



Cambridgeshire  
County Council

# **Evaluating professional practice framework**

# Context

## Aim

The Evaluation of Professional Practice framework (EPP) is used to assess one to one interventions and group work activity delivered by practitioners in Children, Families and Adult Services (CFAS).

The aims of the EPP are:

1. To enable practitioners to offer a quality service to the children, young people, parents and carers they are working with
2. To support the professional development of practitioners
3. To provide CFA with a mechanism to manage and monitor the quality and consistency of the services offered to children, young people and parents/carers

## Involvement of staff

### Practitioners

The following roles (where case holding) are subject to EPP:

- Locality Teams:
  - Youth Support Service – all YPWs, LYWs, YW, GAs, IAs and any YDCs who are case holding (unless they regularly work less than 10 hours a week)
  - Family Workers –of whatever type
  - Education Welfare Officers including seniors (not suitable for PACE interviews)
  - Education Inclusion Officers (suitable for 1-1 work and meetings e.g. PSP or TAC/F support)

Senior Social Workers have a separate process and are not covered by EPP.

- Youth Offending Workers
- Additional Needs Advisors
- FIP Workers

All practitioners (apart from trainees and those who have completed appropriate VQ units within the year as agreed by county leads) will be observed annually. Staff in their probationary period will be assessed using the same criteria but will be reported on separately. Exemptions will be considered on an individual basis by the Audit Team (other than long term sick leave/ maternity leave).

### Area BSMs

The Area BSMs are responsible for:

- Compiling a list of all eligible staff (this should be agreed with team managers as per the above and any exemptions agreed by the audit team)
- Collating information on results by discipline and team

Paperwork no longer needs to be sent to business support

### Assessors

Managers, senior practitioners and members of the Audit team are assessors. All Assessors will be trained to use the framework.

### Auditors

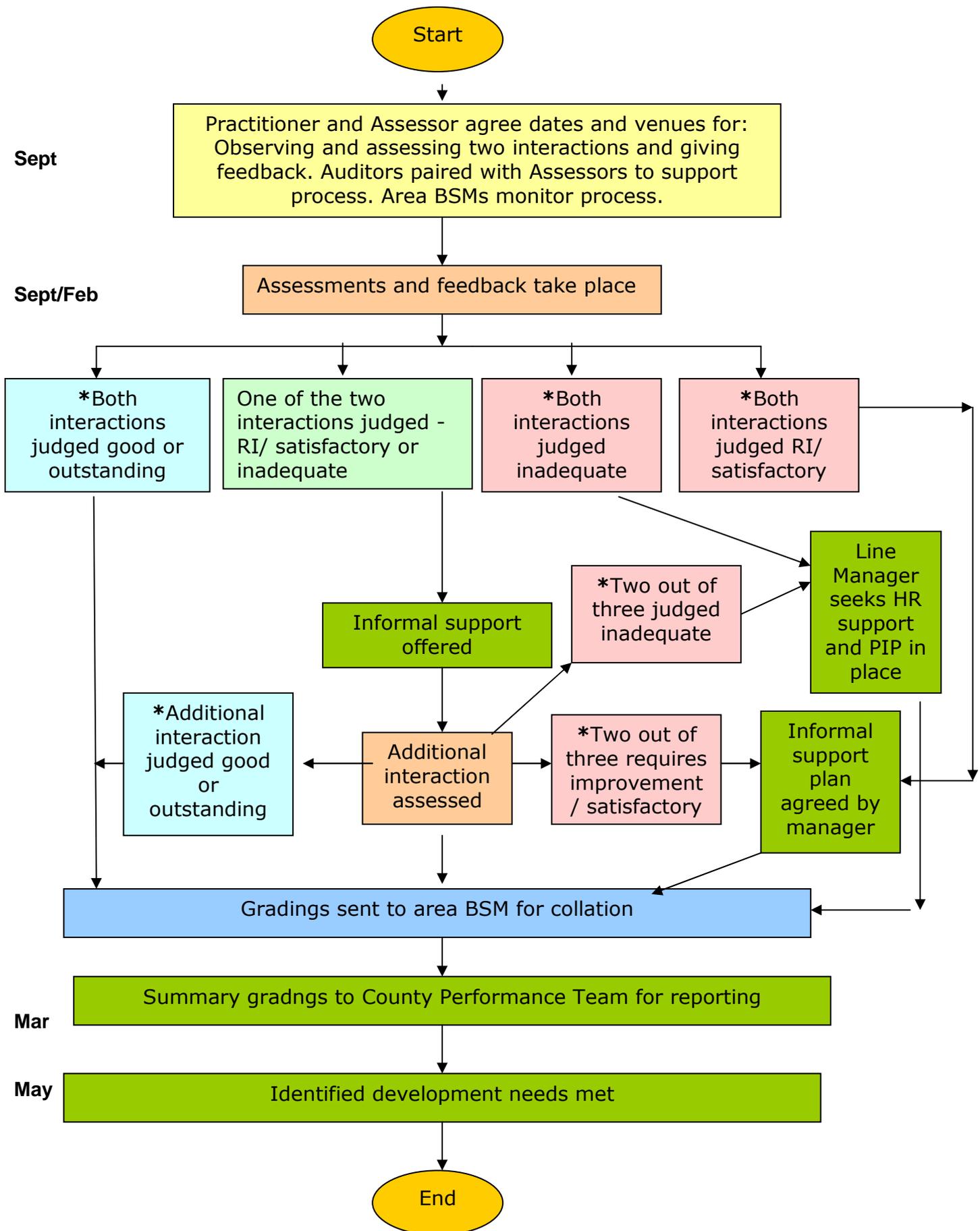
The Audit Team comprises of County Leads/ Managers, Heads of Service Localities and Partnership and Workforce Development representatives. The Audit Team fulfil 2 functions:

1. Acting as the first line of appeal for any practitioner who disagrees with the judgement of their assessor
2. Supporting capacity issues around assessment

### Independent Assessor

Practitioners can ask to be assessed by an independent Assessor (from the audit team) if they disagree with the judgement after assessment by an EPP Auditor.

# Procedure for assessment of interactions



## GUIDANCE

### Definitions

The areas to be assessed are:

**Practice:** this relates to the actions of the practitioner and how much positive or negative impact the actions are having on the young person or parent/carers learning and achievement. Assessors will look at:

- What works well or requires development
- How the intervention is organised and managed

Assessors won't be prescriptive about particular approaches since different methods work well with different young person or parent/carers.

**Learning** is the visible impact on the young person or parent/carers. Assessors will look at:

- How engaged, involved, interested is the young person or parent/carers
- How much development, growth, knowledge is gained in the session
- How the young person or parent/carers has benefited from the observed intervention

**Achievement** is the distance travelled and where the young person or parent/carers is going. Assessors will look at:

- The journey the young person or parent/carer is on
- Are they finding out about the right things, at the right speed and to the right standard?

### Assessment Proforma

There are several Assessment Proformas which are to be used for:

1. Individual 1:1 interactions
2. Groupwork including team observation of support staff

The criteria to be observed are listed on the left hand side with grading in the boxes on the right. Some criteria will not be applicable to all practitioners in which case N/A can be marked in the grade column. Any additional comments can be made in the note box which is underneath each section on the proforma.

Two observations are required for each practitioner (for YOS one if previously outstanding) and should reflect both 1:1 and group work (where both are part of the role). For practitioners with line management responsibilities observation can include one supervision.

### Have your say

Feedback for each interaction/groupwork must be completed as part of this process.

### Assessment Summary Form

In addition to the Assessment Proformas one Assessment Summary Form must be completed. The identified development needs section must be completed. Agreed actions could include:

- Attending a formal training course
- Discussion at supervision with the Line Manager
- Support/coaching/mentoring as appropriate
- Pairing with an expert practitioner

The Assessor will be specific as to how the development need will be met and by when.

The additional comments box allows the Assessor to provide information not included elsewhere under other sections e.g. comments on physical issues such as accommodation or IT facilities.

