

Exit Interview Survey

Introduction

This is not a questionnaire for young adults to fill in themselves without help. It is structured in an interview format to help the young adult participate fully in the process, give honest and straightforward answers and highlight any unresolved issues. However, should a young adult wish to fill in the form independently they can make this choice.

The planned outcome of the interview will be that the young adult will feel listened to, valued and respected. The service can use the feedback to improve services in the future.

This interview should take place six months prior to the young adults 21st or 24th Birthday (if in education).

How this information is to be used

This is a piece of action research and will be used to improve services for looked after children and people leaving care in the future.

It is important that the information generated from this research is collated at a central point and is used to outline current services, plan new initiatives

Interview

This interview is your chance to say what you think of the service you have received since you have received services from the Leaving Care Team.

What you tell us will be used to make services better for other children and young people in care and Leaving Care. There are no right or wrong answers. We hope that you will be as honest as possible.

About you....

Name (optional)

Date of Birth (dd/mm/yyyy)

Age

Gender

Male

Female

Trans Gender

Prefer not to answer

Please select your ethnicity

White English / Welsh /
Scottish / Northern Irish /
British

White Irish

White East / Central
European

White Other

Mixed White / Black
Caribbean

Mixed White / Black
African

Mixed White / Asian

Mixed Other

Asian or Asian British
Indian

Asian or Asian British
Pakistani

Asian or Asian British
Bangladeshi

Asian or Asian British
Kashmiri

Asian or Asian British
Other

Black or Black British
Caribbean

Black or Black British
African

Black or Black British
Other

Chinese

Roma

Arab

Gypsy /Traveller

Don't Know

Prefer not to say

Other

Do you have a disability

No

Yes

If Yes, please give details of your disability

How old were you when you moved into Independence / Leaving Care Service?

- 16 years old
- 17 years old
- 18 years old
- 19 years old
- 20 years old
- Can't remember

Are you a parent

- Yes
- No

If Yes, Number of children

What are your Hobbies (any sports, hobbies or leisure activities you are involved. Discuss with CRW if you need more help with this)

Are there any hobbies you would like to be involved in?

Name of Worker

Accommodation information....

Where are you living at the moment

- | | |
|---|---|
| <input type="radio"/> B&B | <input type="radio"/> Prison |
| <input type="radio"/> Own Tenancy | <input type="radio"/> Temporary Housing |
| <input type="radio"/> Supported Housing | <input type="radio"/> Homeless |
| <input type="radio"/> With Family | <input type="radio"/> University Halls |
| <input type="radio"/> With Friends | <input type="radio"/> Other |

If Other, please specify

On a scale of 1 to 10, how did your placement help you to move into independence (1 being poor - 10 being excellent)

- | | |
|-------------------------|--------------------------|
| <input type="radio"/> 1 | <input type="radio"/> 6 |
| <input type="radio"/> 2 | <input type="radio"/> 7 |
| <input type="radio"/> 3 | <input type="radio"/> 8 |
| <input type="radio"/> 4 | <input type="radio"/> 9 |
| <input type="radio"/> 5 | <input type="radio"/> 10 |

What types of accommodation have you had since becoming independent? (Please tick all that apply)

- | | |
|--|--|
| <input type="checkbox"/> B&B | <input type="checkbox"/> Prison |
| <input type="checkbox"/> Own Tenancy | <input type="checkbox"/> Temporary Housing |
| <input type="checkbox"/> Supported Housing | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> With Family | <input type="checkbox"/> University Halls |
| <input type="checkbox"/> With Friends | <input type="checkbox"/> Other |

If Other, please specify

In your opinion, what is the best accommodation you have lived in and why?

- | | |
|---|---|
| <input type="radio"/> B&B | <input type="radio"/> Prison |
| <input type="radio"/> Own Tenancy | <input type="radio"/> Temporary Housing |
| <input type="radio"/> Supported Housing | <input type="radio"/> Homeless |
| <input type="radio"/> With Family | <input type="radio"/> University Halls |
| <input type="radio"/> With Friends | <input type="radio"/> Other |

If Other, please specify

Please explain why you think this is the best accommodation.

In your opinion, what is the worst accommodation you have lived in and why?

- | | |
|---|---|
| <input type="radio"/> B&B | <input type="radio"/> Prison |
| <input type="radio"/> Own Tenancy | <input type="radio"/> Temporary Housing |
| <input type="radio"/> Supported Housing | <input type="radio"/> Homeless |
| <input type="radio"/> With Family | <input type="radio"/> University Halls |
| <input type="radio"/> With Friends | <input type="radio"/> Other |

If Other, please specify

Please explain why you think this is the worst accommodation.

On a scale of 1 to 10, how did workers help you to do budgeting around rent, bills, taxes etc? (1 being poor - 10 being excellent)

- 1
- 2
- 3
- 4
- 5

- 6
- 7
- 8
- 9
- 10

What are you doing now - Education, Employment and Training....

Are you in..

- Full Time Employment
- Part Time Employment

- Unemployed
- Other

If Other, please specify

Education

- Further Education
- Higher Education
- Training
- Voluntary Work

- Vocational Qualifications (NVQ)
- Apprenticeships
- Other

If Other, please specify

Which type of education / training did you feel you gained the most support from? (please select one)

- LEAP
- College
- University
- Princes Trust
- Apprenticeship
- Other

If Other, please give details

Do you understand what a Pathway Plan is?

