

Questionnaire for parents and carers of children in need of services

SSIW AGCC

SOCIAL SERVICES AROLYGIAETH
INSPECTORATE CŴASANAETHAU
FOR WALES CYMRITHASOL CYMRU



WALES AUDIT OFFICE
SWYDDFA ARCHMLIO CYMRU

How good are social services in your area?

Help us to find out

What is this survey about?

The Social Services Inspectorate for Wales and the Wales Audit Office are jointly examining the quality of social services in your area.

We want to know about the experiences of people who have used these services.

The attached leaflet explains what the review is about and why your views are so important.

Why is this survey important?

This survey will help to improve the social services people receive from the council.

Why have I received this survey?

Your name has been chosen at random from a confidential list of people in contact with social services. Your comments cannot be traced back to you.

Who should fill it in?

The answers should be given from the point of view of the person whose name is on the envelope.

If you need some help to fill it in, you could ask other members of your family or a friend or your advocate if you have one.

How do I fill it in?

Part 1 of this survey asks about your experience of social services within the past few months. All you need do is tick the box that best fits with your views for each question.

Part 2 asks you to write additional comments. Only fill this in if you wish.

How should I return the completed form?

Please send it to us in the envelope provided. There is no need for a stamp.

THANK YOU FOR YOUR HELP

PART 1

Getting a service

- | | <i>Strongly agree</i> | <i>Agree</i> | <i>Disagree</i> | <i>Strongly disagree</i> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. I have found it easy to get clear information about the services my family and my child might need. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I get a good response when I contact social services: | | | | |
| (a) During the day. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) At evenings or weekends. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have seen the written assessment of child's needs done by social services. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I have been involved in deciding what help or services we should receive. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Making use of social services

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 5. I have been given a clear plan that describes the services we will receive. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Our social worker or care manager responds quickly when there is an important change in our situation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. At least every six months, there is a review to discuss the services we receive. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I think there is a good range of services available for children and families. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. I have been given choices about the type of services we receive. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Making use of social services

- | | <i>Strongly agree</i> | <i>Agree</i> | <i>Disagree</i> | <i>Strongly disagree</i> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 10. The services we receive are reliable. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. The services we receive are of a good quality. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. We are treated with dignity and respect when using social services. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. We have received the help we need at the time we needed it most. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. We feel that social services understand important matters about our racial or cultural background. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. We have been able to use the language of our choice when dealing with social services. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Outcomes

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 16. Social services have helped to keep my child safer. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Social services have helped us to lead a more independent life. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Social services have helped us to feel a part of our community. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Personal Details

These personal questions are needed to make sure that the survey is completed by people from the whole range of groups who use social services.

Are you male or female?

Male
Female

How old are you?

Over 65
25-64
18-24

Are you registered as a disabled person?

Yes
No

Please complete both these sections

(i) Ethnicity

Asian
Bangladeshi
Indian
Pakistani
Any other Asian background

Please specify _____

Black
African
Caribbean
Any other Black background

Specify if you wish _____

Chinese
Any chinese background

Specify if you wish _____

Mixed Ethnic background
Asian and White
Black African and White
Black Caribbean and White
Other mixed ethnic background

Specify if you wish _____

White
Any White background

Specify if you wish _____

Any other ethnic background

Specify if you wish _____

Nationality

British or Mixed British

English
Irish
Scottish
Welsh
Other

Specify if you wish _____

