

# FAMILY WORKER SURVEY



Project name Fairfield Familyworker

Service Specification ID 1-228848670

Families NSW is a key NSW Government strategy to support the health and wellbeing of children up to 8 years and their families. You are being asked to complete this survey because you have received a service from a Families NSW family worker.

Families NSW wants to find out about your experience with this service and how it helped you and your family. Your answers are completely confidential. Your name will not be recorded. The information you give will be used to improve the service.

Please answer each question by ticking the box that best describes your opinion. Place your completed survey form in the envelope provided or the sealed box and return it to your family worker. If you need help filling out the survey please ask your worker for assistance.

Thank you on behalf of Families NSW.

## Thinking about the service you attended, how much do you agree with the following statements?

Please state how much you agree or disagree with each of the statements below

	Agree	Mostly agree	Mostly disagree	Disagree	Not an issue for my family
<b>Since attending this service have you observed a positive change in the following areas:</b>					
1. my child/children and I are getting on better	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input checked="" type="checkbox"/> <sub>5</sub>
2. I have found out about services to help me or my child/children	<input checked="" type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
3. I have started using another service to help me or my child/children	<input checked="" type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
4. I am more likely to share feelings or seek advice on dealing with problems	<input checked="" type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
5. I am happy with the service I received for myself or my family	<input checked="" type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
6. I would recommend this service to a friend	<input checked="" type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

### About you

Are you of Aboriginal or Torres Strait Islander origin? <sub>1</sub> No <sub>2</sub> Yes

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Do you speak a language other than English at home? <sub>1</sub> No <sub>2</sub> Yes Which language? Khmer/Chinese

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How long have you been in this service? <sub>1</sub> Less than 1 month <sub>2</sub> 1-3 months <sub>3</sub> 4-6 months <sub>4</sub> Over 6 months

If you have further comments about this service, please write them down here:

No Comment

Thank you for your participation

# FAMILY WORKER SURVEY



Project name Cabramatta/Rairfield family worker  
Family Service

Service Specification ID 1-1228848670

Families NSW is a key NSW Government strategy to support the health and wellbeing of children up to 8 years and their families. You are being asked to complete this survey because you have received a service from a Families NSW family worker.

Families NSW wants to find out about your experience with this service and how it helped you and your family. Your answers are completely confidential. Your name will not be recorded. The information you give will be used to improve the service.

Please answer each question by ticking the box that best describes your opinion. Place your completed survey form in the envelope provided or the sealed box and return it to your family worker. If you need help filling out the survey please ask your worker for assistance.

Thank you on behalf of Families NSW.

## Thinking about the service you attended, how much do you agree with the following statements?

Please state how much you agree or disagree with each of the statements below

Agree      Mostly agree      Mostly disagree      Disagree      Not an issue for my family

### Since attending this service have you observed a positive change in the following areas:

1. my child/children and I are getting on better	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2. I have found out about services to help me or my child/children	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3. I have started using another service to help me or my child/children	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
4. I am more likely to share feelings or seek advice on dealing with problems	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
5. I am happy with the service I received for myself or my family	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6. I would recommend this service to a friend	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

### About you

Are you of Aboriginal or Torres Strait Islander origin?      No  1      Yes  2

Do you speak a language other than English at home?      No  1      Yes  2      Which language? Cambodia

How long have you been in this service?      Less than 1 month  1      1-3 months  2      4-6 months  3      Over 6 months  4

If you have further comments about this service, please write them down here:

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Thank you for your participation

# FAMILY WORKER SURVEY



Project name Cabramatta/Fairfield Family Worker

Service Specification ID 1-1.228848670

Families NSW is a key NSW Government strategy to support the health and wellbeing of children up to 8 years and their families. You are being asked to complete this survey because you have received a service from a Families NSW family worker.

Families NSW wants to find out about your experience with this service and how it helped you and your family. Your answers are completely confidential. Your name will not be recorded. The information you give will be used to improve the service.

Please answer each question by ticking the box that best describes your opinion. Place your completed survey form in the envelope provided or the sealed box and return it to your family worker. If you need help filling out the survey please ask your worker for assistance.

Thank you on behalf of Families NSW.

## Thinking about the service you attended, how much do you agree with the following statements?

Please state how much you agree or disagree with each of the statements below

Agree    Mostly agree    Mostly disagree    Disagree    Not an issue for my family

Since attending this service have you observed a positive change in the following areas:

- |   |                                       |                            |                            |                            |                            |
|---|---------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. my child/children and I are getting on better                              | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 2. I have found out about services to help me or my child/children            | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 3. I have started using another service to help me or my child/children       | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 4. I am more likely to share feelings or seek advice on dealing with problems | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 5. I am happy with the service I received for myself or my family             | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 6. I would recommend this service to a friend                                 | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

### About you

- Are you of Aboriginal or Torres Strait Islander origin?    No  1    Yes  2
- Do you speak a language other than English at home?    No  1    Yes  2    Which language? Laos
- How long have you been in this service?    Less than 1 month  1    1-3 months  2    4-6 months  3    Over 6 months  4

If you have further comments about this service, please write them down here:

I feel proud to have service to helping me.

Thank you for your participation

# FAMILY WORKER SURVEY



Project name Cabramatta/Fairfield Family Worker

Service Specification ID 1-1228848670

Families NSW is a key NSW Government strategy to support the health and wellbeing of children up to 8 years and their families. You are being asked to complete this survey because you have received a service from a Families NSW family worker.

Families NSW wants to find out about your experience with this service and how it helped you and your family. Your answers are completely confidential. Your name will not be recorded. The information you give will be used to improve the service.

Please answer each question by ticking the box that best describes your opinion. Place your completed survey form in the envelope provided or the sealed box and return it to your family worker. If you need help filling out the survey please ask your worker for assistance.

Thank you on behalf of Families NSW.

## Thinking about the service you attended, how much do you agree with the following statements?

Please state how much you agree or disagree with each of the statements below

### Since attending this service have you observed a positive change in the following areas:

	Agree	Mostly agree	Mostly disagree	Disagree	Not an issue for my family
1. my child/children and I are getting on better	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2. I have found out about services to help me or my child/children	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3. I have started using another service to help me or my child/children	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
4. I am more likely to share feelings or seek advice on dealing with problems	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
5. I am happy with the service I received for myself or my family	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6. I would recommend this service to a friend	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

### About you

Are you of Aboriginal or Torres Strait Islander origin?	No <input checked="" type="checkbox"/> 1	Yes <input type="checkbox"/> 2			
Do you speak a language other than English at home?	No <input type="checkbox"/> 1	Yes <input checked="" type="checkbox"/> 2	Which language? Klimer		
How long have you been in this service?	Less than 1 month <input type="checkbox"/> 1	1-3 months <input checked="" type="checkbox"/> 2	4-6 months <input type="checkbox"/> 3	Over 6 months <input type="checkbox"/> 4	

If you have further comments about this service, please write them down here:

Thank you for your participation

# FAMILY WORKER SURVEY



Project name Cabramatta/Fairfield Family Worker

Service Specification ID 1-1228848670-

Families NSW is a key NSW Government strategy to support the health and wellbeing of children up to 8 years and their families. You are being asked to complete this survey because you have received a service from a Families NSW family worker.

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Thank you on behalf of Families NSW.

## Thinking about the service you attended, how much do you agree with the following statements?

Please state how much you agree or disagree with each of the statements below

	Agree	Mostly agree	Mostly disagree	Disagree	Not an issue for my family
<b>Since attending this service have you observed a positive change in the following areas:</b>					
1. my child/children and I are getting on better	<input type="checkbox"/> <sub>1</sub>	<input checked="" type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
2. I have found out about services to help me or my child/children	<input checked="" type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
3. I have started using another service to help me or my child/children	<input checked="" type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input checked="" type="checkbox"/> <sub>5</sub>
4. I am more likely to share feelings or seek advice on dealing with problems	<input checked="" type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
5. I am happy with the service I received for myself or my family	<input type="checkbox"/> <sub>1</sub>	<input checked="" type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
6. I would recommend this service to a friend	<input type="checkbox"/> <sub>1</sub>	<input checked="" type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

### About you

Are you of Aboriginal or Torres Strait Islander origin?	No	Yes		
	<input checked="" type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>		
Do you speak a language other than English at home?	No	Yes	Which language?	
	<input type="checkbox"/> <sub>1</sub>	<input checked="" type="checkbox"/> <sub>2</sub>	<u>Khmer</u>	
How long have you been in this service?	Less than 1 month	1-3 months	4-6 months	Over 6 months
	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

If you have further comments about this service, please write them down here:

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Thank you for your participation

Sothea Sarin

# FAMILY WORKER SURVEY



Project name Cabramatta/Fairfield family worker

Service Specification ID 1-1228848670

Families NSW is a key NSW Government strategy to support the health and wellbeing of children up to 8 years and their families. You are being asked to complete this survey because you have received a service from a Families NSW family worker.

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Please answer each question by ticking the box that best describes your opinion. Place your completed survey form in the envelope provided or the sealed box and return it to your family worker. If you need help filling out the survey please ask your worker for assistance.

Thank you on behalf of Families NSW.

## Thinking about the service you attended, how much do you agree with the following statements?

Please state how much you agree or disagree with each of the statements below

Agree    Mostly agree    Mostly disagree    Disagree    Not an issue for my family

### Since attending this service have you observed a positive change in the following areas:

1. my child/children and I are getting on better	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2. I have found out about services to help me or my child/children	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3. I have started using another service to help me or my child/children	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
4. I am more likely to share feelings or seek advice on dealing with problems	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
5. I am happy with the service I received for myself or my family	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6. I would recommend this service to a friend	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

### About you

Are you of Aboriginal or Torres Strait Islander origin?	No <input checked="" type="checkbox"/> 1	Yes <input type="checkbox"/> 2		
Do you speak a language other than English at home?	No <input type="checkbox"/> 1	Yes <input checked="" type="checkbox"/> 2		
		Which language? <u>Khmer</u>		
How long have you been in this service?	Less than 1 month <input type="checkbox"/> 1	1-3 months <input type="checkbox"/> 2	4-6 months <input type="checkbox"/> 3	Over 6 months <input type="checkbox"/> 4
<u>2 year</u>				

If you have further comments about this service, please write them down here:

សេវាថ្មី បង្កើន ការ ជំនួយ គ្រប់ ជំនាញ

Thank you for your participation

# FAMILY WORKER SURVEY



Project name Cabriamatta/Fairfield family worker

Service Specification ID L1228848670

Families NSW is a key NSW Government strategy to support the health and wellbeing of children up to 8 years and their families. You are being asked to complete this survey because you have received a service from a Families NSW family worker.

Families NSW wants to find out about your experience with this service and how it helped you and your family. Your answers are completely confidential. Your name will not be recorded. The information you give will be used to improve the service.

Please answer each question by ticking the box that best describes your opinion. Place your completed survey form in the envelope provided or the sealed box and return it to your family worker. If you need help filling out the survey please ask your worker for assistance.

Thank you on behalf of Families NSW.

## Thinking about the service you attended, how much do you agree with the following statements?

Please state how much you agree or disagree with each of the statements below

	Agree	Mostly agree	Mostly disagree	Disagree	Not an issue for my family
<b>Since attending this service have you observed a positive change in the following areas:</b>					
1. my child/children and I are getting on better	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2. I have found out about services to help me or my child/children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3. I have started using another service to help me or my child/children	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
4. I am more likely to share feelings or seek advice on dealing with problems	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
5. I am happy with the service I received for myself or my family	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6. I would recommend this service to a friend	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

### About you

Are you of Aboriginal or Torres Strait Islander origin?  1 No  2 Yes

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Do you speak a language other than English at home?  1 No  2 Yes **Which language? Khmer**

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How long have you been in this service? 2 year  1 Less than 1 month  2 1-3 months  3 4-6 months  4 Over 6 months

If you have further comments about this service, please write them down here:

ខ្ញុំ ពិតជា រីករាយ ដែល បាន ជួយ កូន ខ្ញុំ ឱ្យ បាន រៀន ប្រកប ដោយ ជោគជ័យ ។

Thank you for your participation

# FAMILY WORKER SURVEY



Project name Cabramatta/Fairfield Family Worker

Service Specification ID 1-1228848670

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Thank you on behalf of Families NSW.

## Thinking about the service you attended, how much do you agree with the following statements?

Please state how much you agree or disagree with each of the statements below

Agree    Mostly agree    Mostly disagree    Disagree    Not an issue for my family

### Since attending this service have you observed a positive change in the following areas:

1. my child/children and I are getting on better	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2. I have found out about services to help me or my child/children	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3. I have started using another service to help me or my child/children	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
4. I am more likely to share feelings or seek advice on dealing with problems	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
5. I am happy with the service I received for myself or my family	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6. I would recommend this service to a friend	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

### About you

Are you of Aboriginal or Torres Strait Islander origin?	No <input checked="" type="checkbox"/> 1	Yes <input type="checkbox"/> 2		
Do you speak a language other than English at home?	No <input type="checkbox"/> 1	Yes <input type="checkbox"/> 2	Which language? <u>Khmer</u>	
How long have you been in this service?	Less than 1 month <input type="checkbox"/> 1	1-3 months <input checked="" type="checkbox"/> 2	4-6 months <input type="checkbox"/> 3	Over 6 months <input type="checkbox"/> 4

If you have further comments about this service, please write them down here:

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Thank you for your participation



# FAMILY WORKER SURVEY



Project name Cabramatta/Fairfield Family Worker

Service Specification ID 1-1 228848670

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Thank you on behalf of Families NSW.

