

Evaluating Our Service

Social Worker and other Professionals' Questionnaire

Your views count

Question 1

Was your young person placed on a planned or emergency basis?

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Question 2

During initial contact with St. Mary's Kenmure, were you provided with adequate information regarding the services available to your Young Person?
Yes/No

Comments:

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Question 3

Did you feel welcomed during visits to the unit? Yes/No
and were you warmly received at reception? Yes/ No

Comments:

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Question 4

Are you aware of our visitors' complaints procedures? Yes/No
Have you ever made a formal complaint? Yes/No
If so was it dealt with satisfactory? Yes/No

Comments:

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Question 5

On visiting the unit were you
(a) Given appropriate privacy with your young person? Yes/ No
(b) Given the opportunity to spend time with staff following the visit? Yes/No

Comments:

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Question 6

How did you find the physical surroundings?

Comments:

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Question 7

How did you find the quality of the initial three week assessment and the standard of written reports?

Comments:

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Question 8

In terms of correspondence, has there been regular and effective communication between yourself and unit staff, for example were you updated on your young person's progress on a regular basis? Yes/ No

Comments:

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Question 9

Did you feel your young person was supported and involved in all aspects of his care plan by St. Mary's Kenmure staff? Yes/ No

Please comment on the following:

- Education
- Health & Well Being
- Interventions
- Recreation
- Exit Strategy

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Question 10

Were you happy with arrangements for your young person contacting you, advocacy services and other professionals involved in the young person's plan of care outside St. Mary's Kenmure? Yes/No

Comments:

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Question 11

Did you find the placement beneficial to the young person? Yes / No
and would you consider using St. Mary's Kenmure in the future? Yes/No

Comments:

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Please use the space below to comment on any aspect of the service we provide.

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Thank you for taking the time to complete this evaluation sheet.

Signature Social Worker completing form:

Date: