

10.1 Guidance for the local authority on surveys

1. Introduction

We would like to thank you in advance for your assistance with this phase of the inspection process. As the questionnaires are sent out by the local authorities we rely on our local authority co-ordinators to facilitate this part of the first phase of the inspection. We appreciate your support and assistance in helping us to conduct these postal surveys.

SWIA produces six surveys targeting specific groups:

- | | |
|-----------------------------|---|
| • Service users | 500 questionnaires |
| • Carers | 500 questionnaires |
| • Staff | 500 questionnaires |
| • Partners and stakeholders | About 30 but dependent on the number of partners and stakeholders selected by SWIA. |

The questionnaires and covering letters are produced by SWIA and forwarded to the local authority for distribution to samples selected by SWIA. The number of questionnaires sent out for each of the groups does vary as identified above and each questionnaire is specifically addresses each group. The following sections set out guidance for distributing all questionnaires. Section 4 contains further notes and guidance specific to each questionnaire.

Your questionnaires will be sent to you for distribution at the start of the performance inspection and the analysis of the response will be completed by SWIA in advance of the fieldwork. The results will be used to inform Phase 2 of the inspection and the final report.

2. Purpose

The postal surveys are intended as a means of engaging indirectly with a large number of service users and service providers. The results of these surveys will also be used in the development of some baseline figures for Scotland as a whole.

The information collected through the surveys is intended to help the inspection team:

- understand key issues for social work services from the perspective of those using and those providing services;
- identify areas for further enquiry;
- identify areas of good practice; and
- provide evidence for reaching a judgement in relation to the six key questions which are set out in the Performance Inspection Model (PIM).

3. Process

Questionnaires are sent by the local authority to samples selected from the case files held by the social work service, and from listings of staff and partners provided by the social work service.

As part of the advance information we requested these listings of case files as well as listings of employees and partners and stakeholders. The samples for each questionnaire are selected from those listings. The carers survey is the only survey from the six surveys conducted where the methodology is different, specific details regarding the process for this survey are outlined in section 4.4.

When the local authority has received the sample list for each of the questionnaires from SWIA, the local authority should send to each name on the list:

- a copy of the questionnaire;
- a standard letter from SWIA seeking their response to the questionnaire;
- a stamped addressed envelope to return the completed questionnaire to SWIA; and
- should the local authority choose to do so, an additional cover letter from the local authority may be included with the mailing.

The questionnaires will be produced by SWIA and sent boxed and ready to mail out to the sample group. The envelopes will not be sealed to allow the inclusion of a cover letter from the local authority. These boxes will be sent direct from the printers at a date to be confirmed in advance between the local authority co-ordinator and the inspection support manager.

Certain groups (people with learning disabilities, people with mental health difficulties and children and young people) are likely to require a greater level of support and may even require specialist facilitation in order to complete the questionnaire. This support should be organized by the local

authority and can be provided by local services such as voluntary agencies or advocacy groups. Alternatively this support may be provided by a family member, carer, independent advocate, or by a social services case worker. This choice lies with the respondent.

Any choice made by the local authority to facilitate the inclusion of people who use social work services through a voluntary agency or advocacy group should be discussed with the lead inspector in advance.

SWIA can provide large print versions of any of the questionnaires. Should you require these in any other formats, this should also be discussed with the lead inspector.

If SWIA receives details of an individual complaint or an issue which merits immediate attention this will be raised with the local authority co-ordinator by the lead inspector. Individual issues or complaints will not be held over until the fieldwork commences.

4. Specific Guidance

4.1 Service users

To obtain views that are representative across the range of social work services 500 surveys will be sent to people who use services. The following groups will be included in the sample selected by SWIA from the case file listing:

1. People with learning disabilities
2. People with mental health difficulties
3. People with physical disabilities
4. Older people
5. People with substance misuse difficulties

The sample will include people from all these categories.

4.2 Carers

The carers surveys are distributed in two ways: directly to carers known to the social work services, and through local carer support organisations (such as the Princess Royal Trust for Carers and Carers Scotland).

It is SWIA's expectation that all those carers who have had a carer's assessment completed or are known to social work services in other ways will be sent the questionnaire. The remainder of the questionnaires should be circulated with the help of the carers'

organisations identified above, or using any other suitable method of contacting a cross section of carers.

