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Kennispunt Twente

Measuring client experiences in youth support

A descriptive study of measurement systems used in the region of Twente for measuring client experiences in youth support

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J. Pouwels
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A descriptive study of measurement systems used in the region of Twente for measuring client experiences in youth support

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Preface

Hereby I present the master thesis “Measuring client experiences in youth support’. A descriptive study of the measurement systems used in the region of Twente for measuring client experiences in youth support. This thesis was written to complete my period as a student of the Master Public Administration at the University of Twente and to finish my graduation project at Kennispunt Twente.

Writing this master thesis has been a great learning experience. I gained lots of knowledge and experience during the master Public Administration. During the graduation period I had to put all this into practice to complete this product of the master period. Writing this master thesis has forced me to get the best out of myself and to think in a different, academic way.

I would like to take this opportunity to thank all organizations and respondents who were willing to participate in this study. Without their cooperation it would be impossible to write this thesis. Furthermore, I would like to thank the employees of the municipalities in the region of Twente, for providing me the required information.

Kennispunt Twente is gratefully acknowledged for their hospitality and facilitation. Last but not least, I would like to thank my supervisors Petra ter Denge, Inge Bakker, Pieter-Jan Klok and Ariana Need for their kind support, supervision, feedback and valuable advices.

Jelle Pouwels

Enschede, November 23rd, 2015

Summary

Since first of January 2015 municipalities are responsible for (nearly) whole youth support as a result of the transition of youth care and the new Juvenile law. One of the new responsibilities is that municipalities are obliged to measure client experiences in youth support. On behalf of Kennispunt Twente a descriptive study is conducted of measurement systems that are used in youth support. The aim of this study is to determine the characteristics of the measurement systems that are used for measuring client experiences in youth support, and to find out what, according to youth support providers, is important during these measurements so municipalities can benefit from this. The following research question is answered:

'*Which measurement systems are used by the municipalities and youth support providers in the region of Twente to measure client experiences in youth support, what do these systems look like and how can the municipalities benefit from the experiences that youth support providers already have with measuring client experiences?'*

To answer this question first a literature study is conducted focused on three different concepts, youth support, measurement systems and client experiences. Thereafter an inventory was performed among municipalities in the region of Twente to see which systems they are using or intent to use and to find out what they want to achieve with the measurements. Twelve interviews were conducted with professionals of youth support providers to gather information about the systems that they use for measuring client experiences. These interviews were based on the results of the literature study. During the interviews it was asked what respondents would recommend the municipalities on this area.

The inventory among almost all the municipalities in Twente showed that only 2 of the 14 municipalities made a definite choice for an instrument that they want to use for measuring client experiences. However, this instrument (de Menselijke Maat) is still being developed, which makes it difficult to judge the merits. The inventory also showed that municipalities for example wanted to use the results of the measurements for improving youth support and to be accountable to City Council and the Executive Board.

The results of the interviews showed that youth support providers use different instruments for measuring client experiences and that the characteristics of the measurement systems that are used differ a lot from each other, even when organizations use the same instruments. Noticeable is also that 10 of the 12 organizations use the measurements to be accountable to financers, that contents of 7 of the 9 instruments mostly were determined by external organizations and support providers only had little influence on the questionnaires, there are differences in whether measurements are conducted anonymously or not and are results linked back on different levels. All of the respondents mentioned that the instruments were mainly used to gain insight in the experiences of clients and to improve the quality of care. Most of the mentioned goals were related to the overall goal of improving youth support.

As a result of this study a list of recommendations is made. Most important recommendations mentioned during the interviews with professionals from youth support providers, are adopted in the following final recommendations to the municipalities:

- Talk with professionals from youth support providers to:
    - Determine common goals and make sure that results are usable for both parties (municipalities and youth support providers)
    - Find out what information already is available, because youth support providers are conducting measurements for years. This to focus only on relevant information
    - Find out the story behind the grades measurements provide. Grades give an indication but the story behind the grades is even more important
- Stick with the purpose for which client experiences have to be measured
- Conduct measurements at least once a year and during the care program
    - Suggestion is to conduct the measurements before evaluation meetings, so results can be discussed here.
- Be aware of the different types of youth support and the differences in the target groups.
    - An instrument would be desirable that has a fixed core and where additional questions can be added that are related to the provided support and suitable for the target group.
- Include parents or representatives in the measurements
- Take a good look at the points and recommendations that professionals of youth support providers mentioned during this study.

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1. Introduction

In this introductory chapter of this master thesis the context of the research subject is given. First the problem context, the relevance for the public administration and the goal of this research are given. In the following paragraph the research question is central to this study and the related sub-questions are discussed. The reading guide is given in the last paragraph of this chapter.

1.1 Problem context

First of January 2015 a major public sector reform was conducted by the Dutch government (Ministeries van Volksgezondheid, Welzijn en Sport & Veiligheid en Justitie, 2012). The government conducted three decentralizations on the areas of health care and support, youth and work. The decentralization of the youth care and youth support[1] is the main reason for this research.

Assessments of the policy pursued before the decentralization, showed that the role of clients became more central to the care process and showed that some parts of the law hindered positive developments in the youth support (Ministeries van Volksgezondheid, Welzijn en Sport & Veiligheid en Justitie, 2012). Therefore, the Dutch government composed a workgroup to study the limitations and problems of the Juvenile law that was in force at that moment. The workgroup made some recommendations after they finished their study. Examples of these recommendations are that the youth support should be offered closer to the clients and that the care should be offered more integral (ibid). As a result of inter alia these recommendations the government elaborated a new draft bill of the Juvenile law. Main elements of this draft bill were that municipalities became responsible for youth support instead of provinces and other organizations and that the financial and budgeting systems were decentralized and reformed. (Ministeries van Volksgezondheid, Welzijn en Sport & Veiligheid en Justitie, 2012). In the final Juvenile law of 2015 those main elements of the draft bill are adopted. From the moment of enactment of the new Juvenile law municipalities in the Netherlands became responsible for their inhabitants in a way that was completely new for them.

The new policy puts clients central in the care process and for this reason the government obliged municipalities by law to measure the client experiences. The municipalities are obliged to measure certain subjects, but they have freedom in how to perform these measurements. As a result of this freedom, different measurement systems are used.

It is important to know what the characteristics of measurement systems are, which currently are being used for measuring client experiences, to find out what the possibilities, limitations and risks of these measurements are. Creating clarity regarding the measurements gives municipalities the opportunity to learn from the experiences of youth support providers, which can contribute to organizing useful measurements. Investigating the experiences of clients helps municipalities to gain insight in how the provided care fits the expectations of clients. This insight could possibly contribute to providing a more effective approach or treatment, because it can show where improvements can be made.

[1] As the Dutch government decided to use the term youth support instead of youth care, this term is also used in this study. So when talking about youth support, this also includes youth care.

The aim of this study is to determine the characteristics of the measurement systems that are used for measuring client experiences in youth support and to find out what is important according to youth support providers so municipalities can benefit from this. Municipalities can benefit from youth support providers because they already have years of experience on the area of measuring client experiences.

1.2 Research question

To get a clear view on the situation and to achieve the aforementioned goals, the following research question is formulated:

'*Which measurement systems are used by municipalities and youth support providers in the region of Twente to measure client experiences in youth support, what are the characteristics of these systems and how can municipalities benefit from the experiences that youth support providers already have with measuring client experiences?'*

To answer this research question four sub-questions are formulated, which also reflect to the activities that have to be performed. By answering these sub-questions the research question will be answered step by step. First literature is consulted to determine which information related to measuring client experiences and the measurement systems already is available, and how this can be used in youth support. Hereby, distinction is made between three concepts; youth support, measurement systems and client experiences. The second question is formulated to find out how municipalities arranged the measurements. The third sub-question focuses on how youth support providers perform measurements and how the characteristics of the measurement systems they use look like. The final question focuses on how the experiences of support providers can be used by municipalities. Summarized the sub-questions are as follow:

1. A. What does literature say about measuring client experiences in youth support?
   B. Which characteristics and factors are important for measurement systems used for measuring client experiences in youth support?
2. What are the characteristics of measurement systems that municipalities in the region of Twente use for measuring client experiences?
3. What are the characteristics of measurement systems that youth support providers in the region of Twente use for measuring client experiences?
4. What would youth support providers recommend municipalities on the basis of the experiences they already have on the area of measuring client experiences?

1.3 Reading guide

In the next chapter the theoretical framework of this study is given. Relevant literature to this study will be outlined here and provides the answer to sub-question 1A and B. The methodology is explained in chapter 3. This includes the procedure of data collecting, the methods that are used during this study and the operationalization of the characteristics of the measurement systems. Thereafter, in chapter 4 the results of the study are given, analyzed and discussed. The second, third and the fourth sub-question will be answered in this chapter. The final chapter provides conclusions that can be drawn from these results and recommendations are given.

2. Theoretical framework

2.1 Introduction

This chapter describes the theoretical framework of this study. Three different concepts central to this study are discussed here. First, a description is given of the current youth support system in the Netherlands because this is the area where the measurements have to be conducted. Thereafter, the concept of measurement systems used for measuring client experiences is outlined, because these are used to measure client experiences. The latter concept discussed is related to the client experiences themselves. The definition is given and discussed to know what actually has to be measured. The client-centered approach is also discussed in this chapter, as this is one of the approaches that made clients and their experiences more important. In section 2.6 an overview is given of factors and characteristics of measurement systems that are important according the literature for measuring the experiences of clients.

2.2 Decentralization of youth support

Since the transition municipalities have full responsibility for the youth support. Before the transition municipalities only were responsible for a certain amount of tasks, and by the transition other tasks related to youth support were decentralized towards municipalities. Before the transition the responsibility of certain tasks were covered by the provinces, the state, the health insurance act (Zorgverzekeringswet) and the general law on exceptional medical expenses (Algemene Wet Bijzondere Ziektekosten). In figure 1 the situation before and after the transition is given (Brouwer et al., 2012; Doodkorte & Hermanns, 2012). This overview clearly shows the distribution of the responsibilities before and after the transition, with on the left side the situation before, and on the right side the situation after the transition.

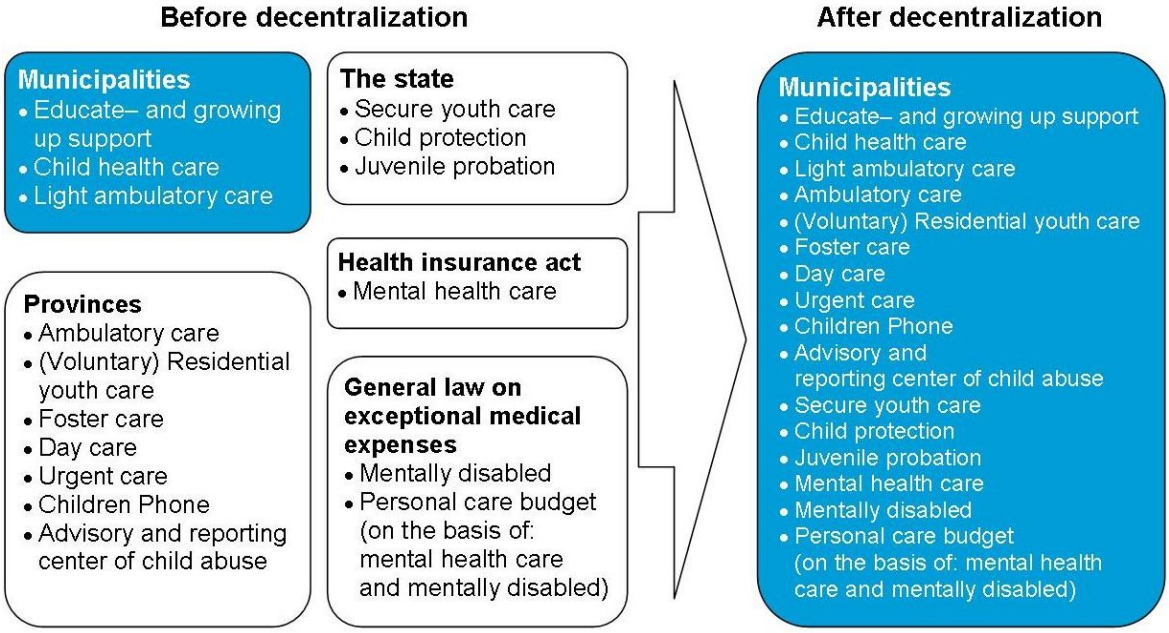

Figure 1. Distribution of tasks before and after the decentralization of the Dutch youth support system

There are a few exceptions regarding some types of youth support, namely the specialistic youth support and the aspects of care where providers have national coverage. This is because there is a national coverage, for example the children' phone or the specialistic care which have only so few clients that this cannot be offered locally. The responsibility of these types of youth support is still located at municipalities and they all have to pay a certain percentage of their budget for this, but they do not have to arrange this all separately. Besides the given examples, the exceptions are aftercare for adoption services, independent confidentiality work related to youth support and the management of a number of related websites (Vereniging van Nederlandse Gemeenten, 2015).

Besides that municipalities became responsible for all the different types of youth support, another new responsibility was introduced in the new Juvenile law. This is, as mentioned in the previous chapter, that municipalities are obliged to measure the experiences of the clients in youth support. They are obliged to measure certain factors and subjects but are free in how to arrange this. As there are differences between the measurement systems used to measure this, the concept of a measurement system is given. First, the client-centered[2] approach is discussed, as this is regarded as one of the starting points that led to an increasing interest in the clients' perspective on provided support (Suhonen et al., 2012; Triemstra et al., 2010).

2.3 Client-centered approach

The client-centered approach is used to involve clients more in the care process and to make the care fit better to individual needs and preferences. For this purpose, it is important to be aware of the clients' perspective about the offered support (Suhonen et al., 2012). Over the years several scholars used different definitions of the client-centered approach. Meat and Bower (2000) give multiple definitions of this approach in their article, whereby the definitions are dependent on the field of work. The definitions vary from "understanding the patient as a unique human being" (Balint, 1969), to an approach where "the physician tries to enter the patient's world, to see the illness through the patient's eyes" (McWhinney, 1989), or where it is "closely congruent with, and responsive to patients' wants, needs and preferences" (Laine and Davidhoff, 1996). Meat and Bower (2000) also state that giving information to patients and involving them in decision making, is also a definition and according to Byrne and Long (1976), it is a style of consulting where the doctor uses the patient's knowledge and experience to guide the interaction. The definition of Ekman et al. (2012) is consistent to this definition and states that a central component is that "the professional and patient jointly develop a care and treatment plan, using resources identified in the patient's illness history but also by defining potential barriers". Mead and Bower (2000) find the model of Stewart et al. (1995) most comprehensive. Their model exists of 6 interconnecting components: exploring disease and the illness experience, understanding the whole person, finding common ground regarding management, incorporating prevention and health promotion, enhancing the interaction between doctor and patient, and being realistic about limitations as time and resources.

