



# 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**

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

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

## STEP 2: YOUR REFLECTIONS

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

- Had the human touch
- The skilled expert
- Went 'by the book'
- This was not part of my experience

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

- An individual
- A problem
- A procedure
- This was not part of my experience

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

- See my strengths
- Understand my situation
- To take control
- This was not part of my experience

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

- My wishes
- Everyone involved
- The rules
- This was not part of my experience

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

- Me
- The social worker
- Other people
- This was not part of my experience

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

- Being taken seriously/being heard
- Having the same person
- Faster action and change
- This was not part of my experience

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

- More time to talk
- Easier to contact
- More actions and results
- This was not part of my experience

**Statement 5: In my experience I gained:**

- Better understanding
- New sources of help
- More independence
- 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. Please tick one circle on each scale per statement to describe how you feel.

## Example

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

**There are no standards**



**The highest standard**

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





**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 this 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](mailto:10000morevoices@hscni.net)

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

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