

CLIENT SATISFACTION ~ *YOUTH VOICE*

Supporting Service Excellence and Continuous Quality Improvement Program 2011-12 System-focused Development Grant



FOR: **Ministry of Children & Youth Services (MCYS)**
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DATE: **March 2012 - Final Report**

1.0 BACKGROUND

1.1 Project Rationale

It is estimated that for Toronto Region, well over half billion dollars in MCYS government funding is allocated to at-risk children and youth across three sectors: child and youth mental health (CYMH), child protection (CAS), and youth justice (YJ).


While it is well recognized that client satisfaction (CS) has been an integral part of the customer movement, CS alone is not an adequate measure of service quality but it is universally accepted as a necessary measure. For some agencies, CS is a requirement of accreditation e.g. Council on Accreditation (COA). For the not-for-profits/charity sector and despite positive bias risks, CS is valued in that it ensures the client's voice is obtained and messages to service users that practice is client-centered. In short, CS assumes clients are the best source of information on the quality and delivery of services (Royse et al., 2010). The name of this project is: *Youth Voice Project (YVP)*.

1.2 Project Focus

YVP has focused on the voices of service users from three child and youth sectors: children's mental health, child welfare and youth justice. More specifically, it is the voices of youth, ages 12-21, which is the focus of this grant. We posit that youths' voices are unique given their direct service user status coupled with their vulnerabilities. As is highlighted in the findings from the literature review, valid and reliable CS tools are woefully scant (Garland et al., 2006) for the at risk youth populations served by the MCYS youth sectors. Thus, advancing current methods of inclusion of their experiences and related satisfaction is an essential component to improving both agency and system processes and youth outcomes. Project focus and funding is specific to the Toronto Region, which has a populace of 2.85 million, of which youth, ages 13-24, constitute 400,000 or 15% (Statistics Canada, Census, 2006).

1.3 Project Partnerships

This project has broad representation across Toronto service agencies within the Child & Youth Mental Health (CYMH) organizations, some of which also serve Youth Justice (YJ) youth, the four Toronto child protection agencies (CAS), and the evaluation team from the Child Welfare Institute. Project partners offer broad, diverse types of youth programming and capture the range and population of youth served by the three sectors: mental health, child maltreatment, and youth justice. Youth from these sectors may be street-involved, in the community, at home, with kin or kith or living independently, in-care or incarcerated. The Project Team agencies involved in the VIP-Youth project are:

Child/Youth Mental Health	Youth Justice	Child Welfare
1. Delisle Youth Services	1. Central Toronto Youth Services	1. Catholic Children's Aid Society
2. East Metro Youth Services	2. Turning Point	2. Jewish Family & Child Services
3. Central Toronto Youth Services		3. Native Child & Family Services
4. Griffin Centre		4. Toronto Children's Aid Society
5. Oolagen		5. Child Welfare Institute, CAST
6. Rosalie Hall		
7. Turning Point		
8. Yorktown		
9. Youthlink * (lead agency)		

1.4 Definition of Youth

For the purpose of this project “youth” is defined as young people between ages 12-21, served by CYMH and CAS and YJ. These youth are often difficult to engage and serve. They bring a range of diverse considerations and needs.

While most youth served by the partner agencies are included, this project excluded “children”, age 0-11, as they were included in the ECC and CDI submissions. Throughout the study period, the three Toronto Region projects on client satisfaction /client engagement kept each other apprised of the work status and deliverables of their respective project.

2.0 DEVELOPMENT GRANT: YVP (Jan-Mar/2012)

2.1 YVP Guiding Principles

A youth participatory approach underpins the beliefs and values guiding the project. The YVP team identified a number of key guiding principles that informed decisions. For example, regardless if the client satisfaction tool/method is going to be acquired/purchased or it is to be developed through the course of this project, the process and instrument should reflect the following:

PROCESS	INSTRUMENT
<ul style="list-style-type: none">❖ Youth centered approach❖ All sectors value it and use it❖ Tool is flexible, brief and used throughout service continuum: service start, middle, end and follow-up❖ The findings will inform agency practice/policy❖ Commitment to continue to review and revise tools and methods❖ Versatile enough to be used by three youth sectors	<ul style="list-style-type: none">❖ Youth centered approach❖ Sensitive, relevant & unique to youths’ views of CS❖ Easy, accessible, inclusive to a variety of youth of diverse and varied experiences❖ Is short with clear, simple language❖ Is fair and objective❖ Can be translated & used in a various ways (e.g. web-based vs. paper /pencil vs. focus group) by each agency and uploaded as aggregate data❖ Can be readily used across three youth sectors

2.2 Project Questions

Key questions for the development phase of the project included:

- ❖ What does the literature indicate are best practices in this area?
- ❖ What are the current applicable standardized tools? Are they appropriate for this project? Is there a tool that currently works across the three youth sectors? What are the psychometric properties of the tools available?
- ❖ What are the current best practices in this area? Which agencies are leading with best practices in client satisfaction tools for youth?
- ❖ What are the preferred methods for engaging youth and conducting client satisfaction responses?



2.3 Project Methodology

A cross-sector, multi-partner, youth-involved collaborative approach was taken. The methodology was developed to achieve deliverables included:

2.3.1 Phase 1: Development Grant (Jan-March 2012)

Under the guidance of the Project Team (see 1.3)

❖ Activities & Deliverables

Section 3.1-3.4: Conduct a literature review re- youth satisfaction tools; review psychometric properties of tools and key dimensions of CS for cohort

Section 3.5: Conduct a review of Agency Partner tools

Section 3.6: Conduct a review of the current leading edge programs / best practice methods with youth programs that engage youth; explore preferred options re -social media

Section 3.7: Conduct focus groups with youth

❖ Detail recommendations from Phase 1 based on findings

❖ Complete Phase 1 Final Report

Youth representation on the Project Committee was deferred to Phase 2 as Project Team meetings occurred during school hours. Youth voice and views were incorporated through the six youth focus groups that occurred.

The entire Project Team of all agency representatives met five times during Phase 1 to review work deliverables, findings and plan and detail next steps. Minutes are available upon request (**see Appendix A for Work Plan**).

Jan 26, 2012

Feb 15, 2012

Mar 5, 2012

Mar 20, 2012

Mar 28, 2012



2.3.2 Phase 2: Implementation Grant (April/2012-March 2013)

❖ Develop Phase 2 Implementation Grant methodology (e.g. sampling requirements; data collection approaches; data analysis plan; report completion; dissemination plan). This phase will include the development and testing of the tool(s) and other methods (i.e. standardized focus groups, interviews) in practice; examination of the psychometric properties; detailing best practices for the sustained inclusion of youth voice via client satisfaction; recommendations re- resources for sustaining/developing youth CS (e.g. web requirements, analytic demands; the key CS dimensions for youth and the suggested indicators for success).

❖ We anticipate standardization of a CS Youth Voice tool and other methods, or at minimum, a number of identified Youth CS questions/ processes, will allow for comparison of youth satisfaction with MCYS services across agencies and across sectors. We anticipate that this improved shift in practice towards standardized tools and best practices in CS, specifically with youth, will lead to improved resource management across the system.

3.0 FINDINGS FROM LITERATURE REVIEW

3.1 Purpose

The review of the literature on current tools related to youth satisfaction focused on identifying and detailing valid and reliable measures. Nine tools were reviewed and with each the construction of the tool is noted (e.g. number of questions and type – quantitative or qualitative), as are methodological limitations (e.g. psychometric or methodological issues such as response bias) (see Appendix B).

3.2 Summary of Literature: What aspects of service matter most to youth clients?

In order to examine what is known and the respective tools available, both standardized and agency created, it is imperative to first identify and understand what the extant literature indicates are the characteristics of the service experience that youth value the most. There is a growing body of mixed method research that highlights from a client satisfaction perspective that youth tend to focus on the interpersonal aspects of their relationship with mental health providers and the perceived benefits of their care (Aarons et al., 2010). Noted below is a summary of quantitative studies on what is known regarding what matters to youth regarding client satisfaction and their experience with services.

