

## **Client experience monitor Youth Permanent aid**

### **Is this good aid?**

You have received this questionnaire because you receive youth aid. We would like to know what you think of this youth aid. Are you satisfied, or not?

We can evaluate what's going well and what's not going well better if lots of young people fill in this form. If some things turn out not to be going very well, we can do something about it. With your help we can improve the aid. So we hope you will participate!

### **Who are we, and what happens with your answers?**

This questionnaire has been made by the youth aid organisation that gives you aid, and by the municipality you are living in. What does the youth aid organisation do with the answers? It uses the information to improve its aid. What does the municipality do with the answers? The municipality is responsible for all youth aid that is being given in your home town. This means the municipality pays for this aid, and also has to make sure that good aid can be found.

### **Anonymity preferred? That's possible.**

If you don't want the youth aid organization to see your answers, you can indicate this on the questionnaire. The municipality will only get the anonymised answers and is not able to see that you have filled it in. So you don't have to do anything extra.

Thank you for filling in this questionnaire.

### **The start of the aid**

Question 1: I knew where I had to go to when I was looking for help

- a. Totally agree
- b. Agree
- c. Disagree
- d. Totally disagree
- e. I or my parent(s)/guardian(s) didn't look ourselves
- f. Don't know

Question 2: I am satisfied with how soon I had a first interview (intake or start treatment) with my care worker\*.

- a. Totally agree
- b. Agree
- c. Disagree
- d. Totally disagree
- e. Don't know

### **How are you being listened to?**

Question 3: My care worker really listens to what I say I need.

- a. Totally agree
- b. Agree
- c. Disagree
- d. Totally disagree
- e. Don't know

Question 4: I am involved in the decisions about my aid.

- a. Totally agree
- b. Agree
- c. Disagree
- d. Totally disagree
- e. Don't know

Question 5: I am satisfied with the way my parents are being involved with the aid I get.

- a. Totally agree
- b. Agree
- c. Disagree
- d. Totally disagree
- e. My parent(s)/guardian(s) are not being involved
- f. Don't know

*\* In this questionnaire, with care workers we mean people who have been helping you or are helping you. Maybe you call these people mentor, coach, therapist or another name.*

**Cooperation between everyone who is helping you**

Question 6: I think my different care workers\* work well together.

- a. Totally agree
- b. Agree
- c. Disagree
- d. Totally disagree
- e. I only have one care worker
- f. Cooperation is not necessary/desirable
- g. Don't know

Question 7: I think my care worker(s)\* and my school/educational institution \*\* work well together.

- a. Totally agree
- b. Agree
- c. Disagree
- d. Totally disagree
- e. I'm not in school/I am not getting an education
- f. Cooperation is not necessary/desirable
- g. Don't know

*[Only answer Question 7a if your response to question 7 was 'disagree' or 'totally disagree']*

Question 7a: I would be getting better aid if my care worker(s) and people from my school or educational program/institution worked together better.

- a. Totally agree
- b. Agree
- c. Disagree
- d. Totally disagree
- e. Don't know

*[If your answer to question 7 was 'e' 'I'm not in school/I am not getting an education', you don't have to answer question 7b]*

Question 7b: My school/educational program/institution has made a plan\*\*\* for my aid.

- a. Yes
- b. No
- 3. Don't know

*\* In this questionnaire, with care workers we mean people who have been helping you or are helping you. Maybe you call these people mentor, coach, therapist or another name.*

*\*\*When it says school, you can think of your teacher, mentor or care coordinator. Important to know: If there has been contact between your care worker(s) and your school, this has only happened after you have given your permission. So if you haven't given your permission there will not have been contact.*

*\*\*\*A plan that the school has made together with you and your parent(s)/guardian(s). This plan states what education you will follow after this school/educational institution, and how you can be supported. This is also called a 'ontwikkelperspectiefplan (OPP)', a development perspective plan.*

**How are you doing now?**

Question 8a: I am doing well at home/the place where I live.

- a. Totally agree
- b. Agree
- c. Disagree
- d. Totally disagree
- e. Don't know

Question 8b: I am doing well at school/my educational institution or work\*.

- a. Totally agree
- b. Agree
- c. Disagree
- d. Totally disagree
- e. Not applicable
- f. Don't know

Question 8c: I am doing well in my free time\*\*.

- a. Totally agree
- b. Agree
- c. Disagree
- d. Totally disagree
- e. Don't know

Question 8c: I am doing well physically.

- a. Totally agree
- b. Agree
- c. Disagree
- d. Totally disagree
- e. Don't know

Question 8e: I feel well\*\*\*.

- a. Totally agree
- b. Agree
- c. Disagree
- d. Totally disagree
- e. Don't know

Question 8f: I feel safe.

- a. Totally agree
- b. Agree
- c. Disagree
- d. Totally disagree
- e. Don't know

*\*Do you have a side job, but are you at school for the largest part of your time? Then we are interested in how you are doing at school.*

*\*\* Think about the things you do in your free time, like a hobby or sports.*

*\*\*\* Think about how you feel mentally/psychically.*

Question 8g: I have self confidence.

- a. Totally agree
- b. Agree
- c. Disagree
- d. Totally disagree
- e. Don't know

**What's the benefit of the aid?**

**Question 9: Give a mark of 1 to 10 for how useful the aid is to you.**

Tick a number here. The number tells us how helpful the aid has been to you. 1- didn't help at all, 10 - helped a lot.

**In conclusion**

If you want to tell or explain anything, you can do this here.

**Tick what's appropriate**

- a. I have filled in the questionnaire myself.
- b. I have filled in the questionnaire together with someone

Your answers can help the youth aid organisation improve its aid. So it would be appreciated if you share your answers with the youth aid organisation. If you don't want this, tick the following box:

- I don't want my answers/data to be shared with the youth aid organisation

**This is the end of the questionnaire.**

**Thank you for filling it in!**