



MY EXPERIENCE OF SOCIAL WORK



SHARE YOUR STORY, SHAPE OUR SERVICE

WHAT IS 10,000 MORE VOICES?

The 10,000 Voices Initiative is focused on gathering stories from people who receive services in health and social care and staff who deliver these so that we can make timely improvements to the delivery of care.

We invite you to share your story/your experience as a relative or close friend of someone who has been involved with a social worker, across all settings and all programmes of care.

This is an [anonymous](#) survey and you are asked not to share the names of family members, care givers or staff. You can write as little or as much as you wish. We are interested in hearing about your experience.

Please note that by taking part in this survey you are consenting to your anonymous information being used for research; in the development of reports; staff education and training, and for other purposes within the Health and Social Care organisations.

Please be advised that by filling in this form you are acknowledging your consent to your anonymous information being used for the purposes outlined above.



STEP 1: YOUR STORY

1. Tick which of the following best describes you - you may tick all that apply:

- I have had a social worker in my life.
- I am the carer/family member of someone who has a social worker.
- I am the friend of someone who has a social worker.

2. Imagine you were meeting someone who was about to have a social worker for the first time. Based on your experience of social work, what would you tell others to expect? Your experience may be good or bad. You may have had experience of more than one social worker, if so please try to base what you say on your overall experience (or the experience that meant the most to you). It can relate to any aspect of social work service you have received - as long as it is real in the last 10 years. **Please do not use the name of any people or places.**

3. Give your story a title/headline

4. Three words or phrases that best describe your experience of social work:

1 _____

2 _____

3 _____

STEP 2: YOUR REFLECTIONS

The following section helps you think further about your experience. The following examples show how to answer these questions.

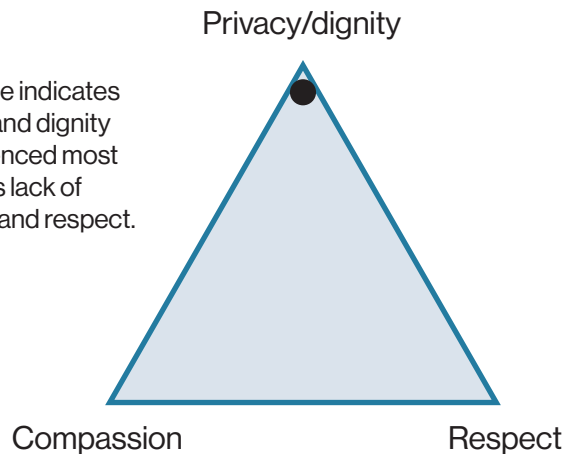
For each triangle, mark with a dot • the answer which best reflects your experience.

As shown in the example here you can choose one specific corner, between 2 corners or in the middle if all three answers apply.

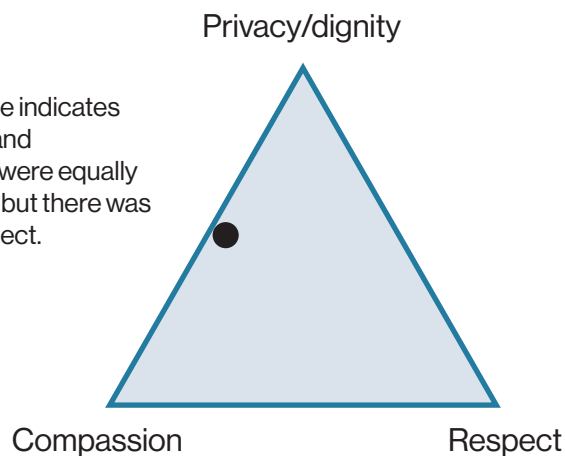
If no responses apply to your experience please tick the box "This was not part of my experience"

Example: In my story I experienced..