- In a state-wide survey of consumer satisfaction with mental health services in Kansas with 331 youth, youth reported to be most satisfied when **staff included them as members of their treatment team** and were least satisfied when **their viewpoints and needs were not respected** (Martin, Petr & Kapp, 2003).
- In a study exploring the experiences of youth in the Missouri foster care system who were receiving mental health services, 389 youths were asked open-ended questions about their experience with mental health providers (Lee, Munson, Ware, Ollie, Scott & McMillen, 2006). The youth's comments centered on three aspects of their mental health care: **their relationship with their mental health provider**, the **level of professionalism of their provider**, and the **effects of treatment**, including medication management.
- In a 2009 study exploring the experiences of young children and adolescents attending clinical psychology outpatient services, adolescents highlighted issues of **trust and confidentiality within the therapeutic relationship** as being especially important (Gordon & Russo, 2009).
- Another 2009 study explored satisfaction with mental health services among black youth in transition from the foster care system; it found those who expressed more **confidence in mental health professionals and the therapeutic process** also reported greater satisfaction.
- A large qualitative study asked 251 youth and 275 caregivers receiving open-ended questions about their experiences with mental health programs in California; results showed the youth feedback focused on more **types of services, relational aspects**, and on **treatment outcomes** (Aarons, Covert, Skriner, Green, Marto, Garland & Landsverk, 2010).

See Table 1 for a synthesis of response themes from qualitative studies.

Table 1. Synthesis of Youth’s Dominant Response Themes in Qualitative Literature

Service Dimension	Definition
Opportunities to Participate In More Activities	<ul style="list-style-type: none"> ❖ Services related to recreation, school help, life skills training ❖ Having a mentor to do activities with
Service Provider Qualities (Quality of relationship with provider & Quality of provider’s skills)	<ul style="list-style-type: none"> ❖ Communicate acceptance and understanding <i>“They talk like they understand you, and make you feel like you can tell them anything”</i> <i>“She treats me like a person, not a foster kid”</i> ❖ Attentive listening <i>“My worker should go back over what I’m trying to say to make sure”</i> ❖ Willing to engage youth beyond office setting <i>“My therapist took me to a conference to try to help me figure out what I want to do with my life”</i> ❖ Youth feel included in the treatment process <i>“She doesn’t see me as something to diagnose”,</i> <i>“I feel like my views and needs are listened to and respected”</i> ❖ Dependable <i>“I could see him anytime I wanted”</i> <i>“I can count on him”</i>
Treatment Outcomes (Improved functioning in general)	<ul style="list-style-type: none"> ❖ Help with personal and emotional issues <i>“Helped me cope with my father’s and brother’s deaths”</i> ❖ Help with feeling better <i>“They made me feel better about myself”</i> <i>“I feel less depressed”</i> ❖ Experience positive behaviour changes <i>“One kept me from harming myself”</i> <i>“I’ve changed my ways”</i> ❖ Value an improvement in overall family functioning <i>“They’re helping me act better for when I go home”</i>

In summary, the literature indicates there are at least two key challenges with achieving excellence in doing client satisfaction with a youth population:

- ❖ Need to maximize relevancy and completion rates
- ❖ Need to ensure that the client satisfaction tool for youth is sensitive to their views on what is important to evaluate.

3.3 Summary: Metrics for Review of Client Satisfaction Tools for Youth ~ Literature

There is a growing understanding that quality services are best conceptualized as a combination of **research evidence, clinical judgment, consumer choice, and cultural fit** (Aarons, Covert, Skriver, Green, Marto, Garland & Landsverk, 2010). It is important to underscore two points:

- ❖ 1) While client satisfaction evaluation alone is not an adequate measure of service quality, it is universally accepted as a necessary measure. It assumes that clients are the best source of information on the quality and delivery of services (Royse, Thyer & Padgett, 2010). Client satisfaction surveys can be empowering to clients, as it may provide the only opportunity for them to express what is going well, concerns about the services received, and views about what improvements need to be made. Despite the importance of capturing the views of youth, high levels of satisfaction with little variability and low response rates are two key methodological limitations of the research on client satisfaction to date.
- ❖ 2) The literature on tools tends to address issues related to the first two areas (research evidence and clinical judgment). There is scant literature on the later two areas (consumer choice and cultural fit).

Analysis of the literature identified four key areas for examining current tools.

3.3.1 *Determination of psychometric properties*

Youth client satisfaction evaluations must use assessment instruments that accurately capture clients' service satisfaction. Reliability refers to the consistency of results by two different raters of the same event (ppt ref). Validity refers to the extent to which a measure reflects what it is supposed to measure and is adequate/valid for the intended use (ppt ref). The preponderance of the nine tools reviewed indicates good reliability and validity (Spiro, Dekel & Peled, 2009).

3.3.2 *Quality and Relevance of Scales*

Content: Many satisfaction measures in the literature yield generally positive scores with little specificity. They may have strong psychometric properties but their practical utility is limited as they only have one-dimensional scales of satisfaction. Older standardized client satisfaction measures generally focus on global measures of consumer satisfaction (Aarons et al., 2010; Attkisson & Zwick, 1982). The issue with these measures is that they fail to capture the particular dimensions of the service experience that might be most important to service users, and the specific reasons for satisfaction or dissatisfaction with services. This does not help inform service providers about ways to improve the delivery of services. **This fact underscores the importance of developing an assessment tool that moves beyond global measures of client satisfaction and takes into account the unique viewpoint of the youth as clients and service users.**

Origin of items is important to examine when reviewing the utility of satisfaction measures. Some studies do not identify how items were created while others indicate that the items were generated by the researchers or the service providers. **With standardized tools the generation of CS terms used tend not to be informed by the youth users** (Young et al., 1995). This seems somewhat counter intuitive with client satisfaction measures for in order to accurately capture the voices of youth clients, items must reflect the domains of satisfaction most important to youth. It is important not to assume that youth judge their satisfaction with services the same way as researchers, practitioners, or their own caregivers. Finally, it is important to use language that is

youth-friendly that reflects the language the youth themselves use to talk about their experiences with services.

Instrumentation: Most questionnaires consist of Likert-type, ranked responses (Young et al., 1995). This method is valued because it is typically quick to do and responses can undergo statistical analyses. An important component is the use of open-ended questions that inquire about the reasons for client satisfaction and dissatisfaction (Aarons et al., 2010). Wording of questions should be youth-friendly and easy to understand. For example, informed by the feedback of mental health professionals and youth clients, Ayton et al., (2007), changed the wording of their five point Likert scale to: “*very happy*”, “*unhappy*”, “*mixed*”, “*happy*”, and “*very happy*”.

3.3.3 *Sample Selection Bias*

Sampling bias is a critical problem in the collection of data on client satisfaction. Sampling bias generally results from the instrumentation used to collect data and the point in time the tool is administered. Many satisfaction studies are conducted as mail surveys with response rates ranging from less than 2% to 65% (Garland et al., 2000; Young et al., 1995). Shapiro and colleagues attempted to address this issue by conducting satisfaction surveys with youth over the telephone, but were only able to capture 57% of the sample (Shapiro et al., 1997). Self-administered written questionnaires are the easiest, least expensive, and most time-efficient method; however, they are notorious for low return rates, positive response bias, illiteracy, and other language problems (Young et al., 1995). Issues with low response rates or exclusion of participants who have dropped out of services is an area of concern in client satisfaction surveys.

Another issue with CS is low response rates generally yield high levels of reported satisfaction; this is explained by studies that have shown that non-respondents tend to evaluate services more negatively (Garland et al., 2000). Consumers who have terminated services, particularly those who did so early in treatment, may have significantly lower satisfaction than those who remain in treatment, but efforts to involve them in previous research have been largely unsuccessful (Martin et al., 2003). One possible solution is to collect consumer satisfaction information **throughout the service continuum: initial, service completion, and at a follow-up process**. Studies that utilize this method have obtained response rates close to 100% (Young et al., 1995). Charlop, etc (1987) collected data at intake, then repeated mail and phone contacts at 3, 6, and 12 month periods, resulting in data collected from 99 out of the 100 participants.

3.3.4 *Characteristics of youth clients*

Unlike adults, many if not most youth do not seek services for themselves. Given service motivation may differ significantly between adults and youth (e.g. parental instruction or agency compliance vs. voluntary) this may mean youth prioritize dimensions of satisfaction quite differently than do adults (Garland et al., 2000). Aarons and colleagues (2010) found that feedback from youth focused more on ‘*relational aspects of services*’ and on ‘*treatment outcomes*’ while caregivers were more concerned with the ‘*logistics and consistency of services*’. Therefore, it is essential in doing CS with youth populations to develop a specific measure of their satisfaction with services, as opposed to adopting measures developed for adults.

3.4 Analysis of Standardized Satisfaction Tools for Youth ~ Literature (N=9)

Through this review of the literature a total of nine tools were identified and reviewed (see Appendix B for list of tools and analysis).

