Hamilton Lead Agency

Youth and Parent/Caregiver
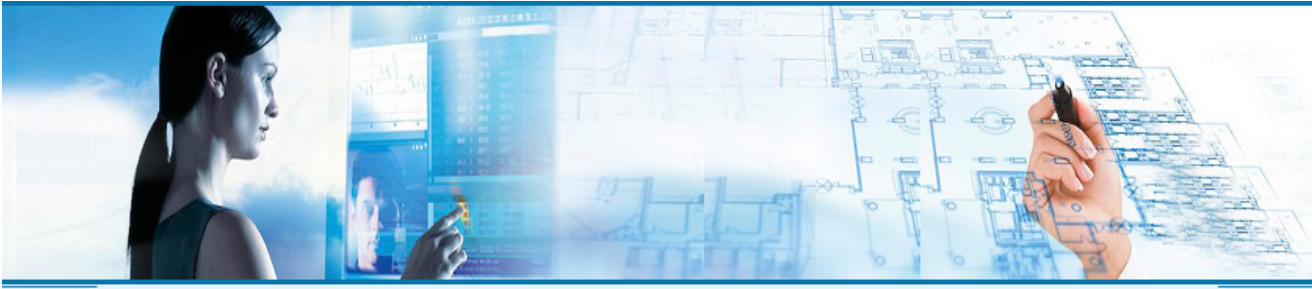
Feedback Form Manual

Version Date: October 27, 2017

For Assistance With This Manual Contact:

Catherine Ahern, Manager of Quality Improvement and Evaluation
Email: cahern@lynwoodcharlton.ca
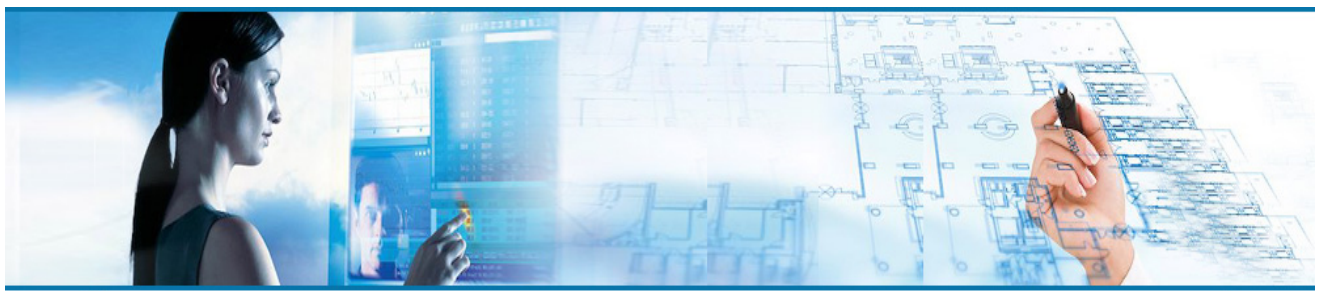Phone: 905-389-1361, Ext. 284

Table of Contents

Introduction

A key process in the Moving on Mental Health agenda is to monitor client and caregiver experience of care and outcomes from the services that they receive. Collecting data related to the experience of young people and their caregivers within our system is essential to the development and alignment of the core services that are offered within the Hamilton Service Area. In response to this need, a set of standardized survey questions were developed to be administered at the end of a service period. These surveys can either be utilized as is or embedded into existing satisfaction surveys or processes. Asking the same questions related to service user satisfaction across the Hamilton service area will help us improve the services that we provide at both an individual agency level and at a system level. The questions were developed in order to consistently report on two MCYS data elements: CPOSOX# and CPOSEX#. Each question informs one of these two elements (for more details see Appendix E). Responses can also be used to confirm child/youth or caregiver perceptions of positive outcomes as part of POSOC#.

This manual has been developed as an adjunct to the standardized youth and caregiver feedback surveys (Appendices A-D). The manual gives important advice on implementing/administering the survey instruments, managing the data that is generated, reporting to the Ministry, and improving response rates.

Feedback Form Development

A group of core child and youth service providers in Hamilton, with support from the Offord Centre and the Centre for Addictions and Mental Health, developed the questionnaires with input from staff, youth and families. The content was based on a questionnaire originally developed, tested and piloted by the Lynwood Charlton Centre. The revised form was then pilot tested with families and youth from the Child and Youth Mental Health Program at McMaster Children's Hospital and further refined based on their feedback and insights. Parents and youth completed a cognitive interview where they were asked to complete the questionnaire and 'think out loud' as they processed and responded to the questions. Following that they were asked a series of questions about the acceptability of the content and their preferences for completion (anonymous, use of incentives, time taken to complete etc.) The French version of the measure is also undergoing a simple pilot testing process to ensure the translation makes sense to clients. A full report of the results of qualitative testing is available upon request.

Options for Implementation

The standardized form is available in an electronic version in Word and PDF format. If your agency has not previously used Client Satisfaction surveys, or uses an existing form that you do not want to change, this form may be used as a stand-alone questionnaire. You will notice a space to insert your agency logo on the top right corner of the form. Additionally, on the bottom of the form is a blank text box where you may enter agency specific questions or information (e.g. – "Please provide your contact information if you would like to discuss your feedback with our Quality Assurance Department.).