Local authorities are asked to identify the main carer organisations based or operating within their own area. The list should include the contact details for each organisation. Local authorities are also asked to ensure the circulation of 500 carer questionnaires to carers, through local carers organisations, attempting to target as broad a range of carers as possible. This must be done in conjunction with the lead inspector. SWIA is interested in gathering the opinions and perceptions of carers who have contact with social work services as well as those who do not currently use social work services.

Local Authorities may wish to design their own letter to accompany the questionnaires.

SWIA must be given a list of where the questionnaires have been sent. SWIA should be informed how many were sent by post directly to carers, how many were sent via specific local groups and how many were distributed as a result of focus groups or other forums. It is SWIA's intention to monitor this process over the next five inspections and review the distribution of the questionnaires.

4.3 Staff

This questionnaire seeks to understand the key issues within social work services from the perspective of a sample of staff directly employed by the local authority.

The sample for the staff survey will include people from the following groups:

- managers - senior management team, area managers and team managers;
- fieldworkers - qualified and unqualified;
- residential care workers;
- day care workers;
- home helps;
- administrative and support - including clerical staff, IT staff, personnel and training staff; and
- manual staff - including drivers, cooks and domestic staff.

The questionnaire is divided into seven parts.

Part A: Background information about the employee

Part B: What key outcomes have we achieved?

- Part C: What impact have we had on people who use services and other stakeholders?
- Part D: How good is our delivery of key processes?
- Part E: How good is our management?
- Part F: How good is our leadership?
- Part G: What is our capacity for improvement?

Everybody receiving the questionnaire is asked to complete parts A to G. Section B is in two parts – one for social work staff, excluding criminal justice staff, and a section for criminal justice staff. For certain staff, a small number of statements may be outside their knowledge or experience. They are invited to tick the box *not applicable* in respect of those statements. The questionnaire has been designed for use across a wide range of staff groups, containing statements that can be completed by members of staff on the basis of their own experiences.

The sample selected by SWIA is sent to the local authority co-ordinator, who distributes the questionnaires by email or post, as appropriate. A pre-paid envelope, supplied by SWIA, is included with the postal questionnaires.

Staff questionnaires can also be sent out by the local authority if desired but this must be discussed between the lead inspector and the local co-ordinator.

4.4 Partners and Stakeholders

This questionnaire has three parts.

- Part 1 About social work as an organisation
- Part 2 About the provision of social work services
- Part 3 Overall impressions

In all three sections, respondents are asked to tick boxes in response to statements. There is space for additional comments, perhaps about areas that are especially good or where there are concerns.

Discussion about how the survey will be conducted takes place in the performance inspection planning meeting. The local authority proposes a list of those organizations (about 50) which should receive a questionnaire for agreement with the lead inspector. This list will contain a wide range of partners and stakeholders, including:

- organisations represented on strategic groups, including other statutory bodies (such as NHS Boards, the police service, etc.)

- and voluntary bodies (including the local council for voluntary action);
- significant providers of social care locally (including representatives from the independent sector and voluntary organisations);
 - advocacy groups; and
 - other service areas within the local authority which work closely with social work services in delivering key objectives (such as housing and education).

Any organization or individual who receives funding or payment for service provision from social work services should be included in the list of partners and stakeholders provided by the local authority. This will include commissioned services as well as organizations who provide services on an ad hoc basis. It is expected the list will also include any organizations which have a significant interest in social work services.

This questionnaire is distributed directly by the local authority. The local authority may wish to supply a letter encouraging participation. Completed questionnaires are returned directly to SWIA.

If you have any further queries regarding the surveys or any aspect of this guidance note, please do not hesitate to contact the support manager.

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Your ref:

Our ref:

Date:

To people who use social work services

Performance inspection of social work services

The Social Work Inspection Agency (SWIA) is coming to (NAME OF COUNCIL) to inspect the social work services provided by your council.

We know that you have had one or more social work services from the council and we would be very interested to hear your views about it.

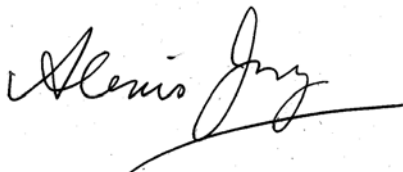
We have enclosed a postal questionnaire with this letter and we would be grateful if you would complete it and return it to us in the envelope provided.

The questionnaire starts with some information about the survey which will hopefully answer any questions you may have. If you have any other questions, please contact **STATISTICIAN'S NAME AND CONTACT NUMBER**.

Thank you for your help in improving social work services in your area.

Please return this survey in the prepaid envelope provided by (DATE).

