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Children's Voice

Preparing for, collecting and utilising feedback from child clients aged 5-12 years





Rebecca Pettit Team Leader School Attendance Support Project
Sue Coward Projects Officer Quality & Service Enhancement Unit

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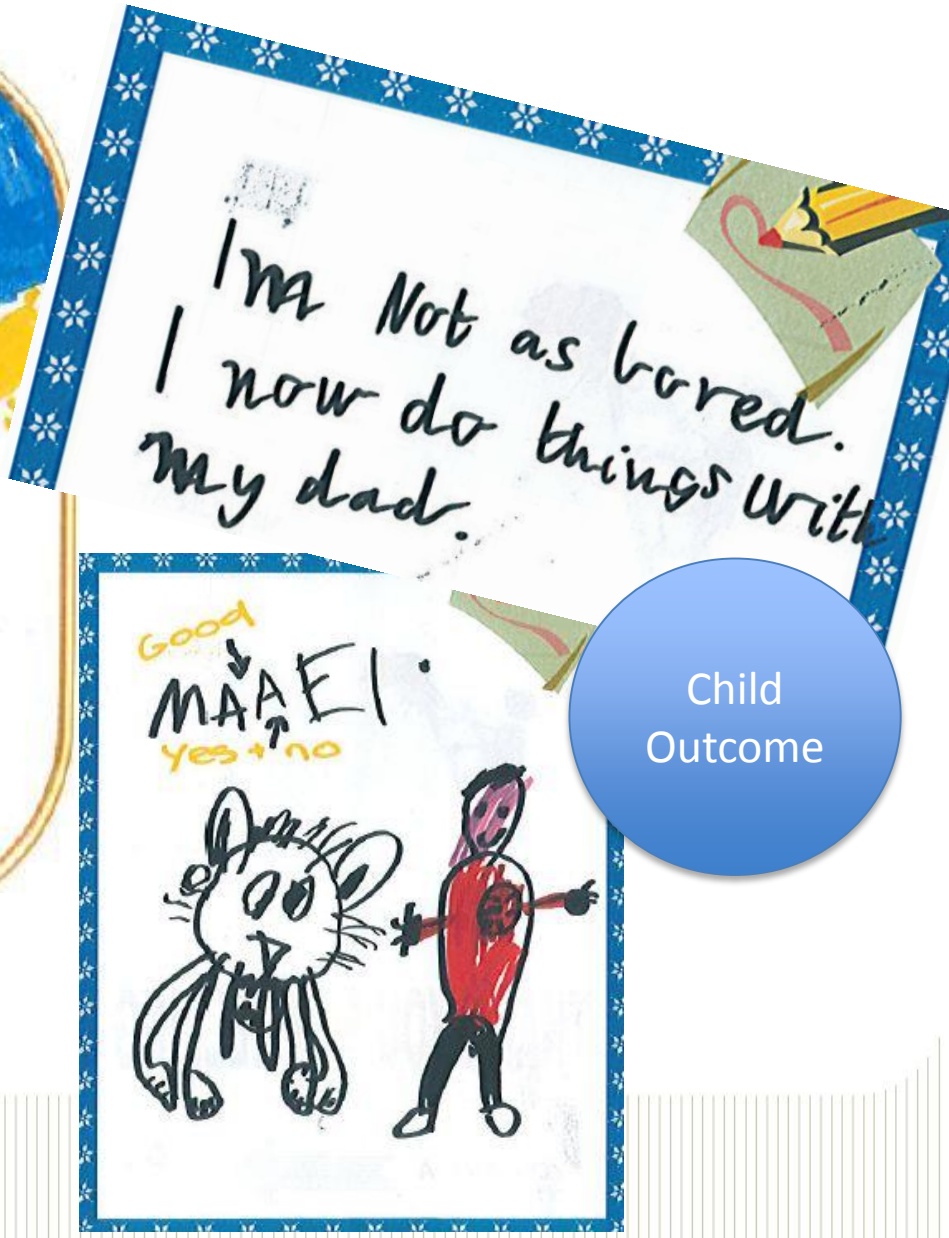
“Children should be seen and not heard”

An antiquated idiom suggesting that children should not be allowed to speak out in the presence of adults.

[Wikipedia and common sense]

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Child Outcome

Children's Voice Project 2012

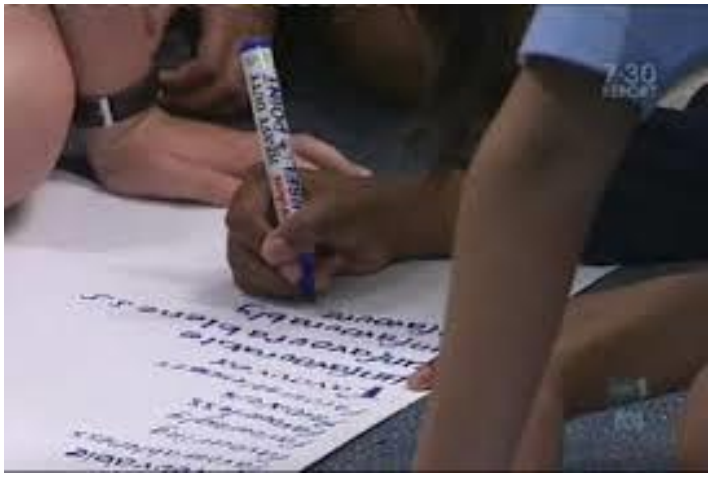
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Why collect child feedback?





