**FAMILIES FIRST ASSESSMENT – PART 4 FAMILY FEEDBACK**

**Child / young person's comments (on the assessment and support provided)**

**Name of child / young person**

***The support offered worked well for me and my family***

**Strongly agree Agree Not sure Disagree Strongly disagree**

***Things have improved and are going well for me and my family***

**Strongly agree Agree Not sure Disagree Strongly disagree**

***I am more confident to change things that will make things better***

**Strongly agree Agree Not sure Disagree Strongly disagree**

***The help I received was the right help to improve things***

**Strongly agree Agree Not sure Disagree Strongly disagree**

***I know where to go get the right help and support if I should need it in the future***

**Strongly agree Agree Not sure Disagree Strongly disagree**

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| --- | --- |
|  | **Comments** |
| **What did you like about the help you received?** |  |
| **Are there any changes that you would make to the service you received?** |  |

**Parent / carer comments (on the assessment and support provided)**

**Name of parent / carer**

***The Families First Assessment helped me understand what was working well for me and my family***

**Strongly agree Agree Not sure Disagree Strongly disagree**

***The support offered worked well for me and my family***

**Strongly agree Agree Not sure Disagree Strongly disagree**

***Things have improved and are going well for me and my family***

**Strongly agree Agree Not sure Disagree Strongly disagree**

***I am more confident in my confident in my ability to change things that will make things better for me and my family***

**Strongly agree Agree Not sure Disagree Strongly disagree**

***The services involved were the right ones to improve things for me and my family***

**Strongly agree Agree Not sure Disagree Strongly disagree**

***I know where to go get the right help and support if I should need it in the future***

**Strongly agree Agree Not sure Disagree Strongly disagree**

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| --- | --- |
|  | **Comments** |
| **What did you like about the help you received?** |  |
| **Are there any changes that you would make to the service you received?** |  |