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| --- | --- | --- | --- |
| **Space** | **Voice** | **Audience** | **Influence** |
| Did you feel safe to say what you thought or give your opinion? | How did the adults in this service support you to give your view and have your voice heard? | How did the adults in this service show you that they wanted to listen to your views? | Did the adults explain to you exactly how much effect you could have on decisions? |
| Do you think the staff gave you enough time to show/say your ideas? | Was it possible to talk about things that mattered to you? | Did the adults tell you what was going to happen with your ideas? Did you understand? | Did the adults tell you what changes were made because of your opinion?  How did they tell you? |
| Did the staff make sure that anyone that wanted to could take part? How? | Could you give your ideas in different ways? Not just speaking…..? |  | If your ideas were not used did the adults explain why? |
| **Additional comments:**  **Signed:**  On behalf of the evaluation committee. | | | | |