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**Family Support Evaluation Form for Young People**

1. Did your support worker explain to you why they were working with you / your family?

Yes No

1. Please put a cross in the boxes below that you think match how you felt about the support:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Good | Okay | Poor |
| Your relationship with your worker |  |  |  |
| How easy your worker was to talk to |  |  |  |
| Advice/help your worker gave you |  |  |  |

3. Which areas did you and the support worker focus on?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Behaviour management |  | 2.Parenting (basic care; supervision) |  | 3.Routines |  | 4.Substance  Misuse |  | 5. Accessing other services |  |
| 6. Relationships |  | 7.Domestic Abuse |  | 8.Home Safety |  | 9.Home Conditions |  | 10.Housing |  |
| 11. Keeping Safe |  | 12. Mental Health |  | 13.Physical Health |  | 14.Budgeting |  | 15.School Attendance |  |
| 16. CV writing |  | 17. Job applications |  | 18. College courses |  | 19. Positive activities |  | 20. Other |  |

4. What difference has having a support worker made to you? (You can circle all answers that fit)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. | I generally feel happier | 2. | I have more people to confide in if I need to | 3. | I get on better with my mum / dad or carers |
| 4. | I feel like people listen to me | 5. | I get on better at school/college/work | 6. | I feel less angry |
| 7. | Nothing has really changed | 8. | I feel happier at home | 9. | I don’t feel as anxious |
| 10. | I’ve learned how to control my behaviour more | 11. | I’m going to school/college/ work more | 12. | I get on better with my siblings |
| 13. | I didn’t like having a support worker | 14. | My mum/dad or carers are happier | 15. | I feel safer |
| 16. | I get shouted at less | 17. | I feel more anxious | 18. | I feel more angry |
| 19. | I argue with my family less | 20. | I’m going to school/college/work less | 21. | I argue with my family more |
| 22. | I like myself more | 23. | I understand more about keeping myself safe | 24. | I look after myself better |
| 25. | I get on better with my friends | 26. | I find it easier to talk about how I feel | 27. | Other |

5. On a scale of 1 – 10 how do you feel our support has helped you in making positive changes to family life?

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |

1 2 3 4 5 6 7 8 9 10

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Not at all |  | A little |  | To a degree |  | Quite a few |  |  | A lot |

6. Do you have any other comments?

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Name………………………………………………………. Date………………………………………….

Thank you for taking the time to complete this questionnaire.

Your responses are valuable to us and will help us to improve our service.

**Last updated July 2016**