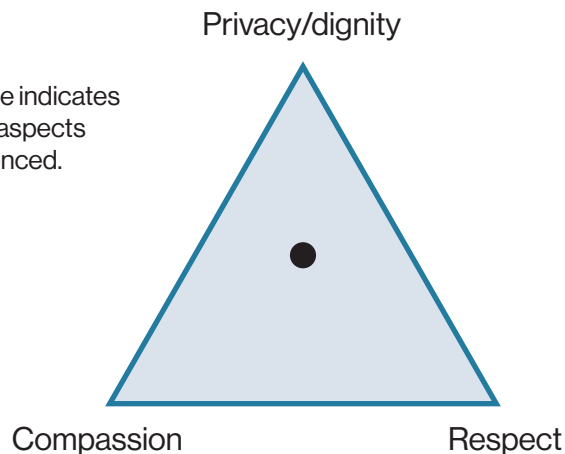
This response indicates that privacy and dignity were experienced most but there was lack of compassion and respect.



This response indicates that privacy and compassion were equally experienced but there was a lack of respect.

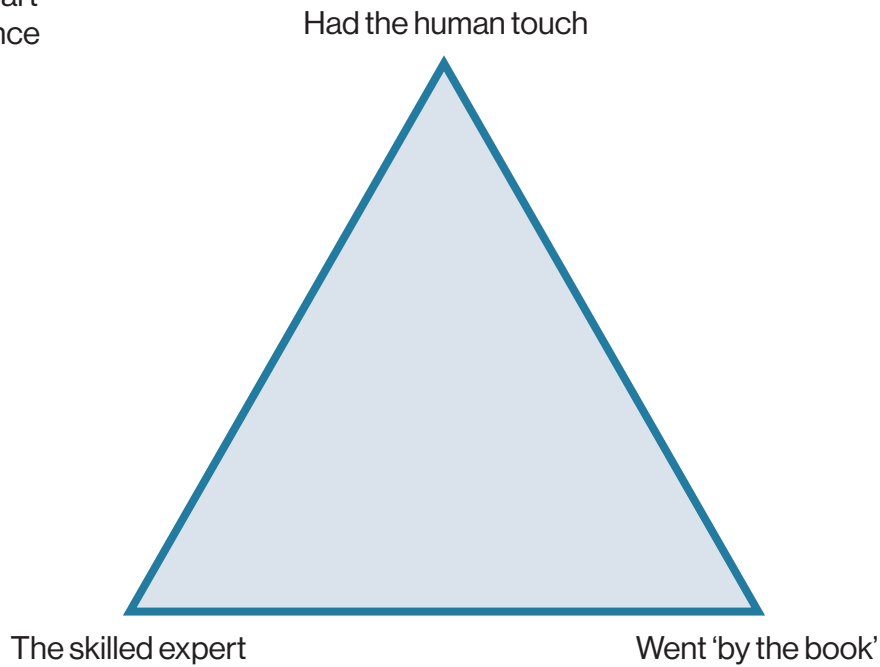


This response indicates that all three aspects were experienced.



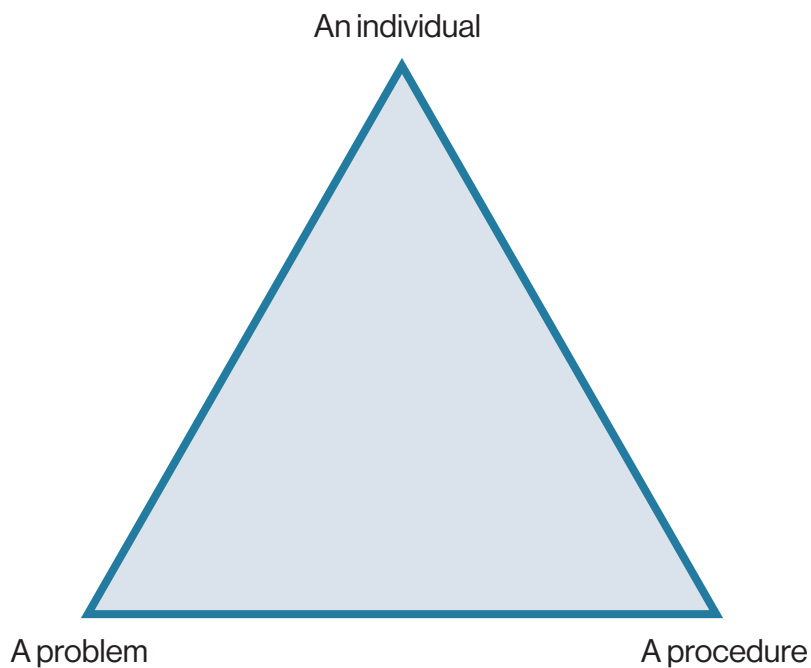
Statement 1a: In this experience the social worker's approach is best described as being:

This was not part of my experience



Statement 1b: In this experience the social worker treated me as:

This was not part of my experience



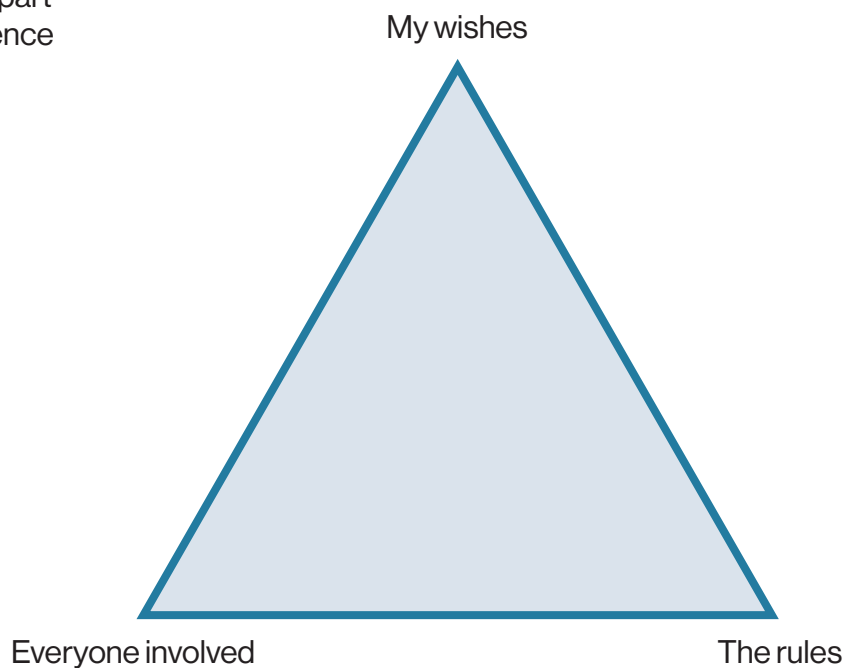
Statement 2: In this experience the social worker helped me to:

This was not part of my experience



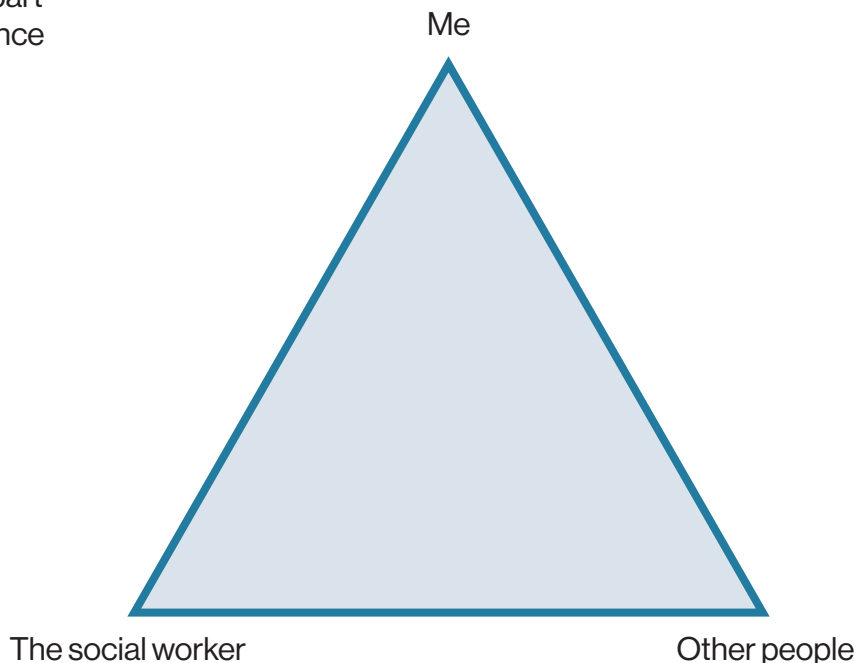
Statement 3a: In this experience decisions were influenced most by:

This was not part of my experience



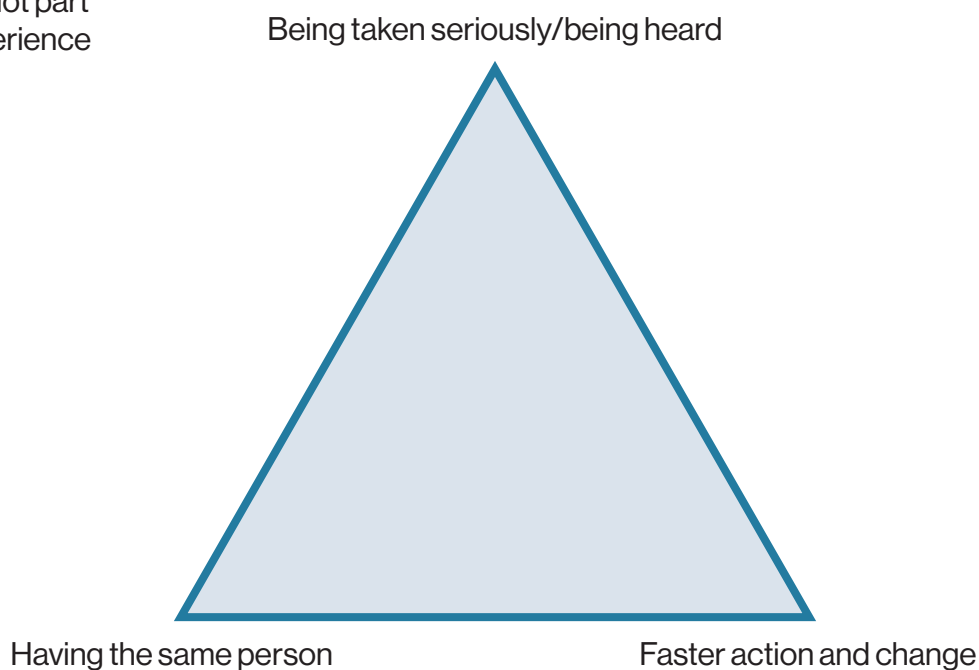
Statement 3b: In this experience, who was in the driving seat:

This was not part of my experience



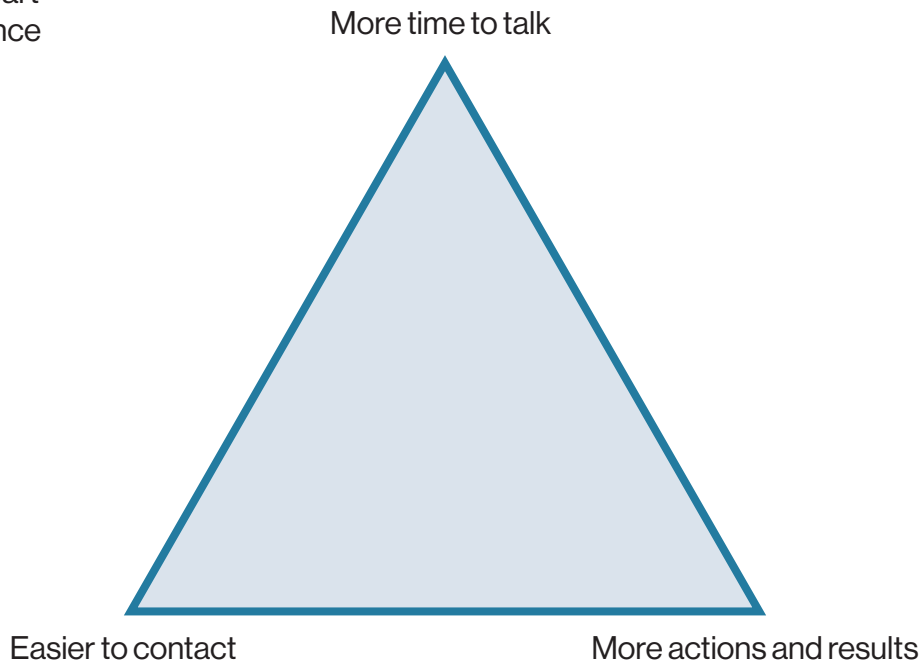
Statement 4a: Looking back, what would have improved your experience of the social worker:

This was not part of my experience



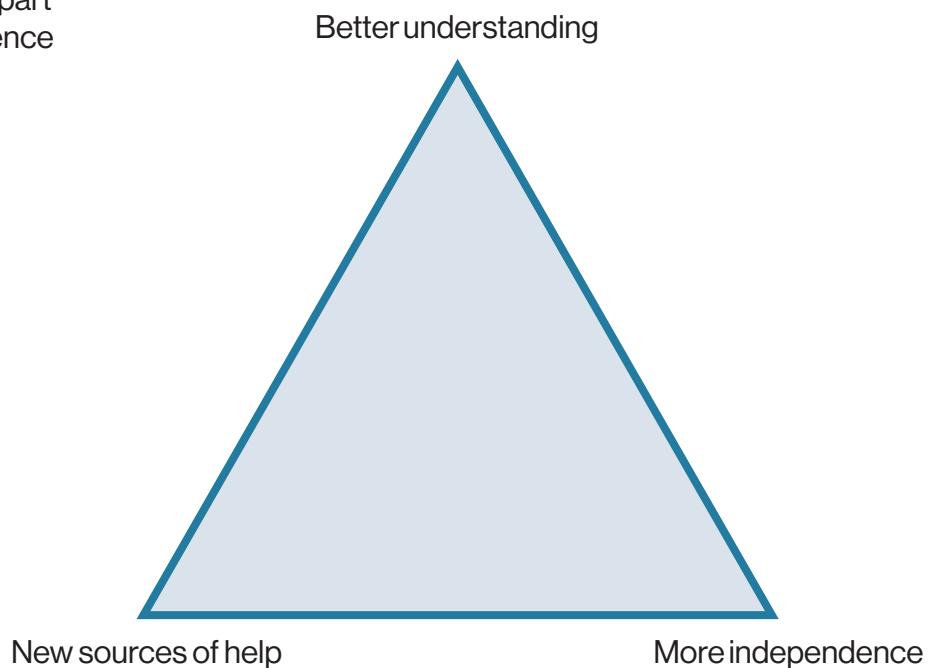
Statement 4b: Looking back, what would have improved your experience of the social worker:

This was not part of my experience



Statement 5: In my experience I gained:

This was not part of my experience



STEP 3: FURTHER THINKING

The following scales are used to answer the next statement. Each scale contains two extreme answers. You should place your dot • on the scale to reflect your answer as demonstrated in the example question.

Example

Quality of care: In my experience the care I receive is...