[2] Measuring client experiences is part of the client-centered, person-centered or patient-centered approach. Three different terms, but the principle is the same. For the convenience only the term client is used, despite the fact that patient- and person-centered are mostly used in the literature.

The abovementioned definitions are very diverse, but they also have similarities. They all include the interaction between professional and client, and therefore, the sharing of knowledge between these parties. As the term already suggests, they all put the client central to the care process. This fits to the idea behind the transition and transformation, to put clients of youth support central to the process and to talk with them, instead of talking about them.

2.4 Measurement systems

The next concept in this study is measurement systems. These systems are used to measure certain aspects in the care sector. Measurement systems used for measuring client experiences in the youth support are only relevant to this study. The results that these measurements provide are not most important for this study, but how they can be used, for which purposes and the whole process around these measurements are important. The literature is examined to see what important is for measurement systems.

2.4.1 The concept of a measurement system

According to Neely et al. (1996) performance measurement literally is “the process of quantifying action, where measurement is the process of quantification and action leads to performance” (p. 80 – 81). It can be defined as the process of quantifying the efficiency and effectiveness of actions; a performance measure is a metric used to quantify the actions’ efficiency and/or effectiveness, and a performance measurement system is the set of metrics used to quantify both the efficiency and effectiveness of actions (Neely et al. 1996). These are not directly focused on the measuring of client experiences but mostly on the measure of performance. In this study effectiveness and efficiency are not most important, but the experiences of clients are.

Neely et al. (1996) give a framework for a performance measurement system design, which has three different levels. As figure 2 shows, these levels are the individual measures, the performance measurement system and the environment. For the first level, individual measurements, it is important to know which measurements are used, what they are used for, what the costs are and what benefits they provide. The focus is hereby solely on the separate measurements. The level of performance measurement systems reflects to the whole of individual measures. This includes for example if all the relevant elements of the measurements that are necessary for implementing improvements, are included and if the measurements contribute to long- and short term objectives. For the overarching level ‘the environment’, it is important to see to which extent the measurements fit in with the organizations strategy and the culture of the organization (Neely et al. 1996). To this study the individual level and the performance measurement system-level are most relevant. This because measurement systems are reviewed to see if all relevant elements are covered, and to which extent the measurements are used for improving the provided services. The figure shown below shows the relationship between the different levels and also makes clear how the individual measures are related to the measurement systems, where the focus is on during this study.

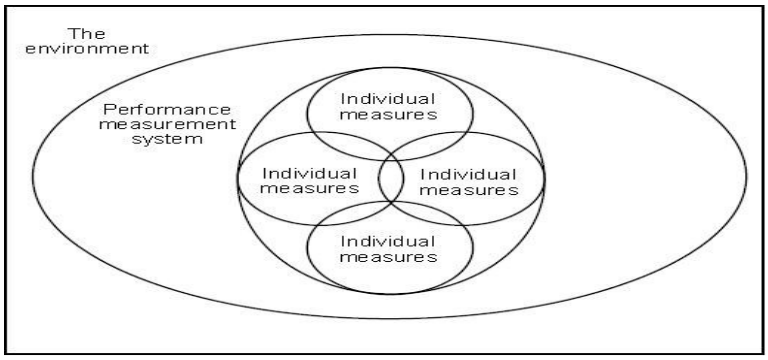

Figure 2. Framework for performance measurement system design (Neely et al. 1996)

It is possible to look at youth support from three different perspectives, from the municipality, the organizations and their professionals and the clients and/or their parents or guardians. As this study is focused on the experiences from the clients who get in touch with youth support, is the perspective of the clients' central to this study. Before it is possible to measure the client experiences, it is useful to know what client experiences exactly are, and how they exactly can be measured. The literature shows that measurement systems use performance indicators. These indicators are used to make the quality of certain aspects of the provided care or support visible and thereby also has a signaling function related to the quality of the care or organization (van Yperen et al., 2014; Colsen and Casperie, 1995). This is further discussed in paragraph 2.4.2.

2.4.2 Performance indicators

In this study measurement systems are used to measure certain aspects of youth support. These systems measure certain performance indicators, and by doing this they make, dependent on the indicators that are used, certain aspects of the support visible. These indicators are always part of a whole set of indicators and never stand alone. Van Yperen et al. (2014) for example, see these indicators as a part of a quality cycle, which makes quality visible for continuous quality improvements. Improving the quality is one of the goals that the use of performance indicators might have. Besides this, it can be used to gather information that could be used to inform policy or strategy makers or to identify poor performers (Mant, 2001). The goals of the measurements in the youth support are to measure the client experiences and to use them to get insights in how they experience the provided support and additionally, how it can be improved (van Yperen et al., 2014; Veerman et al., 2013).

There are some criteria or guidelines that can be used for selecting a preferred set of performance criteria. Globerson (1985) for example, gives a few guidelines for the business community, which can partially be translated to the care sector. Because not all the guidelines are suitable for the care sector, are only the following relevant guidelines reformulated to make them suitable for the care sector:

- Performance criteria should make it possible to make a comparison of comparable organizations
- The purpose of each performance indicator has to be clear and should fit to the main goal of the measurement
- Data collection and methods of formulating performance criteria must be clearly defined

- The criteria indicators should meet, should be managed by the responsible organizational unit
- Performance indicators should be selected through discussions with the people involved (clients, professionals, municipalities)
- Objective performance indicators are preferable to subjective ones (although this is less suitable for measuring client experiences)

Summarized Globerson (1985) states that indicators should be relevant for the organization, the goal of what to measure and how to measure this through indicators should be clear, and results have to be usable. Furthermore, the people involved should be included in the process of selecting and formulating indicators to make sure that all necessary information is gathered. By including the people involved, it will be prevented that clients are bothered repeatedly, because necessary information for all actors involved is gathered at once.

Van Yperen et al. (2014) also mention that it has to be possible to link back results to the department or official that is responsible. Improvements can be implemented more specific and easier if it is clear which aspects of support can, or have to be improved. If this is clear, it is also possible to attach consequences to results if this is needed, not necessarily to blame someone, but to let someone know that improvements are possible or needed so they can adjust themselves or their working methods to improve the care process. This fits to one of the reasons why measuring client experiences is obliged, which is to include the clients perspective for improving the care process.

2.5 Client experiences

As the different types of youth support and the contents of measurement systems are discussed in the previous sections, it is further important for this study to know how the aforementioned measurement systems, can be used to measure the experiences of clients that are involved with the youth support. First, the contents and the general definition of client experiences are given and thereafter is discussed how the aforementioned systems can be used to measure them.

The definition of client experiences that is used in this study is derived from the definition of Lebow (1983), who was one of the first who looked at client experiences[3] extensively. The definition focuses on the extent to which the services gratify the client's wants, wishes and desires for treatment. In the literature the definition of Locker & Dunt (1978) and Williams (1994) is also frequently used, they defined client satisfaction as: "reflecting the degree to which the client's experience in treatment matches his or her expectations, or the difference between what was expected". As the aforementioned definitions solely reflect the satisfaction, the extent to which they find the provided support effective has to be included as well. This because satisfaction is not the only aspect that has to be measured, but also whether the respondents find the provided support effective or not. Therefore in this study the following definition of client experiences is used: "the extent to which the clients find the provided support effective and the extent to which it fulfills the clients' wants, wishes or

[3] Terms as client-, customer-, consumer-, user and patient satisfaction or experiences are used in prior research. In this study the term client experiences is used, because this is the term that is also used in general in the country where the study is conducted. The term 'experiences' is used instead of 'satisfaction' because this is broader compared to satisfaction and because the level of satisfaction is only one of the aspects that is being measured and experiences is a broader and more comprehensive concept.

desires of the treatment". The measurement systems that are discussed in section 2.4 are used to measure the elements of this definition of client experiences.

According to Donabedian (1988) measuring client experiences is part of the approach to quality assessment. This process to quality assessment can be divided into three or four categories. Donabedian (1988) makes the distinction between three categories of this approach, namely structure, process and outcome. The setting in which care occurs is meant as structure, the process is denoted as what is actually done in giving and receiving support, so the interventions and interactions between client and provider (Donabedian, 1988; De Maeseneer & De Sutter, 2004). Outcome denotes the effects that the provided support has on the health status of clients or the population.

Van Yperen (2012) makes the distinction between four categories; input, process, output and outcome. In this model the input indicators are related to structure and includes the setting in which it occurs, just as the structure category of Donabedian. The process refers to the work processes and the methods that are used by the organization. Output refers to amounts that are 'produced', so in this case families or children who receive support. Outcome reflects the extent to which core objectives or the mission of the organization are realized. An example here is the amount of clients that says to be satisfied with the provided support. Van Yperen (2012) provides a model, based on the Balanced Scorecard by Ahaus and Diepman (1998), which gives an overview of how the different categories are related to each other and shows that the preceding section affects the one(s) that follow. As can be seen in figure 3 shows the model also how the final outcome indicators can be used by organizations to improve the whole process.

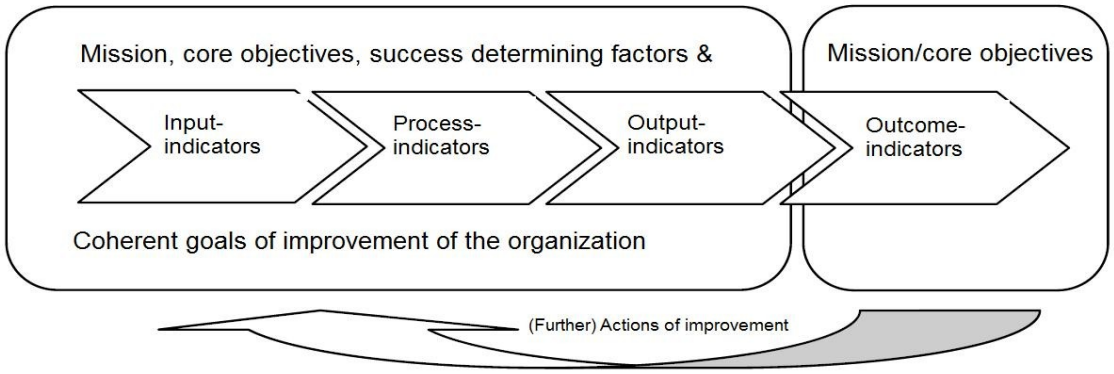

Figure 3. Basic model of working with indicators (van Yperen, 2012).

In the literature there is some discussion about to which phase measuring client experiences belongs. There is a group of scholars that suggests this belongs in the process phase, and other believe that it belongs to the outcome phase (Mant, 2001). But this actually depends on which elements of the care process are relevant and have to be measured, and on which manner it is measured. Indicators that for instance are relevant to outcome are symptoms and complaints of the client, quality-of-life indicators, patient satisfaction and social equity (Donabedian, 1988; De Maeseneer & De Sutter, 2004).

According to Porter (2010) client satisfaction with support is a process measure and the client's satisfaction with health is an outcome measure. So is the client asked about their experiences with the support itself it is a process indicator and when they are asked about

their health as a result of the provided support then it is an outcome indicator. As these two approaches are close to each other it is possible that there is overlap between these two.

In this study client experiences are not only focused on the satisfaction with support but the whole experiences that clients have with the support, so it is not possible to say that these measurements or indicators are focused on only one of the two phases. It therefore depends on the different indicators that are measured through the systems whether these indicators belong to the process or outcome phase. The distinction that Porter (2010) makes between the phases shows that the definition of client experiences that is used in this study is applicable to both phases.

The required standards that are defined in the regulation of the Juvenile law are also applicable to both of the phases. In this regulation is required that the measurements should at least measure how they experience certain elements of the provided support. The municipalities are obliged to measure the following subjects (Regeling Jeugdwet, 2015, paragraph 3, article 3, subsection 2):

- How the clients experience the accessibility of the facilities (the route client have to follow to gain access to the youth support);
- How they judge the quality of the youth support and the execution of child protection measures and juvenile probation;
- To which extent they find the youth support and the execution of child protection measures and juvenile probation contribute to:
    - growing up safe and healthy,
    - growing towards independence,
    - their self-reliance
    - their social participation

These requirements show that both the process and outcome indicators are obliged to be measured. How they judge the quality of the youth support and how this is executed is for example a process measure and the extent to which they find the youth support contribute to their well-being can be seen as an outcome measure.

2.6 Important factors and characteristics of measurement systems

The literature shows that there are important factors and characteristics of measurement systems that are crucial for effectively measuring client experiences in youth support. Additionally, it became clear that the use of performance indicators has some implications. Some of them are already mentioned in the previous section, but as they are proved to be important they are mentioned here again and some others are introduced here. First an overview is given with the important factors and characteristics and thereafter they are discussed one by one.

Important factors:

1. The purposes of the measurements have to be clear
2. Results have to be usable
3. Indicators measured through the systems have to be defined in cooperation with all actors that are involved.

Characteristics:

4.The flexibility of indicators
5. Respondents of the instruments
6. How is dealt with target groups
7. How support is offered
8. How is dealt with background of clients
9. Anonymity
10. Feedback of results
11. How results are fed back
12. Comparison of results
13. Organizer of the measurements
14. Reliability of the measurements
15. Frequency
16. Manner of conduction
17. Indicators

1. Purposes of the measurements

The purposes of the measurements have to be clear, just as for which purpose results will be used. This is important for municipalities, but also for professionals and youth support providers. Most important is that results can be used for reaching the determined purposes (van Yperen, 2012; van Yperen et al., 2014). Examples of purposes wherefore measurements are conducted are:

- Improving the quality of support
- For external accountability (to financers, health insurers, the society etc.)
- Deciding which care to purchase
- Justify actions or decisions
- Provide management information
- Reflect on the care process and the provided support
- Improve client satisfaction
- Gain insight in the situation of the client

2. Use of results

The results have to be usable and the measurements have to be careful so only the elements that are really important and required are measured. This to prevent an overload of data, where relevant and usable information is hard to find (van Yperen, 2012; van Yperen et al., 2014).