Children as Citizens



From a human rights perspective children are citizens and surveying children offers them an opportunity for their voice to be heard in an “adult” world

Office of the United Nations High Commissioner for Human Rights, United Nations Convention on the Rights of the Child, 1989.Child Rights Taskforce, 2011, Listen to Children, Child Rights NGO Report, Australia.

Creating a Better World for Children



Hearing from children helps society and organizations to act in children's best interests

Children's Voice project: child friendly survey methods and tools for Community Services "An Organic Literature Review", UnitingCare Connections, 2012

Social Outcome

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Children's Voice Project 2012 – Literature Review

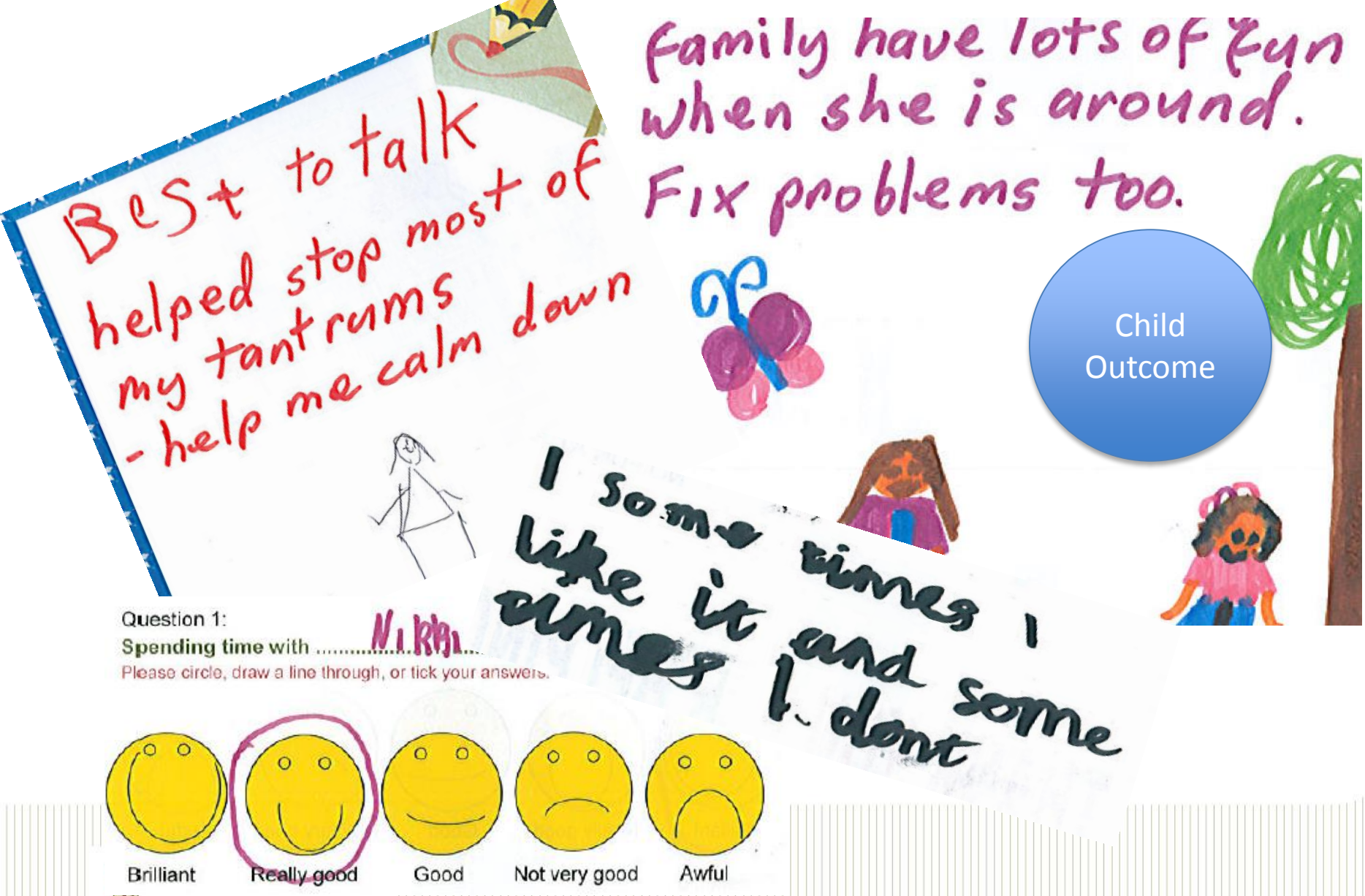
Staff Affirmation & Insight

Program Outcome

"the most satisfying part of the trial survey was hearing children talk about the impact of the program work"

