

Social work client feedback form

You do not need to write your name. Answering is up to you and will not change the help you get. Skip any question you like.

Team or service

Date

For each statement, tick one box from 1 (strongly disagree) to 5 (strongly agree).

STATEMENT	STRONGLY DISAGREE				STRONGLY AGREE
1 I knew what my social worker could and could not do.	1	2	3	4	5
2 My social worker listened to what I had to say.	1	2	3	4	5
3 I was treated with respect, even when we disagreed.	1	2	3	4	5
4 We worked on the problems that mattered most to me.	1	2	3	4	5
5 I had a real say in the plan we made.	1	2	3	4	5
6 I could reach my social worker when I needed to.	1	2	3	4	5
7 My social worker did what they said they would do.	1	2	3	4	5
8 I was told who could see the information I shared.	1	2	3	4	5
9 Things are better for me now than when we started.	1	2	3	4	5

10 What one change would have helped you most?

- ☐ Quicker replies ☐ More time together ☐ Clearer information ☐ Keeping the same worker
☐ Nothing, it went well

11 What did your social worker do that helped you the most?

12 What should we do differently for the next person who comes to us?

Thank you. Your answers are anonymous.

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Optional questions (1 of 3)

Add any of these to the core questions. Keep the numbering running on from page one.

Your first meeting

13 What would you most like help with first?

14 Whose idea was it to contact us?

- ☐ Mine ☐ Family or friends ☐ A doctor or school ☐ A court or agency

15 Which of these are you dealing with right now? (tick all that apply)

- ☐ Housing ☐ Money or debt ☐ Food ☐ Family ☐ Health or disability ☐ Mental health
☐ Alcohol or drugs ☐ Safety at home ☐ Legal matters

16 Who do you turn to when things get hard?

17 What has helped you get through a hard time before?

18 If our work goes well, what will be different in three months?

19 Would any of these help you take part? (tick all that apply)

- ☐ An interpreter ☐ Easy - read forms ☐ Large print ☐ Someone with me ☐ Step - free access
☐ None of these

20 Is it safe for us to send letters or texts to your home?

- ☐ Yes ☐ Only by text ☐ Only by phone ☐ No, ask me first

Optional questions (2 of 3)

Add any of these to the core questions. Keep the numbering running on from page one.

After a meeting

STATEMENT	STRONGLY DISAGREE				STRONGLY AGREE
21 This meeting covered what I came in to talk about.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
22 I left knowing what happens next.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
23 I could say what I really thought today.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
24 Since our last meeting, have things been:					
☐ Much worse	☐ A bit worse	☐ Same	☐ A bit better	☐ Much better	

When our work ends

25 How did our work together end?

- ☐ I reached my goals ☐ I decided to stop ☐ I moved or changed services
- ☐ It ended before I was ready ☐ Not sure

STATEMENT	STRONGLY DISAGREE				STRONGLY AGREE
26 I know where to go if I need help again.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
27 I was told about other services that could help me.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
28 Do you know how to make a complaint if you ever need to?					
☐ Yes ☐ No ☐ Not sure					
29 What difference has our work made to your life?					

A few months later

30 Since we closed your case, have things for you:

- ☐ Got worse ☐ Stayed about the same ☐ Got better ☐ Got much better

31 Have you needed help from a service again since then?

- ☐ Yes, from you ☐ Yes, from another service ☐ No

Optional questions (3 of 3)

Add any of these to the core questions. Keep the numbering running on from page one.

About you

32 How old are you?

- ☐ Under 18 ☐ 18 to 24 ☐ 25 to 44 ☐ 45 to 64 ☐ 65 or older ☐ Prefer not to say
-

33 How long have you been working with us?

- ☐ Under 3 months ☐ 3 to 12 months ☐ Over a year
-

34 How did you fill in this form?

- ☐ On my own ☐ With family or friends ☐ With staff help ☐ Read to me
-

35 What language do you speak at home?

- ☐ English ☐ Spanish ☐ Another language ☐ Prefer not to say
-

Thank you. Your answers are anonymous.

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