

Sample Child Client Questionnaire Feedback Form

SAMPLE Child Client Questionnaire Feedback Form

Overview/Purpose

The purpose of the child client feedback form is to evaluate the services the **[insert agency]** offers to children and families affected by violence and to assess their level of satisfaction with our services. As a **[insert GBV/Child Protection/etc]** program, our main priority is to serve our clients who have suffered from **[insert information]** and are in need of our services. It is our obligation as a program to make sure we are providing the best services possible.

The child client feedback form is one method for us to receive feedback from the children and families we serve. The responses should help us to improve our services and better meet the needs of our clients. This is in no way to evaluate individual staff members and should not be used as a tool to evaluate staff. In addition to our own services, this tool should help us look at the services received by other service providers in order to improve our efforts to strengthen the services provided by partners.

The child client feedback forms should be completed through an interview with the child survivor and his/her caregiver if appropriate (see the guidelines on the child consent form). With the permission of the survivor, **[insert who]** will conduct the interview. Please inform the survivor that no questions about her case will be asked during the questionnaire and it is just to get information on the services she or he received and that all responses will be kept confidential. If the child/caregiver is able to read and write and would like to complete the form on her/his own, this is also acceptable. Make sure to still inform the child that the information she writes on the form will be confidential.

As usual, the needs of the child client should always be considered first and the decision to administer the child client feedback form should be determined on a case to case basis. If the caseworker and officer feel that administering the questionnaire would harm the child client or impact their treatment, the questionnaire should not be administered. As always, the most important principle to follow is to not cause any further harm to the child survivor.

Sample Child Client Questionnaire Feedback Form

INSTRUCTIONS: Child Client Feedback Steps

Step 1: [insert person/position] providing treatment to ask permission from the child client and/or his or her caregiver. Steps for obtaining consent are:

1. If the child is 9 years old or younger, and the caregiver was **actively and positively involved** in the child's care and treatment, the caseworker should obtain consent for the Satisfaction Questionnaire from the caregiver and interview the caregiver only.
2. If the child is between the ages of 10-12 years old, and the caregiver was **actively and positively involved** in the child's care and treatment, the caseworker should obtain consent from the caregiver and interview the caregiver directly. However, children at this age should also be asked for their opinion about the care they received, and if appropriate, can be included in the interview with the caregiver, or interviewed separately. This should be decided on a case by case basis by the [insert person/position].
3. If the child is 14 years and older (14-18), consent for conducting the Satisfaction Questionnaire can be obtained from the child client directly, and the child can be interviewed directly about his/her satisfaction with services provided. If appropriate, the [insert person/position] may also want to conduct a separate interview with the child's caregiver, if they were actively and positively involved in the child's care and treatment. It is required to get the permission from the child survivor FIRST, before approaching the child's caregiver.

Sample Script: "We would like to know how you feel about the case management and counseling services the [insert agency] has provided to you [or your child/family]. We would like to ask you a few questions about the services you received from us. These questions help us to improve our services. Your responses will remain completely anonymous and will not affect your care in any way. Do you agree to speak with the [insert name/position] about the services you received? (Yes/No)

Step 2: Message from the [insert name/position]

- Inform the client(s) that you will ask her/him some questions, but will not write their name on the form and that the interview will remain anonymous
- Remind the client(s) that this will help the [insert agency] provide survivors with better services
- Remind the client(s) that you will not be asking her/him any questions about his/her actual case, but are just interested in the services received throughout case management (if the survivor wants psychosocial support from the [insert name/position] this should not be denied, but the client information should be given to the caseworker separately from this client feedback form)

Sample Child Client Questionnaire Feedback Form

Step 3: Administer Client feedback form/questionnaire

You do not have to participate in the questionnaire but your responses will help us ensure that we provide the best possible services. Will you agree to answer the following questions about the services you received? (Yes / No)

1. How did you find out about the [insert agency name] services (tick all that apply)?

➤ *List out all possibilities here.*

2. Did you ever try to visit the counseling center and find there were no caseworkers present?

2.1 No

2.2 Yes, explain:

3. What kind of assistance were you expecting from [insert program] (tick all that apply)?

➤ *See sample options below – list specific possibilities*

3.1 Counseling /psychosocial support

3.2 Case management

3.3 Assistance going to [health or safety or legal or other service providers]

3.4 Material assistance

4.8 Other: (Resettlement, Shelter)

4. Were your expectations met?

4.1 Yes

4.2 Somewhat, explain:

4.3 No, explain:

5. Were you treated in a respectful way by the [staff person – e.g. caseworker]?

5.1 Yes

5.2 No, explain:

6. Did the [staff person – e.g. caseworker] make you feel comfortable to share your experiences and ask for help?

6.1 Yes

6.2 No, explain:

Sample Child Client Questionnaire Feedback Form

7. For children only: Did **[staff person – e.g. caseworker]** communicate with you in a way that you understood?

8.1. Yes

8.2. No, explain

8. Did you feel like the **[staff person – e.g. caseworker]** blamed you in any way for what happened?

9.1. Yes

9.2. No, explain

9. Did you feel like the **[staff person – eg.s. caseworker]** believed what you told her?

9.1 Yes

9.2 No, explain:

10. Did you get information that was helpful to you?

10.1 Yes

10.2 Somewhat, explain:

10.3 No, explain:

11. Did you feel pressured by any **[staff person – eg.s. caseworker]** at any time to make a decision or do something that you did not wish to?

11.1 Yes, explain:

11.2 No:

12. Did the **[staff person – e.g. caseworker]** refer you to any other services?

12.1 No, because:

12.1.1 Did not need to access other services

12.1.2 Did not want to access other services

12.1.3 Other (specify):

12.2 Yes

➤ *List services providers here.*

13. Did the **[staff person – e.g. caseworker]** follow-up and do what was agreed?

13.1 Yes

13.2 No, explain:

Sample Child Client Questionnaire Feedback Form

14. Do you feel like **[insert agency]** helped you with your problem?

14.1 Yes

14.2 Somewhat, explain:

14.3 No, explain:

15. Do you feel like **[insert agency]** helped you address problems in your family related to the abuse?

15.1 Yes

15.2 No, explain:

16. In general, did you feel better after meeting with us **[insert name agency]**.

16.1 Yes

16.2 No, explain:

15. Do you have any additional feedback or concerns about how the **[insert agency]** program can improve our work with other children and/or families?

Thank you for taking the time to take this questionnaire, we hope that the responses to these questions and your honest feedback will help us improve our services.