The second option that is available to your agency is to incorporate this form within your current Client Satisfaction Questionnaire. You may choose to simply cut and paste the questions and add them to your current form, or you may choose to add questions to this form that are specific to the needs of your agency.

Definitions

Youth: Youth is defined as clients 12 years of age or greater. Clinicians can use discretion and administer the *Youth Feedback Form* to younger clients who are able to read and understand the questions on the form.

Parent/Caregiver: Defined as the parent/caregiver/guardian for the client and/or the significant adult who has knowledge and/or experience with the treatment service(s) provided. (*Parent/Caregiver examples may also include foster parent, child welfare worker, step-parents, biological parents, etc.*)

Family: The use of the term family in this guide is based on the definition used by the Ontario Centre of Excellence for Child and Youth Mental Health, which states that a family:

- is a circle of care and support
- offers enduring commitment to care for one another, related either biologically, emotionally or legally
- takes into account those who the client/person with lived experience identifies as significant to their well-being

Treatment Goal: The *specific, measurable*, and *mutually agreed upon* outcomes of the particular service that **your agency** provided to the young person/caregiver.

Administering the Survey Instruments

- Clients and parents/caregivers can be offered the opportunity to provide feedback on the services received _when treatment is nearing completion_, shortly before the last appointment or at discharge. For longer-term clients it is advisable to try to administer this survey at the mid-point of service as well.

- Discuss with young people and caregivers that their feedback will help us _understand how to improve service_s, and that their responses will be combined with others so it will not be possible to identify anyone directly.

- Explain that we ask for a name on the individual forms in order to _understand better the clients experience_ and, if requested, follow up directly with anyone who had concerns with the services that were provided. For example, if a client/caregiver is not satisfied with how long they waited, an agency can look at their records to see how long they waited. Families who would still prefer to be anonymous can omit their names from the survey.

- Ensure that an explanation is given for 'treatment goals' that relates to the goals that they worked on within the _context of the current service that they just received_, and provide an explanation for how 'recent' is defined in your particular service.

- It is considered good practice to allow the respondent to _hand the completed form to a Business Clerk/Administrative Assistant_ (not the clinician who provided the service). If a clerk is not available use a _sealed envelope system or a drop box_. Families and youth may be more likely to provide honest responses if they don't have to return the completed questionnaire to the clinician who provided the service.

- _Allow sufficient time_ in the appointment for the youth and the caregiver to complete the survey (5 -10 minutes). It might be helpful to have someone available to answer questions families may have while completing the form. For example, one of the questions refers to treatment goals but not all families may understand what this term refers to. Most settings use the term treatment goals but some families might appreciate a reminder or explanation.
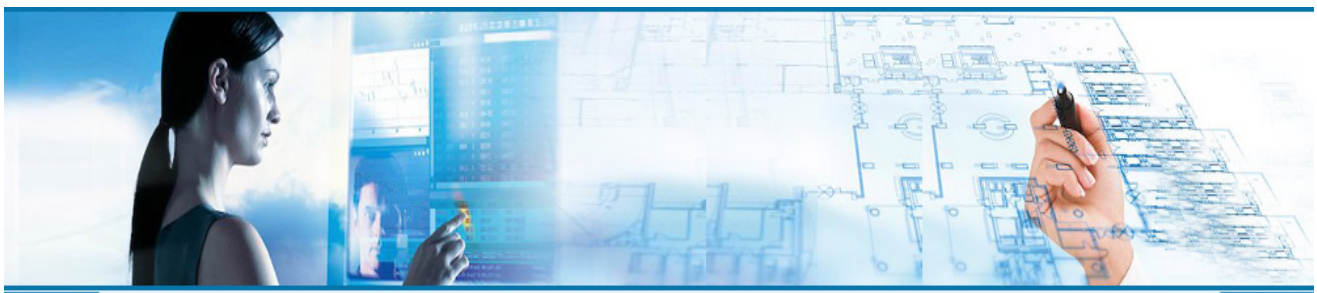
Managing Survey Data

Data Entry: The first step is to add any paper forms to your electronic data set. This is done by copying the entries into survey software (e.g. Survey Monkey) or Excel. The benefit of inputting into survey software is that there is often some data visualization capacity of the software, and it makes data entry easier. Data should be checked by randomly selecting surveys. If there is more than 5% error rate (in other words, at most 5 out of 100 entries are incorrect), the data should be checked entirely and the data entry process reviewed to identify the issue. Survey software can automatically add a numerical value to responses, or a 'score'. Scoring can also be done manually in Excel:

> Strongly agree = 5
> Agree = 4
> Neither agree nor disagree = 3
> Disagree = 2
> Strongly disagree = 1

What a response looks like on the form:

Name: Smith

	Statement	Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree
1	My child is having an easier time coping with their feelings.	X	☐	☐	☐	☐

Linking feedback data with client information:

The second step is to link feedback data with individual client information, so you can tell who should be in your data set for that year. One way to complete this in Excel is to use the **VLOOKUP** function, which can find information from one table and return it in another table. This way, you can see when clients were discharged and know if they should be included in that year. It also helps with internal analyses, where you can compare responses by groups, such as clients of the same age.

