

Joint inspection of
services for children
and young people

Survey for children and young people
8-15 age group



HAPPY TO TRANSLATE

The Care Inspectorate is inspecting services for children, young people and families in the area where you live. This includes the work of the people who work with you.



We want to hear from care experienced children and young people and those who need support and extra help to keep safe.

When we say 'care experienced', we mean children and young people currently or previously looked after and living with parents, with other family or friends, with foster carers, in residential care or receiving regular overnight short breaks.

The survey will ask you about your experience of the services working with you and your family. Some things you should know about the survey...

Should take no longer than 10 minutes

There are no wrong answers or trick questions

You can get someone to help fill it out

Once completed return in the envelope provided

It is confidential. You are not asked for your name. **Important:** This means that we cannot contact you about anything you put in the survey. If you have any concerns for your own safety or for anyone else, please talk to an adult you trust or call Childline on 08001111. We have a duty to pass on concerns about the safety of an individual.



What will we do with what you tell us? We will use the results of the survey to help us find out what is working well and where things can be improved in the area where you live. At the end of the inspection we write a report and we will feedback to children and young people about what we found.

Prefer to talk to someone? You can leave a message using these contact details and we will get back to you. You could talk to a young inspection volunteer.

YOUNG INSPECTION VOLUNTEERS

Young people with experience of care services aged 18-26 who help us with our inspections.



Mobile (text or leave message):
07976 864505

Email:
CYPinspection@
careinspectorate.
gov.scot

In the survey, when we refer to 'your worker', we mean people who are employed to work with you and your family.

Who will you be referring to when you answer questions about 'your worker' in this questionnaire? (Please tick)

- Social worker
- Support worker
- Health visitor
- Teacher
- Outreach worker
- Youth worker

Other: (please give job title)

Who do you live with? Tick one.

- Parents
- Other family members
- Foster carers
- Residential care or secure unit

Other:

Circle **one** answer for each question and add comments where asked

- | | | | | |
|--|------------|------------|------------------------------|-----------------|
| 1. Do you know why your worker is involved with you and your family? | Not at all | Not really | Just about | Yes, definitely |
| 2. Is your worker there for you when you need them? | Not at all | Not really | Sometimes | Yes, always |
| 3. Has anyone talked to you about the help you need to make things better? | Not at all | Not really | Yes, but I want to know more | Yes, definitely |

* What is a 'child's plan'? This may have different names but it is usually a document that talks about what you need in different parts of your life. For example, this could mean extra support you need at school or with your health. The plan should say what help it is you or your family need, who will provide it and what it is hoped will happen as a result of this support, for example 'improved health'. *[Your plan will normally be agreed at a meeting where you would sit down with staff with different roles and responsibilities, for example - social worker, family support worker, pastoral teacher, nurse.]



4. Have you been involved in agreeing your child's plan?*	Not at all	Not really	Some things	Yes, definitely
5. Are your views and opinions listened to by your worker?	Not at all	Not really	Some things	Yes, always
6. Does your worker care about what happens to you?	Not at all	Not really	Sometimes	Yes, always
7. Do you feel comfortable and cared for where you live now?	Not at all	Not really	Just about	Yes, definitely
8. Are things getting better for you?	Not at all	Not really	Yes, for some things	Yes, definitely
9. Does the help you receive support and encourage your connection and relationship with your family?	Not at all	Not really	A little, but I need more	Yes, as much as I need
10. Do you have an adult you trust and can talk to about things that are important to you?	Not at all	Not really	Yes, for some things	Yes, definitely
11. Do you know that if you are not happy about something, you can get help to ask for changes or make a complaint?	No, I didn't	No, but I would like to know how to	Yes, I do know	Yes, and I feel able to ask for changes

12. Have you had an opportunity to speak with an independent advocacy worker?	No	No, but I would like to	Yes, but I've not used it	Yes, and I have done this	I don't know what this is
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What is *independent advocacy*? The purpose of advocacy is to support and empower young people to be able to express their views and assist them in making informed decisions on matters. When we describe it as 'independent' we mean that the person providing advocacy is not involved in the services provided to you. Speak to your worker for more information.

Please circle one answer for each question:

13. Do you feel safe where you live now?	Yes	No
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14. What would need to change for you to feel completely safe?

Comments:

15. Do you know what to do if you don't feel safe?	Not at all	Not really	Sometimes, not always	Yes, definitely
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16. I have had good opportunities and support to:

(a) learn new things	Not at all	Not really	Yes, for some things	Yes, definitely
(b) develop skills	Not at all	Not really	Yes, for some things	Yes, definitely
(c) take part in activities	Not at all	Not really	Yes, for some things	Yes, definitely
(d) feel like I belong	Not at all	Not really	Yes, for some things	Yes, definitely

17. I am encouraged to look after my:

(a) physical health	Not at all	Not really	Yes, for some things	Yes, definitely
(b) mental health	Not at all	Not really	Yes, for some things	Yes, definitely

Next, a few questions about the services provided to you

18. Have you been asked for your views on services? Not at all Not really A few times Yes, a lot

19. Have your views been used to make changes? Not at all Not really A few times Yes, a lot

Finally, a few questions about this survey

20. Was it easy to complete this survey? Not at all Not really Quite easy Very easy

21. Was the information you were given about the survey useful? Not at all Not really Quite useful Very useful

22. Do you have anything to say that would make the survey better? No Yes

Comments:

Date completed 00 / 00 / 0000

SAMPLE

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Thank you very much for taking the time to complete this survey. If you want to find out more about what we have been doing during the inspection or what we have found please go online at <http://bit.ly/jointinspectionservicesforcyp>

When you have finished please put this form in the envelope provided and send it back through the post.

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