

## **Client Advocacy Survey**

Thank you for completing this short survey. Your answers will help us improve our advice services. All responses are anonymous – please DO NOT write your name on this form. Please answer based on your experience since receiving advice from us.

1. What advice or support did you receive today?
Help understanding your rights or options  Help filling in forms or applications  Help challenging a decision or making a complaint  Help accessing another service (e.g., benefits, housing)  Other (please specify)
2. Since working with your advocate, have you secured any new benefits or financial support?
Yes No Not Relevant
3. Since working with your advocate, has your main issue been resolved or improved?
Yes No Not Relevant
4. Was your advocate able to help prevent your situation from getting worse?
Yes No Not Relevant
5. Since working with your advocate, do you feel your rights have been better upheld?
Strongly agree

6. How confident do you now feel about knowing your rights and entitlements?
Very confident
7. How confident are you speaking up for yourself with services or organisations?
Very confident
8. Did the advocacy support help you get access to services you needed (e.g., housing, care, benefits)?
Yes No Not Relevant
9. Since working with your advocate, how clearly do you feel able to explain your needs or situation?
Very clearly Somewhat clearly Not very clearly Not at all clearly
10. Have you taken any independent actions to resolve issues since working with your advocate?
Yes No No
11. Do you feel more confident in challenging future decisions you consider unfair yourself as a result of the advocacy support you have received?
Yes No No
12. Has the advocacy support helped you feel more included or connected to your community?
Yes No No

13. How would you advocate?	rate you	r overall well-be	ing since	e working wit	h youi	•
Much improv	ved 🗌	Somewhat impro	ved 🗌	No change	W	orse 🗌
16. Overall, how satis	sfied are y	you with the adv	ocacy s	upport you re	eceive	d?
Very satisfied	Somewh	nat satisfied 🗌	Dissati	sfied \	Very dis	ssatisfied

## About you

What is your age group?	What is	your gender?		Do you consider yourself to have		
Under 18	Male		a disabiltiy ?			
18-24	Female		Yes			
25-34	Non-bir	narv 🗀	No			
35-44		ot to say	Prefer not to say			
45-54		, Ш		<u>—</u>		
55-64						
65-74						
75+						
What is your current living s	ituation?	How do you des	cribe your ethnicity?			
Own Home		White				
Rented Home			Scottish, Northern Irish or	British		
Temporary Housing		Irish				
Homeless/Sofa Surfing		Gypsy or Irish Tr	aveller			
Supported Accomodation		Roma  Any other White background (write in)				
Other (Please Specify)		=	=			
		Mixed or Multiple ethnic groups White and Black Caribbean				
		White and Black African				
		White and Asian				
		Any other Mixed or Multiple background (write in)				
		Asian or Asian British				
		Indian				
		Pakistani				
		Bangladeshi				
		Chinese				
		•	background (write in)			
		Black, Black British, Caribbean or African				
		Caribbean				
		African				
		Any other Black, (write in)	Black British or Caribbea	n background		
		Other ethnic gr	oup			
		Arab				
		Any other ethnic	group (write in)			