



Deceased Survey

If your relative was in Shirley Oaks or any other Lambeth children's home and would like a copy of their care records, please email shirelyoakssurvivors@gmail.com mark the subject as Care Records. Please put your name and your relatives name in the email and state that you would like to request their records. Please include a contact number. There is currently a backlog due to the volume of individuals who have applied. We are liaising with Lambeth to speed this process up, please bear with us during this busy time and thank you for your patience. Please send forms to:

SOSA
Unit 43, Camberwell Business Centre
99-103 Lomond Grove
London
SE5 7HN

Please note: This survey is quite long so we urge you to take your time in completing it and give as much information as you can. Your answers are saved when you click the 'NEXT' button.

[Please click here to view the survey before completing.](#)

COUNSELLING

Confidential and free counselling is available should you require it from Mauve and Lucy on 0208 301 8960. Please call initially on Thursday's between 10am - 1pm. On calling please state that you are from SOSA.

PLEASE DO NOT call the counselling service for queries related to the survey. Any queries in relation to the survey, please email info@shirelyoakssurvivorsassociation.co.uk

Please allow 21 days for your survey to be acknowledged.

Your survey responses will remain saved unless you close the tab.



Please take your time and give as much information as possible.

* 1. Name of deceased:

* 2. Contact information of relative creating the survey.

Your name

DOB of your relative

Date of Death of your relative

Your Address

Your City/Town

Your Post Code

Your Relationship to the Deceased

Your Email Address

Your Phone Number



Deceased Survey Form For Compensation Redress Scheme

Please take your time and give as much information as possible.

* 3. Was your relation in Shirley Oaks or another Lambeth children's home pre 1965 under the LCC? Please include the cottages that they were placed in and the years they lived in these cottages.

* 4. Was your relation in Shirley Oaks or another Lambeth children's home post 1965 under Lambeth Council? Please include the cottages that they were placed in and the years they lived in these cottages.

* 5. Was your relation in any of these cottages/homes which were there to support children with special needs?

- Ivy Cottage
- Monkton Street
- Sycamore Cottage
- Almond House Hostel
- I was not in any of these homes/cottages

Other (please specify)

* 6. Please name all the Lambeth children's homes they were in.

Please take your time and give as much information as possible.

* 7. Was your relative part of any Police investigation?

* 8. Do you believe your relation was sexually, physically or mentally abused?

* 9. If you know or suspect their abuser, please put their name, job title and the home they were in.

Please take your time and give as much information as possible.

* 10. Do you know if your relative was given medication during their time in a Lambeth children's home? If so, do you know what medication? You may need to wait for their care files for this to be confirmed.

Yes

No

If yes, please specify details.

* 11. Did your relation suffer any racial abuse or differential treatment?

Yes

No

If yes, please specify details.

Please take your time and give as much information as possible.

* 12. Do you know if your relative ever reported any abuse suffered in Shirley Oaks or another Lambeth children's home when they were a child to the Police, a Social Worker, or any other adult?

Yes

No

If yes, please specify details.

* 13. Did your relative ever give any evidence to Operation Middleton, CHILE, the Police or any other person after they left care?

Yes

No

If yes, please specify details.

* 14. Did they receive any form of compensation? If yes, please specify details such as compensation from Lambeth Council/Criminal Injuries fund?

Yes

No

If yes, please specify details.



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Please take your time and give as much information as possible.

* 15. Did they have any psychiatric care either whilst they were in care or in adult life?

Yes

No

If yes, please specify.

* 16. Did your relation ever suffer a mental breakdown?

- Yes
- No

If so, please state date and reason.



Deceased Survey Form For Compensation Redress Scheme

Please take your time and give as much information as possible.

Personal statement on behalf of relative:

To make the whole exercise speedy, we are asking everyone to attach a statement in relation to your deceased relatives time in care. Please include:

- Give background to relative, your family and their reasons for being sent into care.
- The name of their abuser (physical, sexual or psychological). If you do not remember their name, please give a description of them, their job title or what cottage they were in.
- If you know, please describe their abuse if: how many times it happened, where it happened and what year.
- Please state where their abuser worked. Were they houseparents, social aunties and uncles, football coach, swimming coaches, or any other adult employed either directly or indirectly by Lambeth?
- If you believe that they have multiple claims of abuse i.e. physical, sexual or phycological please add these in chronological order with as much information as you can.
- Do you know if they reported the abuse? If so, to who?
- Did their physical abuse result in bruises, lacerations or physiological damage?
- If they were fostered please include any details and accounts of abuse.

17. Attach your personal statement below. Please upload your statement as a PDF or WORD document.

Choose File

No file chosen

* 18. Please give an impact statement of their life.

Please take your time and give as much information as possible.

* 19. Thank you for filling out this survey. If there's anything more you wish to let us know, please state it here.

Please note: Confidential Counselling is available. Please email info@shirleyoakssurvivorsassociation.co.uk for more information.