



Safeguarding Questionnaire

You have recently spoken to a Social Worker about a Safeguarding incident and we would like to know what you thought of the process

Please fill in the below questionnaire and send it back to us in the pre-paid envelope provided.

Please put a tick  for Yes or a cross  for No

Q1 Do you understand why the safeguarding worker came to see you?

Yes

No

Q2 Please tell us the name of the safeguarding worker?

Q3 Did you feel that the safeguarding worker listened to you?

Yes

No

Q4 Did the safeguarding worker explain what would happen next and what your choices would be?

Yes

No

Q5 Were the Police involved in the incident?

Yes

No

Q6 If yes, please tell us if there is anything we could have done to improve your experience?

Q7 Did someone keep you up to date with what was happening?

Yes

No

Q8 Did you choose who you wanted to support you through the safeguarding process?

Yes

No

Q9 Is the decision what you wanted?

Yes

No

Q10 Could anything have been done better?

Yes

No

Q11 If yes please tell us what you think could have been done better?

Q12 Please use this box to make any further comments on the process

Q13 Did you complete this questionnaire yourself?

Yes

No

Q14 If no who helped you to complete it?

A friend.....

A neighbour.....

Other

Please specify

Any personal information that you have supplied will be held by South Gloucestershire Council in accordance with the Data Protection Act. This information will only be used as part of this exercise and will not be passed on to any other organisations

Please see the back of this form for the return address

If you do not have a pre-paid envelope please hand write the address as below:

**RTXL-YHGY-GSYS
South Gloucestershire Council
Safeguarding Questionnaire
CAH-Partnerships and Commissioning Hub
Council Offices
Badminton Road
Yate
BRISTOL
BS37 5AF**

Q16 Which quarter was the form completed in? (**Office use only**)

First (April, May, June)	<input type="checkbox"/>
Second (July, Aug, Sept)	<input type="checkbox"/>
Third (Oct, Nov, Dec)	<input type="checkbox"/>
Fourth (Jan, Feb, March).....	<input type="checkbox"/>