Nine assessment tools were identified in the literature and reviewed based on the evaluative criteria outlined in Appendix B. Each tool was “accepted” or “rejected”, based on: the utility of their content and processes, their psychometric properties, the utility across the three sectors, and finally, the “goodness” of the match to the YVP Guiding Principles (see 2.1). While many of the standardized tools had merit from a psychometric perspective, none met the metric outlined in the YVP Guiding Principles and almost all were end-of-service tools. **Ergo, all tools noted below were “rejected.”**

1. The Youth Evaluation Form (YEF) (Philips, Philips, Fizens & Wolf, 1974)

YEF was designed to assess youth’s satisfaction with group homes. It captures six dimensions of satisfaction: fairness of staff, concern of staff, effectiveness of programs, pleasantness of program, helpfulness of program, and overall evaluation of program. It has 15 questions, with a mixture of closed-ended Likert-type and open-ended.

Determination: REJECT YEF has multiple dimensions of satisfaction and high test-retest reliability, but it is nearly 40 years old, designed for youth in groups homes, and it is uncertain whether items were derived based on youth’s perceptions of service.

2. Youth Satisfaction Survey (YSS) (Rosen, Heckman, Carro & Burchard, 1994)

YSS is 14 mixed method questions designed to assess the perspectives of youth in the child protection system receiving an array of community based “wrap-around” services, specifically assessing the youth’s sense of involvement in their treatment programs and perceptions about unconditional care.

Determination: REJECT Psychometric properties unavailable, and Likert-type questions only measure global information about satisfaction. Measured bi-monthly, as opposed to just at end of service.

3. Child/Adolescent Satisfaction Questionnaire (CASQ) (Rouse, MacCabe, & Toprac, 1994)

CASQ is a 14 item questionnaire administered to children and youth involved with mental health services. It is identical to the parent version and measures three dimensions of satisfaction with mental health services: treatment effectiveness, satisfaction with services, and the child/provider relationship.

Determination: REJECT It has good internal reliability and validity, looks at multiple dimensions of satisfaction, and uses mixed method questions. It is uncertain as to whether items were derived based on youth’s perceptions of services and is specific to mental health services.

4. Youth Satisfaction Questionnaire (YSQ) (Stuntzner-Gibson, Koren, & DeChillo, 1995)

The YSQ was developed for children ages 9 years old and up for clients receiving a range of community mental health services. It assesses general satisfaction with the quality and quantity of specific services in which a child is involved.

Determination: REJECT Good internal consistency; it is measured at admission and at 6-month intervals. Question wording is geared towards children (use of letter grades), response types include “yes, no, or somewhat” options, which are not sensitive enough, it is adapted from adult satisfaction measures, only measures global satisfaction and is only for community mental health services.

5. Youth Client Satisfaction Questionnaire (YCSQ) (Shapiro, Welker & Jacobson, 1997)

The YCSQ was developed for youth clients, ages 11 to 17, served by a community mental health centre. It captures two dimensions of satisfaction: *relationship with therapist* and *benefits of therapy*. It has 14 Likert-type questions and can be administered over the phone or adapted for a written version. In the development study, 150 youth were administered the telephone survey at the end of service completion, only half of the sample completed the measure.

Determination: REJECT: Good test-retest reliability and convergent validity. Items derived from a literature review, focus groups with clinicians, and focus groups with ten youth. Also, the items are youth friendly and tool is only 14 questions. However, it is only for children’s mental health (use of terms *therapist* and *therapy*) and not necessarily applicable for youth justice and child welfare youth coupled with the fact half the youth did not do it is a concern regarding its relevance.

6. Multidimensional Adolescent Satisfaction Scale (MASS) (Garland, Salzman, and Aarons, 2000)

The MASS assesses the satisfaction of youth served by diverse mental health services. It was developed to address many of the methodological limitations of previous scale development work. It has 21 Likert-type questions measuring the following four domains of satisfaction: 1) *counsellor qualities*, 2) *meeting needs*, 3) *effectiveness*, and 4) *counsellor conflict*. Good test-retest reliability and validity.

Determination: REJECT Items derived from focus groups with 41 youth, developed based on a more representative sample (ethnically diverse and includes more youth who have dropped out), includes youth from three different service sites in the testing, and employs exploratory factor analytic strategies to identify important domains. See Garland and Besinger (1996)’s study for details of the item development stage of the MASS. Problem is it is long (21 questions) and focus is again, only mental health.

7. Kansas Youth Satisfaction Survey (KYSS) (Martin, Petr, and Kapp, 2003)

The KYSS was developed to assess the satisfaction of youth clients ages 12 and up served by 27 community mental health centres in Kansas (331 children). Developed by involving service users and service providers over several stages, the 53-item telephone survey asks youth about the following areas: relationships with their community mental health centre worker, their experience with medication regimen, group work, satisfaction with crisis services, overall satisfaction with the help received, and recent hospitalizations. High internal consistency.

Determination: REJECT Lengthy at 53 items, no indication it is sensitive to diverse youth, it is for mental health clients only, and the development study administered it only to “active” clients. The reported satisfaction levels are very high, possibly reflecting socially desired responses given the low response rates.

8. Child and Adolescent Version of the Verona Service Satisfaction Scale (CAMHSSS) (Ayton, Mooney, Sillifant, Powls, Rasool, 2007)

The CAMHSSS was adapted version of an adult scale to be administered to youth clients served by child and adolescent mental health services. Developed by involving service users and service providers. The self-administered questionnaire has 39 Likert-type items and three open-ended questions focused on seven dimensions: 1) overall satisfaction, 2) access, 3) effect of services, 4) information, 5) professional skills & behaviour, 6) relatives’ involvement, and 7) type of intervention. It has good face validity, content validity, and test-retest reliability.

Determination: REJECT There are many good things about this tool; the items were developed by involving youth, while the 42-item version is too long, there is a briefer 20-item version with good psychometric properties, and it can be administered at any point in time. Again, focus is solely from the mental health perspective.

9. Giving Youth a Voice Questionnaire (GYV) (Gan, Campbell, Snider, Cohen, and Hubbard, 2008)

The self-administered GYV assesses youth’s perceptions of the *client-centeredness* of services specifically for youth with *physical disabilities*. It has 56 Likert-type items focused on four dimensions: 1) *supportive and respectful relationships*, 2) *information sharing and communication*, 3) *supporting independence*, and 4) *teen-centered services*. Good internal reliability, test-retest reliability, and convergent validity.

Determination: REJECT: The positive aspect is it was developed for youth through youth focus groups and there is a 20-item version with good psychometric properties. However, the tool use is for a different sector: health care. Also, it is focused primarily on the experience of youth with physical disabilities, which only make up a small portion of the youth in mental health, youth justice or child welfare sectors (see Appendix B).

3.5 Client Satisfaction Tools for Youth ~ Field

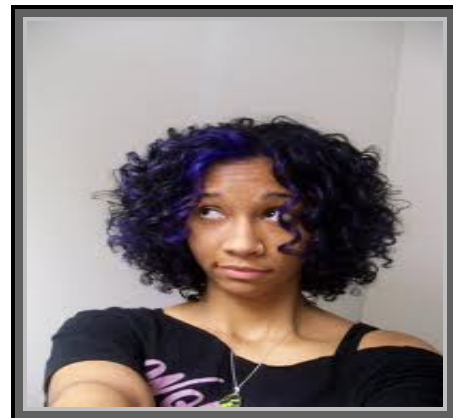
Despite the existence of standardized instruments for the measurement of client satisfaction, MCYS sector agencies have generally developed their own instruments, reflecting dimensions of client satisfaction deemed most appropriate to the particular youth they serve. A total of 14 tools were reviewed and examined; the detailed meta-analysis conducted on the commonalities across agencies' tools regarding the types of data collected and the questions asked is available upon request (**see Appendix C for list of tools and analysis**).

An issue that is common across most of these “home-grown” tools is that their measures have not been rigorously tested for acceptable reliability and validity. Thus, it is uncertain whether they accurately assess client satisfaction from a youth view.

Another barrier to achieving a high response rate with CS youth data that agencies' have identified are the characteristics of the youth themselves. Agencies across the three serve a wide range of youth with varying challenges and issues. For example, youth may be street-involved, in foster or residential care, in the community at home, with kin or kith, or living independently, or incarcerated. Cohorts within each youth sector served may difficult to engage and serve. Youth bring a range of diverse considerations and needs that could be creating barriers to engagement, such as language and cultural issues, cognitive and literacy issues, issues of trust of service providers regarding their concerns, and a more transient lifestyle.

