



BABI Client Feedback Survey

BABI Youth and Family Service always strive to provide the highest quality of support and assistance. To do this BABI needs to know your thoughts and opinions on the service/s you have received or are presently receiving.

It would be most appreciated if you would participate in the following survey to provide feedback that will help BABI ensure that its services continue to meet the needs of young people, families and community.

We assure you that your responses to the survey questions will remain anonymous.
Please take the time to complete this survey.

Please indicate with a tick where appropriate:

- Male Female
- Aboriginal or Torres Strait Islander
- Other identified group (please specify) _____

Age Group:

- under 15 15-17 18-29 30-40
- 41-50 51- 64 65+

BABI Service/s you have accessed:

- Information Referral Get Set For Work Linx Youth Space
- YSC (Youth Support Coordinators) Accommodation Youth Counsellor
- Youth Justice Program/Counsellor Family Support/Parenting Program

Survey

Please circle the number that represents your opinion, with '1' being the lowest and '6' being the highest, where applicable.

Q1. How well known do you think BABI is in your community?

Lowest 1 2 3 4 5 6 Highest
I-----I-----I-----I-----I-----I

Comments:

Q2. Was it easy to get to see someone at BABI when you needed to?

YES NO

Comments:

Q3. How comfortable did BABI workers make you feel?

Lowest 1 2 3 4 5 6 Highest
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Comments:

Q4. Was the BABI office building easy to access (including physical access and availability of public transport, parking etc)

YES NO Does not apply

Comments:

Q5. How well did BABI workers understand your needs and issues?

Lowest 1 2 3 4 5 6 Highest
|-----|-----|-----|-----|-----|

Comments:

Q6. Was there a plan/goals for the assistance you were to receive?

YES NO Does not apply

Comments:

Q7. a) Did BABI help you connect with people or other services that could meet your needs?

YES NO Does not apply

Comments:

b) Did you/your family receive assistance from more than one BABI program?

YES NO

Comments:

Q8. Did BABI provide you with information that assisted you to consider which services you need, and what other options you have?

YES NO

Comments:

Q9. Were you actively involved with BABI worker/s to plan how your needs could be met?

YES NO

Comments:

Q10. Are you aware of client rights and responsibilities or something called a client service charter?

YES NO

Comments:

If 'yes', does BABI respect client rights or the client service charter?

YES NO

Comments:

Q11. How confident are you that information relating to you collected and held by BABI is confidential and secure?

Lowest 1 2 3 4 5 6 Highest
|-----|-----|-----|-----|-----|

Comments:

Q12. Were you told how to get access to your information/files, if you wanted to?

YES NO

Comments:

Q13. How satisfied were you with the services you received?

Lowest 1 2 3 4 5 6 Highest
|-----|-----|-----|-----|-----|

Comments:

Q14. Do you feel BABI is a safe and welcoming place?

YES NO

Comments:

Q15. Do you feel you can trust your BABI worker/s?

YES NO

Comments:

Q16. Are you aware of the steps you may take if you have a complaint?

YES NO

Comments:

Q17. If you have raised a complaint, how satisfied were you with how it was handled?

Lowest 1 2 3 4 5 6 Highest
|-----|-----|-----|-----|-----|

Comments:

Q18. How satisfied were you with the skills and experience of the BABI workers who provided services to you?

Lowest 1 2 3 4 5 6 Highest
|-----|-----|-----|-----|-----|

Comments:

19. What are the strengths of BABI staff and volunteers who have provided services to you?

20. How could the skills of BABI staff and volunteers be improved to better meet your needs?

Thankyou for completing the survey!