Calculating a positive response for CPOSOC# and CPOSEX#

CPOSOC#: In order to calculate the number of positive responses to CPOSOC#, count the number of caregivers or youth (only count once per client) who have selected "Strongly Agree" or "Agree" to ANY one of questions #1, #2, #3 or #6.

CPOSEX#: In order to calculate the number of positive responses to CPOSEX# count the number of caregivers or youth (only count once per client) who have selected "Strongly Agree" or "Agree" to ANY one of questions #4, #5, #7 or #8.
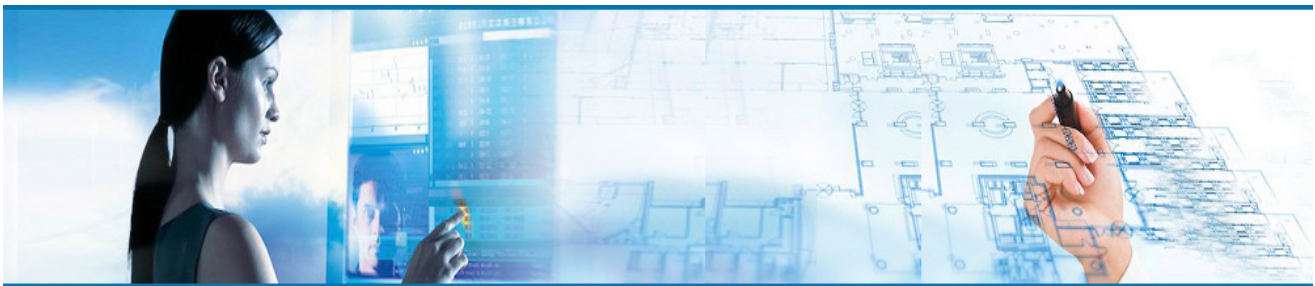
These can be calculated in Excel using **IF** statements.

Example from Excel:

What it looks like in Excel:

	A	B	C
1	Name	Question # Score	Does this count as a positive outcome?
2	Smith	5	Yes [based on formula **=IF(B2 > 3,"Yes","No")**]
3	Baker	4	Yes [based on formula **=IF(B3 > 3,"Yes","No")**]
4	Walsh	3	Yes [based on formula **=IF(B4 > 3,"Yes","No")**]
5	Farr	2	No [based on formula **=IF(B5 > 3,"Yes","No")**]
6	Doyle	1	No [based on formula **=IF(B6 > 3,"Yes","No")**]
	Total		3 [based on formula **=COUNTIF(C2:C6,"yes")**]

Data collected can be rolled up into a summary report and provided to staff, caregivers and youth to show the how the data they help to collect is being used. For an example of this, see Appendix E.
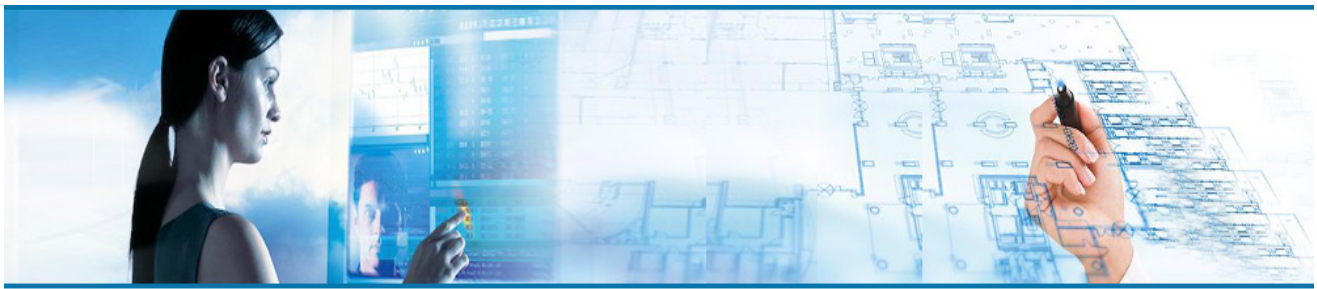
Feedback Survey Purpose:

The Feedback Surveys address the reporting requirements for two MCYS Performance Indicators: CPOSEX# (number of caregivers and/or youth reporting positive experience with the service system at the end of service) and CPOSOC# (number of caregivers and/or youth reporting positive outcomes). The following diagram shows how the questions map onto these indicators.

The responses to CPOSOC# can be used to inform part of POSOC# which asks whether child/youth or caregiver agree that the outcome of service was positive.

