

Evaluation/Comment Form

At the Bromley Children Project (BCP) we are always looking for ways to improve our service, so we are keen to hear parents' views on how you were treated and whether the service has met your needs. We would really appreciate you taking a few moments to fill out this short questionnaire.



1 What support did you receive from your BCP Family Support & Parenting Practitioner?

- | | |
|---|--|
| <input type="checkbox"/> Support with parenting my children | <input type="checkbox"/> Support with housing issues |
| <input type="checkbox"/> Support with relationships child/adults | <input type="checkbox"/> Support with benefits/finance |
| <input type="checkbox"/> Support with domestic violence issues | <input type="checkbox"/> Other support (e.g. support with other agencies such as CAHMS - Please state: |
| <input type="checkbox"/> Support with disability or Special Educational Needs | |

2 How long were/are you working with your practitioner for?

- | | |
|---|--|
| <input type="checkbox"/> 0 to 6 weeks | <input type="checkbox"/> 7 to 12 weeks |
| <input type="checkbox"/> 12 weeks or more | |

3 Did you receive most of your support at a Children & Family Centre (CFC), at home or over the telephone?

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Home | <input type="checkbox"/> Telephone |
| <input type="checkbox"/> CFC | <input type="checkbox"/> Other - Please state: |
| <input type="checkbox"/> Home & CFC | |

4 Did your Practitioner involve you in setting goals at the start of their work with you?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

5 How satisfied were you with the goals that were agreed?

- | | |
|---|---|
| <input type="checkbox"/> Very satisfied | <input type="checkbox"/> Not very satisfied |
| <input type="checkbox"/> Satisfied | <input type="checkbox"/> Not at all satisfied |

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6 How satisfied were you that you understood what you needed to do to achieve your goals?

- Very satisfied Not very satisfied
 Satisfied Not at all satisfied

7 How satisfied were you that you understood what others would do to support you to achieve your goals?

- Very satisfied Not very satisfied
 Satisfied Not at all satisfied

8 How satisfied did you feel about the level of control you had over the support you received?

- Very satisfied Not very satisfied
 Satisfied Not at all satisfied

9 How satisfied are you that you feel more able to deal with similar problems in the future?

- Very satisfied Not very satisfied
 Satisfied Not at all satisfied

10 If you accessed other services at a Children & Family Centre, how satisfied are you with them?

- Very satisfied Not very satisfied
 Satisfied Not at all satisfied

11 If you received support with parenting did you feel satisfied that the advice given was useful?

- Very satisfied Not very satisfied
 Satisfied Not at all satisfied

It would be helpful for us to know the names of the people who supported you. Please list them below along with any other comments, compliments or suggestions:

Thank you!

We really appreciate you taking the time to complete this questionnaire. Your responses will be used to help us improve and develop our service.

We may want to contact you regarding the feedback you have given. If you are happy for us to do so, please fill out these additional details:

Name:

Address:

Telephone :

Email:

Age(s) of child(ren):

Please return this questionnaire to your Family Support & Parenting Practitioner or your local Children & Family Centre.