



What do you think of us?

Service user experience survey

name of your service:

What do you think about the support we have provided? Your views are important to us. Please fill in this survey and tell us what we're doing well and what we could improve.

You can fill in the survey yourself or ask a member of staff how you can be supported to do so.

Your answers are anonymous, but on the next page we ask you to give us some general information about yourself so that we know whether we have heard from a range of different people.

Any comments are very welcome and may be used in anonymised form for service improvement, reporting, marketing, or promotional purposes

1. Are you currently using a Rethink service or have used one within the last six months?

Yes, I am currently a service user	Yes, I have used a Rethink service in the last 6 months	No	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How long have you been using the service? *If finished using the service, please indicate how long you accessed it in total

Less than one month	<input type="checkbox"/>	Between one and three years	<input type="checkbox"/>
Between one month and six months	<input type="checkbox"/>	Between three and five years	<input type="checkbox"/>
Between six months and a year	<input type="checkbox"/>	More than five years	<input type="checkbox"/>

3. What services do/did you use?

Befriending	<input type="checkbox"/>
1-2-1 support	<input type="checkbox"/>
Community groups and activities	<input type="checkbox"/>
Peer Navigation/ Peer support/ Peer mentoring	<input type="checkbox"/>
Substance Misuse	<input type="checkbox"/>
Workshops	<input type="checkbox"/>
Young Adults Peer Navigation	<input type="checkbox"/>

4. What do/did you want to achieve while using the community service? Please tick all that apply

Improving mental health	<input type="checkbox"/>
Access to benefits	<input type="checkbox"/>
Signposting to debt advice	<input type="checkbox"/>
Improving general wellbeing	<input type="checkbox"/>
Improving my social life	<input type="checkbox"/>
Looking to speak to people in a similar position to me (peer support)	<input type="checkbox"/>
Getting into work/volunteering	<input type="checkbox"/>
Working on and/or improving relationships	<input type="checkbox"/>
Working on identity and self-esteem	<input type="checkbox"/>
More hopeful for the future	<input type="checkbox"/>

Feeling more part of my local community

Being able to access community facilities / other services

5. Are you working towards or achieved any of the goals you set out?

Definitely -
I'm currently
on track/have
achieved
everything
I've set myself

**In some
way -I've**
achieved
some of the
things I set
out to do,
and feel
positive

Not sure -
too early to
tell or not
sure what
goals I set
at the
beginning

Not really -
I've not
achieved
what I
wanted ,
and feel
negative





Not at all -
haven't
completed
any goals/
the service
didn't help
me achieve
anything I
wanted

N/A

6. If you did set a goal, could you please go into more detail about your answer above around goal setting and what you've achieved/ haven't achieved and why

7. About the support you have received - Community support services

To what extent do you agree with the following statements about your community support service and your wellbeing?

	Completely agree 	Agree 	Neither agree nor disagree 	Disagree 	Completely disagree 	N/A
The service was accessible to me (for instance, I could travel to the service or staff came and met me where I felt comfortable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am less socially isolated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The service has had a positive impact on my mental health and wellbeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have been supported to understand and learn more about my mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The service has had a positive impact on my confidence and self esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


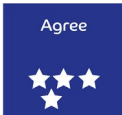

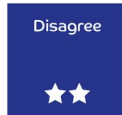

8. What difference has the communitrt service made to you so far? Think about, for example, your facilities or the support you receive from staff and expanding on your answers above

“I” statements, quality of life and recommendations of the service

9. “I” statements – a series of questions about different aspects of your life

	 Completely agree	 Agree	 Neither agree nor disagree	 Disagree	 Completely disagree	N/A
I have a place I can call home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have social connections that are meaningful to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have opportunities in my life to develop the way I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have enough money to meet my needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am able to look after my physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have access to the right support when I need it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am able to manage my mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have fulfilling personal relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel valued	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enjoy how I spend my time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel accepted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. To what extent do you agree the support you have received improved your quality of life?

 Completely agree	 Agree	 Neither agree nor disagree	 Disagree	 Completely disagree	N/A
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11. Would you recommend this service to another service user?

Yes

No

Don't know

N/A

12. Overall, how would you rate the support you have received from this service?

Very poor

Poor

Average

Good

Excellent

N/A

Tell us how we could improve our services

We are always looking for ways to improve our support to service users, what could we be doing differently to improve the way we support service users?

In your experience, what support would make the biggest difference to a service user in a similar position to you?

Any other comments?

Is there anything else that you would like to add to help us understand your responses?

Questions about you

How old are you?

12 or under

13-17

18-24

25-34

35-44

45-54

55-64

65-74

75-84

85-94

95 or over

What is your gender?

Female

Male

Gender fluid

Non-binary

Prefer not to say

Is your gender identity the same as the sex you were assigned at birth?

Is your gender identity the same as the sex you were assigned at birth?

Yes

No

Prefer not to say

Which of the following best describes your sexual orientation?

Bisexual

Gay/ Lesbian

Heterosexual (straight)

Prefer not to say

Other

My ethnic background

WHITE

English/ Welsh/ Scottish/ Northern Irish/ British

Irish

Gypsy or Irish Traveller

Any other White background, write in

MIXED/

MULTIPLE ETHNIC GROUPS

White and Black Caribbean

White and Black African

White and Asian

Any other mixed/ multiple ethnic background, write in

ASIAN or ASIAN BRITISH

Indian

Pakistani

Bangladeshi

Chinese

Any other Asian background, write in

BLACK/ AFRICAN/ CARIBBEAN or BLACK BRITISH

African

Caribbean

Any other Black background, write in

OTHER ETHNIC GROUP

Arab

Any other ethnic group, write in

PREFER NOT TO SAY

Today's date:

Many thanks for filling in this survey