**Remember the Assessment Summary Form must be agreed and signed by both parties.**

## Scores and scoring

Scoring will follow the Ofsted grading system and will be as follows:

### 1. = Outstanding

*Practice is consistently high with noticeable impact on the young person or parent/carer and no areas for improvement.*

To score **Outstanding** as an overall assessment all areas on the assessment pro forma must be graded 1. The expectation is that very few practitioners will meet this standard.

### 2. = Good

*Practice is above average with impact on the young person or parent/carer although there may be some areas for improvement/development.*

To score **Good** there must be no inadequate scores (4) on the assessment pro forma and there should be a higher proportion of good (2) than requires improvement/ satisfactory (3).

### 3. = Requires Improvement (RI)/ Satisfactory

*Practice is broadly average there may or may not be visible impact on the young person or parent/carers and there will be areas for improvement/development.*

To score **Requires Improvement/ Satisfactory** areas for assessment on the pro forma should be predominately requires improvement/ satisfactory (3) with some goods (2).

### 4. = Inadequate

*Practice does not meet the required standard with little or no visible impact on the young person or parent/carer and will need significant improvement/development.*

To score **Inadequate** the overall assessment on the proforma would be predominantly inadequate (4) and with some requires improvement/ satisfactory (3).

If there is any doubt regarding scoring in the first instance please consult with:-

Lesley Liston – Workforce Development  
Jeannette Perkins – Youth Support Service  
Anna Jack/ Heidi Kalipaka/ Mark Cowdell – Youth Offending Service  
Jo Sollars /Sharif Al-Rousi– Family Workers  
Nathan Jones – Additional Needs Advisers  
Karen Beaton – EWOs  
Karen Beaton/ Carol Way - EIOs  
Alison Smith – Family Intervention Partnership

## Feedback

Assessors will aim to be objective throughout the assessment and be specific wherever possible e.g. “Has problems with communicating” could mean many things, whereas “Probing questions tend to lack structure and are difficult to follow”, provides a clearer idea of the development areas. They will avoid describing personality traits unless they clearly affect the individual’s performance.

Assessors will find it beneficial to pause before giving feedback on the observation day so that they can reflect on the observation. As there will be limited time for reflection they will try to give 1 or 2 positive points and 1 or 2 areas for development (use the boxes on the proforma). They will have the opportunity to provide more detailed feedback at the formal feedback meeting. They will remember to take into account the circumstances and nervousness of the practitioner.

# One to one assessment proforma EPP

<b>Practitioner:</b>	<b>Job title:</b>
<b>Assessor:</b>	<b>Job title:</b>
<b>Type of meeting:</b> (e.g. home visit, school meeting)	

<b>PRACTITIONER</b>	<b>GRADE</b>				
<b>Scene Setting (as appropriate to client's level of understanding )</b>	1	2	3	4	N/A
Ensures introductions of all present					
Explains role of all present					
Explains confidentiality/data sharing/complaints (leaflet/info given)					
Explains reasons for meeting					
Explains and check understanding of legal process (leaflet given) (YOS/EWO)					
<b>Notes</b>					
	<b>GRADE</b>				
<b>Beginning</b>	1	2	3	4	N/A
Reflects on previous meeting (if applicable)					
Check what has happened since last meeting (if applicable)					
Praise achievements and identify strengths					
Responds to challenges and identifies problem areas, risks and vulnerability concerns (needs assessment)					
Agrees purpose of meeting/session plan with client (child/parent/ school staff as applicable)					
Look at and explain how session links to previous/ existing plans (for YOS the intervention plan) or annual reviews if appropriate					
Explores willingness to engage					
<b>Notes</b>					
	<b>GRADE</b>				
<b>Middle</b>	1	2	3	4	N/A
Explains session/exercise to young person, parent/carer (YOS/FW)					
Delivery of Intervention (YOS/FW)					
Identifies issues and concerns (EIO)					
Explores ways forward (EIO)					
Intervention demonstrates evidence based practice (e.g. RA for EIO)					
Intervention promotes engagement					
Intervention fits with learning style/ level of understanding					
Young Person's (parent/carer) likes, hopes, strengths and aspirations are explored (EIO with school staff/ parent as appropriate).					
Young Person's support needs are explored and discussed fully (or agreement is reached on how this information will be gathered)					
Appropriate options are identified and linked to strengths and support needs					
Worker has appropriate resources to give info and/or enable client to engage					
<b>Notes</b>					

