTHING

Signed..... Date .....

Name(s) ..... (BLOCK CAPITALS)

The Looking After Children forms were originally developed and designed by researchers in England and Wales in collaboration with the Department of Health.

The forms have been amended for use in Scotland and meet the requirements of the Children (Scotland) Act 1995.

THE SCOTTISH OFFICE
Home Department