3. Definers of the indicators

To prevent this overload of data and to make sure that the results from the measurements are usable, indicators have to be formulated and determined in cooperation with involved actors (Donabedian, 1988). Examples of actors that could be involved in deciding what to measure and how to measure this are:

- Officials from the municipality
- Professionals from the youth support provider
- Management of the youth support institution
- Health insurers
- Clients
- Parents or representatives of the client

4. Flexibility of indicators

Fitzpatrick (2009) states that instruments nowadays can be more and more adjusted to an individual's personal situation and concerns. To prevent that information about a certain instrument is given while this varies per situation, it is necessary to find out to which extent the questionnaire can be or is changed for the clients. So if the questionnaire is flexible or standardized.

5/6. The respondents and how the target group is taken into account

As mentioned in the first paragraph the youth support exists of different kinds of support. As a result of this there is much differentiation between the clients. Therefore should there be differences in the approach to measure the experiences from the clients. In some of the cases it is possible that the parents have to be questioned instead of the clients themselves. In some cases parents additionally can be questioned if they also (indirectly) are involved in the youth support system (Donabedian, 1988; Porter, 2010; van Yperen, 2012; van Yperen et al., 2014; Veerman et al., 2013).

7. Provision of support

Because there are groups in the youth support that include clients with a disability and that clients are children or young adolescents, it is possible that in some cases support is needed by answering questions. Because answers can be influenced by support, it is important to know how this support is provided and if precautions are taken to prevent that results are influenced.

8. Background of respondents and/or clients

During the literature study came forward that some instruments have different versions in different languages (Beal et al., 2004). This in combination with the possible limitations of the client and the possible complications of the family situation it is necessary to study to which extent an instrument or organization takes the background of clients into account.

9. Anonymity

To prevent that respondents will give social desirable answers it is possible that some youth support providers decide to perform the measurements anonymously. It is namely possible that respondents will not answer how they really think because they find it to confronting or because they are afraid of the professional's reaction. In that case are the answers that the respondent provides not valid. For this reason it is possible that organizations decide to conduct measurements anonymously.

10/11. Linking back of results

As there are multiple factors that influence outcome, it is not possible to know for sure that the observed outcome is completely attributable to the care process. Confirmation is therefore needed from a direct assessment of the process. One of the factors that for example might influence the extent to which clients are satisfied or experience certain aspects is the interpersonal process (Donabedian, 1988; Van Yperen et al., 2014).

To ensure that results are actually used, indicators should make visible where improvements can be made and who is responsible for this aspect of the care system. Not to blame the one who is responsible, but to make clear where improvements can be made. This also has a managerial purpose, namely to create an environment of watchful concern that motivates everyone to perform better (Donabedian, 1988)

Because improvements have to be made, it is important that results are linked back on several levels. If the measurements show that the professionals have to improve some aspects of the support or their attitude, it is important they get to know this. If something is wrong on a whole department, or even in the whole organization, it is important that results are linked back on these levels so improvements can be made. Therefore, it is important to know on which levels and how results are actually linked back.

12. Comparing results

Performance indicators make it possible to compare certain aspects of the provided support or the experiences from clients. The diversity in the clients makes it difficult to compare certain cases with each other, this is also known as ‘case-mix’. Each case is different and each client has a different background and story. This makes them less comparable (Donabedian, 1988; Van Yperen et al., 2014). However, there are possibilities to compare the results on other levels. It is for example sometimes possible to compare the results over time, between certain departments in organizations or between the practitioners.

13. Organizer of the measurements

Because there are different (external) organizations who offer a certain instrument has this as a consequence that there are differences in how the measurements are arranged and organized (Vereniging Gehandicaptenzorg Nederland, 2012). Because it is organized differently, it is possible that this has consequences for the characteristics of the measurements.

14. Reliability

Just as for this study (see section 3.5) it is important to know if results that come forward through the measurements are reliable. Reliability reflects to the extent to which the study is free of random errors. Because this is important to every study is this included to see whether organizations take precautions for this or not.

15. Frequency

Because the literature study showed that there were differences in the frequency of when the measurements have to be or are conducted, is this also included as one of the characteristics of the instruments.

16. How measurements are conducted

The manners of how the measurements are carried out are also different. Some of the instruments appear to be digitally available, others only on paper and some are taken as an interview. Because there is difference between the instruments is this also a characteristic of the instruments.

17. Indicators of the measurement systems

As discussed in section 2.4 the indicators measured through the systems are important. Not only how these indicators are determined, but also what these indicators actually measure. Because different instruments can be used, it is possible that different indicators are measured. Therefore it is useful to know which indicators are measured through the different instruments.

2.7 Conclusion

From the first of January 2015, as part of the new Juvenile law, virtually the whole youth support system in the Netherlands was decentralized towards the municipalities. As a result of this the municipalities have to deal with completely new responsibilities. One of these responsibilities is measuring the experiences of people who get in touch with youth support. Multiple systems can be used to measure these experiences and the results of these measurements can be used for multiple goals. It can for example be used to improve the quality and effectiveness of the provided support. Additionally, it can also be used to justify the provided support towards policy makers and does it contribute to making the youth

support more researchable (Veerman et al., 2013). The three concepts youth support, measurement systems and client experiences are discussed in this chapter and provide together the answer to sub-question 1A.

Before measurements are carried out are there some important factors that should be taken into account. The literature showed that there are several factors and characteristics important for measuring client experiences in the youth support. These factors and characteristics are important to make the results usable and the measurements efficient. These factors and characteristics are discussed in section 2.6 and provide the answer to sub-question 1B. A few examples of these factors and characteristics are:

- it has to be clear for what purpose the indicators are measured, to make sure that the results are usable;
- only the aspects that are important to measure should be measured to prevent an overload of information;
- the involved actors should be involved in determining the indicators; the results should reflect where improvements can be made;
- the approach should be adjusted to the target group to make sure that the required information is gathered;
- the youth support exists from different parts of youth support, this should be taken into account when results are compared and the results can be influenced by multiple factors, therefore confirmation is needed through a direct assessment of the process.

3. Methodology and empirical indicators

3.1 Introduction

As mentioned in the previous chapters, all of the Dutch municipalities have to deal with the new tasks and responsibilities related to the youth support. Since Kennispunt Twente, the research bureau on which behalf this study is conducted, is active in the region of Twente, this study focuses only on municipalities in this region. As youth support providers are also using measurement systems, and are much more experienced with this, it is important to investigate how they do it, what they want to measure and what they subsequently do with results. In this chapter the methods of investigation are discussed. Thereby, the validity and reliability are substantiated, and the variables relevant to this study are made measurable.

3.2. Literature study and desk research

3.2.1. Desk research

In the initial phase of this study, desk research was conducted to gather information about the concepts that are relevant to this study. It was conducted to gain insight in elements that are central to this study, among others as described in section 2.2 where is described who is responsible for the youth support, and which types of support actually belong to the youth support. For this, documents and reports that were drawn up by, or on behalf of the Dutch government or one of its Ministries, were consulted. Additionally, information was gathered from institutions that conducted several studies related to this subject, for example the Dutch Youth Institute. The new Juvenile Law was also intensively consulted to explore the new established requirements.

3.2.2. Literature study

Literature study was, as part of the desk research, conducted in the initial phase of this study. Scientific sources are consulted to find information that could contribute to this study. The theoretical framework is formulated by using, among others, the scientific information that was gathered during this process. Different databases were consulted to find what was already known in this field of research. Among others Google Scholar, Web of Knowledge, Science Direct and different medical databases were used. Medical databases were consulted as this study is focused on the youth support system, and because the measuring of client experiences is a phenomenon that frequently occurs in different sorts of (health) care. The availability of scientific articles related to this subject in the youth support is quite limited and therefore, the snowball method is used. This means that references mentioned in articles that were found, were consulted to find other articles that could be valuable to this study.

3.3. Field research

Besides desk research and literature study field research was also conducted. Sub-question 2 focuses on the measurement systems that municipalities in the region of Twente use for measuring client experiences. An inventory took place among municipalities in Twente to find out which measurement systems are used, or municipalities intended to use. The results of the inventory are described in section 4.2.

The interviews with professionals from youth support providers were conducted to answer the third and fourth sub-question. The questions are related to the characteristics of measurement systems that youth support providers use, and what they would recommend municipalities regarding the area of measuring client experiences. Additionally, documents were analyzed to see if information provided during interviews corroborated with the information in documents. The different sorts of documentation used for this, are discussed in section 3.3.2.

3.3.1. Inventory

Before interviews were conducted, an inventory took place among the fourteen municipalities in the region of Twente. During this inventory information was gathered from the municipalities about their measurement systems. The inventory was conducted through a questionnaire distributed by e-mail and through conversations with attendants of meetings of the so called 'Klankbordgroep Jeugd'. This is a group where participants are policy workers from the fourteen municipalities in the region of Twente, and employees of Kennispunt Twente.

3.3.2. Documentation

Documentary information is just as in almost every case study, also relevant for this study (Yin, 2003). Because information can take many forms, the most important forms of documentation for this study are discussed.

Several reports, protocols and questionnaires are used to see what actually is done with the results of the questionnaires, what is actually asked, how this is asked and how results are processed into reports. This to verify and corroborate the information provided during the interviews and to ask questions during the interviews. Most respondents agreed to the request to send a version of the instrument they use, before the interview was conducted and others gave a copy during the interview. Protocols and reports sometimes also were included, so these could also be examined to see if this corroborates with the provided information. They were not directly used as source of information for this study, except for the indicators that were measured by the instruments, but to confirm or deny the information that was given during interviews. An overview of the submitted documents is given in appendix 5.

The different questionnaires that are used by youth support providers included in this study, are analysed to see which indicators are measured, how they ask the questions and to what extent they take possible limitations of respondents into account. So, if the respondent answered that respondents could answer the questionnaires anonymously, or that response options were simplified through smileys, it is checked whether this was confirmed by the version of the questionnaire. The indicators measured through the questionnaires, are determined by the domains the questions belonged to. The indicators are mentioned at the descriptions of the instruments in appendix 6.

3.3.3. Interviews

For this descriptive study in depth-interviews are conducted. Interviewing gives the opportunity to gather specific information from the respondent responsible for the related subject. Through desk- and literature research information about measurement systems is gathered and this information is used for formulating the questions for the interviews. This makes that the interviews are the so called 'focused interviews'. According to Yin (2003) this

is an interview type where the respondent is interviewed for a short period of time. The interview is still open-ended and assumed to be in a conversational manner, but the questions are derived from a case study protocol (Yin, 2003). This applies to this study because the questions asked during the interviews, are derived from the information that was gathered during the desk- and literature study.

Conducting interviews gives the opportunity to let respondents think about, and come up with the answer. Therefore, they do not have the opportunity to choose an answer from a couple of answers that already are mentioned as, for example, during a survey. Interviewing also gives the opportunity for further inquiry into the topic or the given answers. Thereby, it also makes it possible to find out the motives behind the actions, or why they arranged things in the way they did, information that a questionnaire cannot provide. As conducting interviews is very time consuming, not only the preparations and the interview itself, but also the processing of the results of the interviews, the amount of respondents is limited. Despite this, the gathered information is more specific and this is important for this study.

As it is impossible due to the size of this study, to include all care providers, a selection had to be made. This happened in cooperation with professionals from the Organization for Care and Youth Support Twente (OZJT), who are having contact with the support providing organizations because of the care procurement. Hereby, it was important that all different areas of the youth support had to be included. This to get a representative view of the different systems used in the whole youth support, so large and small organizations were included. In total 12 interviews are conducted, one of these interviews was a telephone conversation and the other interviews were conducted face-to-face. The different areas of youth support were all covered during this selection. An overview of the organizations that are included in this study, is given in appendix 1 and the interview questions are given in appendix 4. The interviews are transcribed and are available in a different document, separate from this thesis.

3.3.4. Meetings

Kennispunt Twente is responsible for monitoring the social domain in the region of Twente. They organize meetings where officials from municipalities that are involved, are present. As the municipalities only are responsible for their new tasks, they are still searching for how to arrange things. By organizing these meetings, municipalities can interact with each other about things where they get stuck, and they can exchange information so they can learn from each other. By attending these meetings information is gathered from these officials and an image is formed about their perception on certain subjects.

3.4 Operationalization of variables

In this section the variables, which seemed important according to the literature, are operationalized. Operationalizing is the process of making specific variables measureable. So in section 2.6 the different important variables are discussed, and here is discussed how these variables are made measureable during this study. The interview questions can be found in appendix 4, because the respondents were Dutch these questions are formulated in Dutch.

Goals of the measurements

During the interviews the question is asked for which purpose organizations conducted measurements. Because it was an interview, it was possible to ask this as an open question,

so that respondents had to answer this question from their own perspective, without choosing from a list with proposed options. Because there was overlap between the answers of the questions why they started measuring, for which purpose the performed the measures and where results are used for, they are combined later.

The following questions are asked:

- What is the reason why the organization started measuring the client experiences?
- For what purpose are the experiences of the clients measured?

Usability of the results

The question “Where are the results used for?” was asked to determine where respondents and organizations actually use the results for. Additionally, the answer to this question also provides information about whether the results were actually used for reaching the goals that were mentioned by the respondents.

Definers of the indicators that are measured

The literature showed it was important that results were usable for everyone involved in the care process. For this reason the indicators measured through the systems had to be determined in cooperation with the actors involved. The question “Who determined what exactly is measured through the measurement system?” is asked to find out who defined the contents and indicators of the questionnaire.

Flexibility of the indicators

As it is important that answers are useful and can be compared, it is asked whether the contents of the questionnaire are fixed or flexible. Because it is possible that different organizations use the same instrument, it is also important to know if they use the same questionnaire or that contents differ per organization. The question “Does the content exists from a solid core or does the content vary per organization?” is asked as a follow-up question of the question who determined the contents and indicators of the questionnaire.

Respondents of the instruments

This study focuses on the youth support and because of this, it is possible that there are more respondents besides clients themselves. For this reason, it is asked who actually answered the questionnaires. The question “Who answered the questions of the measurement system” is asked to gather information about this subject.

How is the target group taken into account

It is possible that some respondents are not capable enough to answer the questions. Because it is important that results can be compared, is asked whether everyone has to answer the same questions or that a difference is made between (target) groups. The questions “Does everyone get the same questions or is a distinction made between the different (target) groups within the organization?” followed by the question “How is this done?” provided the required information.

