**Child/ren’s name/s:**

**Allocated social worker:**

*We would be grateful for any feedback you can provide on working with your allocated social worker and the work completed by the Safeguarding team.*

|  |
| --- |
| **1. Was it clear why you were working with the safeguarding team?**  **YES NO** |
| **2. Did your social worker turn up on time to appointments?**  **YES NO**If no: a) Did she/he let you know in advance or apologise? **Yes/ No** |

***Please rate the following questions on a scale of 1-5***

*(1= unsatisfactory / 2= poor / 3= satisfactory / 4= Good / 5= Excellent)*

**3. How well were you able to talk/communicate with your social worker?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 | 5 |
| *Please tick* |  |  |  |  |  |

**4. How well did you feel your social worker listened and heard what you said?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 | 5 |
| *Please tick* |  |  |  |  |  |

**5. How helpful were the meetings and contact you had with your social worker?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 | 5 |
| *Please tick* |  |  |  |  |  |

**6. If your social worker gave you advice or information, how useful was this?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 | 5 |
| *Please tick* |  |  |  |  |  |

**7. Was the outcome of the assessment/ work that the social worker did with you clear?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 | 5 |
| *Please tick* |  |  |  |  |  |

**8. Did the Social worker explain what was going to happen next?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 | 5 |
| *Please tick* |  |  |  |  |  |

**9. How did your social worker involve you in reaching any decisions/agreements? (e.g. explaining alternatives, giving choices)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 | 5 |
| *Please tick* |  |  |  |  |  |

**10. How fairly and respectfully did you feel your social worker treated you?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 | 5 |
| *Please tick* |  |  |  |  |  |

**11. How satisfied were you overall with the contact/service you received from your social worker?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 | 5 |
| *Please tick* |  |  |  |  |  |

|  |
| --- |
| **Please write any particular comments regarding your social worker or assessment corrections and/ or general feedback.**  |
|  |

**Thank you for providing feedback**.

**Please use the stamped envelope provided to return.**