Yours sincerely



Alexis Jay
Chief Social Work Inspector

QUESTIONNAIRE FOR PEOPLE WHO USE SOCIAL WORK SERVICES

How good are social work services in your area?

Help us find out.

What is this questionnaire about?

The Social Work Inspection Agency is examining the quality of social work services in your area by carrying out an inspection. We want to know about the experiences of people who have used these services.

Why is this questionnaire important?

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

Why have I received this questionnaire?

Your name has been chosen at random from a confidential list of people in contact with social work 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 to help. You could also ask your independent advocate or case worker, if you have one.

How do I fill it in?

This questionnaire asks about your experience of social work services within the past 24 months. All you need do is tick the box that best fits your views for each question. If you think the question does not apply to you please tick the 'Not applicable' box. Only tick the 'Neither agree nor disagree' box where you truly have no opinion.

How do I find out more?

If you have any questions about this questionnaire, please phone **STATISTICIAN'S NAME AND CONTACT NUMBER**.

How should I return the completed form?

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

Thank you for your help

Part One

	Getting a Service	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable
1.	I have found it easy to get clear information about the range of services that might help me.						
2(a)	I got a good response when I was <u>first in contact</u> with social work services (please answer this question if your first contact with social work services was within the last 2 years – otherwise tick “not applicable”)						
2(b)	I get a good response from social work services when I contact them during the day						
2(c)	I get a helpful response from social work services when I contact them at evening or weekends						
3.	I have seen the written assessment of my needs done by social work services.						
4.	I have been fully involved in deciding what help or services I should receive.						
	Making use of social work services						
5.	I have been given a clear plan that describes the services I will receive.						
6.	My social worker or care manager responds quickly when there is an important change in my situation.						
7.	At least once a year there is a meeting to discuss services I receive.						
8.	I think there is a good range of services available for me.						

	Making use of social work services	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable
9.	I have been given choices about the type of service I receive.						
10.	I can rely on services I receive.						
11.	The services I receive are of a good quality.						
12.	I am treated with dignity and respect when using social work services.						
13.	I have received the help I need at the time I needed it.						
14.	I feel that social work services understand important matters about my racial or cultural background.						
15.	I have been able to use the language of my choice when dealing with social work services.						
16.	I have been able to use the method of communication that best suits my needs when dealing with social work services. (E.g. Braille)						
	Outcomes						
17.	Social work services have helped me in the following ways:						
	(a) to feel safer						
	(b) to lead a more independent life						
	(c) to feel a part of my community.						

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	
	Transgender	

How old are you?	Over 65	
	25 - 64	
	18 - 24	
	16 - 17	

Are you a person with a long term disability or illness?	Yes	
	No	

What is the main reason for your involvement with social work services?	I have a substance misuse problem	
	I have a physical and/or sensory disability	
	I have a learning disability	
	I have a mental health problem	
	I am elderly	

Some other reason – please write in what this is

Ethnicity

My ethnic background is:

White - Scottish	<input type="checkbox"/>	Asian - Indian	<input type="checkbox"/>
White - other British	<input type="checkbox"/>	Asian - Pakistani	<input type="checkbox"/>
White - Irish	<input type="checkbox"/>	Asian - Bangladeshi	<input type="checkbox"/>
Other white (please state)	<input type="checkbox"/>	Asian - Chinese	<input type="checkbox"/>
Black - African	<input type="checkbox"/>	Asian - other (please state)	<input type="checkbox"/>
Black - Caribbean	<input type="checkbox"/>	Any mixed background	<input type="checkbox"/>
Black - other (please state)	<input type="checkbox"/>	Other ethnic background (please state)	<input type="checkbox"/>
		Not disclosed	<input type="checkbox"/>

Part Two

Please tell us about your experiences of social work services, if you wish

What do you think would improve social work services in your area? Please give examples where possible.

Thank you for taking the time to complete this questionnaire.

Please return it in the prepaid envelope provided.

10.4 Guidance for the local authority on surveys for carers

Please see Section 10.1

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Your ref:

Our ref:

Date:

To carers of people who use social work services

Performance inspection of social work services

The Social Work Inspection Agency (SWIA) is coming to (INSERT NAME OF COUNCIL) to inspect the social work services provided by your Council.

We want to know about the experiences of people who use or have used one or more social work services. We also want to know about the experiences of carers, including carers who are not directly in contact with social work services.