This answer reflects a poor standard of care

This answer indicates the care is of a middle standard

This answer reflects a high standard of care



There are no standards

The highest standard

Statement 6: As a result of my overall experience with the social worker, I feel:



Completely vulnerable and anxious

Completely safe and secure

Statement 7: As a result of my overall experience with the social worker, relationships in my life are more:



Broken and conflicted

Positive and supportive

Statement 8: As a result of my overall experience with the social worker, control over my life is:



Completely determined by others

Completely in my hands

Statement 9: As a result of my overall experience with the social worker, my life has:



No purpose or hope

Meaning and fulfillment

STEP 4: WE WANT TO DO MORE

1. What was the most important part of your experience with the social worker?

2. The service I have reflected on could be improved by...

3. Overall how would you rate your experience?

- Strongly positive
- Positive
- Neutral
- Negative
- Strongly negative
- Not sure

4. Was your experience before COVID-19 Pandemic?

- Yes, my experience was before March 2020
- No, my experience was after March 2020

5. Which Trust does your experience relate to?

- Belfast Health and Social Care Trust (BHSCT):** Greater Belfast Area
- Northern Health and Social Care Trust (NHSCT):** Coleraine, Ballymena, Antrim, Carrickfergus, Magherafelt, Cookstown
- South Eastern Health and Social Care Trust (SEHSCT):** Dundonald, Newtownards, Bangor, Ards Peninsula, Lisburn, Ballynahinch, Downe, Newcastle
- Southern Health and Social Care Trust (SHSCT):** Dungannon, Armagh, Newry, Craigavon, Banbridge
- Western Health and Social Care Trust (WHSCT):** Enniskillen, Omagh, Strabane, Londonderry, Limavady
- Other** (please state) _____

6. Social work service/programme of care that your experience relates to is...

Children's

- Child protection
- Children's CAMHS/Autism services
- Gateway
- Services for children with disability
- Adoption and fostering
- Residential children/young people
- Out of hours/Emergency Social Work service
- Hospital Social Work
- Primary Care (GP Practice)
- Family support
- Other (please specify) _____

Adult's

- Adult safeguarding
- Adult mental health
- Older person's services
- Older people's residential
- Adult's with disability
- Adult's with learning disability
- Out of hours/Emergency Social Work service
- Hospital Social Work
- Primary Care (GP Practice)

STEP 5: YOUR DEMOGRAPHICS

All responses will be treated within the principles of confidentiality and anonymity. Use of monitoring information will involve statistical summaries only. No information which could be used to identify you will be made available in any way. All responses are processed in line with our strict and robust data protection obligations.

The questions below relate to the patient in the story.

1. Age

- 0-18 19-29 30-39 40-49 50-59 60-69
 70-79 80-89 90+ No comment

2. Gender

- Male Female Transgender No comment

3. Ethnic Group

- White Chinese Irish Traveller Indian Pakistani
 Bangladeshi Black Caribbean Black African Black Other
 Mixed Ethnic Group Any other Ethnic Group _____

4. Country of Birth

- Northern Ireland England Wales Scotland Republic of Ireland
 Other (specify name of country) _____

5. Sexual Orientation

- Heterosexual Gay Lesbian Bi-sexual
 Other (please specify) _____

In accordance with the Disability Discrimination Act 1995, a disability is defined as a physical or mental impairment which has a substantial and long-term effect on a person's ability to carry out normal day-to-day activities.

The questions below relate to the patient in the story.

Under this definition, do you consider yourself as having a disability?

Yes No Prefer not to say

If yes, please indicate which type of impairment(s) applies

- Physical Impairment, such as difficulty using arms or mobility requiring a wheelchair or crutches
- Sensory Impairment, such as blind/visual impairment or deaf/hearing impairment
- Mental health condition, such as depression or schizophrenia
- Learning disability, such as Down's Syndrome, Dyslexia or Cognitive Impairment
- Long standing illness (please specify) _____
- Other (please specify) _____
- Prefer not to say

Thank you for taking the time to complete this survey, we really appreciate it.

If you need assistance completing the survey you can contact the
10,000 More Voices Regional Office:

Telephone: 02895362868 (Monday - Friday 09:00 - 17:00)

Email: 10000morevoices@hscni.net

If you are completing a paper copy, please return in the free-post
envelope attached or return to the address below:

Public Health Agency
Nursing, Safety, Quality & Patient Experience
County Hall
182 Galgorm Road
Ballymena
BT42 1QB

10,000 More Voices Initiative is managed by-
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