"conducting the surveys raised awareness of the degree of understanding individual children have about the work being done with themselves and/or their families"

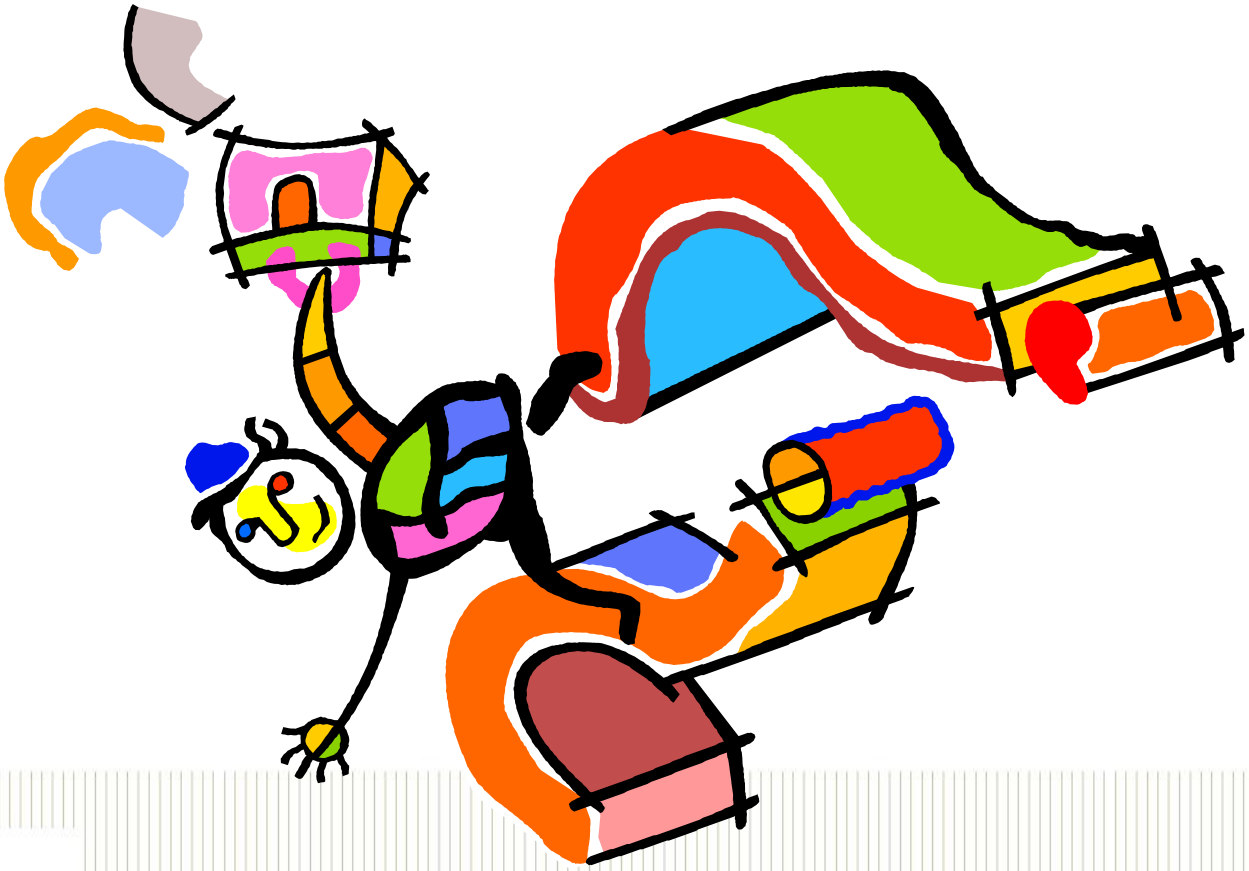




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Children's Voice Project 2012 – Child Feedback

Who are our child clients?