	GRADE				
Style and Skills	1	2	3	4	N/A
Actively listens					
Equal opportunities and anti-discriminatory practice					
Content at appropriate level					
Encourages responsibility for decision making and behaviour					
Regularly reviews interaction and checks understanding					
Appropriately explores/challenges ( areas of concern)					
Encourages expression of needs, views and circumstances					
Differing views and opinions managed					
Keeps session on track and responds appropriately to arising issues					
<b>Notes</b>					
	GRADE				
End	1	2	3	4	N/A
Pulls together the interaction and summarises the intervention					
Agrees needs, actions further interventions and offers other support (Action plan/ CAF/ PSP as appropriate)					
Praise achievements and success of session					
Feedback on any challenges with session					
Explains legal position, breach and enforcement (EWO/YOS)					
Agree future contact					
<b>Notes</b>					
	GRADE				
Follow up	1	2	3	4	N/A
Record writing, contact recording reflects session accurately					
<b>CLIENT</b>					
	1	2	3	4	N/A
Engagement/learning of client					
Understands purpose of meeting					
Responds positively to suggestions and challenges					
Shows ability to reflect on themselves and current situation					
Accepts responsibility for behaviour and/or for offending (YOS)					
Understands what further support is available and how to access it					
Understands the consequences of non compliance (EWO/YOS)					
Participates in session and intervention					
<b>Notes</b>					

1. = **Outstanding** - Practice is consistently high with noticeable impact on the young person or parent/carer and no areas for improvement.
2. = **Good** - Practice is above average with impact on the young person or parent/carer although there may be some areas for improvement/development.
3. = **Requires Improvement/ Satisfactory** - Practice is broadly average there may or may not be visible impact on the young person or parents/carers and there will be areas for improvement/development.
4. = **Inadequate** - Practice does not meet the required standard with little or no visible impact on the young person or parent/carer and will need significant improvement/development.



	GRADE				
	1	2	3	4	N/A
<b>Ending</b>					
Pulls together the session and summarises what's happened					
Helps the group to review what they've learnt and decide on next steps					
Ensures key issues and information arising from the session are recorded					
<b>Notes</b>					
<b>THE GROUP</b>	<b>GRADE</b>				
<b>Learning and engagement e.g.</b>	1	2	3	4	N/A
Have aspirations					
Respond to suggestions and challenges					
Actively participate in setting goals and targets (action planning)					
Want to achieve					
Feel confident about themselves and cope with new situations					
Take on responsibility and collaborate with others					
Show a greater understanding of themselves					
Able to handle conflict and confrontation					
Have good relationships with peers and staff					
<b>Notes</b>					
	<b>GRADE</b>				
<b>Achievement and progress e.g.</b>	1	2	3	4	N/A
Acquire new skills and interests					
Improve their understanding of opportunities available to them					
Improve their decision making ability					
Improve their ability to plan for and make transitions					
Improve their ability to reflect on themselves and their current situation					
Know how to identify barriers and plan to overcome them					
Know how to access information sources and other services in the future					
Contribute to the evaluation of their achievements					
<b>Notes</b>					

## Assessment summary form (all other than Lead and Youth Workers, YSS)

<b>Practitioner:</b>		<b>Assessor:</b>		<b>Date:</b>				
<b>Position held:</b> <b>How long:</b>								
<b>Professional Qualifications:</b>								
<b>Context Assessment A:</b>		<b>Description of young person or parent/carers: e.g year group, background, ability</b>						
<b>Assessment A: Strengths</b>		<b>Assessment A: Areas for development and support strategies</b>						
<b>Context Assessment B:</b>		<b>Description of young person or parent/carers: e.g year group, background, ability</b>						
<b>Assessment B: Strengths</b>		<b>Assessment B: Areas for development and support strategies</b>						
Skills	Observed		Very good practice		Development need		*How will development need be met?	By when?
	A	B	A	B	A	B		
Preparation/planning								
Contracting/scene setting								
Engaging/listening								
Promoting change								
Using information/materials & delivery								
Challenging								
Summarising/Action Planning								
Recording/Record writing								
*1 = formal training, 2 = discussion at supervision, 3 = support/coaching/mentoring, 4 = pairing with an expert practitioner, 5 = other (please specify)								
<b>Additional Comments:</b>								
<b>Practice A</b>			<b>Practice B</b>					
Score: 1 = Outstanding, 2 = Good, 3 = Requires Improvement/ Satisfactory , 4 = Inadequate								