How is the support provided

The possibility exists that clients are not capable enough to answer the questions because of their age or limitations. Therefore, organizations could decide to offer support by answering

the questions. The question “Can clients receive support from professionals by doing this” was asked if it turned out that clients were also answering the questionnaire. Doing this refers to answering the questions.

Background of the clients

The question “Is the background also taken into account in the approach to the client?” gives clarity about how organizations adjust their behaviour towards clients, how they deal with possible language difficulties or how they simplify questions for clients.

Anonymity

Because social desirable answers could be a problem and to verify if improvements can be made at an individual level, is asked whether questionnaires are conducted anonymously or not. The following question is asked to receive an answer to this: “Is anonymity taken into account during the collection of data?”. The questionnaire and reports are afterwards checked to see if personal information is asked, and if results could be linked back to a specific client.

Feedback of the results

The questions “Are the results that measurements provide linked back?” and “How is this done” provide information about how information is used, to whom results are linked back and how this is done. If professionals for example do not receive results, they can also not improve themselves on the basis of the measurements. To see how the results are linked back and to check if this actually is done, is asked if reports were available.

Comparison of the results

Asked is if results are compared with each other, why this is done, what is done with the comparison and on which levels results are compared. The question “Are the results of the measurements compared with each other?” followed by the question “Why are results compared and what is done with the comparison?” provide the answer to this. To check whether results are compared, is asked if reports were available wherein the comparison is made. Despite that the different levels on which results are compared, is not included in the questionnaire of the interview, it is discussed during each interview.

Organizer of the measurements

The question “Who organizes the measurements?” is asked to gather information about who is responsible for organizing the measurements. This question is asked because it is possible that organizations organize the measurements themselves, or that an external organization does this for them.

Reliability

Because each study has to deal with reliability is asked how organizations try to maintain the reliability of the results. This is done with the question “What does the organization to ensure the reliability of the measurements?”.

Frequency

Because there are different organizers responsible for the measurements, and the organizations are active in different areas of youth support, is asked how frequently the

measurements are conducted. The question “How often are the measurements actually carried out?” is asked to provide the answer to this. Besides this question is also asked how the measurements are conducted. This happened with the question: “How can clients answer the questionnaires?”. By checking if questionnaires are really available in the ways they suggest, is ensured that information is correct.

Satisfaction with instruments

As it is important to know whether organizations are satisfied with the measurement systems they use, is asked how satisfied they are. The questions “Is there within the organization or among managers and professionals resistance against the instruments that are used?”, “Has the method added-value according to you” and “Would you personally recommend the used methods to other organizations?” should combined show if they are satisfied or not.

Indicators

The indicators measured through the instruments, are determined by reviewing different sorts of documentation. Questionnaires themselves are consulted to see which questions are asked, or which domains are covered. Additionally, reports are consulted to gather this information. In appendix 5 an overview is given with available documentation from the care providers. Each questionnaire is consulted and reports are consulted when available.

3.5 Reliability

Reliability reflects to the extent to which the study is free of random errors. So if results would be the same if the study would be conducted on a different moment and under different circumstances. Results are reliable when they are internally and externally consistent. Internally consistent means that results are plausible, while taking the known information about the respondent into account. Results are externally consistent when there is no discrepancy between the information from different sources. This can be determined by looking if information provided during interviews, corresponds with information in documents or other sources. During this study the reliability is safeguarded by checking if the information that was provided during the interviews corresponded with the documentation. Because some information was provided before the interviews, it was possible to discuss possible discrepancy.

In appendix 4 the interview questions are added, that are used during the interviews. The interviews are also transcribed and are available in a different document. This to make it possible to use the information and to make the study reproducible. Because some organizations preferred that their name was not directly mentioned at specific instruments, in appendix 2 an overview is given of the instruments and during which interview they were discussed. The interviews are anonymized by numbering the interviews instead of mentioning the name of the organizations.

3.6 Validity

Validity reflects the extent to which we actually measure what we think we are measuring (Everaer & van Peet, 2006). This concept can be divided into internal and external validity. Internal validity means if results that came forward during this study are related to the research topic. Because this is a descriptive study, no conclusions are drawn from most of the information respondents provided. This namely was mostly information about the measurement systems that were used without a direct value judgment, or at least without a

cause-effect relation. The internal validity is safeguarded by adding the literal elaborated interviews as an appendix.

External validity reflects to the extent to which results can be generalized to the whole population (Everaer & van Peet, 2006). This means the extent to which results from the selected youth support providers can be generalized over all youth support providers active in the region of Twente. Because interviews are conducted, results are only derived from twelve youth support providers. The external validity is partially guaranteed by making sure that included support providers were spread over the different types of youth support. The fact that the external validity of this study is not really high is not a major problem because it is a descriptive study that provides an image of what is going in this area.

3.7 Conclusion

In this chapter the methodology of this study is described. At the beginning of this study a literature study and desk-research is performed to gather information about the relevant subjects and the context of the problem. Thereafter, this information is used as input for the inventory among the municipalities in the region of Twente and for the interviews taken from twelve youth support providers in this region. Despite the fact that it was impossible to include all youth support providers active in this region, 12 interviews are conducted. In the selection process for the interviews, is ensured that all the different types of youth support were included in this study. During interviews is information gathered about the most important characteristics of the measurement systems that are discussed in section 2.6. These characteristics are operationalized in section 3.4. In section 3.5 and 3.6 the reliability and validity of this study is discussed. One of the manners used to ensure this, is using multiple sources of evidence (Yin, 2003) and by checking whether the information given during the interviews, is corroborated by information from the documentation.

4. Results

4.1 Introduction

Results that came forward during this study are described in this chapter. First results of the inventory among municipalities are discussed, followed by the purposes wherefore municipalities perform the measurements. This information is provided in section 4.2 and 4.3, together they provide the answer to sub-question 2. With use of the characteristics that came forward during the literature study and desk research, interviews are conducted with professionals from the youth support providers. These results are shown per characteristic in section 4.4, and together provide the answer to sub-question 3. Finally, recommendations are outlined that are given by professionals from youth support providers. These recommendations and comments reflect the subjects they find important or desirable for the measurements, and are used to answer sub-question 4. Afterwards, in chapter 5, conclusions are drawn from these results and recommendations are made.

4.2 Inventory among municipalities

As discussed in previous chapters, an inventory took place among the fourteen municipalities in the region of Twente. During this inventory the municipalities were asked which measurement system they decided to work with, or with which one they would like to work. Thereby information was asked about what indicators they would like to measure through these systems and for which purposes the measurements were conducted. Twelve of the fourteen municipalities responded to the request to give information about their decision or intentions. The other two municipalities Tubbergen and Dinkelland did, despite several reminders, not react to the request. That it were these two municipalities that did not react can be explained by the fact that they collaborate in an organization called 'Noaberkracht Dinkelland Tubbergen', an organization responsible for the business operations for the two municipalities. Because the person who is responsible for this subject for this partnership did not respond for unknown reasons, information for both municipalities was missing. However, from the website of the developer of the instrument mentioned by the other municipalities, information is gathered about these two municipalities. The results of all municipalities are now further elaborated.

The inventory showed that most of the municipalities did not made a definitive choice for a specific instrument. Only 2 municipalities made clear they had made a definitive choice for the 'Menselijke Maat', these were the municipalities of Almelo and Losser. Five municipalities (Borne, Hengelo, Hellendoorn, Hof van Twente and Wierden) made clear they were participating in a pilot version of the Menselijke Maat. Participating in this pilot project does not immediately mean that these municipalities made a definite choice for this instrument, so after this pilot is finished they can choose to use the system or to choose another one. The municipality of Borne made clear they had the intention to work with the 'Menselijke Maat' but this was not definitive yet. The other 4 municipalities responded that they had not decided yet which measurement system to use, or that they wanted to wait for a little longer before making a decision. These were the municipalities of Enschede, Haaksbergen, Rijssen-Holten and Twenterand. Two of them decided to wait a little longer because the Association of Dutch Municipalities (Vereniging van Nederlandse Gemeenten) made clear they were formulating a certain amount of indicators for youth support. For this reason, they wanted to wait and see where this would lead to, and what the regional developments thereafter would be. The municipalities of Dinkelland and Tubbergen, from which no answer was received,

also participate in the pilot of the Menselijke Maat. At least, their name is mentioned at the website of the Menselijke Maat (Arcon, 2015). Figure 4 shows the choices of the municipalities. Besides the name of the measurement systems, the purposes for which the systems are used are given, just as indicators measured through the systems or the indicators that municipalities would like to measure.

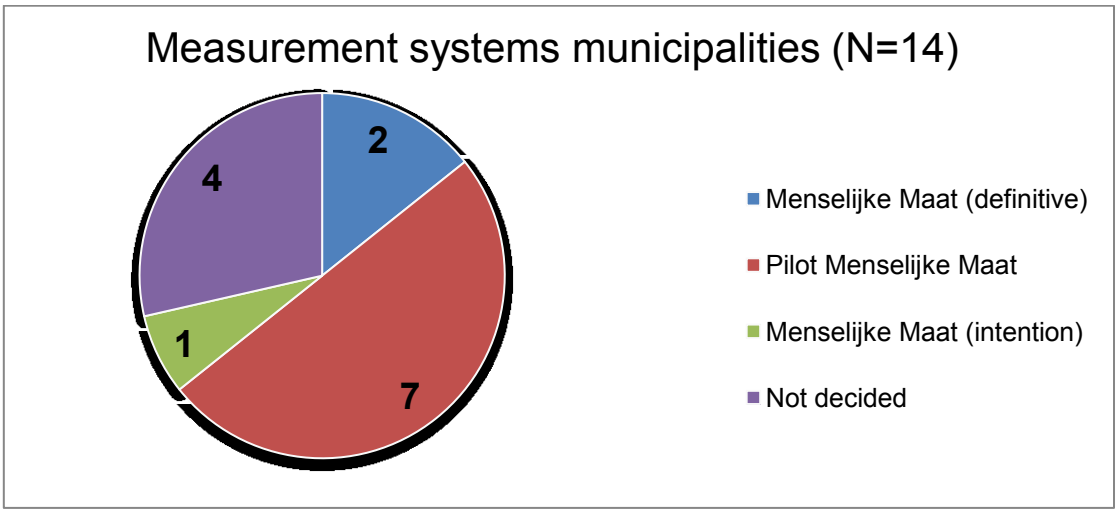

Figure 4. Distribution of measurement systems among municipalities in Twente.

The 'Menselijke Maat' is a measurement system developed by a company named Arcon, commissioned by the municipalities of Borne and Almelo. This instrument focuses on the autonomy, competences, connections and wellbeing of clients. There are two versions of this instrument, one focuses on youth support but is still being developed, the other one focuses on clients of the Social Support Act. The Menselijke Maat performs independent measurements to show how the provided support influenced the life of clients. Additionally, the organizers of the Menselijke Maat perform an organizational scan at teams or departments of youth support providers (Arcon, 2015).

4.3 Goals of the municipalities

According to the guidelines of Globerson (1995), described in section 2.4.2 and to van Yperen (2012) and van Yperen et al. (2014), described in section 2.5, is important to know what municipalities want to achieve with the measurements. For this reason during the inventory is asked for which purpose municipalities want to perform the measurements and where they want to use results for. As shown in appendix 8, not all municipalities did respond to this question, but the municipalities that answered this question mentioned the following:

- They want to use it for measuring experiences of clients, to use these experiences as instruments of control
- Get an image of which support is provided
- Use it for further development of the youth support
- Use it as input for conversations with support providers
- Use it as input for policy advices
- To be accountable to the municipal council and Municipal Executive
- Internal and external accountability
- For improving internal work processes
- Make interventions and opinions researchable
- Use results for contract negotiations and contracting

This topic is also discussed during the interviews with youth support providers, which makes it possible to compare the mentioned purposes. The purposes of youth support providers are discussed in section 4.4 as one of the important characteristics or factors of measurement systems, and a comparison is made in section 4.6.

4.4 Characteristics of the measurement systems used by youth support providers

During interviews became clear that youth support providers use several instruments to measure experiences of clients. Most organizations started measuring client experiences in order to fulfill the demands of the financers. The financers demanded that organizations measured experiences of clients, and if they did not do this, there could be financial consequences. Only two of the twelve youth support providers did not start with measuring client experiences because this was asked by the financers. One of these two developed an instrument while they were not obliged to do this, because they do not offer treatments. The other one uses an instrument that is not certified by the financers and is therefore at risk of getting cut in their budget. They take this risk because they want to use the instrument to improve the quality of the support, instead of letting it be about money.

The different instruments youth support providers use, are discussed according to the characteristics given in section 2.6. Instruments that differ from others are discussed in more detail. In appendix 6 the different measurement systems are discussed as a whole and in appendix 2 is described during which interviews the different systems came forward. Because some instruments are used by multiple organizations an overview is given in appendix 3 where is shown how many organizations use the instruments.

4.4.1. Purposes of the measurements and the usability of the results

The organizations included in this study provided different purposes for which measurements are conducted, and there are differences between the organizations and where results are used for. In table 1 an overview is given of the different instruments, the purposes for which they are used and where organizations use results for. Figure 5 shows the frequency of how many times the purposes are mentioned.

Each of the different organizations mentioned during the interviews that measurements were conducted with the purpose to improve the quality of support. This is also visible in table 1 where all the different instruments were actually used for improving the support. Noticeable is also that 7 of the 9 instruments were used by the organizations to be accountable to financers. So it was always obliged by the previous financers that organizations conducted the measurements with the used instruments and that results were linked back to the financers.

It is possible to see that most of the mentioned purposes or use of results can be linked to the process of improving support. For example, results are often used as input for meetings, conversations or for the different councils. According to respondents here is discussed how results can be used to implement improvements. One of the purposes is also to gain insight in the experiences or satisfaction of clients and into everything happening in the organization. In this way information also can be used to make adjustments or improvements, not only for clients, but also for professionals.