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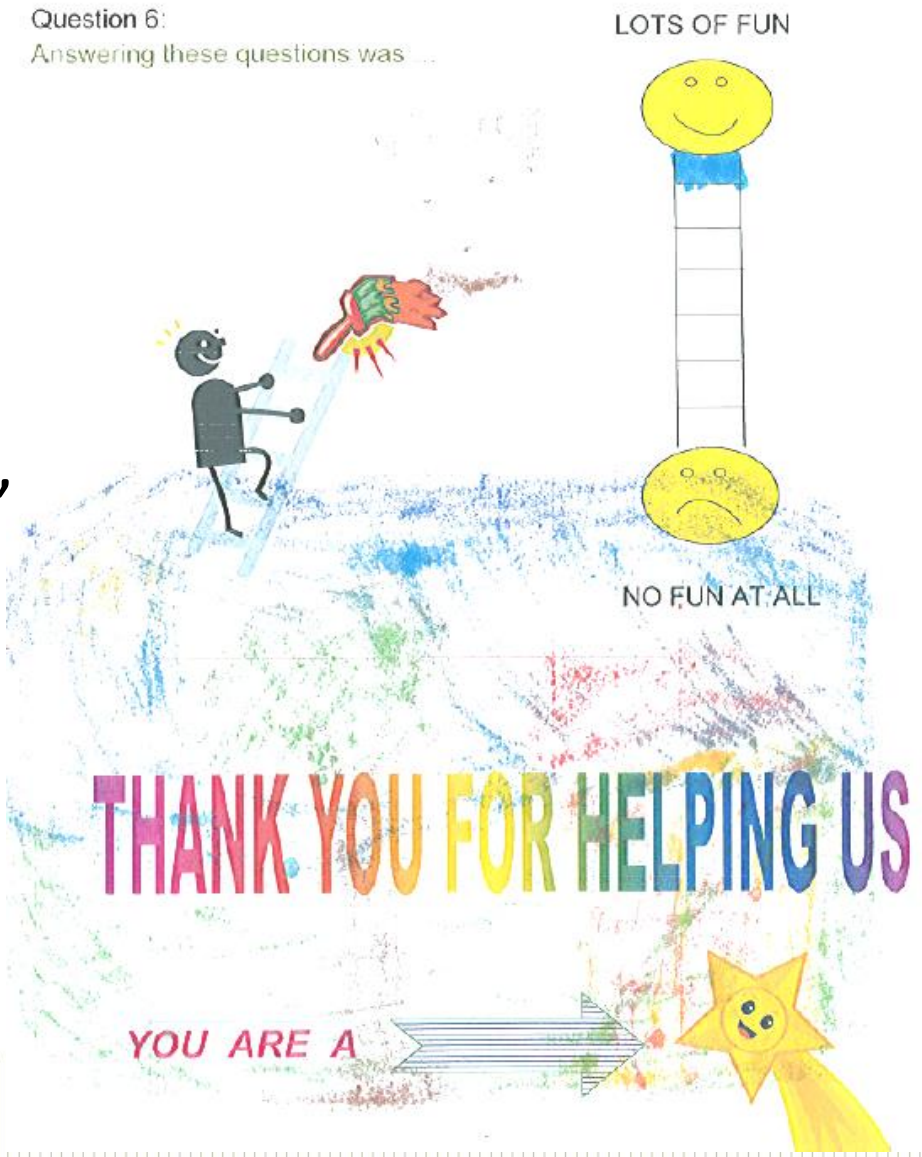
To survey or not to survey ….
Challenges

- Age, developmental level, cultural background, case related and other sensitivities will all impact the approach to collecting feedback and interpreting data

- Ideally children surveyed will have enough exposure to the worker and/or understanding of the work, to respond with some discernible level of awareness/confidence and comfort

- Children who are not direct service recipients can be unfamiliar with the worker and worker role and should not be surveyed at all

- In spite of the challenges and complexities noted, 81% of children said that doing the survey was fun, and ...
- 100% of staff placed high importance on giving our child clients the opportunity to provide feedback



What else???

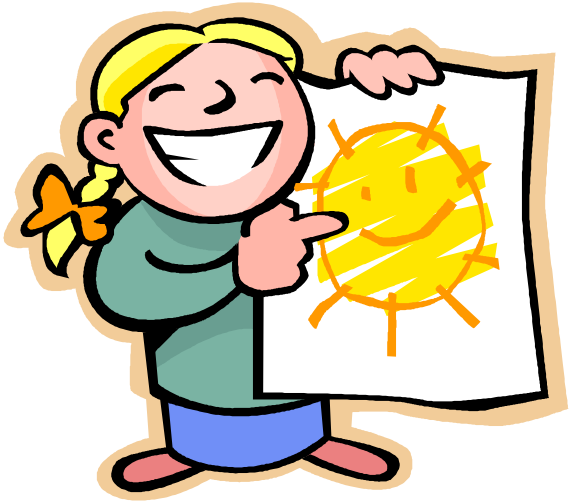


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Child Surveys Beyond the Project Trial

School Attendance Support Project

The SASP Example …..



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Putting it into practice….



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Program Overview

SCHOOL ATTENDANCE SUPPORT PROJECT (SASP)

Support provided to children/students include:

- Case management
- Individual support
- Group work
- School Holiday Programs



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Starting with the logic …

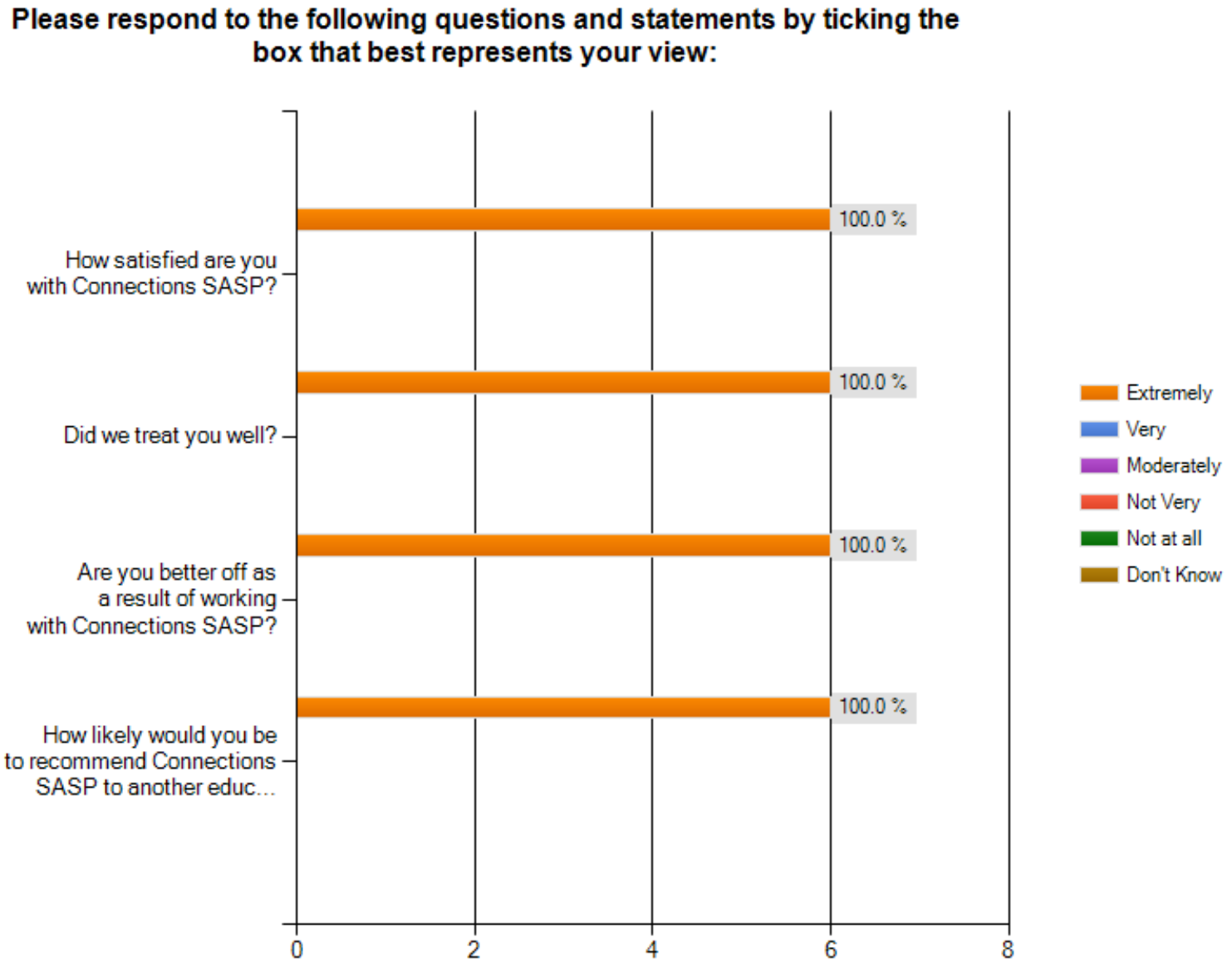
INPUTS / resources **e.g. funding, guidelines, staff, databases, infrastructure ...**	**ACTIVITY / what we do** **e.g. intake, referral, children's groups, parent groups, individual counselling, professional consultation, home visits, advocacy ...**	**OUTPUTS / what we measure** **e.g. number of: groups run, cases closed, other agencies engaged/serviced, referrals made ...**	**OUTCOMES / what we want to change** **e.g. circumstances, knowledge/skills, behaviour, attitude, sense of wellbeing**
Funding Staff Service guidelines Theory Practice Models Infrastructure	Identify children at risk of non school attendance Identify and address service gaps Engage with children, families, schools, and other agencies using a variety of methods to: reduce risk to children, increase school attendance, avoid escalation to Child Protection Methods include [as per Communities for Children Plus]: Information & referral Resources development Support Education and skill training Outreach and home visits Community capacity building and development Intake and assessment	Families - long and short term casework with families Child - group work [e.g. "Thinking & Feeling"] Workshops Child - School holiday programs Professional/Parent - Consultation/support – in person or by phone Forums Health Promotion activities	Schools have a better understanding about Child FIRST/Family Services and other community support Improved [sustainable and collaborative] relationships between schools and Child FIRST/Family Services Schools feel better able to identify children at risk Improved school attendance Children feel less anxious at school Families & children feel more connected to the school Families & children feel more connected to their community Families have better understanding of parenting, child education, and other issues [i.e. D & A, FV, mental health, isolation, poor relationships, & other]

INPUTS / resources **e.g. funding, guidelines, staff, databases, infrastructure ...**	**ACTIVITY / what we do** **e.g. intake, referral, children's groups, parent groups, individual counselling, professional consultation, home visits, advocacy ...**	**OUTPUTS / what we measure** **e.g. number of: groups run, cases closed, other agencies engaged/serviced, referrals made ...**	**OUTCOMES / what we want to change** **e.g. circumstances, knowledge/skills, behaviour, attitude, sense of wellbeing**
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What to measure…?