	Statement	
1	I am having an easier time coping with my feelings.	#CPOSOC
2	I am having an easier time managing my behaviours.	#CPOSOC
3	Daily activities are easier for me.	#CPOSOC
4	My treatment was well planned.	#CPOSEX
5	I was involved in planning my treatment.	#CPOSEX
6	Most of my treatment goals were met.	#CPOSOC
7	I waited a reasonable amount of time to get help.	#CPOSEX
8	I was supported to get help from other places. (Leave blank if not applicable.)	#CPOSEX

Preparing to Offer the Survey to Youth/Families/Caregivers

Consider the process

Will youth, family members or caregivers be expected to complete it at your agency or at home? Are instructions for submitting the forms clear? Is there any opportunity to offer follow-up, especially if the family would like to discuss their feedback? Agencies could combine the youth and family feedback together where appropriate.

Consider format

How will you share the survey? Paper? Online? Both options? Do you have access to technology (such as tablets) that may facilitate completion for families?
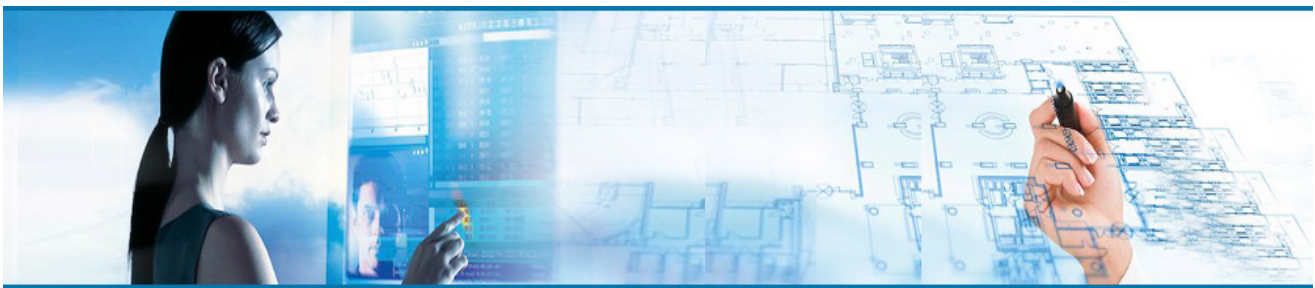
Create space for multiple voices to be heard

Some children may have more than one family member or caregiver who would like to provide feedback. Although Ministry reporting requires only one response to be entered, you may find feedback from more than person in a child or youth's circle of care to be helpful to your agency. Welcoming feedback from all caregivers involved lets families know that their voice matters. Additionally, families who are meaningfully engaged throughout service and whose input and experiences are welcomed will be more likely to provide feedback at the end of service.

Have reasonable expectations

Are you giving families a lot of paperwork to complete at once? If this is a concern, consider spreading the paperwork out.

Privacy vs. anonymity

Families and caregivers stated that _they didn't mind giving their names, as long as their feedback has a meaningful impact on services for other families_. Families we spoke to did not feel they would be less honest in their end of service feedback, even though agency staff would know what they said. Identifying information is necessary to correctly report on the relevant ministry indicators (CPOSOX & CPOSEX#) which are unique counts, and it is helpful for agencies to understand responses based on information about respondents (e.g. lengths of service) that is linked to service history data.

Response Rates

What are response rates?

Response rates for surveys refer to the number of surveys handed out to clients and of those handed out, the number of surveys that are completed.

Why are response rates important?

Response rates are important to ensure accurate reporting. If any agency wants to know what their clients think about their services using a feedback form, it is important that <u>all</u> clients are given a copy of the form *and* the opportunity to fill it out. For the information provided to be useful, it is important to be able to track the number of forms that were handed out as well as the number of forms that were completed. Saying that feedback on your services was 98% positive has different meaning if 2 out of 20 people completed the survey vs. if 19 out of 20 people completed the survey.
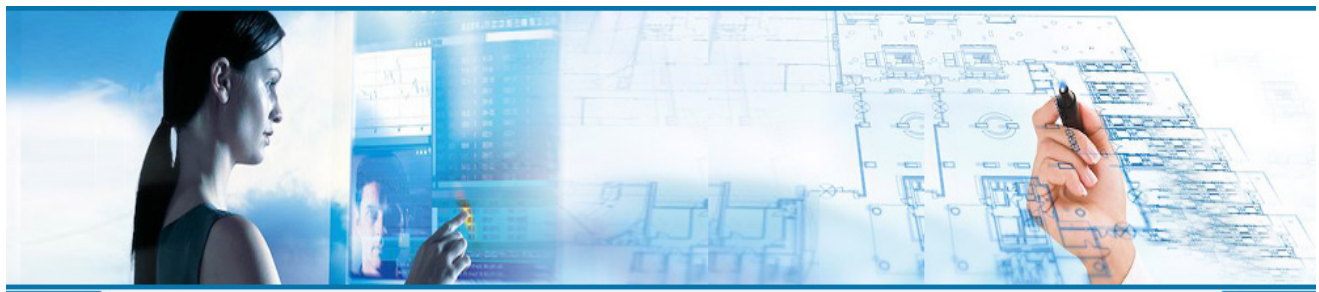
English Language Learners

It is good practice to have a translated survey available in the language which the family speaks. To assist with this, the survey has been translated into 4 languages (French, Arabic, Somali and Spanish), and then reverse translated to ensure accuracy of the translated version.. In instances where the survey is unavailable in a language a family is comfortable using, an interpreter could be utilized to support the family completing the survey. .

