Social work support feedback form

Name (optional): .................................................................
Social worker’s name (optional): ...........................................

Your time with your social worker is now coming to a close. We would like to hear your views.

1) Did your social worker explain why they were visiting?
   Scale 10 (the social worker was very clear) – 0 (not at all)

Comment: ................................................................................

2) Did your social worker listen to you?
   Scale 10 (very much) – 0 (not at all)

Comment: ................................................................................

3) Were your views included in your plan?
   Scale 10 (very much) – 0 (not at all)

Comment: ................................................................................
4) Do you feel your social worker helped you?  
Scale 10 (very much) – 0 (not at all)

Comment: .................................................................................................................

5) Did you have more than one social worker?  Yes ☐  No ☐

Did this make a difference?  Yes ☐  No ☐

If yes, why ..............................................................................................................

6) Was it easy to contact and speak with your social worker?  
Scale 10 (it was very easy) – 0 (not at all)

Comment: ..............................................................................................................

Thank you for your comments – we are always keen to improve our work and your feedback will help us identify what we are doing well and what we could do better. Would you be willing to take part in a young person’s focus group and share more of your suggestions?

Yes ☐  No ☐

Please return this form to: ..................................................................................

If you have been unhappy with the work that your social worker has done with you or you want to tell us something that your social worker has done well, please contact our Customer Care Team on 03000 410 304 or cscomplaints@kent.gov.uk.

If you feel you need further support from Specialist Children’s Services please contact 03000 41 11 11 (8.30am – 5pm). If you need to contact us outside of normal office hours, for example during the night, call 03000 41 91 91.