



Joint inspection of services for children and young people at risk of harm

Survey for children and young people in the partnership area

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:



Important

This means that we cannot contact you about anything you put in this 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 O8001111

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.
- At the end of the inspection we write a report and we will feedback to children and young people about what we found.
- 1. Where do you live most of the time?
 - With parent(s)
 - With other family member(s)
 - C C C With foster carer(s)
 - Residential care or secure care
 - Other

Views, Rights and Relationships

When we say 'your worker' we mean people who are employed to work with you.

Please answer these questions about the worker who gives you most of 2. the help you need.

Is this your:

\bigcirc	Social worker
\bigcirc	Current work

- Support worker
- Key worker (residential)
- Teacher
- Health worker
- Outreach worker (such as WhoCares? Scotland, Barnardos etc)
- Youth worker
- Other
- I know why my worker is involved with me and my family 3.
 - Yes NO
 - Not sure
- 4. My worker listens to my views and opinions about what matters to me
 - Yes
 - NO
 - Not sure

5. Can you say more about your answer to question 4

Enter your answer

6. My worker spends time with me and gives me the help I need

- All of the time
-) Most of the time
-) Some of the time
-) None of the time

These next questions are about the support you get.

7. I have someone who has explained my rights to me



) NO



8. I get the right help to make and keep loving and supportive relationships with people who I care about



All of the time



Most of the time



- Some of the time
- None of the time

- 9. I have an adult I can trust to talk to about things that are important to me, or when I am not happy about something
 - Yes
 - Not sure
- 10. I have someone who can help me to express my views
 -) Yes) No) Not sure



Keeping me safe I feel safe where I live now? All of the time *(tick and move to question 14) Most of the time *(please answer Question 13) Some of the time *(please answer Question 13) None of the time *(please answer Question 13) 13. What would need to change to help you to feel safer? Enter your answer

- 14. I have an adult I can talk to if I don't feel safe
 -) Yes
 -) NO
 -) Not sure

Finally, a few questions about this survey

15. Was it easy to complete this survey?



-) Not really
-) Quite easy
-) Very easy

Enter your answer

16. Please tell us what would make this survey better

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