If a particular interpreter has been utilized in the past with this family, it is recommended that a different interpreter be utilized to complete the survey. A regularly used interpreter can form a relationship with the family and the Agency which could bias the survey results. Using a less familiar interpreter would help to increase objectivity.
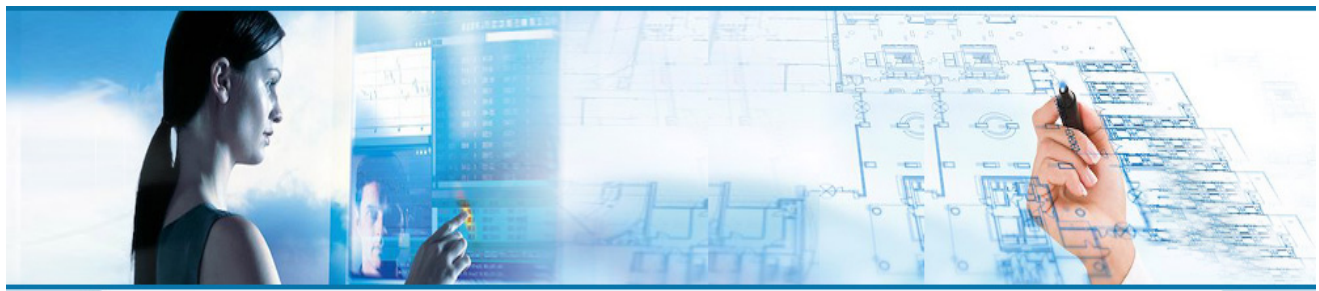
Low-Literacy

For families who have low literacy in English, but speak English, it is recommended they receive support reading the survey from an agency staff member that is unconnected, or has had little contact, to the family.

Strategies for Improving Response Rates

1) **Being clear about what the information will be used for:** Youth and caregivers may not understand what will happen to information they share or what it will be used for. Being clear about privacy and information standards and explaining how data will be used can help reassure people. It is important to cultivate a culture of data sharing for the purposes of improved services and outcomes. If families know what the expectations of an agency are at the very outset of service (e.g. information collected over the service experience for use in service planning and quality assurance), and feel that their input has a meaningful impact on services, they will be more comfortable providing information about their experiences. This information could be provided at intake, on flyers or posters around the agency or at reception.

2) **Using client identifiers to protect confidentiality:** Collecting identifiable information (i.e. information that includes a name or other identifying information) can be useful to track service history or to tie experiences and information to individual cases. Instead of using names, you can assign unique identifiers (numbers or codes) to individuals to protect the direct identification of individuals. If you prefer to collect anonymous forms, there are other things you can do to monitor or track response rates. Dating or numbering forms can allow you to keep track of the number of forms handed out to compare with the number you get back or track form administration to specific time periods or settings. Using different coloured paper can provide another way to sort and track forms. You could use different colours for youth and parent/caregiver forms or use different colours for different months or years, different programs or settings.

3) **Minimize respondent and staff burden:** This means providing alternatives for administering and collecting information (paper, online, at home or at the clinic). For example, if you provide a link on a paper form, this can be difficult for people to access as they have to type the link into a web browser. An alternative approach would be to include a QR code that they can scan with a device.

4) *Incentives:* The use of incentives might be needed among respondents or staff to encourage participation. This can be particularly helpful if collecting information requires a significant amount of time or effort. Provide a gift card on completion or hold a periodic draw for a gift card. An immediate, guaranteed incentive is more effective for youth than a potential one that may come at some point in the future.
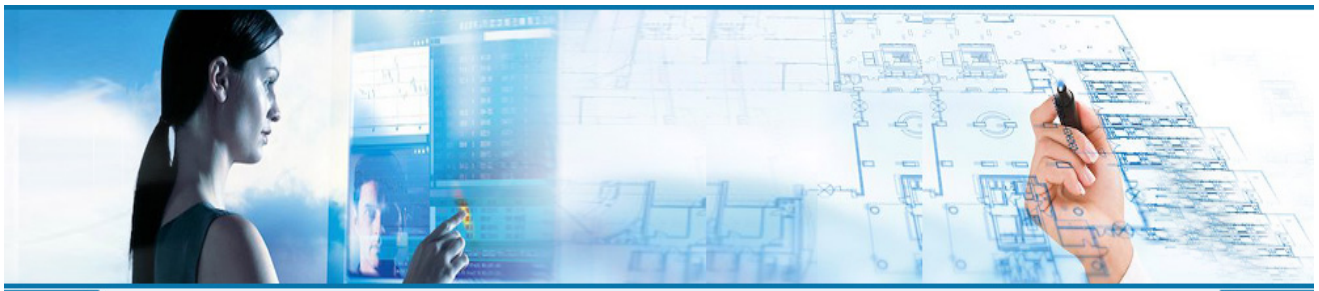
Accessibility Considerations