Assessor's signature: ..... Date: .....

Practitioner's signature: ..... Date: .....

Team assessment summary form for Lead and Youth Workers, YSS  
 (to be used in conjunction with individual assessment summary form for Lead and Support Youth Workers)

<b>Practitioners:</b>	<b>Assessor:</b>	<b>Date:</b>
<b>Context:</b>	<b>Description of clients: e.g. age, background, ability</b>	
<b>Key points fed back to the team by the observer during post observation review:</b> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>		
<b>Comments from members of staff:</b> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>		
<b>Additional Comments:</b>		

Assessor's signature: ..... Date: .....

Individual assessment summary form for Lead and Youth Workers, YSS  
 (to be used in conjunction with group assessment summary form for Lead and Support Youth Workers)

<b>Practitioner:</b>  <b>Position held:</b> <b>How long:</b>  <b>Professional Qualifications:</b>	<b>Assessor:</b>	<b>Date:</b>
<b>Context:</b>	<b>Description of clients: e.g. age, background, ability</b>	
<b>Assessment A: Strengths</b>	<b>Assessment A: Areas for development</b>	
<b>Assessment B: Strengths</b>	<b>Assessment B: Areas for development</b>	
<b>Support Strategies* Assessment A</b>		
<b>Support Strategies* Assessment B</b>		
<b>Additional Comments:</b>		
<small>*1 = formal training, 2 = discussion at supervision, 3 = support/coaching/mentoring, 4 = pairing with an expert practitioner, 5 = other (please specify)</small>		

Assessor's signature: ..... Date: .....

Practitioner's signature: ..... Date: .....

**EIO- Evaluation (or use pictorial one below)**

<b>EIO Name</b>	
<b>Young Person Name</b>	

# Have your say!

**1. Did you find this meeting helpful?**

*Please circle one number*

**1 =yes definitely    2 =yes partly    3 =Not a lot    4 =Not at all**

**2. On a scale of 1 to 4 please rate your EIO and circle one number for each question.**

**1=yes definitely    2=yes partly    3=Not a lot    4=Not at all**

- How well was the purpose of the meeting explained?    1 2 3 4
- How well were you listened to?    1 2 3 4
- How well were your concerns understood?    1 2 3 4
- How satisfied are you with the support you received?    1 2 3 4

**3. What impact do you think this meeting will have on you?**

**Please circle one number for each question.**

**1=yes definitely    2=yes partly    3=Not a lot    4=Not at all**

- I have gained more confidence    1 2 3 4
- I have had a say about what goes on    1 2 3 4
- I have found out more about myself    1 2 3 4
- I have realised consequences of my actions    1 2 3 4
- I understand the action plan we agreed    1 2 3 4
- I understand where to go for further help and support    1 2 3 4
- I have learned something new    1 2 3 4
- I understand my relationships better    1 2 3 4
- I understand the options open to me    1 2 3 4
  
- Would you like to add anything?  
.....

<b>EIO Name</b>	
<b>Young Person Name</b>	

# We want to hear what you think!

If you don't want to use this form, that's ok, you can record your views in the way that you want to.

Here are five symbols, showing faces from really happy to really unhappy.

Tick the face, which is nearest to how you feel. But don't worry, it's not a test and someone can always help you to write things down. This is your big chance to say what you think!