Similar to the findings in the extant research literature, MCYS sector agencies are struggling with methodological issues such as low return rates and positive response bias. For example,

- ❖ *Central Toronto Youth Services (CTYS) serve youth in the youth justice system; they have moved from conducting exit interviews with every client leaving service to a more time efficient method of administering a written version to every client once per year. However a limitation of the written version is that they only capture the voices of active clients, so clients who have dropped out of service or closed are not surveyed (Rolfe, 2012).*
- ❖ *Turning Point Youth Services (TPYS) has noted concerns with a) the low response rates with their annual telephone client satisfaction survey and b) the written part of service client satisfaction survey collects mostly positive feedback.*



Sector agencies clearly need and want a standardized evaluation approach that ensures rigor, relevance and improves response rates. Since youth, ages 12-21, are the primary recipients of all three MCYS service sectors, there is heightened importance to address these limitations in order to ensure their total service experience is captured.

Determination: REJECT All agency tools reviewed. They are either specific to a sector or youth type. With the exception of two, all are just for end of service evaluation. While all use a mixed method approach (quantitative and qualitative data collected) the psychometric properties of these tools have not been established.

3.6 Key Informant Interviews with Leading-Edge Programs ~ Youth (N=7)

Seven leading experts from six agencies in the field of youth engagement were consulted. The purpose of key informant interviews with them was to get their perspective on effective strategies to engage youth in the service satisfaction process (see Appendix D for contact information, greater details on responses and recommendations). The Child Welfare Institute evaluation staff and YVP Team members conducted the interviews. Each informant was advised of the reason for the contact and the project background; their consent was acquired to proceed. They were asked a set of standardize questions:

- What ways effectively engage youth in the service satisfaction process?
- Have you conducted research or developed tools to capture youth voice?

The organizations we consulted with were:

- ❖ New Mentality
- ❖ Mind Your Mind
- ❖ Voyageur Group
- ❖ Youth Voices Project
- ❖ Centre for Excellence in Youth Engagement
- ❖ Involve Youth 2
- ❖ Global E Health

3.6.1 Consensus from Key Informants on Best Practices to Engage Youth in Service Satisfaction

In reviewing the comments across interviews a number of key themes emerged:

- **Key criteria for engaging youth:**
 - Respect
 - Language
 - Transparency
 - Flexibility
 - Youth-friendly
 - Fun and relevant
 - Multiple opportunities for youth voice
 - Recognize accomplishment
- **Key methods for engaging youth**
 - Surveys
 - Interviews & focus /discussion groups
 - Handbooks & materials
 - Video production
 - Photography & visual arts
 - Websites
 - Journalism
 - Music
 - Committees
 - Peer-mentors

3.6.2 Summary from Key Informants: Wise Advice

In sum, make the method and the questions easy, brief and engaging. Web-based is a “must” and it must be welcoming to youth. Use the voice of youth to give it authenticity. Use a broad spectrum of methods to engage youth. Allow them to tell their opinion in creative ways. Examples include: poetry, blogs and music as well as the more traditional ways of asking – like surveys, open-ended questions and interviews. Use incentives like free downloads they can claim immediately or gaming opportunities that build points over time. Invest in keeping the web site fresh – create reader interest and traffic. Use caring language - close the “researcher-subject” gap. Use it help the youth - link facts and information and data with the survey. This is best illustrated by *Mind Your Mind* and their 2010 program evaluation which demonstrated a *160% improvement in youth accessing formal and informal supports* as a result of utilizing web-based resources compared to a national survey. Finally, design it to be as flexible and modular as possible, which allows you to offer it to other organizations/sectors.

3.7 Summary of Findings from Focus Groups With Youth (N=6 Groups)

One of the first tasks of the YVP Team was to describe the unique youth populations served across the three sectors. By no means exhaustive, the list below is intended to flag the diverse service types and broad issues experienced by the youth served by the three youth sectors as well as note some of the complexities in developing client satisfaction methods.

Child/Youth Mental Health, Child Welfare & Youth Justice	
Voluntary Youth Clients	Involuntary Youth Clients
Mental Health	Dual Diagnosis /multiple diagnoses
Not Child/Youth mental health involved	Child/Youth mental health involved
Not Child Welfare involved	Child Welfare Involved
Not Youth Justice involved	Youth Justice involved
Prevention / participants = (not open)	Intervention/Registered = open
Young teens	Older teens
Single Sector involved only	Multiple Sector involvement
In Community ~ Not in Care	In Care / In Youth Custody
Literate	Literacy challenges
Straight	GLBTQ
Housed	Street involved
Youth not a parent	Youth a parent
Diverse Culture – born here	Diverse Culture -newcomers
Youth Transitioning to adult sector	

3.7.1 Focus Group Questions

In order to hear from the youth on this topic a series of six focus groups occurred with a total of 54 youth involved with at least one of the youth sectors. Standardized focus groups questions were used. Each focus group was 45-60 minutes in length.

FOCUS GROUP QUESTIONS	
Questions to Youth...	...to Determine
◆ What is your experience in doing surveys and providing feedback?	❖ <i>What are the essential questions from their perspective?</i>
◆ What makes you want to do a survey?	❖ <i>Are there better ways to engage youth in systematically and accurately capturing their voice?</i>
◆ What is the best/preferred method to tell us how we did in serving you?	❖ <i>Is there a preferred method?</i>
◆ What are the important questions we should be asking you about your experience with _____? What should we be asking about?	❖ <i>Is there a preferred tool?</i>

3.7.2 Sample of Youth

The Child Welfare Institute evaluation staff conducted the focus groups. Groups were held throughout the month of March at different agency sites. A study information sheet was provided to each youth along with a consent form that the youth signed (**see Appendix E**).

Names of youth were not used in the data collection process – each youth was assigned a non-identifying number and their responses coded to that number. Upon completion of the focus group each youth was provided with a \$20 study honorarium.

Youth Cohort	Sector	Sector %	Gender	# Youth
CMH - New Immigrant / Newcomer	❖ Child/Youth Mental Health	43%	Mixed	7
CMH/CW - Residential	❖ Child/Youth Mental Health		Mixed	3
CMH – community clients	❖ Child/Youth Mental Health		Mixed	13
Youth Justice	❖ Youth Justice	22%	Male	12
Child Welfare – in care	❖ Child Welfare	35%	Female	8
First Nations	❖ Child Welfare		Mixed	11
TOTAL		100%		54

3.7.3 Focus Group Methodology

Each of the focus groups underwent simultaneous translation. In other words, in addition to the focus group facilitator there was a focus group recorder who typed the youths’ comments exactly as they were said in real time. The youth were invited to review the comments at the end of the groups.

The qualitative data were reviewed and cleaned by both the recorder and facilitator to ensure accuracy. Analysis involved conducting thematic and content analysis on the youth’s comments across the six groups.

The youth had much to say on the topic. Analysis divided their comments into two general areas: preferred survey design and question content.



3.7.4 Focus Group Data Findings

IN speaking with the youth they were remarkably consistent in what they wanted and did not want with a client satisfaction tool (see Table 2). Their responses mirror in many ways the findings from the literature (refer to Table 1).

Table 2. Synthesis of Youth’s Dominant Response Themes ~ YVP Focus Groups

FOCUS GROUP ANALYSIS	
Survey Design	Question Content
<ul style="list-style-type: none"> □ They want to share their opinion, but only if something is done with the data. □ All groups expressed that an incentive helps (i.e. Money or chance to enter a draw to win a good prize, gaming opportunities). □ Agreement that youth should be given options; they want a choice of how to give their feedback (i.e. Some prefer online, some pen-and-paper, and some prefer an interview because it’s more “personal” and a chance to elaborate). □ General interest in using online technology because it is convenient, but feelings were mixed and many expressed concern with it around: <ul style="list-style-type: none"> • Feeling safe: <i>“Not twitter or Facebook because that is our personal space”</i> <i>“Instead, have a link to agency site or survey site from FB fan-page”</i> <i>“Everyone can go on the internet, everyone can see what you’re doing”</i> • Accessibility: <i>“Some youth don’t have a computer”</i> 	<ul style="list-style-type: none"> o Have open-ended as well as closed-ended to have the chance to express their opinion o Simple, clear with no repetition (“get to the point”) o Be brief (10 to 15 minutes maximum with 10 questions maximum) o Have a 6-8 quantitative, check-off questions and a few open-ended questions like... <i>How do you feel about the program?</i> <i>What don’t you like about this service?</i> <i>What could make this service better for you?</i> <i>What do you need?</i> <i>What was your best and worst experience?</i> o Ask about the quality of worker (trustworthy, good listener, non-judgmental) o Ask about the helpfulness of program o Ask for feedback throughout service at the beginning, middle, and end. They especially wanted to provide feedback on their experience early on to give the agency the information in order to improve the service before it ended. o While they thought some questions would be the same regardless of agency or sector (e.g. Worker quality, service helpfulness) they envisioned specific questions too. For example: <ul style="list-style-type: none"> o Residential cohort: <i>Do you understand the rules? Do you find that they help you? Do you feel safe?</i> o Newcomer cohort: <i>Does worker communicate clearly? Are you improving your grammar? Do you have difficulty getting to the program?</i> o CAS cohort: <i>Do you feel safe? What are you entitled to as a foster child?</i>