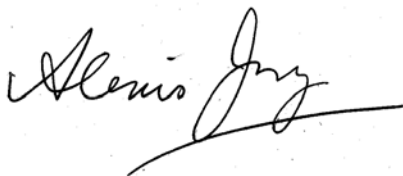
We have enclosed a postal questionnaire with this letter and we would be grateful if you would complete it and return it to us in the envelope provided.

The questionnaire starts with some information about the survey which will hopefully answer any questions you may have. If you have any further questions, please contact **STATISTICIAN'S NAME AND CONTACT NUMBER**.

Thank you for your help in improving social work services in your area.

Please return this survey in the envelope provided **(INSERT DATE)**.

Yours sincerely



Alexis Jay



Chief Social Work Inspector

Local authority to insert details of address etc.

Date:

Model letter from local authorities to local carers' support organisations

PERFORMANCE INSPECTION OF SOCIAL WORK SERVICES

The Social Work Inspection Agency (SWIA) is coming to our area to inspect the social work services provided by the Council.

The purpose of performance inspections is to tell the public how well people are being served by their local social work services; to help these services to improve; to help safeguard the interests of people who use services and their carers; and to work with local authorities to develop their own approach to improving services.

The performance inspection will be an examination of all of our social work functions. It takes place every three years. The inspection will focus on the approach to continuous improvement of the local authority. It will result in a published report which will deliver overall conclusions about social work services.

Each performance inspection report will address six key questions for all local authorities to answer:

- What key outcomes for people for use our services have we achieved?
- What impact have we had in meeting the needs of people who use our services?
- How good is our delivery of key processes?
- How good is our management?
- How good is our leadership?
- What is our capacity for improvement?

SWIA is sending out questionnaires to obtain the views of people who use or have used one or more social work services, as well as carers. SWIA will also be spending two weeks in our area, during which the inspection team will arrange to have meetings and focus group discussions involving with a wide range of people who use services, carers and local organisations.

SWIA is particularly interested in obtaining the views of local carers' support organisations on what service improvements may have taken place over the last two years or so, as well as hearing your views about the main issues for carers in our area, and service improvements you would like to see. SWIA can arrange introductory meetings if required.

When the inspection is complete, we will make available our findings in a published report.

We will be sending out, on behalf of SWIA, a short postal questionnaire and when you get it we would be grateful if you would complete it and return it to SWIA in the envelope provided.

Thank you for your help in improving social work services in our area.

Yours sincerely

Director of Social Work

QUESTIONNAIRE FOR CARERS OF PEOPLE WHO USE SOCIAL WORK SERVICES

How good are social work services in your area? Help us to find out

What is this survey about?

The Social Work Inspection Agency is examining the quality of social work services in your area. As well as finding out about the experiences of people who have used these services, we want to know about the experiences of their carers.

Why is this survey important?

This survey will help improve the social work 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 work services or with local voluntary organisations who support carers in your area. Your comments cannot be traced back to you.

Who should fill it in?

The answers should be given from your point of view as a carer.

How do I fill it in?

All you need to do is tick the box that best fits with your views for each question. Not all questions will apply to everyone's own situation. If there are questions that are not relevant to your situation, please check the '**Not applicable**' box. Only tick the '**Neither agree nor disagree**' box where you truly have no opinion.

How should I return the completed form?

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

How do I find out more?

If you have any questions about this questionnaire, please phone **STATISTICIAN'S NAME AND CONTACT NUMBER**.

THANK YOU FOR YOUR HELP

PART ONE

This part is about your role as a carer.

ABOUT YOU

1. The number of people I support/ care for is:
- | | | |
|--------------------------|--------------------------|--------------------------|
| 1 | 2 | More than 2 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you support / care for more than one person, please complete this questionnaire in your capacity as a carer for **one person** only. Please respond to all of the questions based on your role as a carer for that person only.