If you will be embedding the feedback questions into an existing survey or developing a new instrument that includes the feedback survey questions, it is important to consider the overall readability of the document. Making the document more accessible will reduce the need for producing additional accessible formats. Remember to keep it simple. If your initial document is designed using the following principles it will already be accessible to a greater number of people.
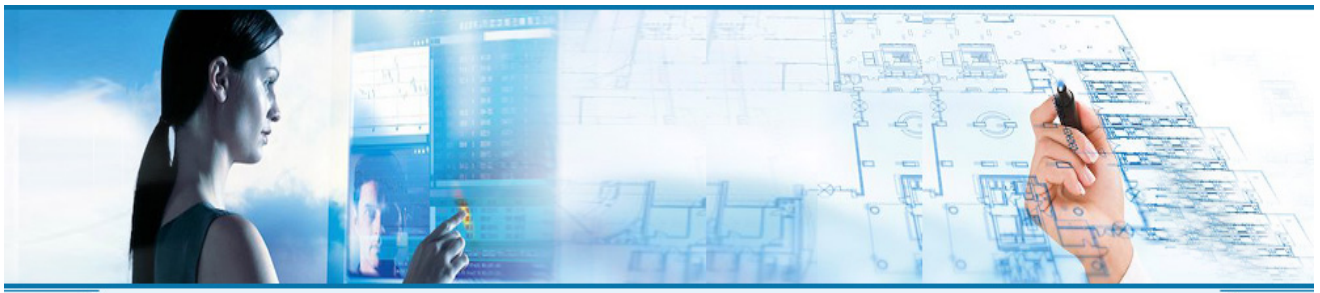
- Use at least 10 to 12 point type for text

- Limit the text to standard font types/styles

- Be consistent in the font and font size used in your documents

- Use techniques such as boldface, bullet dots

- Keep ample white space between columns

- Avoid using all-capital letters

- Use white space in margins, around headings and between sections

- Keep the design of any graphics simple and drawn to scale

- The majority of the document should be produced in black and white. Colour elements in your document should not overwhelm or distract the legibility of your text

- Print outs should be on paper that has a matte finish

Despite these efforts, people with some types of visual impairments, learning disabilities, dexterity or literacy difficulties (such as dyslexia) may have difficulty accessing information in written text – even in the largest font size. You therefore still may need to consider producing accessible formats in addition to making your initial document more accessible.

Appendices

A. Hamilton SA Feedback Form ENGLISH YOUTH

B. Hamilton SA Feedback Form FRENCH YOUTH

C. Hamilton SA Feedback Form ENGLISH CAREGIVER

D. Hamilton SA Feedback Form FRENCH CAREGIVER

E. Sample Report for Staff, Caregivers/Parents and Youth

Youth Feedback

Your experiences with our services matter and your feedback will help others. The information you share will help us learn what we are doing well and how we can improve.

All the responses we receive, including yours, will be combined in feedback reports. These reports do not identify anyone. This form will take about 5 minutes to complete.

Your name: First name:	Last name:

When answering, think about your recent experiences of the service(s) that you have received here. Place a mark on each row to show how much you agree or disagree with each statement. Leave the question blank if you don't want to answer it, or it doesn't apply to you.

	Statement	**Strongly Agree**	**Agree**	**Neither Agree nor Disagree**	**Disagree**	**Strongly Disagree**
1	I am having an easier time coping with my feelings.	☐	☐	☐	☐	☐
2	I am having an easier time managing my behaviours.	☐	☐	☐	☐	☐
3	Daily activities are easier for me.	☐	☐	☐	☐	☐
4	My treatment was well planned.	☐	☐	☐	☐	☐
5	I was involved in planning my treatment.	☐	☐	☐	☐	☐
6	Most of my treatment goals were met.	☐	☐	☐	☐	☐
7	I waited a reasonable amount of time to get help.	☐	☐	☐	☐	☐
8	I was supported to get help from other places. (Leave blank if not applicable.)	☐	☐	☐	☐	☐

Please provide any additional thoughts you would like to share about our services:

_____

_____

_____

Thank you for taking the time to let us know about your experiences here. Together, we can make a difference for children, youth and their families!

Place optional information here

Sondage Jeunesse

Ton expérience avec notre service est importante et tes commentaires aideront d'autres familles. L'information que tu partageras avec nous, nous aidera à apprendre non seulement ce que nous faisons de bien mais aussi à nous améliorer.

Toutes les réponses que nous recevrons, incluant les tiennes, seront comptabilisées sur un sommaire d'opinions. Ces sommaires n'identifieront pas d'individus spécifiquement.
Ce formulaire ne prendra approximativement que 5 minutes à compléter.

Votre nom: Prénom: Nom de famille:

Lorsque tu réponds, pense à ton expérience et au plus récent service que tu as reçu. Fais un choix pour chaque déclaration ci-dessous en cochant pour indiquer ta réponse: ton accord ou désaccord. N'écrivez rien si vous ne voulez pas répondre à la question ou si elle ne s'applique pas.