Instrument	Purposes and usability of results
1. Quality Cube for clients with an intellectual disability	Improve the quality of the care and support
	Accountable to financers
	Map the client satisfaction
	Input for a multidisciplinary consultation
2. Appreciation survey by Effectory	Improve the quality of the care
	Accountable to financers
	Map the appreciation of the care and the support
	Putting client and practitioner central to care process
	Make service provision visible
	Input for evaluation meetings
	Input for own organization
	Input for several councils
3. C-Toets	Improve the quality of the care
	Accountable to financers
	Professionalize
	To distinguish
	To profit
	Gain insight in impact care
	Input for management team
	Input for evaluating the care plan
4. GGZ-Thermometer (mental health care)	Improve the quality of the care
	Accountable to financers
	Map the experiences of the clients
	Input for the clientcouncil
	Input for the youth council
	Input for the treatment
5. ORS-SRS	Improve the quality of the care
	Accountable to financers
	Input for the treatment
	To evaluate the treatment
	Evaluate relation client and practitioner
6. P(leegzorg)-Toets (P-test for foster care)	Improve the quality of the care
	Accountable to financers
	To evaluate the treatment
	Make interventions researchable
	Map the client satisfaction
	Budget was dependent on the results
7. Satisfaction survey	Improve the quality of the care
	Not because of accountability
	Map the client satisfaction
	Gain insight in occurences organization
8. Exit questionnaire (interview)	Improve the quality of the care
	Accountable to financers
	Evaluate the provided care
	Get feedback on actions of professionals
	Get feedback on the professionals attitude
	Input for final meeting
9. Waiting room questionnaire	Improve the quality of the care
	Increase the response
	Supplementary to exitquestionnaire
	Gather usable information

Table 1. Overview of purposes of measurements and usability of results

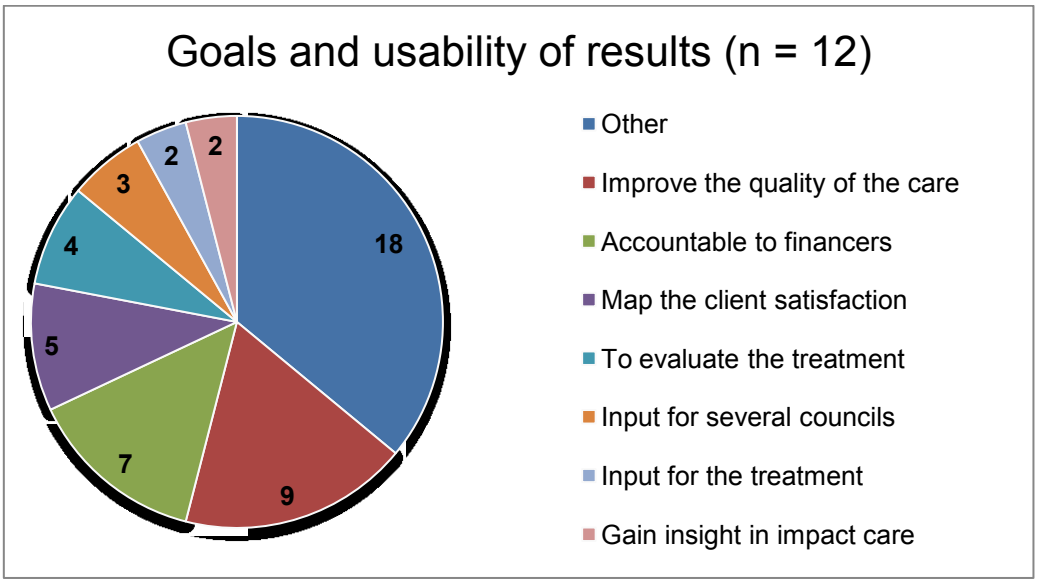

Figure 5. Goals of measurements and how results can be used

4.4.2. The definers of indicators

Each instrument is developed by another organization or institution and is used in a different type of youth support. As a result of this the contents of the different instruments are different. Because literature turned out it was important to involve other actors in defining the indicators that are measured through an instrument, is asked who defined the indicators in the different instruments. As shown in table 2 it turned out that external organizations had influence on the questionnaires of 7 of the 9 instruments. In three cases the care provides could only add a limited amount of additional questions and the questionnaires of the ORS-SRS, the P-toets and the Exit questionnaire were defined only by external organizations. However, one organization that uses the Exit-questionnaire uses a different questionnaire developed by themselves. Other instruments from which questionnaires are determined in a different manner are now further discussed.

Instrument	Definers questionnaire	Instrument	Definers questionnaire
1. Quality Cube for clients	External organization	5. ORS-SRS	External organization
with an intellectual disability	Own, additional questions in agreement		
2. Appreciation survey by Effectory	Effectory in cooperation with organization	6. P(leegzorg)-Toets	External organization
	Organization in cooperation with Effectory	(P-test for foster care)	
3. C-Toets	External organization	7. Satisfaction survey	Own organization, graduate student and
	Own, additional questions in agreement		supervisors student
4. GGZ-Thermometer	External organization	8. Exit questionnaire	Own organization
(mental health care)	Own, additional questions in agreement	(interview)	External organization
		9. Waiting room questionnaire	Own organization
			Client council

Table 2. Definers of the questionnaires

The appreciation survey by Effectory is used by two support providing organizations, but the questionnaires are developed differently. One organization only made some adjustments to the concept list that was developed by Effectory and the other organization developed most of the questionnaire by itself in the ratio 70/30. The content of the questionnaire is based on the eight domains of 'Kwaliteit van Bestaan' (quality of existence) from Shalock.

One organization started measuring without the obligation from the financer. There was a graduate student active in their organization that developed the Satisfaction survey (Tevredenheidsonderzoek) in the context of a graduation project. The instrument is therefore not officially certified. The contents of the questionnaire are determined by professionals from the organization, the graduate and his supervisors.

The waiting room questionnaire is developed by one of the organizations itself. It was developed by the organization because the response from other instruments was decreasing. The instrument was therefore developed to increase the response and to receive usable information. Contents were determined by professionals from the organization in cooperation with the client council.

4.4.3. Flexibility of indicators

In most cases organizations use a standardized or fixed questionnaire. The core of the questionnaires is mostly the same but questions in the 'free space' can vary. These are questions organizations can add at the end of the questionnaire. It is possible that contents are different, despite the fact that organizations use the same instrument. But because organizations repeatedly use the same questionnaires contents are not flexible. In table 3 an

overview is given of how the flexibility of the questionnaires applies to the different instruments. It is possible to see that 3 of the 9 instruments exist from a fixed questionnaire with possible additions, while three use a fully standardized questionnaire.

Instrument	Flexibility indicators	Instrument	Flexibility indicators
1. Quality Cube for clients	Fixed questionnaire	5. ORS-SRS	Standardized questionnaire
with an intellectual disability	- with possible additions	6. P(leegzorg)-Toets	Standardized questionnaire
2. Appreciation survey by Effectory	Organizations use different questionnaires	(P-test for foster care)	
3. C-Toets	Fixed questionnaire	7. Satisfaction survey	Fixed questionnaire
	- with possible additions	8. Exit questionnaire	Organizations use different questionnaires
4. GGZ-Thermometer	Fixed questionnaire	(interview)	
(mental health care)	- with possible additions	9. Waiting room questionnaire	4 fixed questionnaires

Table 3. Flexibility of indicators

The ORS-SRS instrument consists of two questionnaires. The ORS-questionnaire is taken before the treatment and the SRS-questionnaire is taken afterwards. The contents of both the questionnaires are always the same. The waiting room questionnaire consists of four different questionnaires. Each version of the questionnaire is located in the waiting room for a quarter of a year. Once the quarter is over, the questionnaire is replaced. The contents of the questionnaires stay the same, but some of the questions have been reformulated to keep it simple and understandable. The subjects did not change.

4.4.4. Respondents

Organizations included in this study are active in the youth support and because of this, it is plausible that clients are children or young adolescents with a (intellectual) disability. The clients are therefore not always even suitable for questioning. Some organizations therefore distinguish who they ask or not ask, adjust the questionnaire to the target group or provide support in answering questions. This section discusses the respondents of questionnaires, in section 4.4.5 is discussed how questionnaires are adjusted and the extent to which support is provided is discussed in section 4.4.6.

Some organizations choose to make a distinction between who may or may not answer the questionnaires. Because it is obliged to involve (foster) parents of the clients in the care process, in most cases parents are included in answering the questionnaires. The influence of parents on the care process decreases when clients are 12 years old and from the age of 16 this is not obliged anymore. Nevertheless, in almost each trajectory parents remain involved and they are asked to answer the questionnaire as well to provide an additional perspective on the care process. So parents are not answering the questions instead of the clients, but almost in each case additional to clients. In table 4 the instruments are shown with the groups of respondents what are included.

Noticeable is that one of the organizations that uses the survey from Effectory also includes employees or volunteers and let them also fill in a questionnaire. Another notable point is the age limit used for the GGZ-thermometer.

Instrument	Respondents	Instrument	Respondents
1. Quality Cube for clients	Client and/or parents	5. ORS-SRS	Clients, possible with parents
with an intellectual disability		6. P(leegzorg)-Toets	Foster parents
2. Appreciation survey by Effectory	Parents and client	(P-test for foster care)	Client
	Employees/volunteers	7. Satisfaction survey	Parents and cliënt
3. C-Toets	Clients	8. Exit questionnaire	Client
	Representatives	(interview)	Representatives
4. GGZ-Thermometer	> 12 years client and parents	9. Waiting room questionnaire	Parents and/or clients
(mental health care)	< 12 years only parents		

Table 4. Respondents of questionnaires

4.4.5. Target group

The included organizations are active in youth support and hence it is possible that clients are children or young adolescents with a possible (intellectual) disability. Answering ordinary questions could therefore sometimes be difficult for them, which is why some organizations adjust their questionnaires to the level of the respondents. For this reason, it is possible that there are different versions of the questionnaire, one for parents or representatives, and one for clients. To make it possible to compare the answers of different respondents, as discussed in section 4.4.4, are the questions of the questionnaires comparable and about the same subjects. The questions are formulated a little different and in most cases are they simplified for clients or are answers clarified with use of smileys. In table 5 is shown how a difference is made between the different target groups.

Noticeable is that most instruments have different versions suitable for the different respondents. The ORS-SRS is simplified by using a multi-item scale. The instruments provide several statements and the respondent has to define in which degree this applies to him or her. The table also shows that it is possible to perform the exit questionnaire in an interview form. The questions are hereby answered during a final conversation between the professional and the client with his representatives. However, only one organization offers this option. Summarized does it mean that answers from 3 of the 9 instruments are simplified with use of smileys and 6 of the 9 instruments have different versions of the questionnaire, adjusted to respondents. One instrument uses a multi-item scale and the waiting room questionnaire only uses simple questions so everyone can answer them.

Instrument	Adjustments for target group	Instrument	Adjustments for target group
1. Quality Cube for clients	Smileys, pictograms and/or photos	5. ORS-SRS	Smileys
with an intellectual disability	Questionnaire not adjusted		Multi-item scale
2. Appreciation survey by Effectory	Version for parents	6. P(leegzorg)-Toets	Version for foster parents (P-test)
	Version for clients	(P-test for foster care)	Version for clients (C-test)
	Smileys	7. Satisfaction survey	Version for parents
	Version depends on type of care		Version for clients
3. C-Toets	Version for parents	8. Exit questionnaire	Version for representatives
	Version for clients	(interview)	Version for clients
	Version depends on type of care		Interview form is possible
4. GGZ-Thermometer	Version for clients > 12 years	9. Waiting room questionnaire	Simple questions
(mental health care)	Version for parents if client < 12 years		

Table 5. How organizations take account of the target group

4.4.6. Support

Despite the adjustments made to make it easier to answer the questions, is t possible that clients or parents/representatives need support by answering the questionnaire. This might be because the respondent does not understand the question and needs clarification or that technical support has to be offered. According to one respondent it is possible that some clients need support because they are not able to look back for a longer period of time, the professional could provide support here by mentioning examples for things that happened. One of the risks is that social desirable answers are given because clients do not dare to say what they really think because of the presence of the professional. Answers and opinions can also be influenced by professionals because they can decide to provide only positive examples.

Table 6 shows that support can be offered for answering questions from 7 of the 9 instruments. It also shows the measures organizations take to prevent that clients provide social desirable answers. So is there one organization that has a confidant available, this confidant can provide independent support because he has no interest in the results. Other organizations make sure that professionals who provide support are not from the same department so that they are not affected by the results, this allows them to offer the support as value-free as possible. In some cases the support is offered according to a specific protocol.

Instrument	Support offered	Instrument	Support offered
1. Quality Cube for clients	Yes, degree depends on limitation	5. ORS-SRS	Yes, if necessary
with an intellectual disability	Confidant possible (1 organization)		
2. Appreciation survey by Effectory	Yes, by professionals of other departments	6. P(leegzorg)-Toets	None
	Yes, if possible by environment client	(P-test for foster care)	
	Yes, according to protocol	7. Satisfaction survey	Yes, if necessary
3. C-Toets	Yes, if necessary	8. Exit questionnaire	Yes, if necessary
4. GGZ-Thermometer	Yes, if necessary	(interview)	Confidant possible (1 organization)
(mental health care)	By phone if answered at home	9. Waiting room questionnaire	None
	Confidant possible (1 organization)		

Table 6. Degree and manner of support offered for answering questionnaires.

Some organizations try to avoid that own professionals offer the support by letting people in the network of the client provide support. In this way are results not affected by professionals. When respondents are answering the questionnaire at home, they can call a specific telephone number so that (independent) professionals can clarify certain things through the phone.

4.4.7. Background

Because there is a lot of diversity among the clients in the youth support and the extent to which support is offered, it is possible that organizations take the clients' background and situation into account by conducting questionnaires. This is consistent to previous sections because some organizations mention they deal with this while offering support. Because the situation of some clients is complicated, it is possible that parents or representatives are not included in the process. As described in section 4.4.4, it is possible that in those situations only clients are included. When clients and/or representatives are dealing with a language insufficiency, because of illiteracy or foreign origin, there is one organization that has an interpreter available and are questionnaires available in different languages. This allows the

respondents with a language insufficiency to answer the questionnaires as well. When the organizations do not have this possibility they can adjust the degree of support that is offered. If questions are not understood they can be skipped and discussed during a meeting. In table 7 is shown per instrument how there is dealt with the situation or background of respondents. Summarized do two organizations adjust the degree of support, is one instrument available in different languages and are no specific measures taken for answering the questionnaires from 5 of the 9 instruments. Additionally, 3 of the 4 organizations that use the exit questionnaire do not take specific measures and does the other organization has an interpreter available for offering support.

