Client Feedback

In order to provide a safe and supportive service, we value your honest feedback.
Data is confidential to Coordinator and Trustees

1. Name_____Date_____

2. How did you hear about Parent Aid Central West? Mark only one oval

- ◯ Midwife
- ◯ Plunket Nurse
- ◯ Hospital
- ◯ GP or Nurse
- ◯ Social Worker
- ◯ Family or Friend
- ◯ Website or Facebook page
- ◯ Other – please specify

3. The Name(s) of Fieldworker(s) who visited were:

_____

4. How did our Fieldworker support you? Tick all that apply

- ◯ Babycare - bathing, feeding, settling, play, preparing baby food
- ◯ Parenting skills – assisted with routines, strategies for baby/child
- ◯ Childminding – while you slept, attended to other tasks, ran errands, attended appointment
- ◯ Household management – family meal preparation, hanging/folding washing
- ◯ Out and About – took child to a community activity – playgroup, library story time, park etc.
- ◯ Transport – accompanied child to a medical appointment
- ◯ Transport – for you and your child to attend an appointment
- ◯ Community integration – assisted you in attending a community group, parenting programme
- ◯ Connections – introduced you to other community resources
- ◯ Provided funded Carer Support respite care
- ◯ Provided funded Multiple Births support
- ◯ Other – please specify

5. What is the greatest benefit of working with Parent Aid Central West service? Tick all that apply

- ◯ Building confidence
- ◯ Reducing stress
- ◯ Achieving my goals
- ◯ Being supported
- ◯ I am listened to
- ◯ Learning parenting skills
- ◯ Being connected to other community services
- ◯ Other – please specify

6. How satisfied are you with the service you received?

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7. What aspects did you find the most useful? Tick all that apply

- ◯ Babycare
- ◯ Parenting skills
- ◯ Childminding
- ◯ Household management
- ◯ Community activities
- ◯ Transport
- ◯ Other – please specify

8. What is the one thing in your life that has improved through working with Parent Aid Central West?

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9. With regard to supporting you in the area of parenting abilities, are there other services that Parent Aid Central West could offer?

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10. Compared to prior being supported by Parent Aid Central West, do you feel confident and able to cope now on your own? Mark only one oval

- ◯ 1. Not confident
- ◯ 2. Somewhat confident
- ◯ 3. Confident
- ◯ 4. Very confident

11. Would you recommend us to family/friends if they had a need for the type of service Parent Aid Central West provides? Mark only one oval

- ◯ Yes – please expand
- ◯ No – please explain

12. How would you describe your situation? Tick all that apply

- ◯ Limited resources
- ◯ Living on my own
- ◯ Isolated
- ◯ Ill health – My own
- ◯ Ill health – My child/ren
- ◯ No networkers – family/other
- ◯ New to New Zealand

13. Please describe how our service specifically made a difference to yours and your family's life

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14. Is there anything else you would like to add?

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Thank you for your time and assistance in evaluating our service.
If you have any questions, please contact the Coordinator at parentaidcentralwest@gmail.com

We are a non-profit charity, supporting families with young children under the age of 5 years during times of illness and stress. If you would like to make a donation to support us, please visit www.givealittle.co.nz/org/parentaid