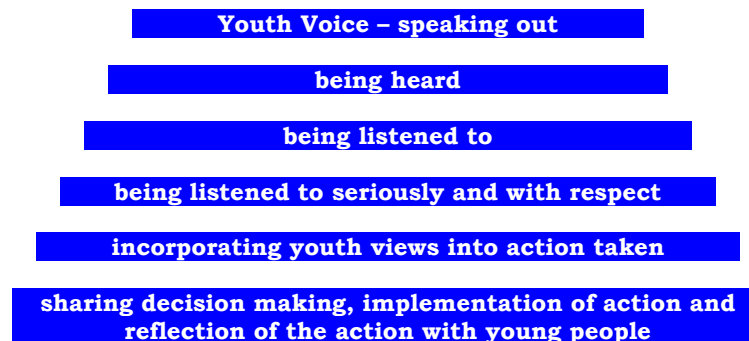
4.0 SUMMARY OF FINDINGS

The Youth Voice working group reviewed the wealth of information from the literature review, the standardized measures review, the key informants, and the comparison of current measures used by individual youth serving agencies. There was unanimous consensus that in order to achieve a client satisfaction method for youth that will be relevant, respective and useful that we will need to design our own key questions drawing from the knowledge gleaned in order to best tap into a more meaningful client experience of service, rather than the more surface type of client satisfaction information traditionally obtained. We noted that the relationship and therapeutic alliance aspects of service are considered critical both in the literature and by the youth.

The youth who participated in our focus groups provided invaluable information – they confirmed that the tool needs to be brief, easy to understand and easy to do. They want a choice of different modes to be offered, whether it is web based, smartphone or ipad app based; they are open to paper and pencil methods too and they also want the option of sitting down and talking with someone about their experience. In short, they want a variety of methods in order for the feedback method to be accessible for the variety of youth served by the sectors. They want their individual feedback and comments to be heard and they feel the qualitative questions to be very important.

The working group agreed the questions and tools needs to be used at different points in service for a variety of reasons with data that is easy to aggregate. There will be a need voice capability in order to explain to youth who may have literacy and language issues, the purpose of the survey, and information about confidentiality. For some youth it will be ideal if they could respond in kind by recording their verbal answer. We also want the activity to be fun, interesting and have some kind of incentive built in to assist in our goal of higher response rates.

Due to these factors, the working group assessed that Phase 2 will focus on developing youth friendly, interactive, visual software on a flexible, modular platform. This is key in implementing a tool that will be innovative, able to be easily modified over time as needed, and be useful as a universal, consistent survey for the wide variety of youth whose input we desire. The goal: a web-based platform that can then be translated for smartphone and ipad apps. Phase 2 will have a diverse group of youth form a youth 'working committee' to aid in piloting the language, provide input into the specifications, inform the design of the tool, and test the initial results for further adjusting. In short, Phase 2 will emphasize the software aspect of the tool development and piloting.



5.0 IMPLEMENTATION GRANT – EVALUATION PLAN (Apr/12- Mar/13)

5.1 Creation of Plan

Together with YV partner working group, the lead IT consultant, and the Youth Committee, the next phase of the implementation segment will be developing the specifications document as described in the following:

5.1.1 *Functional Specification*

Prior to beginning any programming related to this project there is a need to develop specific details about parameters desired for the final product. More specifically a *functional specification* is required. This is a,

- ❖ Formal document used to describe this detail for software developers about the product's intended capabilities, appearance, and interactions with users.
- ❖ An application program that shows the visual appearance of the user interface and describes each of the possible user input actions and the program response actions.
- ❖ It contains formal descriptions of user tasks, dependencies on other products, and usability criteria.

For a sense of where the *functional specification* fits into the development process, here are a typical series of steps in developing a software product such as will need to be done in the development in the next stage of the Youth Voice client satisfaction project.

5.1.2 *Specifications Document*

This serves as a:

- ❖ Blueprint for agreement among the participants about the functions of a system / product;
- ❖ Is the document that the companies responding to an RFP use to measure how closely their product meets the requirements, or if the product is programmed from scratch, how they can accomplish the task;
- ❖ The selected company and developer will be challenged to create a product that matched the specifications described in the RFP.

The development of the specification document will include:

- A The 'Requirements' or a statement of what the product planners informed by their knowledge of the marketplace and specific input from existing or potential customers believe, is needed for a new product or a new version of an existing product.
- B The project 'Objectives' or a specific description of what the product will look like. Objectives may describe architectures, protocols, and standards to which the product will conform.
- C The 'Logic specification', or the structure of the programming
- D The 'Test plan' which will describe a formal test plan for the product

5.2 The RFP Process and Selection

The steps in the Request for Proposal process include the following:

- ❖ Issue the RFP
- ❖ Team review of the responses to the RFP
- ❖ Measure the fit of an existing product against the functional specifications
- ❖ Decide on the successful bidder
- ❖ Develop a contract with cost and timeline

5.3 Development

- ❖ Work with the developer to ensure clear understanding of the expectations
- ❖ Review and monitor the project plan to ensure it is on time and on target
- ❖ Test at intervals
- ❖ Communicate regularly with the team to ensure the product meets their needs

5.4 Testing the Final product

- ❖ Working with various agencies and youth test the product within the various scenarios it will be used
- ❖ Refine as needed

5.5 Pilot Launched with a select group of agencies

- ❖ Monitor
- ❖ Review and make changes as needed

5.6 Full Launch of Product

- ❖ Follow-up and measure and evaluate its success at 6-month intervals

Youth Voice ~ Client Satisfaction



COMING SOON

5.7 Budget – Phase II Youth Voice

BUDGET YOUTH VOICE - IMPLEMENTATION Phase II Item & Description	Amount
<p>Staff time: <u>Lead researcher:</u> Develop specific language for questions in tool to pilot with working group and youth focus groups</p>	\$ 5,000.00
<p>Purchased Service: <u>Digital Application Costs:</u> preparation of functional specifications and issue the development RFP</p> <p>Database: Purchase database to manage data for each agency and to aggregate the data into a single database for reporting purposes.</p> <p>Development of web interface: social game, youth video re instructions, avatar, confidential codes, incentives and pilots with agency and youth working groups</p> <p>Develop Smart phone mobile application</p> <p>Programming of report features to develop both individual and aggregate data reporting</p>	<p>\$ 3,000.00</p> <p>\$ 25,000.00</p> <p>\$ 5,000.00</p> <p>\$ 5,000.00</p>
<p>In Kind <i>Knowledge transfer activities / dissemination (printing, uploading on web etc.)</i></p> <p><i>Project Coordination: organizing, attending and summarizing meetings, communication with partners throughout the process; managing grant timelines, deliverables and budget</i></p> <p><i>Meeting Costs (staff travel, focus group refreshments) etc.</i></p>	<p>\$ 1,500.00</p> <p>\$ 9,000.00</p> <p>\$ 1,000.00</p>
<p>Youth Honoraria Honoraria for youth YV Workgroup and Youth Committee focus groups: 100 youth @ \$20</p>	\$ 2,000.00
<p>Admin – 10% (supports program evaluation management, coordination, operating costs and administrative support including printing costs, photocopying, financial record and bookkeeping, general office supplies)</p>	\$ 4,500.00
Total Project Costs	\$61,000.00
TOTAL 2011-2012 REQUEST	\$49,500.00

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APPENDIX A: YOUTH VOICE: Work Plan Jan- Mar 2012

