

## **Client experience monitor Parents Permanent aid**

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

You have received this questionnaire because your child gets youth aid. Children older than 12 also get this questionnaire; if your child is older than 16, you don't have to fill in the questionnaire.

We would like to know from you 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 parents/guardians 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 your child aid, and by the municipality you are living in. The youth aid organisation uses the information to improve its aid. Why does the municipality get 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. The municipality also uses your answers to improve youth aid in general.

### **Anonymity preferred?**

If you don't want the youth aid organization to be able to trace your answers back to you, 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 my child/our family was looking for help.

- a. Totally agree
- b. Agree
- c. Disagree
- d. Totally disagree
- e. I didn't look myself
- f. Don't know

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

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

### **How are you and your child being listened to?**

Question 3: The care worker really listens to what my child says it needs or our family says they need.

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

Question 4: My child and I are involved in the decisions about the aid.

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

Question 5: I am satisfied with the way I am being involved with the aid for my child.

- a. Totally agree
- b. Agree
- c. Disagree
- d. Totally disagree
- e. I am 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 and your child**

Question 6: I think the different care workers\* are working well together.

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

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

- a. Totally agree
- b. Agree
- c. Disagree
- d. Totally disagree
- e. My child is not in school/isn't getting education/isn't going to daycare
- 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: We would be getting better aid if the care worker(s) and people from the 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' 'my child is not in school/isn't getting an education/isn't going to daycare', you don't have to answer question 7b]*

Question 7b: The school/educational institution of my child has made a plan\*\*\* for aid.

- a. Yes
- b. No
- c. Not applicable, my child is going to day care
- d. Don't know

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

*\*\*When it says school, you can think of the teacher, mentor or care coordinator of your child, or the day care worker. Important to know: If there has been contact between the care worker(s) and the school of your child, if your child is younger than 16 years old this has only happened after you have given 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 child. This plan states what education your child will follow after this school/educational institution, and how your child can be supported. This is also called a 'ontwikkelperspectiefplan (OPP)', a development perspective plan.*

**How is your child doing now?**

Question 8a: It is going well at home (the place where my child lives).

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

Question 8b: My child is doing well at school/educational institution/day care or work\*.

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

Question 8c: My child is doing well in its free time\*\*.

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

Question 8c: My child is feeling well physically.

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

Question 8e: My child feels well\*\*\*.

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

Question 8f: My child feels safe.

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

*\*Does your child have a side job, but is it at school for the largest part of its time? Then we are interested in how your child is doing at school.*

*\*\* Think about the things your child is doing in its free time, like a hobby or sports.*

*\*\*\* Think about how your child is feeling mentally/psychically.*

Question 8g: My child has self confidence.

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

**Do you and your child benefit from the aid?**

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

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

**Question 9b: 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.

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!**