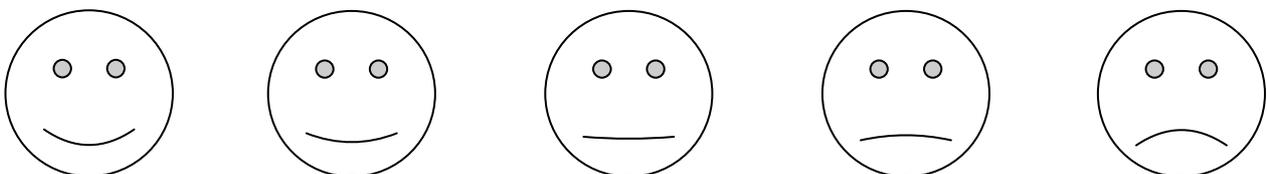
**Did you understand the reason for the meeting?**



**Was the EIO easy to talk too?**



**Did your EIO listen to you?**



**Please turn over**

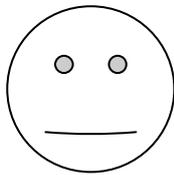
**Did the meeting help you think about your future?**



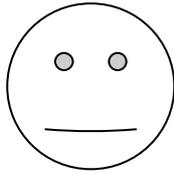
**Were you able to talk about anything worrying you?**



**Did you understand what was talked about?**



**Did you find the meeting helpful?**



**Is there anything else that you would like to say?**

**Thank you**

<b>GA/YPW/ IA/ ANA Name</b>	
<b>Young Person Name</b>	

## Have your say!

### 1. Did you find this meeting helpful?

*Please circle one number*

**1 =yes definitely    2 =yes partly    3 =Not a lot    4 =Not at all**

### 2. On a scale of 1 to 4 please rate your Guidance Adviser/Young People's Worker and circle one number for each question.

**1=yes definitely    2=yes partly    3=Not a lot    4=Not at all**

How well was the purpose of the meeting explained?	1	2	3	4
How well were you listened to?	1	2	3	4
How well were your concerns understood?	1	2	3	4
How satisfied are you with the support you received?	1	2	3	4

### 3. What impact do you think this meeting will have on you?

**Please circle one number for each question.**

**1=yes definitely    2=yes partly    3=Not a lot    4=Not at all**

I have gained more confidence	1	2	3	4
I have had a say about what goes on	1	2	3	4
I have found out more about myself	1	2	3	4
I have realised consequences of my actions	1	2	3	4
I understand the action plan we agreed	1	2	3	4
I understand where to go for further help and support	1	2	3	4
I have learned something new	1	2	3	4
I understand my relationships better	1	2	3	4
I understand the options open to me	1	2	3	4

Would you like to add anything?

.....

<b>GA/YPW/ IA/ ANA Name</b>	
<b>Young Person Name</b>	

## **We want to hear what you think!**

**If you don't want to use this form, that's ok, you can  
record your views in the way that you want to.**

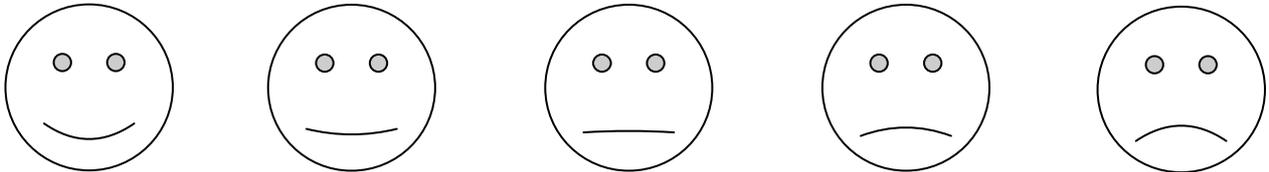
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Tick the face, which is nearest to how you feel. But don't worry, it's not a test and someone can always help you to write things down. This is your big chance to say what you think!