	JANUARY	FEBRUARY	MARCH
<p>Confirm Partner Agencies <i>See attachment</i></p>	<p>CMH: **Youtlink (CMH), ** East Metro Youth Services (CMH), Rosalie Hall (CMH), Oolagen (CMH), Griffin-Centre (CMH), Yorktown (CMH), Delisle (CMH), YJ: Turning Point (CMH/ YJ), Central-Toronto Youth Services (CMH/ YJ) CAS: CAST, CCAS, JC&FS, NCFST, Evaluator: CAST-CWI</p>		
Literature Review	<p>* CWI commence review & identification of published/non-published literature /identification of leading programs re- youth satisfaction tools and best practices</p>	<p>* Identify key tools, identify psychometric properties where available; interview tool developers as needed; acquire tools where possible key domains for tool</p>	<p>Interview Key informants re literature review as needed; purchase tools as needed;; Complete literature/program review & write review Prepare literature review for attachment to Final Report</p>
Program Review		<p>* Conduct key informant interviews with key/lead youth programs</p>	<p>* Conduct key informant interviews with key/lead youth programs; analyze data to inform YV project</p>
Agency Tool Review		<p>*Review all tools partner agencies use in CS</p>	<p>Review all tools partner agencies use in CS</p>
Focus Groups with Youth		<p>* Identify key youth groups for focus groups, detail focus group questions</p>	<p>Conduct focus groups with 6 different youth groups across the 3 sectors, analyze data to inform project</p>
<p>YV Research Committee</p>	<p>* Meeting of all project members re- project deliverables * Detail Guiding Principles * Scope of Youth</p>	<p>* Meeting of all project members re- project deliverables * Determine project scope & youth cohort focus * Commence identification of key domains for tool * Review current Youth Satisfaction tools /methods used in partner agencies * Based on youth cohort selected, draft Youth Voice focus group/ key informant questions</p>	<p>* Meeting of all project members re- project deliverables * Review and determine preferred methodologies/ tools * Purchase/ draft preferred tools/identify methodology * Detail costs, partners * Draft implementation plan for Phase 2 * Meeting of all project members re- Final Report * Identify Project Findings & Recommendations * Review & approve Final Project Report * Submit Final Project Report</p>
	<p>Project Lead Liaisons with Other CMH Projects</p>	<p><i>Project lead liaisons with Child/Family Satisfaction Project</i></p>	<p><i>Project lead liaisons with Child/Family Satisfaction Project</i></p>
<p>Research Lead Liaisons with Other Researchers of Other CMH Projects</p>	<p><i>Project Researcher liaisons with Lead researchers with Child/Family Satisfaction Project (ECC) & Youth Trauma/Social Media Project (CDI)</i></p>	<p><i>Project Researcher liaisons with Lead researchers with Child/Family Satisfaction Project & Youth Trauma/Social Media Project - to review recommended tools/ methodologies</i></p>	<p><i>Project Researcher liaisons with Lead researchers with Child/Family Satisfaction Project & Youth Trauma/Social Media Project- to review recommended tools/ methodologies</i> <u>Share Final Project Reports</u></p>

Appendix B: Literature Review of Standardized Youth Client Satisfaction Measures

Tool	What is it measuring?	Number of Questions/ Method	Cohort	Timing	Reliability/ Validity (psychometric)	Strengths	Limitations
1) Youth Evaluation Form (YEF) (Phillips et al., 1974)	Designed to assess adolescents' satisfaction with <u>group homes</u> Dimensions: 1) fairness of staff 2) concern of staff 3) effectiveness of programs 4) pleasantness of program 5) helpfulness of program 6) overall evaluation of program	15 questions -Likert-type questions with space left for qualitative comments -Open-ended questions	Adolescent clients, specifically those attending group homes	Not available	GOOD High test-retest reliability (alpha = .89)	Looks at multiple dimensions of satisfaction	Nearly 40 years old
2) Youth Satisfaction Survey (YSS) (Rosen et al., 1994)	Designed to assess perspectives of youth receiving an array of <u>community-based, "wrap-around" services</u> Dimensions: youth's sense of involvement in their treatment programs and perceptions about unconditional care	-14 questions on youth's living situation -8 Likert questions on each specific service the client is involved in	At risk youth involved in <u>"wrap-around" services</u>	Measured bi-monthly over the phone Written version?	Not available	Questions specific to youth clients served by "wrap-around" services	Provides only global information about satisfaction
3) Child/ Adolescent Satisfaction Questionnaire (CASQ) (Rouse et al., 1994)	- measures three dimensions of satisfaction: 1) treatment effectiveness 2) satisfaction with services 3) child/provider relationship	- 12 Likert questions - 1 multiple choice question about treatment obstacles - open-ended question for additional comments	- administered to <u>children and youth involved in mental health services</u>	Not available	GOOD Internal reliability of .88 indications of validity	Looks at 3 dimensions of satisfaction - uses both quantitative and qualitative methods	
4) Youth Satisfaction Questionnaire (YSQ) (Stuntzner-Gibson et al., 1995)	Part 1: General satisfaction; 3 items focus on <u>quality of service</u> and 2 items focus on <u>quantity of service</u> Part 2: Satisfaction with a specific service and activity in which a child is involved	Part 1: 5 questions ("yes/no/somewhat" options) Part 2: Grade (A to F) each specific service client is involved in	-Children age 9 years old + -Developed for youth clients who receive a diversity of services (i.e. CMH or CAS)	Measured at admission to program and at six-month intervals thereafter	GOOD Items 1, 2, and 5 are internally consistent (alpha = .80)	Brief and simple Service specific ..services and activities are listed by clients Grading system familiar tool to youth Done repeatedly	Global info only re satisfaction -differentiation re specific service aspects is ltd -Adapted from adult satisfaction -Positive wording risks desirability bias

Appendix B: Literature Review of Standardized Youth Client Satisfaction Measures

Tool	What is it measuring?	Number of Questions/ Method	Cohort	Timing	Reliability/ Validity (psychometric)	Strengths	Limitations
5) Youth Client Satisfaction Questionnaire (YCSQ) (Shapiro et al., 1997)	Two dimensions: 1) relationship with therapist 2) benefits of therapy	14 Likert questions Administered over the phone, though can be adapted for a written instrument Takes approx. 8 minutes	Youth clients 11 to 17 years old served by a community mental health centre	Measured at time of service completion	GOOD test-retest reliability of .92 (alpha = .90) Convergent validity indicated for 5 measures	Developed by involving service users and service providers in several stages Designed to be comprehensible to an 11 year old with low average intelligence Designed to yield specific, differentiated information about service satisfaction Directions and item wording attempt to minimize social desirability response bias	Development sample consisted of outpatient psychotherapy clients 43% attrition rate in development study: 31% declined to participate 38% due to clients not having phones or lack of contact information

Appendix B: Literature Review of Standardized Youth Client Satisfaction Measures

Tool	What is it measuring?	Number of Questions/ Method	Cohort	Timing	Reliability/ Validity (psychometric)	Strengths	Limitations
6) Multi-dimensional Adolescent Satisfaction Scale (MASS) (Garland et al., 2000)	Measures the following four domains of satisfaction: 1) Counsellor qualities 2) Meeting needs 3) Effectiveness 4) Counsellor conflict	21 Likert-type questions Self-administered written questionnaire	Assesses satisfaction of youth served by diverse mental health services	Administered the scale before or after clinic visits	Good internal consistency (alpha = .91) Good test-retest reliability (alpha = .88)	Developed based on a representative sample (ethnically diverse, includes drop-outs, and youth from three different service sites) of youth Used factor analytic strategies to identify key domains	Uncertain as to whether it can be generalized for use with all three youth service sectors
7) Kansas Youth Satisfaction Survey (KYSS) (Martin et al., 2003)	Two sections: 1) Asks youth to report on their relationship with a CMH worker of their choice: trust, confidentiality, and expectations of the worker 2) Asks questions about diverse topics: medications, group work, use and satisfaction with crisis services, overall satisfaction, and recent hospitalizations	53 questions Telephone survey instrument	Youth clients of CMHA age 12 and above	Administered to "active" clients	GOOD High internal consistency (alpha = .86)	Developed by involving service users and service providers in several stages Final revision tested on large sample of youth (n=331)	- reported high levels of satisfaction, possibly reflecting social desirability responses and a low response rate