	Déclaration	Fortement en accord	En accord	Ni en accord ni en désaccord	En désaccord	Fortement en désaccord
1	J'ai une plus grande facilité à faire face à mes sentiments.	☐	☐	☐	☐	☐
2	J'ai une plus grande facilité à gérer mes comportements.	☐	☐	☐	☐	☐
3	Les activités quotidiennes sont plus faciles pour moi.	☐	☐	☐	☐	☐
4	Mon intervention a été bien planifié.	☐	☐	☐	☐	☐
5	J'ai été impliqué dans la planification de mon plan de service.	☐	☐	☐	☐	☐
6	La plupart de mes objectifs thérapeutiques ont été atteints.	☐	☐	☐	☐	☐
7	Le délai d'attente avant que je reçoive des services a été raisonnable.	☐	☐	☐	☐	☐
8	J'ai reçu du support afin de recevoir de l'aide d'autres organismes.	☐	☐	☐	☐	☐

 Si tu as d'autres commentaires sur nos services, partage les ici :

_____

_____

_____

Merci d'avoir pris le temps de partager ton opinion sur les services reçus. Ensemble, nous pouvons faire une différence pour les enfants, les jeunes et leurs familles!

Place optional information here

Parent/Caregiver Feedback

Your experiences with our services matter and your feedback will help others. The information you share will help us learn what we are doing well, and how we can improve.

All the responses we receive, including yours, will be combined in feedback reports. These reports do not identify anyone. This form will take about 5 minutes to complete.

Your name: First name: Last name:

Name of your child/youth who received services with us:

First name: Last name:

When answering, think about your recent experiences of the service(s) that you have received here. Place a mark on each row to show how much you agree or disagree with each statement. Leave the question blank if you don't want to answer it, or it doesn't apply to you.

	Statement	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1	My child is having an easier time coping with their feelings.	☐	☐	☐	☐	☐
2	My child is having an easier time managing their behaviours.	☐	☐	☐	☐	☐
3	Daily activities are easier for my child.	☐	☐	☐	☐	☐
4	Treatment for my child was well planned.	☐	☐	☐	☐	☐
5	I was involved in planning my child's treatment.	☐	☐	☐	☐	☐
6	Most of my child's treatment goals were met.	☐	☐	☐	☐	☐
7	My child waited a reasonable amount of time to get help.	☐	☐	☐	☐	☐
8	I was supported to get help from other places. (Leave blank if not applicable.)	☐	☐	☐	☐	☐

Please provide any additional thoughts you would like to share about our services: _____

_____

_____

Thank you for taking the time to let us know about your experiences here. Together, we can make a difference for children, youth and their families!

Place optional information here

Sondage Parent/Aide Familial

Votre expérience avec notre service est importante et vos commentaires aideront d'autres familles. L'information que vous partagerez avec nous nous aidera à apprendre non seulement ce que nous faisons de bien mais aussi à nous améliorer.

Toutes les réponses que nous recevrons, incluant les vôtres, seront comptabilisées sur un sommaire d'opinions. Ces sommaires n'identifieront pas d'individu spécifiquement.
Ce formulaire ne prendra approximativement que 5 minutes à compléter

Votre nom: Prénom:	Nom de famille:
Nom de l'enfant/jeune ayant reçu les services:	
Prénom:	Nom de famille:

Lorsque vous répondez, pensez à votre expérience et au plus récent service que vous avez reçu. Faites un choix pour chaque déclaration ci-dessous en cochant pour indiquer votre réponse: votre accord ou désaccord. N'écrivez rien si vous ne voulez pas répondre à la question ou si elle ne s'applique pas.

	Déclaration	Fortement en accord	En accord	Ni en accord ni en désaccord	En désaccord	Fortement en désaccord
1	Mon enfant a une plus grande facilité à faire face à ses sentiments.	☐	☐	☐	☐	☐
2	Mon enfant a une plus grande facilité à gérer ses comportements.	☐	☐	☐	☐	☐
3	Les activités quotidiennes sont plus faciles pour mon enfant.	☐	☐	☐	☐	☐
4	L'intervention de mon enfant a été bien planifié.	☐	☐	☐	☐	☐
5	J'ai été impliqué dans la planification du plan de service de mon enfant.	☐	☐	☐	☐	☐
6	La plupart des objectifs thérapeutiques de mon enfant ont été atteints.	☐	☐	☐	☐	☐
7	Le délai d'attente avant que mon enfant reçoive des services a été raisonnable.	☐	☐	☐	☐	☐
8	J'ai reçu du support afin de recevoir de l'aide d'autres organismes.	☐	☐	☐	☐	☐

Si vous avez d'autres commentaires sur nos services, veuillez les partager ici :

_____

_____

Merci d'avoir pris le temps de partager votre opinion sur les services reçus. Ensemble nous pouvons faire une différence pour les enfants, les jeunes et leurs familles!

Appendix E

Sample Report

Overview of Client Feedback for the 20XX-20XX fiscal year

Summary of Responses

Out of 216 discharges from regular programs (e.g. excluding outreach) in the 2016-2017 year, we received 119 Client Feedback Forms, or a **55% response rate**.