2. The person I support / care for is my:
- | | | | | | |
|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Husband/ wife/
partner | Son/ daughter | Parent | Relative | Friend/
neighbour | Other |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
3. The age of the person I support/ care for is:
- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Over 65 | 25-64 | 18-24 | 11-17 | Under 10 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
4. The person I care for:
(please indicate the main reason the person is being cared for)
- | | | | | | |
|---|--|-------------------------------------|---------------------------------|-----------------------------------|--------------------------|
| Has a
substance
misuse
problem | Has a physical
and/or sensory
disability | Is a child with
special
needs | Has a
learning
disability | Has a mental
health
problem | Is elderly |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
5. I provide care:
(please tick all boxes that apply to you)
- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| In the daytime | During the evening | During the night | On weekends |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
6. I get help in **my caring role** from social work services:
- | | | |
|--------------------------|--------------------------|--------------------------|
| Yes | No | Don't know |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. I get help in my caring role from another organisation:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please specify which organisation(s). List all that apply _____				
8. I have had my needs assessed as a carer:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>				
9. The services I find most helpful to me are (please tick all boxes that apply):	Advice and information <input type="checkbox"/>	Practical support eg transport <input type="checkbox"/>	Respite/ short breaks <input type="checkbox"/>	Counselling or emotional support <input type="checkbox"/>	Social activities and support <input type="checkbox"/>	Training and learning <input type="checkbox"/>	Financial assistance <input type="checkbox"/>
10 Services I don't receive but think would help me are (please tick all boxes that apply):	Advice and information <input type="checkbox"/>	Practical support eg transport <input type="checkbox"/>	Respite/ short breaks <input type="checkbox"/>	Counselling or emotional support <input type="checkbox"/>	Social activities and support <input type="checkbox"/>	Training and learning <input type="checkbox"/>	Financial assistance <input type="checkbox"/>
11 I feel the help I receive as a carer:	Meets all my needs <input type="checkbox"/>	Meets some of my needs <input type="checkbox"/>	Meets a few of my needs <input type="checkbox"/>	Does not meet any of my needs <input type="checkbox"/>			

Part Two

The rest of the survey is about your views of the social work services used by the person you support or care for.

Getting a service		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable
12.	I have found it easy to get clear information about social work services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	I got a good response when I was <u>first in contact</u> with social work services (please respond if this was within the last 24 months – otherwise tick ‘not applicable’):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	I get a helpful response when I contact social work services:	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable
	(b) during the day, for ongoing contact.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(b) during evenings or weekends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	I have seen the written assessment of the needs of the <u>person I support/care for</u> .	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>			
16.	I have been involved in deciding what help or services the person I support/care for should receive.	Strongly agree <input type="checkbox"/>	Agree <input type="checkbox"/>	Neither agree nor disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>	Strongly disagree <input type="checkbox"/>	Not applicable <input type="checkbox"/>

Making use of social work services		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable
17.	There is a clear plan that describes the services the person I support/care for will receive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	The social worker or care manager responds quickly when there is an important change in the situation of the person I support/care for.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	At least once a year there is a review to discuss the services received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	I think there is a good range of services available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	The person I support/care for has been given choices about the type of care received.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making use of social work		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable
22.	The services are reliable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	The services are of a good quality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	The person I support/care for is treated with dignity and respect when using social services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable
25.	The help received has been given at the time it was most needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.	I feel that social work services understand important matters about racial or cultural background.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27.	I have been able to use the language of my choice when dealing with social work services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Outcomes

(A) For you as a carer

		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable
28.	I feel valued and supported as a carer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29.	I am consulted and listened to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30.	I have a say in how things are done.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31.	I am helped to have time for family, work or other commitments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	(B) For the person you care for	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable
32.	The services have resulted in an improved quality of life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33.	Social work services have helped the person I care for to feel safer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34.	The person I care for has been helped to lead a more independent life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35.	Social work services have helped us to feel a part of our community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

Please add any comments you wish to make regarding the social work services in your area.

Thank you for taking time to respond to this survey.

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 work services.

Are you male or female?	Male	<input type="checkbox"/>	How old are you?	75+	<input type="checkbox"/>
	Female	<input type="checkbox"/>		60-74	<input type="checkbox"/>
	Transgender	<input type="checkbox"/>		25-59	<input type="checkbox"/>
		18-24		<input type="checkbox"/>	
		11-17		<input type="checkbox"/>	
Are you a person with a disability or long-term illness?	Yes	<input type="checkbox"/>			
	No	<input type="checkbox"/>			

Ethnic Background

Please choose **one** of the following categories which you feel best describes your ethnic background. Please tick the box that applies to you or state where asked.

White Scottish	<input type="checkbox"/>	Asian Indian	<input type="checkbox"/>
White other British	<input type="checkbox"/>	Asian Pakistani	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Asian Bangladeshi	<input type="checkbox"/>
White other (please state)	_____	Asian Chinese	<input type="checkbox"/>
Black African	<input type="checkbox"/>	Asian other (please state)	_____
Black Caribbean	<input type="checkbox"/>	Any mixed background	<input type="checkbox"/>
Black other (please state)	_____	Other ethnic background (please state)	_____
		Not disclosed	<input type="checkbox"/>