Instrument	How background taken into account	Instrument	How background taken into account
1. Quality Cube for clients	Yes, degree of support	5. ORS-SRS	Yes, degree of support
with an intellectual disability		6. P(leegzorg)-Toets	Questionnaire available
2. Appreciation survey by Effectory	None, skip and discuss in meeting	(P-test for foster care)	in multiple languages
3. C-Toets	None	7. Satisfaction survey	None
4. GGZ-Thermometer	None	8. Exit questionnaire	Interpreter available
(mental health care)		(interview)	
		9. Waiting room questionnaire	None

Table 7. How background and situation are taken into account by answering questionnaires

4.4.8 Anonymity

Social desirable answers can, as discussed in section 4.4.6, be problematic for getting a correct image of thoughts and experiences of respondents. Not only in the extent to which or how support is offered by filling in questionnaires this is taken into account, but also in how questionnaires are conducted and processed. Most organizations conduct the questionnaires anonymously so that results cannot directly be linked back to the respondent. This should lead to the fact that the respondents are more willing to provide their 'real' answers, or should react how they really think. This because answers cannot be linked back to respondents, and in this manner do professionals not know which answers the client has provided.

As can be seen in table 8 not all questionnaires are conducted anonymously, this because some organizations use results from measurements as input for conversation or treatment. When measurements are conducted anonymously only aggregated results can be discussed, but when organizations use results for implementing improvements on an individual level the measurements have to be conducted not anonymous. Some instruments are used by multiple organizations and because of this there are differences in how instruments are used and how measurements are conducted. The C-test is anonymously when the questionnaire is conducted organization-wide because of the obligation. Additionally, the organization that uses this instrument also sometimes performs measurements because they want to gather information from a certain department, in these cases it is not anonymous. Totally measurements from five instruments are not taken anonymously and seven are taken anonymously. The discrepancy between the total number of instruments and how often the measurements are taken anonymously or not, can be explained by the fact that it differs per organization how measurements are conducted.

Instrument	Anonimity	Instrument	Anonimity
1. Quality Cube for clients	Not anonymous	5. ORS-SRS	Not anonymous
with an intellectual disability	Processed by external organization	6. P(leegzorg)-Toets	Anonymous
	Linked back anonymously	(P-test for foster care)	
2. Appreciation survey by Effectory	Differs per organization	7. Satisfaction survey	Anonymous
3. C-Toets	Organization-wide is anonymously	8. Exit questionnaire	Differs per organization
	In between not anonymous	(interview)	
4. GGZ-Thermometer	Differs per organization	9. Waiting room questionnaire	Anonymous
(mental health care)			

Table 8. Anonymity of the questionnaires

4.4.9. Feedback of results

The different instruments all provide different information and additionally different groups of respondents are also approached to answer the questions of the different instruments. As a result of this results are linked back on different levels. In table 9 an overview is given of whereto or on which levels the results of the different instruments are linked back. There are big differences in on which levels this is done, partially because of the differences in how measurements are conducted, if this is anonymous or not. Because all organizations use results for improving the quality of support are results linked back at least on location level. Only one organization active in a large area in the Netherlands does not link back the results of the GGZ-Thermometer on this level, this is because the results are only linked back to the organization on an organization-wide level. It therefore has, according to the interviewee, no sense to link back the results because it is not clear to which region this applies to. If the measurements are conducted anonymously does this mean that the results cannot be linked back on an individual level, however, some copies of the questionnaires have a special code and with help of this code results can be linked back to a certain location. In total results from seven instruments are linked back on an organization-wide level, of six instruments to parents/relatives and clients, and results of four instruments are linked back to several councils and on location level. Results of five instruments are not linked back on an individual level because measurements are conducted anonymously.

Instrument	Levels of feedback	Instrument	Levels of feedback
1. Quality Cube for clients	Organization-wide	5. ORS-SRS	Parents and clients
with an intellectual disability	Location level	6. P(leegzorg)-Toets	Organization-wide
	By department / group	(P-test for foster care)	Location level
	Not on an individual level	7. Satisfaction survey	Organization-wide
2. Appreciation survey by Effectory	Parents / relatives and clients		Parents and cliënt
	Organization-wide		Parent council
	Location level		Organizational meeting
	Department	8. Exit questionnaire	Organization-wide
	Employees	(interview)	Location level
	Client-, parent-, and relatives councils		If not anonymous: individual level
3. C-Toets	Organization-wide	9. Waiting room questionnaire	People in the waiting room
	Practitioners		Clients
	Cliënt council		Employees
	Not on an individual level		Client council
4. GGZ-Thermometer	Organization-wide		
(mental health care)	Other organization also individual level		

Table 9. Levels of how results are linked back

It depends on the organizer of the measurements how results are linked back to youth support providers. As can be seen in table 10 all organizations draw up or receive a report where results are processed, nowadays this almost always happens digitally. The results are given in the reports and are clarified by using graphs. Even though it is not mentioned in the table does this apply on most organizations.

Instrument	Feedback form	Instrument	Feedback form
1. Quality Cube for clients	Reports	5. ORS-SRS	Reports
with an intellectual disability	Improvement cards		Digital
2. Appreciation survey by Effectory	Reports (each quarter)	6. P(leegzorg)-Toets	Reports
	Digital	(P-test for foster care)	
	Presentation	7. Satisfaction survey	Reports
3. C-Toets	Reports	8. Exit questionnaire	Reports
4. GGZ-Thermometer	Reports	(interview)	
(mental health care)	Digital overview with graphs	9. Waiting room questionnaire	Via monitor in waiting room
	Research reports		Reports

Table 10. How results are linked back

Quality Cube processes results of questionnaires besides in reports also on improvement cards. These cards are related to certain departments within the organization. These cards provide information on department level about which parts of the support were experienced as positive by respondents but also provide points where improvements can or have to be made. Quality Cube also provides an instruction of how professionals can improve these points.

The waiting room questionnaire is developed for clients and representatives who are waiting in the waiting room. They are able to answer the questions of this questionnaire here, but they can also see results of previous versions of the questionnaire. These results are namely showed on a monitor in the waiting room.

4.4.10. Comparison of the results

The reports make it possible to compare results of the different measurements. Some (external) organizations already make a comparison with previous measurement(s) in the report and other organizations only provide results of the last measurement. Besides this there are also other levels on which results are compared, but over time is mentioned by all respondents and this fits to the idea of improving support. One organization has the intention to compare results over time but they conducted the measurements last year for the first time so this is not possible yet. By comparing results can be seen if the provided support is actually better rated by clients compared to the previous measurements. The results of organizations that conduct measurements because of the obligation are by the financers also compared with national results. As there are many care providers in the Netherlands is this only based on the grades measurements provide and not on the story behind it.

Two organizations decided to compare results of the different departments or teams within the organization. If this comparison shows differences this will be discussed during staff meetings, some organizations even compare results between professionals during these meetings. One organization formulates in the beginning of the year a certain grade they want to receive and after the results are available do they check if this grade is met or not. Table 11 shows the levels on which results from measurements with the instruments are compared.

Instrument	Comparison	Instrument	Comparison
1. Quality Cube for clients	Over time	5. ORS-SRS	Over time
with an intellectual disability			With determined norm
2. Appreciation survey by Effectory	Over time	6. P(leegzorg)-Toets	Over time
	Between respondents	(P-test for foster care)	Between teams
	Between clients	7. Satisfaction survey	Intention to do so over time
3. C-Toets	Yes, previous measurement	8. Exit questionnaire	Between respondents
	Results other studies	(interview)	With previous years
	Other care providers or sectors		With determined norm
	With national results	9. Waiting room questionnaire	Over time
4. GGZ-Thermometer	Over time		
(mental health care)	Between organizations		
	Between departments		

Table 11. Levels on which results are compared

4.4.11. Organizer of the measurements

As can be seen in table 11 there is difference between the levels on which results are linked back. One of the main reasons for this is that different (external) organizations are responsible for processing and thereafter linking back the results to the care providers. If the results are only linked back by the organizer on an aggregated level, it is not possible for support providers to link back results on other (more specified) levels. In table 12 an overview is given of how measurements are organized and/or who is responsible for this. At some instruments there are different organizers because the instrument is used by multiple support providers. Important is that the organizations that are mentioned are not per se the developer of the instrument, but they are the organizers of the measurements. The measurements of five instruments are organized by external organizations and measurements from seven instruments are organized by organizations themselves.

Instrument	Organizer	Instrument	Organizer
1. Quality Cube for clients	Quality Cube	5. ORS-SRS	Own organization
with an intellectual disability		6. P(leegzorg)-Toets	Own organization
2. Appreciation survey by Effectory	Effectory	(P-test for foster care)	
3. C-Toets	Stichting Alexander processes	7. Satisfaction survey	Graduate student
	Own organization collects		Next time own organization
4. GGZ-Thermometer	Psychologist/psychotherapist itself	8. Exit questionnaire	Own organization
(mental health care)	External bureau	(interview)	External bureau
	Department within organization	9. Waiting room questionnaire	Own organization

Table 12. Organizer of measurements

4.4.12. Reliability

The respondents are asked whether and to which extent organizations take precautions to ensure the reliability of measurements. In table 13 is per instrument shown how and if organizations do this. One of the measures taken is that support is offered to help clients by providing their answer because some clients cannot look back in time because of their limitation. Others try to adjust the manner of how support is offered to avoid that results are influenced, for example by offering support as value-free as possible, to let professional from other departments offer support or to provide only technical support. The reliability is also one of the reasons why questionnaires are taken anonymously. No measures are taken for ensuring the reliability during measurements of four instruments.

Instrument	Reliability measures	Instrument	Reliability measures
1. Quality Cube for clients	Support because of the limitation	5. ORS-SRS	Only technical support provided
with an intellectual disability	of clients to look back in time	6. P(leegzorg)-Toets	None
2. Appreciation survey by Effectory	Support offered from other employees	(P-test for foster care)	
3. C-Toets	Conduct it anonymously	7. Satisfaction survey	None
	Support free of values (independent)	8. Exit questionnaire	Multiple respondents
4. GGZ-Thermometer	None	(interview)	Conduct it anonymously
(mental health care)		9. Waiting room questionnaire	None

Table 13. Measures to ensure the reliability

4.4.13. Frequency

As shown in table 14, the frequency of conducting differs per instrument and organization. Most organizations stick with the frequency that is obliged by the previous financers. Because there are different financers for the different types of youth support, there are also differences in frequencies. Four organizations are obliged to conduct the measurements once every three years but some organizations that are included in this study conduct additional measures besides the obliged measures. This is for example applicable to one of the organizations that uses the Appreciation survey by Effectory. The other organization that uses this instrument only conducted the survey once and had the intention to do this yearly, but because Effectory withdrew the instrument it is not possible to do this. For this reason they are searching for a new instrument and have the intention to perform those measurements yearly. The other organization tries to stick with this instrument and is discussing this with Effectory. This organization already found another organization willing to develop an instrument in case Effectory definitely decides to stop. The measurements of two instruments are already performed once a year and the Exit questionnaire is conducted after the care plan is finished. As a result of this the response of this instrument is low.

Instrument	Frequency	Instrument	Frequency
1. Quality Cube for clients	Once every 2 or 3 year	5. ORS-SRS	Before and after each treatment
with an intellectual disability	Once per 3 year (obligation)		Once a month
2. Appreciation survey by Effectory	Once per 3 year (obligation)	6. P(leegzorg)-Toets	Yearly
	Intention to do yearly	(P-test for foster care)	Once per 3 year
	One organization does it yearly	7. Satisfaction survey	Yearly (intention)
3. C-Toets	Once per 3 year (obligation)	8. Exit questionnaire	Once by closure trajectory
	Some departments more often	(interview)	
4. GGZ-Thermometer	Yearly	9. Waiting room questionnaire	Continuous
(mental health care)			New questionnaire each quarter

Table 14. Frequency measurements

The ORS-SRS is used differently in organizations. Normally the ORS-SRS is conducted before and after each treatment, but one organization only does this once a month because this organization uses different instruments besides the ORS-SRS.

The waiting room questionnaire is being conducted constantly. The questionnaire exists out of four different versions and after each quarter of a year the version that lies in the waiting room is changed. So each version lies for a quarter of a year in the waiting room and is thereafter directly changed for a different version.

All questionnaires are conducted on paper but there are some instruments that are also available digitally. Most of the times respondents receive a letter with a certain code and link to a digital version of the questionnaire, but there are also care providers that have a laptop or computer available where clients can answer the questionnaire while they are waiting or after the treatment is finished. The four instruments that are also available digitally, additional to the paper version are the Appreciation survey by Effectory, the GGZ-thermometer, the ORS-SRS and the Exit questionnaire. The P-test is currently digitalized so this instrument will soon also be available digitally. It differs per organization whether the instrument is offered digitally or not.

4.4.14. Satisfaction with the instruments

At the end of the interviews is indirectly asked to which extent organizations or respondents were satisfied with the measurements, instruments and the way they arranged it. Three aspects of satisfaction were discussed, namely possible resistance against the instrument or measurements, if it has added-value and if respondents would recommend the instrument to other, similar organizations.

It turned out that there was almost no resistance among respondents, employees or managers against the measurements or instruments, but respondents made some remarks. The measurements should be conducted for a clear purpose and results should be used. One respondent gave the example that measurements were conducted for more than two years because this was obliged, but it was not possible to deliver results. After two years this problem still was not solved and results were not usable anymore. The measurements were thus performed for nothing and the results could be thrown away. The organizations wasted lots of time and money on conducting the measurements while this was for nothing. But despite this is there no resistance against the measurements, but it is important that results are actually used, even more because it is time consuming and time is money. In table 15 per instrument is shown if there was resistance against the instrument or not.

Instrument	Resistance	Instrument	Resistance
1. Quality Cube for clients with an intellectual disability	None	5. ORS-SRS	None
		6. P(leegzorg)-Toets (P-test for foster care)	None
2. Appreciation survey by Effectory	None		
3. C-Toets	Yes, it is time consuming and time is money	7. Satisfaction survey	No, but it is time consuming
		8. Exit questionnaire (interview)	None
4. GGZ-Thermometer (mental health care)	None	9. Waiting room questionnaire	None

Table 15. Resistance against measurements

According to all respondents the measurements and instruments have added value. As can be seen in table 16 most respondents find the measurements useful because it gives an image of how respondents of the questionnaire think and because the results the measurements provide are useful. According to one of the respondents is the GGZ-Thermometer not really useful because it does not allow improvements on a client or location level because results are linked back aggregated. Despite this the measurement has added value because it gives an indication of how clients think.

