**Her Centre Feedback form for IDVA team DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_initials\_\_\_\_\_\_\_**

Hello, my name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I am calling you on behalf of the Her Centre in Greenwich. Is this\_\_\_\_\_\_\_\_\_\_\_\_? We are currently carrying out a survey with women that have used our services in the last 6 month. I was wondering whether you had time to answer a few questions about the service you received; it will take no longer than 10 mins.

**No** 🡪 Is there another time that is more convenient for you can call back:

**Yes**, date \_\_\_\_\_\_\_time \_\_\_\_\_\_

 - I will look forward to speaking to you soon.

**No -** would you like us to send you the survey via post or email?

**No -** Thank you for your time

**Yes** 🡪 Thank you for agreeing to answer a few questions.

I am calling you to find out your opinions of the service that the Her Centre gave you. This information will help the HER Centre ensure that all women receive a good quality of service.

Although we know your name we won’t use your name in any of our reports. This will be anonymous unless you want us to know it’s from you. In **no** way will your answers affect any current or future service that you may need from her centre.

**Are you happy to proceed?**

No Yes

**How would you say your experience has been on a scale of 1 – 5? (1 Poor and 5 Excellent)** You should have had contact in 2 days.

|  |  |
| --- | --- |
| Topic | Circle |
| How long did you have to wait for an appointment?  | Waited too long Immediately  1 2 3 4 5  |
| If too long, how long did you wait? |  |
| Were the staff professional and approachable throughout? | Unapproachable Very Friendly1 2 3 4 5  |
| If unapproachable what would have made you feel more welcome? |  |
| Did staff answer your questions? | No Nearly all Yes |
| If no, what wasn’t answered? |  |
| Did the staff offer relevant advice? | Not Relevant Very Relevant1 2 3 4 5  |
| If no, what advice would have helped? |  |
| How would you rate the location of your meeting?  | Not appropriate Very comfortable1 2 3 4 5 |
| If 3 or lower, what was wrong with the location of your meeting? |  |
| What would make it better? |  |
| How would you rate the communication between you and the HER Centre? | Poor Very effective1 2 3 4 5 |
| If poor, what made it poor and what would have made it better? |  |
| Overall, how would you rate your experience? | Poor Excellent1 2 3 4 5  |
| Comments |  |

|  |
| --- |
| Is there a member of staff you would like to say improved your life?  |
|  |
| Is there else anyone that you felt was unhelpful or inattentive? Remember this is confidential and optional. |
|  |
| Where you given enough time to explain yourself? | Yes Partly No |
| Overall, how would you rate your experience? | Poor Excellent1 2 3 4 5  |
| Comments |  |
| How could Her Centre improve their service? |  |
| If you were unhappy with the service, did you know how to complain? If not, do you wish to make a formal complaint now? If so, can we send you forms? |  |

**REFERRALS TO OTHER AGENCIES**

**I would now like to ask you some questions about the service that the HER Centre referred you to. This is essential to ensure that women are receiving the best possible service.**

|  |
| --- |
| Where were you referred? |
| Were you happy with the service from them? |

**POLICE FEEDBACK**

|  |  |
| --- | --- |
| Were you satisfied with the police initial response? | Yes No |
| If not, why? | Yes No |
| Were you satisfied with the investigation team (CSU)?  |  |
| If not, why? |  |
| How could the police improve engagement? |  |

**How you are now?**

|  |  |
| --- | --- |
| Do you feel safe from harm now? | Yes No |
| Do you feel you can keep yourself safe in future? | Yes No |
| If not why do you feel unsafe? |  |
| How can Her Centre support you to feel safe? |  |
| Do you feel you would benefit from any counselling around what happened to you? | Yes No |
| If so, do you want our counsellor to contact you? | Yes No |
| Do you want to make a formal complaint or raise any issue as a named person with our director? | Yes No |
| If so please say what and how best to be contacted |  |

And finally, would you like to go on our email mailing list? If so, please give me your email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for taking the time to complete our service survey.