## Thinking about the service you attended, how much do you agree with the following statements?

Please state how much you agree or disagree with each of the statements below

Agree    Mostly agree    Mostly disagree    Disagree    Not an issue for my family

### Since attending this service have you observed a positive change in the following areas:

1. my child/children and I are getting on better	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2. I have found out about services to help me or my child/children	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3. I have started using another service to help me or my child/children	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
4. I am more likely to share feelings or seek advice on dealing with problems	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
5. I am happy with the service I received for myself or my family	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6. I would recommend this service to a friend	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

### About you

Are you of Aboriginal or Torres Strait Islander origin?	No <input checked="" type="checkbox"/> 1	Yes <input type="checkbox"/> 2		
Do you speak a language other than English at home?	No <input type="checkbox"/> 1	Yes <input checked="" type="checkbox"/> 2	Which language? <u>Khmer</u>	
How long have you been in this service?	Less than 1 month <input type="checkbox"/> 1	1-3 months <input type="checkbox"/> 2	4-6 months <input type="checkbox"/> 3	Over 6 months <input type="checkbox"/> 4

2 year

If you have further comments about this service, please write them down here:

ខ្ញុំស្រឡាចចិត្តនឹងការងាររបស់អ្នកប្រឹក្សាគ្រួសារ។ ពួកគេបានជួយខ្ញុំក្នុងការយល់ដឹងអំពីសេវាផ្សេងៗទៀត និងការយល់ដឹងអំពីសេវាផ្សេងៗទៀត។  
ខ្ញុំស្រឡាចចិត្តនឹងការងាររបស់អ្នកប្រឹក្សាគ្រួសារ។

Thank you for your participation

# FAMILY WORKER SURVEY



Project name Cabramatta/Fairfield family worker

Service Specification ID 1-122848670

Families NSW is a key NSW Government strategy to support the health and wellbeing of children up to 8 years and their families. You are being asked to complete this survey because you have received a service from a Families NSW family worker.

Families NSW wants to find out about your experience with this service and how it helped you and your family. Your answers are completely confidential. Your name will not be recorded. The information you give will be used to improve the service.

Please answer each question by ticking the box that best describes your opinion. Place your completed survey form in the envelope provided or the sealed box and return it to your family worker. If you need help filling out the survey please ask your worker for assistance.

Thank you on behalf of Families NSW.

## Thinking about the service you attended, how much do you agree with the following statements?

Please state how much you agree or disagree with each of the statements below

	Agree	Mostly agree	Mostly disagree	Disagree	Not an issue for my family
<b>Since attending this service have you observed a positive change in the following areas:</b>					
1. my child/children and I are getting on better	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2. I have found out about services to help me or my child/children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3. I have started using another service to help me or my child/children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
4. I am more likely to share feelings or seek advice on dealing with problems	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
5. I am happy with the service I received for myself or my family	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6. I would recommend this service to a friend	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

### About you

Are you of Aboriginal or Torres Strait Islander origin?	No <input checked="" type="checkbox"/> 1	Yes <input type="checkbox"/> 2		
Do you speak a language other than English at home?	No <input type="checkbox"/> 1	Yes <input checked="" type="checkbox"/> 2	Which language? <u>Khmer</u>	
How long have you been in this service?	Less than 1 month <input type="checkbox"/> 1	1-3 months <input type="checkbox"/> 2	4-6 months <input type="checkbox"/> 3	Over 6 months <input checked="" type="checkbox"/> 4

If you have further comments about this service, please write them down here:

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Thank you for your participation

# FAMILY WORKER SURVEY



Project name Cabramatta/Fairfield Family Worker

Service Specification ID 1-1228848670

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Do you speak a language other than English at home?	No <input type="checkbox"/> 1	Yes <input checked="" type="checkbox"/> 2		
Which language?	Khmer			
How long have you been in this service?	Less than 1 month <input type="checkbox"/> 1	1-3 months <input type="checkbox"/> 2	4-6 months <input type="checkbox"/> 3	Over 6 months <input checked="" type="checkbox"/> 4

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Project name Cabramatta/Fairfield Family Worker

Service Specification ID 1-1-1228848670

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How long have you been in this service?	Less than 1 month <input type="checkbox"/> 1	1-3 months <input type="checkbox"/> 2	4-6 months <input type="checkbox"/> 3	Over 6 months <input checked="" type="checkbox"/> 4

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### About you

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Do you speak a language other than English at home?	No <input type="checkbox"/> 1	Yes <input checked="" type="checkbox"/> 2	Which language? <u>Khmer/Chinese</u>	
How long have you been in this service?	Less than 1 month <input type="checkbox"/> 1	1-3 months <input checked="" type="checkbox"/> 2	4-6 months <input type="checkbox"/> 3	Over 6 months <input type="checkbox"/> 4

If you have further comments about this service, please write them down here:

No comment

Thank you for your participation