Appendix B: Literature Review of Standardized Youth Client Satisfaction Measures

Tool	What measuring	Number of Questions/ Method	Cohort	Timing	Reliability/ Validity (psychometric)	Strengths	Limitations
8) Child and Adolescent Version of the Verona Service Satisfaction Scale (CAMHSSS) (Ayton et al., 2007)	Seven dimensions: 1) Overall satisfaction 2) Access 3) Effect of Services 4) Information 5) Professional skills & behaviour 6) Relatives' involvement 7) Type of intervention	39 and 20-item version (Likert questions) Three open-ended questions Postal recruitment	Youth clients served by child and adolescent mental health services (CAMHS) 39 and 20-item version for general CAMHS outpatient population (CAMHSSS-20 & CAMHSSS-39) Inpatient/day-patient unit is (CAMHSSS-Unit)	Administered to participants at different stages of their treatment	- Good face and content validity and test-retest reliability	Developed by involving service users and service providers in several stages. Brief version.	Postal recruitment method lead to low response rate Ethnic minorities did not participate in the development study
9) Giving Youth a Voice Questionnaire (GYV) (Gan et al., 2008)	Assesses youths' <u>perceptions of client-centeredness of services</u> Four Dimensions: 1) supportive & respectful relationships 2) information sharing/ communication 3) supporting independence 4) teen-centered services	Self-administered -56 items using a 7-point rating scale ("How much..." does a particular behaviour happen – 7 (a lot), to 4 (sometimes), and 1 (not at all), with 0 not applicable) Takes approx. 15 to 30 minutes	Developed to measure the perceptions of client-centeredness of services for youth with <u>physical disabilities</u>	Not available	GOOD Good internal reliability and test-retest reliability Good convergent validity	Items generated from a lit review on adolescent health care and youth focus groups Dutch GYV-20 has good construct validity and reliabilities	Development study had a small sample size, use of convenience samples, and poor response rate

Appendix C: Partner Agency Youth Client Satisfaction Tools

Agency	Tool	Cohort	# of Questions/ Method	Strengths	Weaknesses
CHILDREN'S MENTAL HEALTH / YOUTH JUSTICE					
1) CTYS	Client Quality Survey	Youth justice and children's mental health	15 Likert questions 4 open-ended questions	- based on key quality indicators and dimensions developed by CIHI: overall satisfaction, global quality, acceptability, accessibility, appropriateness, effectiveness, efficiency, respect & caring, safety, and timeliness	- psychometric properties?
2) Delisle Youth	Pre Service Client Survey	Children's mental health	Section 1: Evaluate statements around intake experience (7 Likert type items) Section 2: 7 questions around client demographic Info	- Brief	- better to start with demographic info (most neutral questions) first
3) EMYS	Consumer Satisfaction Survey 2010	Children's mental health	19 questions: phone & online - 3 background - 7 Likert type - 4 Yes/No questions - 3 qualitative	- consists of a variety of question types - inquires about specific skills client perceives he/she has learned and demonstrated - inquires about the specific ways client's life has "improved"	- psychometric properties? - Yes/No scale - Likert questions but no subheadings - "improved" bias wording?
4) Griffin Centre	Client Feedback Survey	Children's mental health	13 questions - 10 yes/no questions (relationship quality, general satisfaction) - 1 general satisfaction Likert-type - 2 qualitative questions	- Brief	- Yes/no/sometimes not specific enough
5a) Oolagen	Client Satisfaction Questionnaire	Children's mental health	12 questions - 8 Likert type - 4 open-ended	- begins with, "we are interested in your <u>honest opinions</u> , whether they are <u>positive or negative</u> " - mixture of closed and open-ended questions - Likert scales give specific response types and worded in a way that youth understand	- psychometric properties? - only general satisfaction questions asked
5b) Oolagen	Walk-in Therapy Clinic Client Evaluation	Children's mental health	11 questions - 6 Likert type - 3 open-ended - 2 yes/no	- Begins with, "your feedback will be used to <u>make changes and advocate for the need for this service</u> " - Brief (3 minutes to complete) - * designed to be filled out at any point in service delivery - follows up Yes / No questions with open-ended query	- psychometric properties?
6) Turning Point	Version of CAST CSQ	Youth justice and children's mental health	11 Likert questions (6 point scale)	- measures more than general satisfaction; asks questions around 5 dimensions: tangibles, reliability, responsiveness, assurance, and empathy	- psychometric properties? - does not consist of qualitative measures

Appendix C: Partner Agency Youth Client Satisfaction Tools

7a) Yorktown	Parenting Group Evaluation	Child and family mental health	10 Likert questions related to service quality (6 point scale) 4 open-ended questions	- both quantitative and qualitative items	- psychometric properties?
7b) Yorktown	Client Evaluation Questionnaire	Child and family mental health	17 questions - 12 Likert type - 5 open-ended		- psychometric properties?
8a) Youthlink	Feedback on Programs	Children's mental health	19 questions ("yes" or "no" questions) Subheadings: - how you got involved with Y? - what was hard about getting involved with Y? - the connection between you and your worker ? - what you got out of Y? - barriers you have faced in your life while at Y?	- "There are no right or wrong answers" blurb in instructions. - Subheadings for different questions - Chart format (easier to read) - inquires about specific skills client perceives he/she has learned and demonstrated - inquires about the specific ways client's life has "changed for the better"	- long - Yes/No scale (not specific enough?) - "changed for the better" biased wording? - psychometric properties?
8b) Youthlink	Client Satisfaction Exit Survey	Children's mental health	53 questions with Subheadings: - Relationship with staff (6 Likert type) - Access to service/participation in decision-making/respect for client (3) - Space (4 Likert type items) - Goal setting (4 Likert type items) - Service effectiveness (9 Likert items) - Service impact on other areas of life (12 Likert type) - overall experience (1 Likert type item) - 4 open-ended questions - demographic data	-Types of questions organized into subheadings - Elaborates on the meaning of each subheading ("timely access to service = did you have to wait a long time to get help?") - Chart format (easier to read)	- long (time consuming) - Asks about demographic info last

Appendix C: Partner Agency Youth Client Satisfaction Tools

Agency	Tool	Cohort	# of Questions/ Method	Strengths	Weaknesses
CHILDREN'S AID SOCIETIES					
1a) CAST	Client Satisfaction Questionnaire	Child welfare	11 Likert questions (6 point scale)	- measures more than general satisfaction; asks questions around 5 dimensions: tangibles, reliability, responsiveness, assurance, and empathy	- psychometric properties? - does not consist of qualitative measures
1b) CAST (Adolescent Team Program)	Youth Questionnaire	Child welfare	9 Likert questions related to service quality (6 point scale) 3 open-ended questions		psychometric properties?
2) JFCS	Feedback Survey	Child welfare	9 questions ("yes", "no", or "somewhat") space for comments after each question	- both quantitative and qualitative items	- psychometric properties? - scale low internal reliability

Appendix D: Key Informant Interviews with Leading Programs

Leading Edge programs in Engaging Youth Voice	Contact Information	Focus	Recommendations
<p>1. The New Mentality http://www.thenewmentality.ca</p>	<p>Contact: Cathy Dyer 40 St. Clair Avenue East, # 309 Toronto, Ontario, Canada M4T 1M9</p> <p>Phone: (416) 921-2109 x: 33/35 Toll Free: 1-888-234-7054 Fax: (416) 921-7600</p> <p>cathy@thenewmentality.ca</p>	<p>Initiatives to engage youth in anti-stigma projects allied with mental health agencies. The New Mentality uses surveys, interviews, and focus groups to evaluate what good youth engagement in these projects looks like (from 7 different New Mentality projects, 24 interviews, 4 focus groups, and online surveys).</p>	<p>- <i>Youth Engagement Standards for Child and Youth Mental Health Agencies</i> (February 10th 2011) is a report jointly created by The New Mentality, professionals, and youth</p> <p>- Provides Youth Engagement accreditation standards, to set the standard for children and youth mental health centres in practicing meaningful youth engagement</p>
<p>2a. Mind Your Mind Mindyourmind.ca</p>	<p>Maria Luisa Contursi, Program Director mlc@mindyourmind.ca</p>	<p>Award-winning website for youth to access info, resources, and tools during tough times. They have a forum for youth to share their voices through artistic expression, information about how to seek help, and coping tools.</p>	<p>- Recent evaluation of website indicates which applications youth use the most (see below)</p>
<p>2b. Mind Your Mind Pro Mindyourmindpro.ca</p>	<p>Christine Garinger (Researcher and Program Evaluator)</p> <p>Family Services Thames Valley</p> <p>125 Woodward Avenue London, ON, Canada N6H 2H1 519-858-3502 ext. 2 christine@mindyourmind.ca</p>	<p>Innovative web-based and social media tool to enhance service providers' practice with youth. Considering that the internet is the first point of access to mental health services for many youth, it is a promising medium to administer our Youth Voice tool. Mindyourmind.ca is a good model of a website that effectively engages youth.</p>	<p>- provides survey and website design recommendations (see below)</p>
<p>3. Voyageur Group</p>	<p>Dr. Kim Snow, CCW, MSW, Ph. D. Associate Professor, School of Child and Youth Care Tel: 416-979-5000, ext. 4593 E-mail: ksnow@ryerson.ca</p>	<p>With an interest in <u>concepts of voice and participatory methods</u>, Dr. Snow facilitates a youth advocacy group led for and by youth with the aim of engaging youth transitioning out of child protection care in post-secondary education</p>	<p>- Dr. Snow is an advocate of youth taking ownership over projects that impact their lives; however, spoke to the challenges of fully involving youth in the development of a client satisfaction tool</p> <p>- To Dr. Snow, for youth to take true ownership over projects, they need to have been developed and led by youth themselves</p>