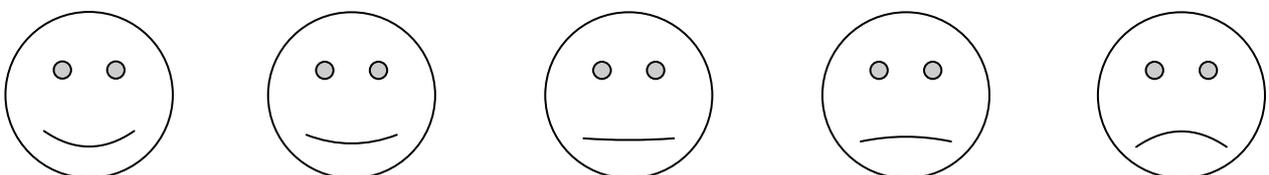
**Did you understand the reason for the meeting?**



**Was the advisor easy to talk too?**



**Did your advisor listen to you?**



**Please turn over**

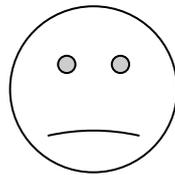
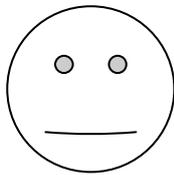
**Did the meeting help you think about your future?**



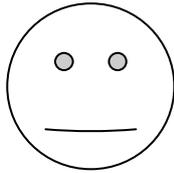
**Were you able to talk about anything worrying you?**



**Did you understand what was talked about?**



**Did you find the meeting helpful?**



**Is there anything else that you would like to say?**

**Thank you**

<b>EWO Name</b>	
<b>Parent /Child Name</b>	

## Have your say!

**1. Did you find this meeting with an EWO helpful?**

*Please circle one number*

**1 =yes definitely      2 =yes partly      3 =Not a lot      4 =Not at all**

**2. On a scale of 1 to 4 please rate your EWO and circle one number for each question.**

**1=yes definitely    2=yes partly    3=Not a lot    4=Not at all**

How well did your EWO explain the purpose of the meeting?	1	2	3	4
How well did your EWO listen to you?	1	2	3	4
How well did your EWO understand your concerns?	1	2	3	4
How satisfied are you with the support of your EWO?	1	2	3	4
How well did the EWO explain the consequences if attendance did not improve?	1	2	3	4
Any comments?				

**3. What impact do you think this meeting will have on your (your child's) attendance?**

**Please circle one number for each question.**

**1=yes definitely    2=yes partly    3=Not a lot    4=Not at all**

My (my child's) attendance will improve	1	2	3	4
My relations with school will improve	1	2	3	4
I am (my child is) will be happier at home/school	1	2	3	4
My family relationships will improve	1	2	3	4
I understand the action plan we agreed	1	2	3	4
I understand where to go for further help and support	1	2	3	4

Would you like to add anything?

.....

# YOS YOUNG PERSON EVALUATION

Please help us improve our service by answering some questions about the service you have received. We are interested in your honest opinions, whether positive or negative. Please answer all questions. We also welcome your comments and suggestions. Thank you very much; we really appreciate your help.□□□□

**Name:**

**Date:**

**Supervising Officer:**

**Admin:**

1) How would you rate the overall quality of the service you have received from your YOS Officer?



Very positive



Positive



Satisfactory



Problematic



Very problematic

2) Do you think that you have been listened to, heard and valued by your YOS Officer?



Yes,  
definitely



Yes,  
I think so



No,  
I don't think so



No,  
definitely not

3) Do you feel that your YOS Officer is supported you to look at your offending and ways to help you stop offending in the future?



Yes,  
definitely



Yes,  
I think so



No,  
I don't think so



No,  
definitely not

4) Did your YOS Officer explain things to you clearly and in a way you could understand?



Yes,  
definitely



Yes,  
I think so



No,  
I don't think so



No,  
definitely not

5) Do you feel you are developing a positive working relationship with your YOS Officer?



Yes,  
definitely



Yes,  
I think so



No,  
I don't think so



No,  
definitely not

## YOS PARENT FEEDBACK

Please help us improve our service by answering some questions about the service you have received. We are interested in your honest opinions, whether positive or negative. Please answer all questions. We also welcome your comments and suggestions. Thank you very much; we really appreciate your help. □□□□

**Name:**

**Date:**

**Parenting Officer:**

**Admin:**

- 1) How would you rate the overall quality of the service you have received from your Parenting Officer?

