

At the heart of everything we do

### PARENT AND CARER FEEDBACK FORM

1. Did the Key Worker give you opportunities to share your views and opinions? Y/N (please circle)

2. Did the Key Worker talk to your child/children and listen to their views? Y/N/ (please circle)

3. Do you /did you feel included in the assessment or plan for your child? Y/N (please circle)

4. Do you think the Key Worker spoke to all the right people to inform their assessment or plan? e.g. School, GP, Health Visitor, Police? Y/N (please circle)

If no, who did they not speak to?

5. Have you received a copy of the Key Worker's assessment or plan? Y/N (please circle)

6. Did you think the assessment or plan reflected your views? Y/N (please circle)



7. Did you find it easy to make contact with your Key Worker when you needed to?  
Y/N (please circle)

8. Do you think having a Key Worker made a positive difference to you and your child? Y/N (please circle)

In what way?

9. What do you think we did well and/or could have been better?

Insert here

Thank you for your time. Please return the form in the enclosed envelope to:

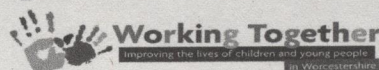
**Senior Administrator**

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Tel: 01905 845553/ 07508 005644

MD/09032018



# Early Help Family Support



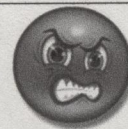
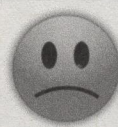
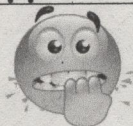
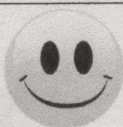
## Young Persons Feedback Form

Name:

Case No:

Date:

How did you feel about life before you and your family started meeting with your Support Worker?



Happy

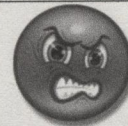
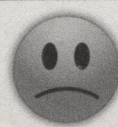
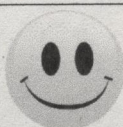
Okay

Worried

Sad

Angry

How do you feel about life now your Support Worker has finished?



Happy

Okay

Worried

Sad

Angry

Has your support worker helped you?

Yes

No

Not Sure

How did they help?

Did they listen to what you had to say?

Yes

No

Not Sure

Did they listen to your wishes and feelings?

Yes

No

Not Sure

Did you understand what was going on?

Yes

No

Not Sure

What could your Support Worker have done differently?