Instrument	Added-value	Instrument	Added-value
1. Quality Cube for clients with an intellectual disability	Yes, results are usable	5. ORS-SRS	Yes, results are usable
		6. P(leegzorg)-Toets (P-test for foster care)	Yes
2. Appreciation survey by Effectory	Yes		
3. C-Toets	Yes	7. Satisfaction survey	Yes
4. GGZ-Thermometer (mental health care)	Yes, it gives an image of how clients think	8. Exit questionnaire (interview)	Yes
		9. Waiting room questionnaire	Yes

Table 16. Added-value of the measurements

Table 17 shows that almost all instruments were recommended by the respondents. Only the Satisfaction survey is not directly recommended because there are still improvements possible for this instrument. This because it is only used once and while using it several points of improvement came forward.

Instrument	Recommended	Instrument	Recommended
1. Quality Cube for clients with an intellectual disability	Yes, but every organization is already doing something similar	5. ORS-SRS	Yes
		6. P(leegzorg)-Toets (P-test for foster care)	Yes
2. Appreciation survey by Effectory	Yes		
3. C-Toets	Yes	7. Satisfaction survey	Not yet, improvements possible
4. GGZ-Thermometer (mental health care)	Yes	8. Exit questionnaire (interview)	Yes
		9. Waiting room questionnaire	Yes

Table 17. Recommendation of the instrument

4.4.15 Other methods used for measuring or discussing client experiences

There are other instruments used for measuring client experiences or where client experiences are one of the topics discussed. These are the JeugdzorgPlus monitor, the Personal Support plan, evaluation meetings, the MATE-Youth, different councils, client platform and scale-questions. Because these instruments are not really instruments or are not mainly focused on client experiences, but because they are part of the 'client feedback system' are they discussed in appendix 7.

4.5 Recommendations by youth support providers

At the end of each interview is asked what respondents would recommend the municipalities while developing the measurement systems. Leading here is what they consider to be wishful and important in this process. Because all respondents mentioned several things they would recommend or find important, the most mentioned comments are briefly discussed here. At the end of this section an overview is given with the comments and appendix 9 shows the comments mentioned by only one or two respondents.

1. Have conversations with care providers

Mentioned by ten of the twelve respondents is the suggestion that municipalities should talk with care providers. In this way they can find out what already is being done, what is possible, what information already is available at the moment, what is desirable for both parties and what the ultimate goals are of the measurements. Municipalities can see what already is going on within organizations because they almost all had the obligation to measure client experiences. So what municipalities are asking is not something new, but

something that is already being done for multiple years. Because the financers selected, validated and studied the instruments that are being used means that support providers are not just doing something, but that they already use good, valid instruments.

Because care providers are using instruments and performing measurements for years, they already have lots of knowledge about this subject and know what possibilities and limitations are. By exchanging thoughts and knowledge can be determined what is desirable for both municipalities and care providers. Even more because lots of time and money already is spent on optimizing instruments and to make them as efficient as possible.

2. Do not all do something different

Five of the twelve support providers mentioned that they hope that not all municipalities are going to do something else, but that they all should do the same. If each municipality would arrange something different from the others would it be impossible for some organizations to arrange measurements, because they provide support in multiple municipalities or regions. When they all start using a different instrument this would be impossible to do and it would be even more problematic when the city where clients are registered also is taken into account.

3. Try to find out the story behind the grades

What also is important according to four respondents is that municipalities should not only focus on the numbers and grades that measurements provide, but they should also make efforts to find out how they came to those certain numbers or grades. This is even more important according to respondents and offers a lot more information compared to only numbers. According to one of the respondents it is also important because the clients could for example be not satisfied because they did not get a cup of coffee while they were waiting. This has nothing to do with the provided support, but has influence on the satisfaction of the client. Therefore, it is very important to know how clients came to a certain grade and to what extent the judgment really reflects on the offered support. Municipalities therefore could for example use a mix of quantitative and qualitative research because dialogues provide lots of valuable information.

4. Make sure results are usable for municipalities and care providers

Four of the twelve respondents mentioned it was important that municipalities and care providers should have conversations with each other to make sure that results are usable for both parties. Together can be determined what information has to be gathered and how results can be used by both parties. It is important that only relevant information is gathered. One of the respondents mentioned the saying: “één gek kan meer vragen dan 10 wijzen kunnen beantwoorden” which freely translated means that one madman can ask more than 10 wise men can answer. This saying means that everyone can ask questions, but it is the art to ask the right questions to get usable answers.

Results should be usable because professionals and clients have to see why they are doing it and to see that the measurements are useful, which is important to keep them motivated and willing to cooperate. It also should be taken into account that some clients receive support from multiple organizations, so when information is collected it has to be clear that this reflects to the organization what conducts the research.

5. Take a random sample among clients in youth support

Four of the twelve organizations indicated that it is also a possibility that officials from the municipalities should take a random sample among clients and have a conversation with them. During these conversations they can discuss the support and how satisfied they are about it. The officials can take this random sample from clients that are receiving support at that time or were receiving support until shortly before that moment. Additionally, they can spend a day at the organization to see what is going on and to talk with clients in 'normal' circumstances. The idea of 'Zorgbelang Nederland' is mentioned as an example, whereby professionals take a closer look on the organization and conduct interviews to create an image of the situation of the organization.

6. Make sure that measurements are carried out with the purpose for which it is intended

Three of the respondents repeated at the end of the interview that the purpose of the measurements should be preserved, and this is to improve the quality of support. They find it not desirable when for example response rates would have an influence on the budgets of organizations. They told that it should stay wherefore the measurements and instruments are developed. Low response rates for example can in most cases be explained. According to one respondent the system only has added value when it is used to put clients central to the care process and to let them review the support so that they eventually can benefit from it.

7. Keep it easy and suitable for everyone

If municipalities decide to use a certain instrument or to arrange measurements in a certain manner, it has to be as easy as possible. At least, that is what respondents from three different organizations find important. In this way it is easier for organizations to implement measurements. An example is an instrument with a fixed core of questions that have to be asked and that could be supplemented with questions applicable and suitable for the target group.

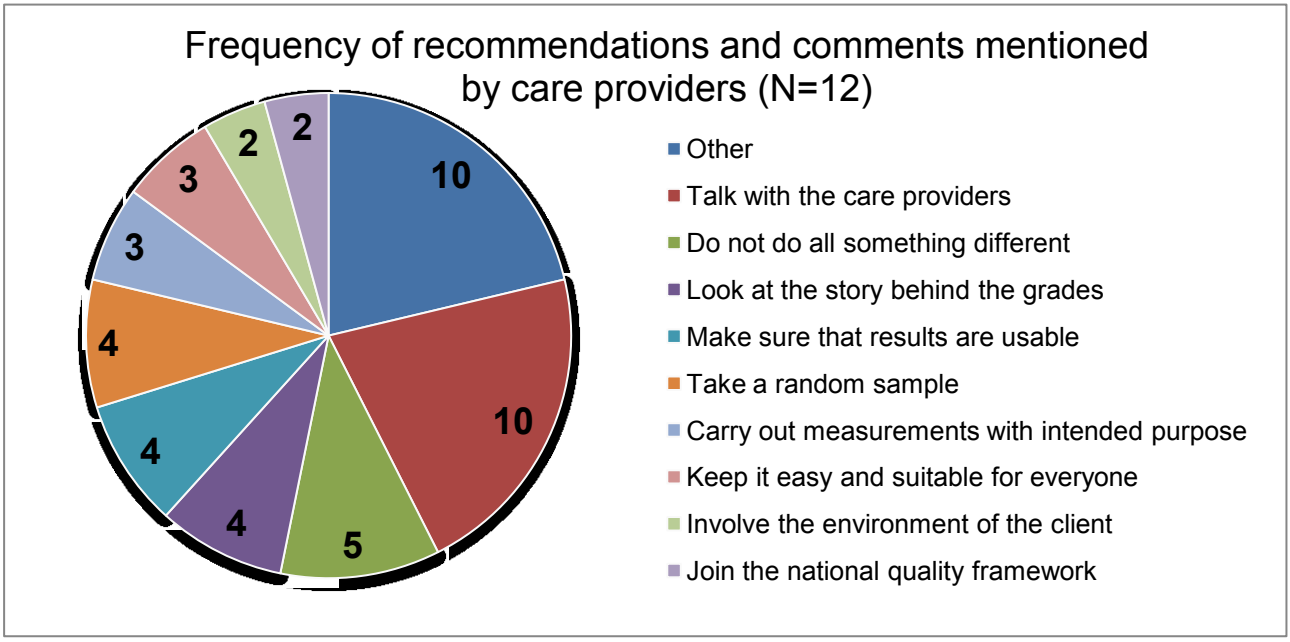

Figure 6. Frequency of recommendations and comments made by respondents from care providers

4.6 Conclusion

From the results described in this chapter can be concluded that most municipalities did not made a definite choice for an instrument they want to use for measuring client experiences in youth support. However, 7 of the 14 municipalities are participating in a pilot project of the Menselijke Maat, the same instrument two municipalities that made a definite choice use. Because this instrument is being developed nothing useful can be said about it.
Interviews with professionals from twelve youth support providers showed that these organizations already have years of experience with measuring client experiences. It turned out that fifteen instruments or methods were used for discussing client experiences. Nine of these instruments are mainly focused on client experiences and client experiences sometimes are topic of discussion for the other 6 instruments or methods. Despite that some organizations use the same instrument, each organization uses the instruments differently and conduct measurements in various ways.

The inventory and interviews showed that there are similarities between wherefore municipalities and youth support providers (want to) perform measurements and where they (want to) use results for. It for example turned out that both parties want to use results for improving the quality of support, use it for internal and external accountability, to get an image of the provided support and client satisfaction, to make interventions researchable and to use results as input for conversations. However, there are differences in where both parties are accountable to and wherefore they use it as input. Municipalities for example use results to be accountable to city council and municipal executive, while youth support providers use it to be accountable to financers who obliged that client experiences had to be measured.

From the results can also be concluded that measurements are not specifically focused on one of the four phases of the approach to quality assessment, as shown in figure 3. The process and outcome phases were considered to be most relevant, but the other two phases, input and output, are also covered by measurements. Housing and facilities are for example input indicators and the purpose to get an image of the provided support is related to the output phase. However, most of the topics discussed and indicators are related to the process and outcome phase. So respectively indicators related to work processes and satisfaction with the effects of support.

The recommendation made by professionals from youth support providers to talk with youth support providers is most important. This because this is mentioned by 10 of the 12 respondents and also because the recommendations to ‘look at the story behind the grades’ and ‘make sure that results are usable’ are related to this recommendation.

5. Conclusion

5.1 Introduction

In chapter 1 the problem context is described and in chapter 2 the youth support system in the Netherlands, measurement systems and client experiences are discussed. Afterwards is defined in chapter 3 how the problem can be studied and what was important during this process. An inventory was thereafter made among municipalities in the region of Twente and twelve interviews were conducted with professionals from care providers about systems they use for measuring client experiences. Not only the systems themselves, but also the story behind measurements was discussed. The results of the inventory and interviews are given and discussed in chapter 4. Now, in chapter 5, conclusions are drawn and the research question is answered. This question is answered by answering the four sub-questions. Afterwards in paragraph 5.3 a brief discussion follows and recommendations are made.

5.2 Answering the research question

Central to this study is the following research question:

'*Which measurement systems are used by municipalities and youth support providers in the region of Twente to measure client experiences in youth support, what are the characteristics of these systems and how can municipalities benefit from the experiences that youth support providers already have with measuring client experiences?'*

In this paragraph this question is answered by answering the four sub-questions.

5.2.1. Sub-question 1

The first sub-question is divided in two different questions, namely 'What does the literature say about measuring client experiences?' and 'What does the literature say about how the experiences of clients can be used in the youth support?'. These questions are answered here one by one.

1A. What does literature say about measuring client experiences in youth support?
Youth support, measurement systems and client experiences are the three concepts that are important to this study. These three concepts are discussed one by one.

Youth support
As a result of the transition in the youth support, Dutch municipalities became from the first of January 2015 responsible for the whole youth support. As shown in figure 1 different tasks related to youth support were decentralized from provinces, the state, the Health insurance act and the General Law on exceptional medical expenses towards the municipalities. From that moment the new Juvenile law became active and this law obliged municipalities to measure experiences of clients in youth support. Municipalities were obliged to measure certain factors and subjects of experiences, but they were free in how to do this. Because there are differences in the systems they can use for measuring these client experiences, is discussed what a measurement system is and which characteristics of measurement systems are important.

Measurement systems

According to literature client experiences did become more important because of the increasing use of the client-centered approach. This approach is used to involve clients more in the care process and to make support fit better to individual needs and preferences of clients. The experiences of the client became more important and measurement systems were used to measure these experiences.
According to Neely et al. (1996) performance measurement is “the process of quantifying action, where measurement is the process of quantifying and action leads to performance”. This definition is focused on performance measurement but it is also applicable to measuring client experiences. Action can lead to performance in the sense of implementing improvements in the care process.

Different aspects of youth support can be measured by using performance indicators. These indicators are part of the measurement system and can be used, depending on which indicators are used, to make certain aspects of the support visible. Van Yperen et al. (2014) see these indicators as a part of a quality cycle that makes quality visible for continuous quality improvements. Improving quality is one of the goals that these indicators might have. According to van Yperen et al. (2014) and Veerman et al. (2013) the goals of measurements in youth support are to measure client experiences and to use them to gain insight in how clients experience the provided support and how it thereafter can be improved.
By selecting indicators is important that they are relevant for the organization, should the involved people be included in defining the indicators, should purposes of what to measure and how to measure this through indicators be clear, and should results be usable (Globerson, 1995). Additionally, van Yperen et al. (2014) mention that it should be possible to link back results to a certain phase in the process or to professionals, which makes it easier to implement improvements.

Client experiences

The definition of client experiences used in this study is derived from Lebow (1983), who was one of the first who looked extensively at client satisfaction. Because it is obliged to not only measure the client satisfaction, but the whole experiences of clients with support, the definition of client experiences is a little different. The definition important to this study to know what actually has to be measured is as follow: “The extent to which clients find the provided support effective and the extent to which it fulfills the clients’ wants, wishes or desires for treatment”. So the measurement systems that are described before are used to measure the aspects of this definition of client experiences.