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<p>4. Youth Voices Project</p> <p>www.teennet.ca</p>	<p>TeenNet Research Program Project led by Dr. Harvey Skinner Department of Public Health Sciences, Faculty of Medicine, University of Toronto</p>	<p>The project was established in 1995 to develop practical ways to engage youth in health promotion using interactive technologies.</p>	<ul style="list-style-type: none"> - Developed <i>Youth Voices: A Guide for Youth Expression and Action</i> - Guide as to how to effectively engage youth in the research process (see below)
<p>5. InvolveYouth2</p>	<p>Sutha Balasingham 416.397.0442 safety2@toronto.ca</p> <p>Social Development, Finance and Administration Division City Hall, 14th Floor, East Tower 100 Queen Street West Toronto, ON M5H 2N2</p>	<p>Guide to meaningful youth engagement written by the City of Toronto to provide advice and support for organization's and staff who work with youth.</p>	<ul style="list-style-type: none"> - Developed <i>InvolveYouth 2: A guide to meaningful youth engagement</i> - Provides strategies on how organizations can help young people gain new skills by creating welcoming environments, supporting youth to make decisions and designing program activities and approaches that meaningfully engage youth - More information can be found at http://www.toronto.ca/involveyouth/youth2.htm
<p>6. Centre of Excellence for Youth Engagement</p> <p>http://www.engagementcentre.ca/</p>	<p>Nishad Khanna, Researcher Tel: 250-412-4131 Email: nish@tgmag.ca</p> <p>Toronto Branch: 23 Isabella Toronto, ON M4Y 1M7</p>	<p>The Centre brings together the expertise of youth, youth service providers, academic researchers and policy makers in engaging young people in evaluation and feedback to services.</p>	<ul style="list-style-type: none"> - The Centre takes a participatory approach to the evaluation development process and developed various tools for measuring youth engagement (see below)
<p>7. Global E Health</p>	<p>Dr. Andrea A. Cortinois, Co-Director, Researchers PHI (People Health Equity Innovation Centre for Global E Health</p> <p>a.cortinois@uhn.ca</p>	<p>The Centre is a joint effort of UHN and the University of Toronto and was built with funds from the Canadian government, through the Canada Foundation for Innovation, and the Ontario Innovation Trust. It is a place where human, physical and virtual resources come together to develop and evaluate eHealth innovations, using leaders in the social sciences, technology and health fields and state-of-the-art facilities and resources</p>	<p>Questions to pose to technology experts</p> <p><i>Here's what the youth focus groups indicated they wanted. Do you have any ideas on preferred electronic platforms or software applications that would allow this type of engagement /survey of youth? (e.g. web-site applications, telephone applications...)</i>What are the range of options that are important to consider in this type of application – what are the top 3-5 most important applications? What are the approximate costs associated with those options? How to deploy it in a variety of ways. Continue to consult with technology experts on HOW TO do this...</p>

APPENDIX E: **Consent to Participate in a Focus Group**

Study:	Youth Voice: <i>Determining Satisfaction with MCYS Services</i>	
Date:	March 2012	
Agencies Participating:	Children' Mental Health Services Central Toronto Youth Services Delisle Youth Services East Metro Youth Services	Children's Aid CAS-Toronto Catholic CAS Native Child &
Family	Griffin Centre Oolagen Rosalie Hall Turning Point Yorktown Family Services Youthlink	Jewish Family & Child

Dear Youth,

You are being invited to participate in a 90 minute focus group at one of the agencies listed above. In the group you will be with other youth like yourself. The facilitator will be a researcher who is experienced with youth.

The purpose of the focus groups is to ask youth served by one of these agencies about:

- ◆ What are the youth's questions about service satisfaction?
- ◆ Are there best ways to engage youth in systematically and accurately capturing their voice?
- ◆ Is there a preferred method?

Before agreeing to participate, it is very important that you read and understand all of the information on this form. If you have any questions after you have read the form, you will be given as much time as you like to discuss them with the study evaluators.

Purpose of the Study

- To explore with youth involved with children's mental health and /or child welfare, their views on what the agencies should be asking them about the service they receive, how best to gather their views, and if there is a good, better or best way to do that.
- These questions will be posed to 5 to 7 focus groups of a maximum of 10 youth each, ages 13 -18. The aim is to explore ways to gather youth satisfaction data that are relevant, feasible and engaging for youth. This information will inform the development of methods that will then be implemented and evaluated.
- The Ministry of Children & Youth Services is wanting to develop a similar method and tool across all youth serving agencies.

Q1 - If I chose to participate, what will I be asked to do?

1. Carefully read and sign this consent form. Once you have read and signed the consent form, you can return it to the facilitator. You will be given a copy to keep.
2. *You will be asked to participate in a focus group. Each focus group will last about 90 MINUTES.*
 - You are free to accept or to decline the invitation to participate in the focus group (Please refer to the "Participation and Withdrawal" section below for more information).

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3. The focus group will be facilitated by a trained facilitator and will be guided by specific questions. (You don't have to answer any question you don't want to answer or are not sure about).
4. The focus group comments will be transcribed; the facilitator will take notes during the focus group.

Q2 – Are there potential harms in doing the focus group?

- There are no known harms associated with participation in this study.
- Answering the questions may elicit memories that may be upsetting; you can stop the focus group at any time, no questions asked, you can refuse to answer any questions. It will not impact your service.

Q3 – What about my confidentiality and privacy?

- The data collected will be anonymized, meaning personal information is NOT collected. You will only have a number. Any information received will be aggregate or “rolled up” data and will in no way be linked to your participation in the study.
- No identifying information will be linked to you and your name will not be on any report. Your responses to the questions will be available only to the study investigator listed at the top of this consent form and trained research assistants who will be required to sign a confidentiality agreement. Although the final report may include direct quotations of things you might have said during the focus group, your name will not be associated with these quotes.
- No information that discloses your identity will be released or published without your consent, unless required by law. This means, for example, that the study investigators are required to report to the authorities if it is clear that you or someone else is at risk of immediate danger, or if they have any reasonable suspicions of neglect and/or physical or sexual abuse of a person less than 18 years of age.
- Audiotapes of the focus groups and transcriptions of the focus groups will be kept in a locked and secure place and only project staff will have access to them. When the project is complete and the tapes are no longer needed, they will be destroyed.

Q4 – Can I decide to participate and then withdraw?

- Yes. Any participation in this study is entirely voluntary, and if you choose not to participate, it will NOT impact your service.
- If you choose to participate, your contributions to the focus group discussion will have NO impact on your service.
- If you choose to participate in the study, you can stop your participation (i.e. withdrawal from the study) at any time without any affect on your service.

Q5 – Who can I call if I have more questions?

- If you have any questions about this study or your participation studying the focus group, please contact the Principal Evaluator, Dr. Deb Goodman, at (416) 924 -4640 x 2792.

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Your Consent

By signing this consent form, I acknowledge that the study described above has been explained to me and that any questions I have asked have been answered to my satisfaction.

I have been informed that I have the right not to participate in the study, and the right to withdraw from the study without compromising my service with one of the children's mental health and/or child welfare agency.

As well, the potential risks, harms and discomforts have been explained to me.

I understand that I have not waived my legal rights, nor released the investigators or involved institutions from their legal and professional duties. I know that I may ask now, or in the future, any questions I have about the study or the research procedures. I have been assured that records relating to me and my care will be kept confidential and that no information will be released or printed that would disclose my personal identity without my permission unless required by law. I have been give sufficient time to read and understand the above information.

I hereby consent to participate, and have been given a copy of this consent form.

Participant Signature

Date

Investigator Signature

Date