

# **The Health Link Team**

### We want to hear your views



# Questionnaire.



## The Health Link Team want to hear from you. We need to know whether our service is meeting your needs and how well it is being delivered.

This is an open forum for you to give your comments, complaints and praise about your Social Worker and the service you received.

This is your opportunity to help improve the service we provide to you and other service users.

All you have to do is complete the following ten questions on customer care and add any additional comments in the area provided.

If English is not your first language we can provide an interpreter to help you fill in this form.



1. Was the Social Worker reliable and punctual? (Please tick one)

| Very good | Good | Fair | Poor | Very poor |
|-----------|------|------|------|-----------|
|-----------|------|------|------|-----------|

#### 2. Did the Social Worker display any of the following qualities?

(Tick any that may be applicable and add any additional comments)



#### Any additional comments?

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**3.** How well did the Social Worker listen to you and understand your situation? (*Please tick one*)

| Very good | Good | Fair | Poor | Very poor |
|-----------|------|------|------|-----------|
|           |      |      |      |           |

#### 4. Was the Social Worker honest and realistic with you?

(Please tick one)

Yes No

#### Please add your comments:

| 5. How well did the Social Worker explain things to you?<br>(Please tick one) |        |             |          |         |  |  |
|---|--------|-------------|----------|---------|--|--|
| Very good   | Good   | Fair Po     | oor 🗌 Ve | ry poor |  |  |
| 6. Were you: (Please tick one)  |        |             |          |         |  |  |
| Treated fair  | ly?    |             |          |         |  |  |
| Always  | Mostly | Sometimes 🗌 | Rarely   | Never   |  |  |
| Offered cho   | oices? |             |          |         |  |  |
| Always  | Mostly | Sometimes 🗌 | Rarely   | Never   |  |  |
| Involved in decision making?  |        |             |          |         |  |  |
| Always  | Mostly | Sometimes 🗌 | Rarely   | Never   |  |  |
| In control over any decisions?  |        |             |          |         |  |  |
| Always  | Mostly | Sometimes   | Rarely   | Never   |  |  |
| 7. Were you given leaflets about the service? (Please tick one)<br>Yes No     |        |             |          |         |  |  |

8. Were you given a copy of your 'Assessment and Plan?'

Yes No

9. Did you feel that the Social Worker was a good enough source of information and knew what they were talking about?

|                            | Very                             | Good 🗌 🛛 F | air 🗌 Poor 🗌 | Very poo | or 🗌  |  |
|----------------------------|----------------------------------|------------|--------------|----------|-------|--|
| 10. Did the Social Worker: |                                  |            |              |          |       |  |
| Work hard for you?         |                                  |            |              |          |       |  |
|                            | Always                           | Mostly     | Sometimes 🗌  | Rarely   | Never |  |
|                            | Help get things done?            |            |              |          |       |  |
|                            | Always                           | Mostly     | Sometimes 🗌  | Rarely   | Never |  |
|                            | Speak up for you when necessary? |            |              |          |       |  |
|                            | Always                           | Mostly     | Sometimes 🗌  | Rarely   | Never |  |

#### 11. Did the Social Worker make a positive difference?



No

#### 12. Did you get what you hoped for from this service?



No





Please use this space to say what could have been done differently. You can also use this space to communicate any comments you have, or to elaborate on any answers you have given in this questionnaire.

#### What is the best way to communicate with you in the future?

Post

Email \_\_\_\_\_

Telephone \_\_\_\_\_

#### If you do not understand English because, for example, you have sight or hearing loss, we can give you the information in this leaflet:

- · on audio cassette or in very large print or Braille
- translated into the main languages spoken in Kensington and Chelsea
- by arranging an interpreter or signer for you.

#### You can make these arrangements by:

- calling the Health Link Team on 020 3315 1316
- emailing social.services@rbkc.gov.uk
- calling the minicom number on 020 7937 7232.