Very positive      Positive      Satisfactory      Problematic      Very problematic

- 2) Do you think that you have been listened to, heard and valued by your Parenting Officer?

Yes,  
definitely

Yes,  
I think so

No,  
I don't think so

No,  
definitely not

- 3) Did your YOS Officer explain things to you clearly and in a way you could understand?

Yes,  
definitely

Yes,  
I think so

No,  
I don't think so

No,  
definitely not

- 4) Do you feel that your Parenting Officer is supported you to look at ways you can help your child to change their behaviour?

Yes,  
definitely

Yes,  
I think so

No,  
I don't think so

No,  
definitely not

- 5) Are you satisfied with the amount of support you received from your Parenting Officer?

Yes,  
definitely

Yes,  
I think so

No,  
I don't think so

No,  
definitely not

- 6) Do you feel you are developing a positive working relationship with your Parenting Officer?

Yes,  
definitely

Yes,  
I think so

No,  
I don't think so

No,  
definitely not

<b>Family Worker Name</b>	
<b>Parent Name</b>	



## HAVE YOUR SAY! PARENT / CARER FEEDBACK

To help us provide the best service possible, please answer few questions below.

**1. What did you expect to get from working with a Family Worker (FW)**  
.....

Did you get it?    YES                       NO

**2. On a scale of 1 to 6 please rate your Family Worker and circle one number for each question.**

*1 = not at all 6 = very well*

How well did your FW listen to you?	1	2	3	4	5	6
How well did your FW understand your concerns?	1	2	3	4	5	6
How satisfied are you with the work of your FW?	1	2	3	4	5	6
How easy was it for you to get the support you needed?	1	2	3	4	5	6
Any Comments?.....						

**3. What impact did the Family Worker have on your family?**  
*Please indicate by ticking all the appropriate.*

<input type="checkbox"/> My child's behaviour has improved	<input type="checkbox"/> I am more able to set boundaries
<input type="checkbox"/> My child is more ready for learning	<input type="checkbox"/> My family finances are more stable
<input type="checkbox"/> My child seems happier at home/school	<input type="checkbox"/> My family relationships improved
<input type="checkbox"/> I am more confident in my parenting	<input type="checkbox"/> My life at home is happier

Would you like to add anything? .....

**4. Would you recommend a Family Worker to a friend ?** YES                       NO

Is there any other support which your family could benefit from?  
.....

Thank you for taking the time to share your opinion with us.

<b>Your name</b>	
<b>Support received</b>	
<b>Date</b>	



## FIP FEEDBACK REVIEW (PARENTS/CARERS)

To help us measure how things are going so far, please answer a few questions below.

**Please rate the support you are receiving on a scale of 1 to 4.**

**Please circle only one number for each question.**

**1 = Not at all      2 = a little      3 = to some extent      4 = a lot**

Does your FIP Worker listen to you?	1	2	3
	4		
Does your FIP Worker understand your concerns?	1	2	3
	4		
Have you found your FIP Worker helpful?	1	2	3
	4		
Have there been any positive changes so far?	1	2	3
	4		

What were they?

Is the support you are receiving what you expected? Yes/No

**Is there anything you are unhappy about with the support you are receiving?**

**Is there anything else you want to tell us about?**

Thank you for taking the time to share your opinion with us.

<b>Your name</b>	
<b>Your age</b>	
<b>Support received</b>	
<b>Date</b>	



## FIP FEEDBACK REVIEW (CHILDREN AND YOUNG PEOPLE)

To help us measure how things are going so far, please answer a few questions below.

**Please rate the support you are receiving on a scale of 1 to 4.**

**Please circle only one number for each question.**

**1 = Not at all      2 = a little      3 = to some extent      4 = a lot**

Does your FIP Worker listen to you?	1	2	3	4
Does your FIP Worker understand your concerns?	1	2	3	4
Have you found your FIP Worker helpful?	1	2	3	4
Have there been any positive changes so far?	1	2	3	4
What were they?				

**Is there anything you are unhappy about with the support you are receiving?**

**Is there anything else you want to tell us about?**

Thank you for taking the time to share your opinion with us.