- Satisfaction
- Process Quality
- Outcomes
- Improvement Opportunities
- Demographics

Education Professional



Satisfaction

Child Outcome

Process Quality

Please circle or tick your answers to the questions

Question 1:
Being part of the group was :



Question 2:
The group leader/s Megan ..... are:



Since being part of the group:

Question 3:
I am feeling better about my life:



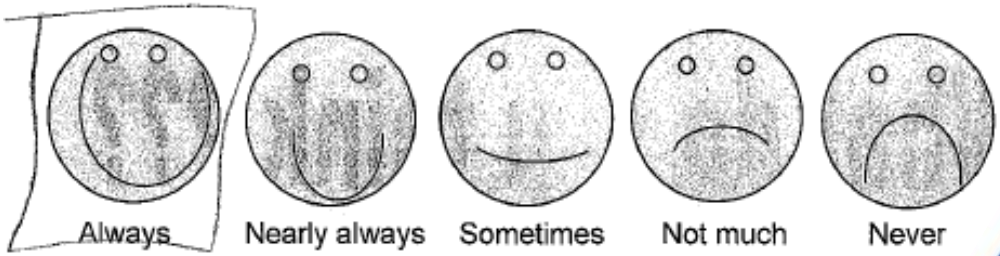
Question 4:
I am more aware of places that I can go outside of home to get support:



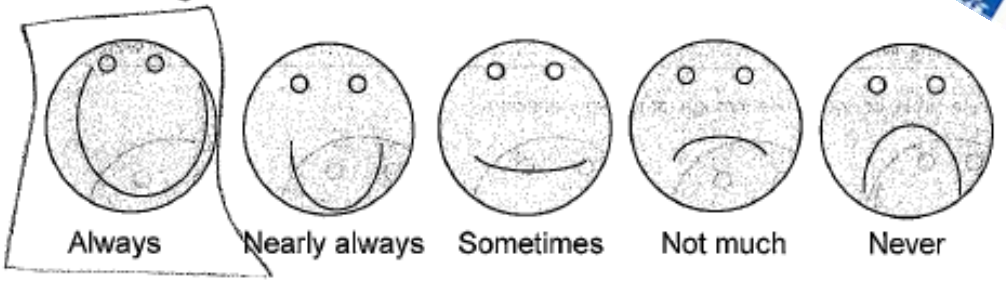
***About ME*:**

Please circle, or draw a line through, or tick your answer

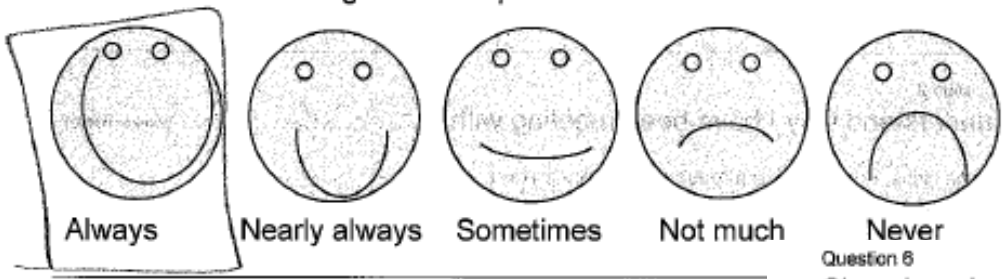
Question 3 I feel better about being at school:



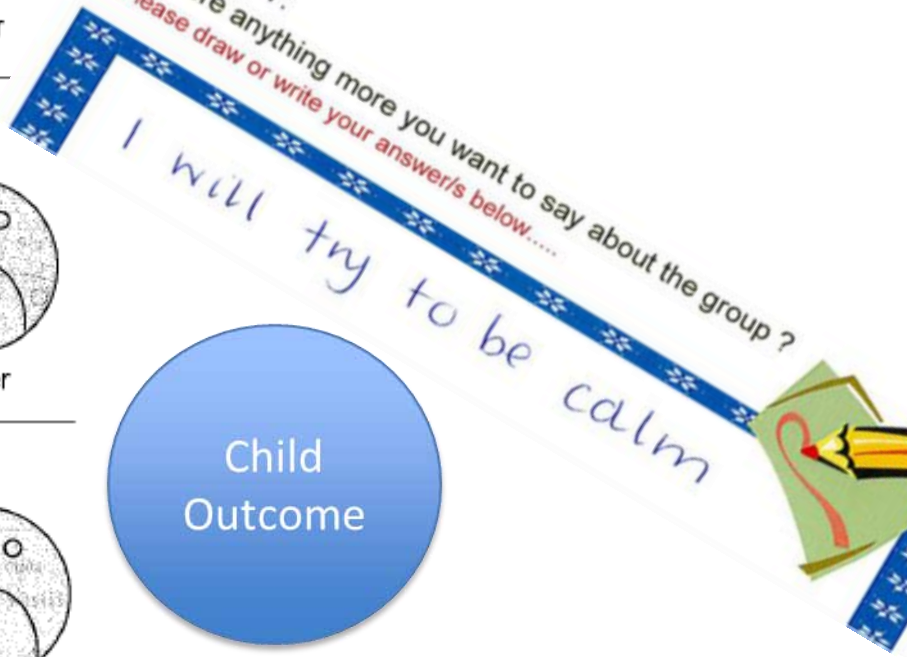
Question 4 I go to school more often now:



Question 5 I know who to go to for help:



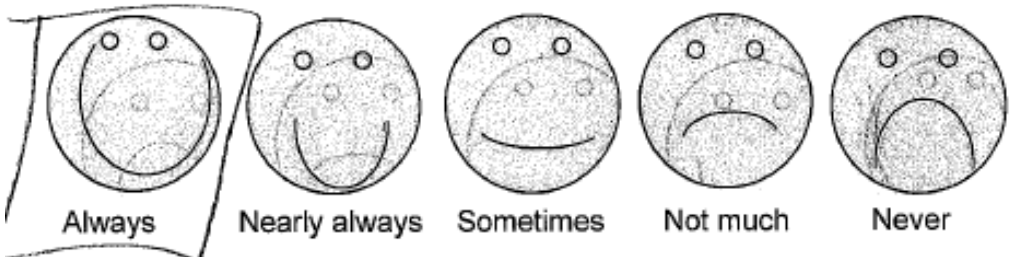
Question 7:
Is there anything more you want to say about the group ?
Please draw or write your answer/s below.....



Child Outcome

Question 6

Since learning about my different feelings I know what to do when I feel sad, worries, or scared:



Satisfaction

19. Being part of the group was:

Create Chart Download

	Response Percent	Response Count
Amazing	**67.9%**	**19**
Really good	21.4%	6
Okay	10.7%	3
Not very good	0.0%	0
Awful	0.0%	0

Process Quality

20. The Group Leaders were:

Create Chart Download

	Response Percent	Response Count
Amazing	**78.6%**	**22**
Really good	17.9%	5
Okay	7.1%	2
Not very good	0.0%	0
Awful	0.0%	0

21. I am feeling better about my life

Create Chart Download

	Response Percent	Response Count
Totally	37.5%	6
Very	56.3%	9
Sort of	12.5%	2
Not very	0.0%	0
Not at all	0.0%	0

22. I am more aware of places that I can go to for outside of home to get support

Create Chart Download

	Response Percent	Response Count
Totally	56.3%	9
Very	31.3%	5
Sort of	12.5%	2
Not very	0.0%	
Not at all	0.0%	

Child Outcome

Improvement Opportunities

Keep doing

Question 5:
The thing I ***liked most*** about the group was:
~~fred fre~~ friendly words



Question 5:
The thing I ***liked most*** about the group was:
Nick Dvd watching Nick play the drums and kicking the ball



Question 5:
The thing I ***liked most*** about the group was:
having the party.



Question 6:
The thing I ***liked least*** about the group was:
Too much writting

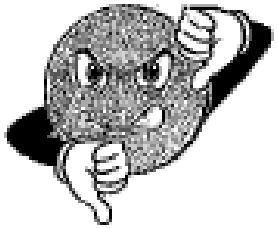


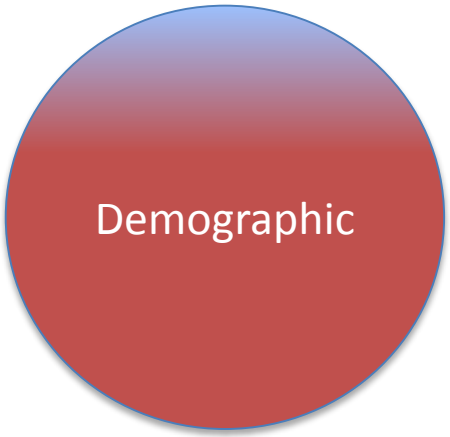
Question 6:
The thing I ***liked least*** about the group was:
when Lea went away



Change

Question 6:
The thing I ***liked least*** about the group was:
That we didn't listen





CHILDREN'S VOICE CLIENT GROUP-WORK SURVEY – *5-12 YEARS OF AGE*

DEMOGRAPHIC DATA - WORKER/ INTERVIEWER PLEASE COMPLETE

CHILD/FAMILY CLIENT CODE:
[If applicable]

GROUP NAME & LOCATION:

PROGRAM NAME & LOCATION: **1328 SASP - South**

NAME OF WORKER: DATE:

CHILD GENDER: M ☐ F ☐ CHILD AGE: CURRENT SCHOOL YEAR:

CHILD is LIVING WITH [If applicable]:
[i.e. mother, father, both parents, guardian, kinship, foster care, other ...?]

FAMILY ISSUES [If applicable]:

FV ☐ D&A ☐ Mental Health ☐ Parenting ☐

Other?