Questions on the feedback form inform 3 themes: Service Quality, Outcomes and Experience of the System. The latter two are used for Ministry of Child and Youth Reporting. Service quality scores reflects the extent to which caregivers and youth felt listened to, respected and their overall impressions of the service. Outcome scores reflect the extent to which caregivers and youth perceive the impact of the service on their mental health across three domains, emotions, behaviors and daily activities. Experience of the System scores reflect the extent to which caregivers and youth had a positive experience with the service system in terms of the amount of time they waited for service and their participation in treatment planning. Both Outcomes and Experience of the System are also used to calculate values for two Ministry of Child and Youth Services data elements.

Scores on all three domains are very high across the agency, and caregivers score slightly higher than youth.

Summary

Overview by Respondent

Thirteen questions inform the three domains. The graph below shows all agency responses to these questions. The lowest scoring question is about the amount of time clients waited to receive service.

Agency Summary

The following graph demonstrates that scores were slightly high for caregivers (which includes family members, foster parents, and child welfare workers) than youth.
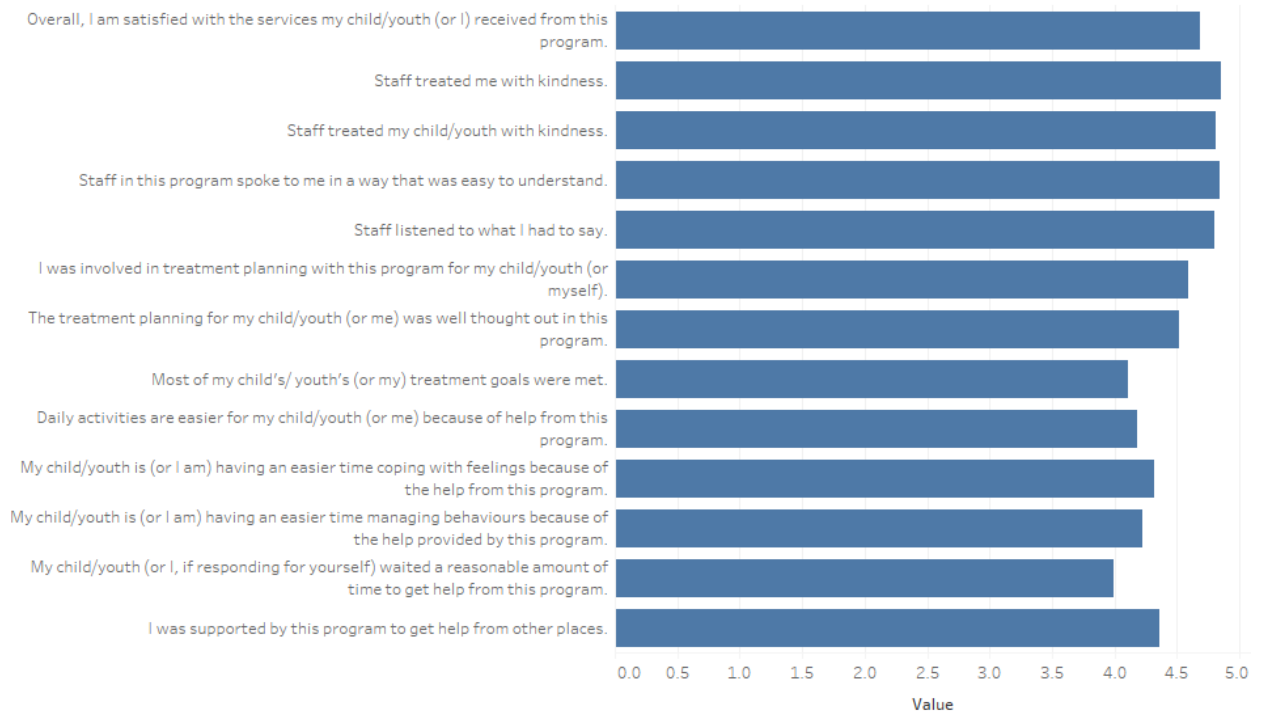
Agency Summary + Respondent

Respondent

Question	Respondent	
Overall, I am satisfied with the services my child/youth (or I) received from this program.	Caregiver	
	Youth	
Staff treated me with kindness.	Caregiver	
	Youth	
Staff treated my child/youth with kindness.	Caregiver	
	Youth	
Staff in this program spoke to me in a way that was easy to understand.	Caregiver	
	Youth	
Staff listened to what I had to say.	Caregiver	
	Youth	
I was involved in treatment planning with this program for my child/youth (or myself).	Caregiver	
	Youth	
The treatment planning for my child/youth (or me) was well thought out in this program.	Caregiver	
	Youth	
Most of my child's/ youth's (or my) treatment goals were met.	Caregiver	
	Youth	
Daily activities are easier for my child/youth (or me) because of help from this program.	Caregiver	
	Youth	
My child/youth is (or I am) having an easier time coping with feelings because of the help from this program.	Caregiver	
	Youth	
My child/youth is (or I am) having an easier time managing behaviours because of the help provided by this program.	Caregiver	
	Youth	
My child/youth (or I, if responding for yourself) waited a reasonable amount of time to get help from this program.	Caregiver	
	Youth	
I was supported by this program to get help from other places.	Caregiver	
	Youth	

0   1   2   3   4   5

Value