- Yes
- No

Has your worker discussed the provision of a post 21 Service with you?

- Yes
- No

If Yes, please explain what has been agreed under your Pathway Plan

Do you have any qualifications / achievements?

What are your plans for the future (Discuss this with your worker if you need more help with this)

Do you have any concerns about your future?

- Yes
- No

If Yes, please tell us what they are

Health....

Are you registered with.

- GP
- Dentist
- Optician

Do you feel able to make appointments for yourself?

- Yes
- No

Did you meet the Leaving Care Nurses?

- Yes
- No

If No, why not?

Support Networks....

Who are you in contact with?

- | | |
|--|---|
| <input type="checkbox"/> Siblings | <input type="checkbox"/> CRW/ Social Worker |
| <input type="checkbox"/> Parents | <input type="checkbox"/> Friends |
| <input type="checkbox"/> Extended Family | <input type="checkbox"/> Other |

If Other, please specify

Are you in contact with any other professional services?

- | | |
|---|---|
| <input type="checkbox"/> Mental Health Services | <input type="checkbox"/> Child Services |
| <input type="checkbox"/> Drugs Services | <input type="checkbox"/> Other |
| <input type="checkbox"/> Adult Services | |

If Other, please specify

Do you feel you were supported whilst in care?

- Yes
 No

If Yes, who gave you the most support whilst in care? (please select one)

- | | |
|---|--|
| <input type="radio"/> Siblings | <input type="radio"/> Mental Health Services |
| <input type="radio"/> Parents | <input type="radio"/> Drug Services |
| <input type="radio"/> Extended Family | <input type="radio"/> Adult Services |
| <input type="radio"/> CRW / Social Worker | <input type="radio"/> Child Services |
| <input type="radio"/> Friends | <input type="radio"/> Other |
| <input type="radio"/> Carers | |

If Other, please give details

Emotional Well Being....

Overall how have you felt in the last 6 months? (please select one)

- Very Happy
- Happy
- Combination of happy/unhappy
- Unhappy
- Very Unhappy
- Scared / Worried anxious
- Angry
- Other

If Other, please give details

How do you feel you cope in a crisis?

- Very Good
- Good
- Can't cope
- Know who to ring for help
- N/A

Have you experienced a recent crisis?

- Yes
- No

If Yes, what was the crisis and how did you deal with it

Can you give us a bit of feedback on the Leaving Care Service....

Have you had a Volunteer whilst you have been with Leaving Care Service?

- Yes
- No

If Yes, how would you rate this involvement (1 being poor - 10 being excellent)

- | | |
|-------------------------|--------------------------|
| <input type="radio"/> 1 | <input type="radio"/> 6 |
| <input type="radio"/> 2 | <input type="radio"/> 7 |
| <input type="radio"/> 3 | <input type="radio"/> 8 |
| <input type="radio"/> 4 | <input type="radio"/> 9 |
| <input type="radio"/> 5 | <input type="radio"/> 10 |

Would you recommend having a volunteer to others?

- Yes
- No

Did you use Viewpoint when you were aged 16, 17 and 18?

- Yes
- No

If Yes, how would you rate Viewpoint (1 being poor - 10 being excellent)

- | | |
|-------------------------|--------------------------|
| <input type="radio"/> 1 | <input type="radio"/> 6 |
| <input type="radio"/> 2 | <input type="radio"/> 7 |
| <input type="radio"/> 3 | <input type="radio"/> 8 |
| <input type="radio"/> 4 | <input type="radio"/> 9 |
| <input type="radio"/> 5 | <input type="radio"/> 10 |

Tell us about your experiences in working with the Leaving Care team e.g. type of support, information about service, workers etc

Did your worker inform you about the Children in care Council?

- Yes
- No

Did you ever take part in the Children in care Council?

- Yes
- No

Were you given the opportunity to get involved in the development of any of these services?

- Smooth It out Group
- Cook and Eat Group
- Fitness Group
- LEAP
- Other

Please give details for your answer

How would you rate the service you have received from Leaving Care? (1 being poor - 10 being excellent)

- | | |
|-------------------------|--------------------------|
| <input type="radio"/> 1 | <input type="radio"/> 6 |
| <input type="radio"/> 2 | <input type="radio"/> 7 |
| <input type="radio"/> 3 | <input type="radio"/> 8 |
| <input type="radio"/> 4 | <input type="radio"/> 9 |
| <input type="radio"/> 5 | <input type="radio"/> 10 |

Is there anything you would change about the Leaving Care Service you received?

- Yes
- No

If Yes, please specify what you would change

How do you feel about your case being closed?

Would you still want support from Leaving Care after your case is closed?

- Yes
- No

Do you have any other comments?

Last few questions....

Did you feel comfortable during the interview?

- Yes
- No

Please state the reasons for not feeling comfortable

Did it give you the chance to say what you think?

- Yes
- No

Please give your reasons.

Did you think the questions were the right ones?

- Yes
- No

If No, how would you change the questions?

Is there anything you would change about the interview?

- Yes
- No

If Yes, what would you change (Who, where, what would make it better)?

Signed (optional)

Date survey completed

Thank you for your taking the time to complete this survey, we value your opinions and we wish you all the best for the future.