LANGUAGE OTHER THAN ENGLISH SPOKEN AT HOME: Yes ☐ No ☐

If "Yes" what language?

WORKER/INTERVIEWER NOTES & COMMENTS [If applicable]:

.....

.....

.....

.....

WORKER/INTERVIEWER: Please return completed surveys to your Team Leader

TEAM LEADER: Please return completed surveys to the Quality & Service Enhancement [QSE] Administrator.

Method – How we collect child feedback



Prioritise and incorporate into service delivery

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Challenges collecting feedback

- Who is responsible for collecting feedback? (Agency and external)
- Location/situation
- Motivation
- Previous experience
- Communication (Language, CALD, literacy)
- Commitment (time and resources)
- Obtaining anonymous feedback



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Positives - collecting feedback

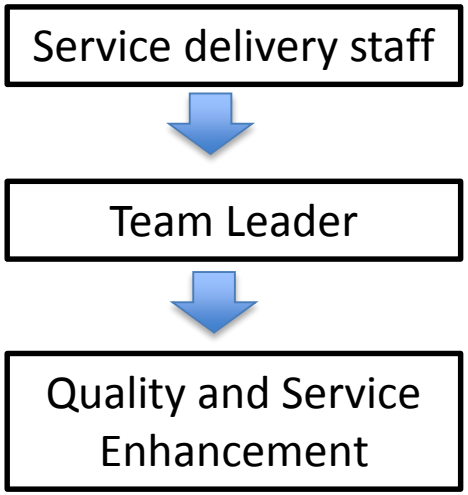


"Collecting client feedback (and responding to it appropriately) reduces the chance of at-risk clients from deteriorating by one half."

(Lambert & Shimokawa, 2007)

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Who is responsible for data collection processes?



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What do we do with the data?



- Share feedback with the Team for encouragement and to promote reflective practice
- Review activities mentioned in feedback to improve service quality on a ‘keep doing’ ‘do differently’ or ‘change’ basis
- Use data in program promotion and formal reporting
- Share transferable learning with ‘like’ programs

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Examples

Please tell us what you enjoyed the MOST today	the Movies and the Swimming Pools!

Keep Doing

Question 5:
The thing I ***liked most*** about the group was:



NICK DVD watching Nick play the drums and kicking the ball

Question 6:
The thing I ***liked least*** about the group was:

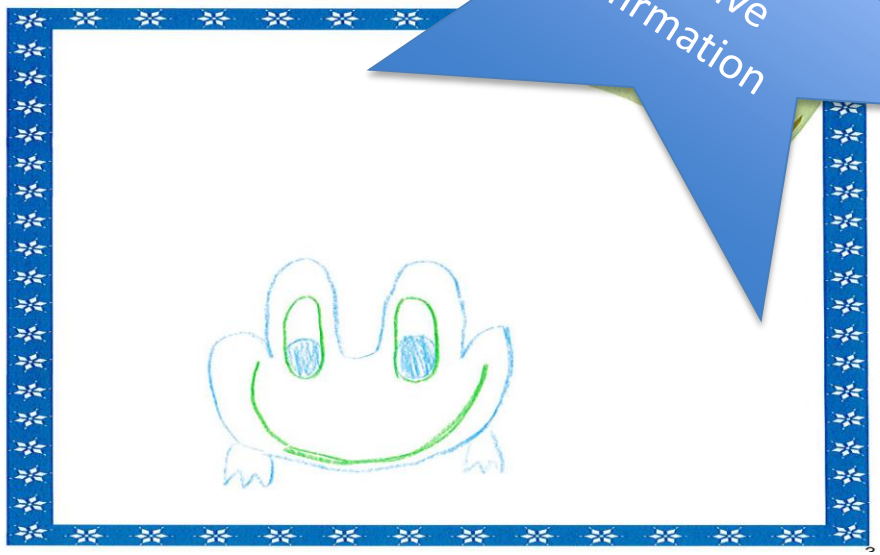


Too much writing

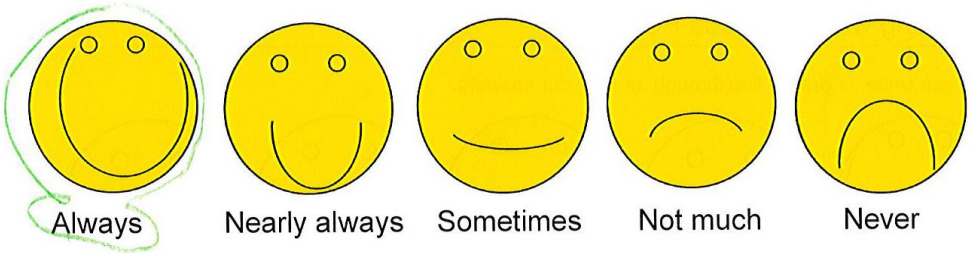
Change It

Positive affirmation

Question 7
Is there anything you want to say about visit
Please draw or write your answers below.



Question 4 I go to school more often now:



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