



**SUPPORTING DOCUMENTATION FOR ADULT'S
ASSISTING YOUNG PERSON (13-18) IN CARE
TO COMPLETE A CARE PLAN REVIEW FORM**

SUPPORTING DOCUMENTATION FOR ADULT'S ASSISTING YOUNG PERSON (13-18) IN CARE TO COMPLETE A CARE PLAN REVIEW FORM

The Care Plan Review form for young people in care aged 13-18 is written and designed in a way to be youth-friendly, easy to read and as short as possible. This supporting documentation outlines some of the areas that can also be explored and documented when assisting the young person in care to complete their form.

The Care Plan Review form for the young person is outlined in the left column and the sample further areas to address/be aware of (as appropriate and relevant) are outlined in the right column.

Your Name:

Your Position:

Young Person's Name:

Social Worker's Name:

HEADINGS & QUESTIONS ON YOUNG PERSON'S FORM

SAMPLE AREAS TO ADDRESS/BE AWARE OF

ALL ABOUT YOU

- * What things do you like e.g. your favourite food or TV programme?
- * What do you like to do in your spare time e.g. a hobby?
- * What are you good at?
- * Is there anything you need help with to keep in touch with your culture or religion?

- Start with what you know about e.g. how are you getting on at soccer/dance/whatever you know their interest to be;
- Mention any achievements that you know about e.g. I heard you did really well in your Irish exam!
- Religion e.g.
 - ❓ Do you have any religious beliefs?
 - ❓ Do you need any help making sure you get to practice your faith?
- Diverse Cultures & Ethnic Backgrounds (where applicable)
 - ❓ Do you need any help making sure you keep in touch with your own culture/identity/where you are from?
 - ❓ Are there any foods you miss eating? Would you like the people who care for you to learn how to cook some of the foods from your culture/country?
 - ❓ Is there anything else about where you are from that you miss or need?
- Special requirements e.g. Hair or skin care products.

NOTES

YOUR HOME

- * What do you LIKE about your home?
- * Is there anything that you do NOT LIKE about your home?
- * Is there anything that you would like to CHANGE about your home?

- Are you treated well where you live?
- Are you treated the same as the other children who live there?
- Is there anything you are uncomfortable saying to your foster parents/staff in your residential home?
- What type of food do you get to eat? Do you get enough to eat?
- Do you have somewhere to put your special things e.g. photographs?

NOTES

YOUR FAMILY

- * How often do you get to see your birth family?
- * Are there people in your family that you would like to see more/less of?
- * Do you get to see everyone you want to see?
- * Are you happy with the place where you meet them or would you like to change it?
- * Is there anything else YOU want to say about your family?

- Enquire about all family members e.g. parents, grandparents, siblings, aunts & uncles;
- Enquire about safety of visits e.g. Do you feel safe when you are visiting your family?

NOTES

YOUR FAMILY OUTSIDE IRELAND

(IF CHILD HAS FAMILY OUTSIDE IRELAND)

- * How often do you get to talk to your family outside Ireland?
- * Do you get to talk to everyone you want to talk to?
- * Is there anything else you want to say about your family outside Ireland?

- Enquire about all family members e.g. parents, grandparents, siblings, aunts & uncles who live outside Ireland;
- Subtly explore possibility of visiting family members who live relatively close by e.g. UK.

NOTES

YOUR FRIENDS

- * Who are your friends?
- * Do you get on with all of your friends?
- * Can you have friends over at your home?
- * Can you go on sleepovers/have friends sleep over at your home?

Check if:

- Young person has friends/has made new friends (if in new location);
- Young person is still able to see old friends (if in new location);
- Friends are suitable and not bullying young person.

NOTES

YOUR EDUCATION

- * How are you getting on in school or training or on your course?
- * What are your favourite subjects/things on the course?
- * Do you get enough help with your homework or do you need more help?
- * Is there anything you need help with in school or training or on your course?

- Be aware that the young person may or may not be in school. They may be in an alternative Training Programme or none;
- Encourage and support young person to have positive aspirations for their future e.g. education

NOTES

LOOKING AFTER YOURSELF & KEEPING SAFE

- * Is there anything that you want to say about your health e.g. exercise, visits to the doctor, dentist, eye doctor?
- * Is there anywhere you don't feel safe or feel bullied?
- * Who do you talk to if you have a problem or are feeling upset?
- * Is there anything worrying you that you would like to talk about?

- Mental Health & Wellbeing;
- Bullying e.g. Have you ever been bullied?
- Medical Issues, GP, Medical Card e.g. Do you feel healthy?
- Dentist;
- Sexual Relationships/Consent (as appropriate);
- Curfews;
- Safety e.g. do you always feel safe?
- Suitability of the person the young person speaks to if upset/worried.

NOTES

YOUR SOCIAL WORKER

- * What is your Social Worker's name?
- * Can you contact your Social Worker easily?
- * Do you feel listened to and supported by your Social Worker?
- * Is there anything you would like your Social Worker to help you with?

- Relationship with Social Worker;
- Relationship with other professionals that they are in contact with through the care system e.g. GALs, Extern, YAP, JLO, Speech & Language, OT.

NOTES

YOUR FUTURE

- * What would you like to happen in the future?
- * Do you need any help with your future plans?
- * Who would you like to help you?

- Re-unification with their family (where appropriate – Social Worker to advise);
- Adoption (where appropriate – Social Worker to advise);
- Leaving Care (Aftercare) Plan (for participants over 16).

NOTES

YOUR SAY AT YOUR CHILD IN CARE REVIEW MEETING

- * Would you like to go to the Child in Care Review meeting?
- * What do you want to say at your Child in Care Review Meeting?
- * Do you need any help at the Child in Care Review Meeting e.g. somebody (you choose) to say something for you?
- * Is there anything else you need help with to get ready for your Child in Care Review Meeting?
- * WHO would you like to help you get ready for your Child in Care Review Meeting?
- * Is there anything else that you would like people at the review meeting to know e.g. about your home, school, hobbies...

- Child in Care Review Meeting;
- Ascertain if young person wants to attend Child in Care Review Meeting;
- Preparation for Child in Care Review Meeting and who the young person wants to support them;
- If the young person feels that they have a voice/can speak up at home e.g.
 - ? Do you feel able to talk to your:
Foster Parents/Social Worker/Key Worker etc.
 - ? If you had a problem when you are in care, who would you talk to?
- Information young person wants to share/does not want to share at the meeting.

NOTES

YOUR SPACE

- * Is there anything else at all that you want to talk about that we have not talked about?
- * Is there anything you want to tell me about yourself that you think I should know?

- Any other issues of importance to young person.

NOTES

CHECKLIST

- Are you happy for people at the review meeting to hear what you have written down on this form?

YES or NO

(Explore if there is any specific information that the young person wants people at the review to hear or any information that they do NOT want people to hear. Communicate same to Social Worker).

- Have you seen your care plan? or
- Were you informed about the decisions made at your last review meeting? or
- How do you want to be told about any decisions made at your 'Child in Care Review' meeting?

SIGNATURE:

DATE: _____

