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 **Family Support Evaluation Form
for Parents and Carers**

1. Did the support worker explain our service and the support we offer clearly to you?

 Yes No

1. Did the support worker discuss the plan of support with you?

 Yes No

1. Please tick the relevant boxes below to tell us what you thought of our service.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Good | **Okay** | **Poor** |
| Your relationship with the worker |  |  |  |
| Support and guidance given to you |  |  |  |

1. 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 |

1. 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. Future aspirations |  |
| 16.Jobs |  | 17. School attendance |  | 18. |  | 19. |  | 20. |  |

1. Are there any areas where you think we could improve our service?

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

Name: ………..……………………………………………..

Name of child(ren)…………………………………….

Date: …………………………………………………………

Signature:…………………………………………………..

**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**