As mentioned earlier certain elements of client experiences are obliged to be measured, these are the following subjects (Regeling Jeugdwet, 2015, paragraph 3, article 3, subsection 2):

- How clients experience the accessibility of facilities (the route clients have to follow to gain access to the youth support);
- How they judge the quality of youth support and the execution of child protection measures and juvenile probation;
- To which extent they find the youth support and the execution of child protection measures and juvenile probation contribute to:

- growing up safe and healthy,
- growing towards independence,
- their self-reliance
- their social participation

1B. Which characteristics and factors are important for measurement systems used for measuring client experiences in youth support?

The literature and desk research showed that several factors and characteristics are important for measurement systems used for measuring client experiences in youth support. Because these characteristics are extensively described in section 2.6 are the characteristics only mentioned. Important factors and characteristics of measurement systems are discussed separately.

Important factors:

1. The goals of the measurements have to be clear
2. The results have to be usable
3. The indicators what are measured through the systems have to be defined in cooperation with all the actors that are involved.

Characteristics

1. The flexibility of the indicators
2. Respondents of the instruments
3. How is dealt with the different target groups
4. How support is offered
5. How is dealt with the background of the clients
6. Anonymity
7. Feedback of results
8. How the results are fed back
9. Comparison of results
10. Organizer of the measurements
11. Reliability of the measurements
12. Frequency
13. Manner of conduction
14. Satisfaction with the instruments
15. Indicators

5.2.2. Sub-question 2

What are the characteristics of measurement systems that municipalities in the region of Twente use for measuring client experiences?

The inventory among municipalities in the region of Twente showed that municipalities were not as far as expected on the area of measuring client experiences. As there were only 2 municipalities that made a definite choice for a certain instrument, it is not possible to provide a good answer to this sub-question. Additionally, there were 7 municipalities that decided to participate in a pilot version of the Menselijke Maat, the same instrument the 2 municipalities that made their definite choice use. However, because this instrument still is being developed

for youth support, it is at this moment not possible to say something useful about this instrument. Nevertheless, the inventory did provide useful information about the purposes for which municipalities want to conduct measurements.

5.2.3. Sub-question 3

What are the characteristics of measurement systems that youth support providers in the region of Twente use for measuring client experiences?

The answer to sub-question 1B gave three factors and fifteen characteristics that are important in measuring client experiences in the youth support. During the interviews with professionals from youth support providers the different measurement systems they were use discussed on the basis of these characteristics. The interview questions were formulated in a sense that the answers provided information about the eighteen different characteristics. A description of the results is given.

The interviews turned out that almost all of the youth support providers started measuring client experiences for the same reason. 10 of the 12 organizations included in this study started namely measuring client experiences because this was obliged by financers. They were accountable to the financers, not necessarily because the financing was attached to this, but they just had to show that the measurements were performed. This is also visible in the different characteristics of the instruments because 7 of the 9 instruments were used because this obligation. However, all the organizations actually use the different instruments for improving the quality of the support that is provided.
Another purpose for which measurements are conducted and where results are used for is as input for several meetings, conversations or for councils within the organizations. Results are discussed during these conversations and thereafter is examined how results can be used for implementing improvements. This purpose is mentioned by 6 of the 11 instruments.
One of the purposes is also to gain insight in the satisfaction and experiences of clients and to get to know what is happening in the organization. This information is consistent to the aforementioned purpose of improving the quality of support, because the results are used for this purpose. A complete overview of how results are used and the purposes of the measurements is given in table 1.

Each instrument is developed by a different organization or institution and as a result of this the contents of instruments are different. External organizations determined the contents of the questionnaires from 7 of the 9 instruments and hereby care providers only had a little influence. In most cases care providers only were able to add some additional questions to the questionnaire. Exceptions hereby are the appreciation survey by Effectory, the waiting room questionnaire and the Satisfaction survey. These instruments were developed by organizations themselves or organizations had great influence on the contents of the questionnaires.

A complete overview of the developers of the instruments is given in table 2, and in table 3 is shown how flexible the contents of the questionnaires are. The most noticeable instrument is the waiting room questionnaire, this instrument has four different versions. The content of each version is different and after each quarter of a year the version changes. Further it is possible to see that 3 of the 9 instruments exist from a fixed questionnaire with possible additions and another three instruments use a fully standardized questionnaire.

Because parents and representatives can be included in the process of the support, it is possible that they are also asked to answer a questionnaire. Table 4 shows the different perspectives that are included. In almost each case the perspective of the parents or representative is asked additional to the perspective of the client. Because some clients are not able to answer the questionnaire themselves, it is also possible that in some cases only parents answer the questionnaire.

Some instruments are adjusted to make it easier for the clients to understand what is asked and are the answer possibilities simplified. The questions are formulated more easily and are the answers of three instruments clarified with help of smileys. Because this is not necessary for parents, 6 of the 9 instruments have different versions, one for parents or representatives and one for clients. The subjects of the questions are the same, but they are formulated a little different. Because some organizations also provide several types of youth support it is possible that contents are adjusted to the type of youth support that is received. The different versions of the questionnaires and how they are adjusted is shown in table 5.

Despite the fact that there are special questionnaires for clients and that answering the questions is made easier, it is possible that clients need support by answering the questionnaire. This could be if questions are not understood, if clients need clarification or that technical support has to be offered. As can be seen in table 6 one organization lets officials from other departments offer the support, one organizations tries to stimulate the support from the environment of the client, another organization uses special protocols for offering support and has one organization a confidant available for this. These are all measures that are taken to prevent that answers are influences and to make sure that respondents answer how they really think. The other organizations only offer support if this is necessary.

Because the situation or disability of some clients is complicated support providers can adjust the extent to which support is offered. But when clients and/or representatives additionally are also dealing with a language delay can the normal support not be sufficient. For this reason, the P-toets questionnaire is available in different languages and has one organization an interpreter available. This is also one of the reasons why the results or possible ambiguities are discussed during evaluation meetings.

Sometimes results cannot be discussed during these meetings because the questionnaires are conducted anonymously. As a result of this results cannot be linked back to the respondent. However, an advantage is that the likelihood of social desirable answers decreases because it is unknown who provided the answers. An overview of which instruments are, or are not conducted anonymously is shown in table 8. In total measurements from five instruments are not taken anonymously and seven are taken anonymously.

Besides that results can be linked back on an aggregated and at an individual level, there are also other levels on which results are linked back. The results are linked back to certain groups or departments, employees and different councils in organizations. It depends on the manner of conducting whether this is on an aggregated or more specific level. The youth support providers had, because of the obligation, to link back results to the financers. This

was not specific information or results, but they had to show that measurements were conducted and sometimes overall scores had to be submitted. In total results from seven instruments are linked back on an organization-wide level, of six instruments to parents/relatives and clients and results of four instruments are linked back to several councils and on location level. Results of five instruments are not linked back on an individual level because measurements are conducted anonymously. The waiting room questionnaire also shows the results of the questionnaires on a screen in the waiting room. Table 9 shows the different levels on which results are linked back.

The possibility of how results can be linked back also depends on the organizer of the measurements. Not all organizations organize the measurements by themselves because some decided to let external, independent organizations organize the measurements. The measurements of five instruments are organized by external organizations and measurements from seven instruments are organized by organizations themselves. The external organizations are responsible for processing the results and to link them back thereafter. The organizers of the measurements are shown in table 12 and the form of how they link back the results is shown in table 10. Results of all instruments are processed into reports and some organizations have additional forms. Quality Cube for example provides improvement cards for each department.

In reports often a comparison is made on different levels. Mentioned at each instrument is the (intended) comparison over time, where results are compared with the previous measurement. This also fits to the idea of improving the support because it can also be used as a check to see if the previous measurement actually led to improvements. Besides this comparison over time the comparison of results between different departments or teams and the comparison between respondents of the questionnaire are both mentioned twice. How results of all the different instruments are compared is shown in table 11.

The interviews showed that youth support providers did not really take precautions for ensuring the reliability of measurements. Adjusting the manner and degree of support (mentioned four times), conducting the measurements anonymously (twice) and let multiple respondents answer the questionnaire (once), are the only precautions organizations mentioned. An overview is given in table 13.

Table 14 shows how often measurements are conducted. The frequencies are different because financers obliged two organizations to measure the experiences once a year and four other organizations had to do this once every 3 year. However, because most organizations perform the measurements to improve the quality of support, the measurements are conducted more often. Some organizations have the intention to perform measurements more often, but because they only used the instrument once at the time of the interview, this is not happening yet. The Exit-questionnaire only is conducted once per trajectory and as the name already suggests, this is after the care program is finished. The (C)ORS – (C)SRS questionnaire is conducted before and after each treatment or once each month and the waiting room questionnaire is conducted continuously.
The instruments of Effectory, the GGZ-thermometer, the ORS-SRS and the Exit questionnaire are also available digitally. The other instruments are currently only available on paper.

The different characteristics that are discussed above show that there are lots of differences between the instruments. Besides these instruments there are also other instruments or meetings where client experiences are discussed. Because the main focus of these instruments is on the problems of the client or on other topics, these are only briefly described in section 4.5 and appendix 7.

5.2.4. Sub-question 4

What would youth support providers recommend municipalities on the basis of the experiences they already have on the area of measuring client experiences?

During the interviews is asked what the respondents from the twelve youth support providers would recommend municipalities and what they find wishful on the area of measuring client experiences. All recommendations are discussed in section 4.6 the 5 most mentioned comments are as follow, with in parentheses the number of times it is mentioned:

1. Have conversations with youth support providers (10)
2. Do not all do something different (5)
3. Do not only focus on grades (4)
4. Make sure that results are usable for municipalities and youth support providers (4)
5. Take a random sample in the youth support (4)

5.3 Discussion and recommendations

5.3.1 Discussion

This study showed that there are lots of instruments available for measuring client experiences in youth support. The characteristics of all these instruments differ, even sometimes when the different organizations use the same instrument. This is possible because organizations also have some influence on the contents of the instruments.

Almost every youth support provider started measuring experiences of clients because this was obliged by financers. The support providers had to measure the experiences of the clients with a certain instrument or they had to choose one from a list with validated instruments. As a consequence of this there are many instruments used in the different types of youth support. As chapter 2 showed before the transition different organizations or institutions were responsible for the different types of youth support. From the beginning of 2015 this responsibility is decentralized towards municipalities. They are now responsible for nearly the whole youth support system. This gives the opportunity to create uniformity with regard to the use of measurement systems. However, the question is if this really is desirable and realistic. The interviews also showed that, despite the fact that there are lots of instruments used at this moment, not all instruments are equally suitable for all of the different types of youth support.

5.3.2. Recommendations

For several reasons is recommended that professionals from municipalities should have conversations with professionals from youth support providers. These reasons are:

1. Talk with each other to determine common goals and to make sure that results are useable for both parties. The inventory and interviews showed that municipalities and youth support providers want to use results for different purposes. Both want to use them

as input for conversations, to be accountable to internal and external parties and both want to improve the quality of support. Nevertheless, there is also diversity in the other goals mentioned.

2. Talk to find out which information already is available. Youth support providers are conducting measurements for years, so there is already a lot of information available. By talking with each other can be determined which information is relevant and useable, and which information is not. As a result of this, municipalities can focus only on information they really need. It is useless when during the measurements topics are discussed while these are irrelevant and not being used. This also affects youth support providers because they are directly involved with the measurements and the clients. When they see that results are useable for both parties and no useless information is asked, this will keep them motivated because it is for a useful purpose. A so called 'overload' of information also is prevented in this manner and clients are not bothered with irrelevant questionnaires.
3. Do not focus only on the grades, but make efforts to find out the story behind the grades. The measurements provide certain grades but these grades only give an indication, while the story behind the grades is much more important. So try to find out why clients get to a certain grade.

Besides these recommendations there are also some general recommendations for municipalities. These recommendations are now discussed.

4. Try to stick with the purpose for which client experiences have to be measured, which is to improve the quality of care. Youth support providers and officials from municipalities both mentioned they want to use results for improving the care, so let this be the main purpose. The contents of the questionnaires should also be adjusted to this.
5. Some organizations perform measurements once every three years and others perform the measurements after the care program is finished. When the main purpose really is to improve the quality of support, measurements should be conducted more often and during the trajectory. Even more because it turned out that if questionnaires are conducted after the care program is finished, response rates are also very low.
   The recommendation is to conduct measurements at least once a year and shortly after the care program starts. In this way the developments and problems can be monitored. If measurements are conducted more often and during the care program, it is possible to adjust the provided support or approach while clients are still receiving support. As all organizations included in this study mentioned they performed evaluation meetings, a suggestion is to conduct measurements several weeks before this meeting so that results can be discussed here and adjustments can be made. The questionnaires should not be taken anonymously to make this possible. To make sure that no social desirable answers are given, support by answering the questionnaires, should be provided by independent persons or by professionals from other departments.
6. Because it is obliged by law to involve parents or representatives in the care program, at least if the situation allows this, they should also provide their view on the care process. Not only because this is obliged, but because they have an important role in the care process and they can provide a different perspective on the care process. Results can be compared with results from clients and differences can be discussed.
7. Be aware of the different types of youth support, because of the diversity there also are different target groups. Some clients for example cannot answer an ordinary

questionnaire because they have a (mild) mental disability, while clients who receive support from a psychologist because of their problems at home, can easily do this. Additionally, there are also differences in the types of support clients are receiving. Some clients are still living at home, others only receive daytime activities and some clients live at a residential location. Because of all these differences the approach and questionnaire has to be adjusted. For this reason an instrument would be suitable that has a fixed core and where additional questions, depending on the type of support clients are receiving, can be added. General information can be compared and each client receives a relevant questionnaire.

8. The final recommendation is to look at what respondents have adduced as recommendations in this study. These recommendations reflect to what is important for them.

5.4 Limitations

This study is unable to encompass the entire youth support in the region of Twente because there are too many support providers active in this region. Despite the busy period where the organizations are dealing with, twelve organizations are included in this study. In the selection procedure therefore is ensured that organizations from all the different kinds of youth support were included. Nevertheless, even while this study does not reflect the whole youth support system in the region of Twente, it does provide an image of what already is being done at this moment.

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Appendix 1. Organizations included in this study (alphabetical order)

1. Accare
2. Ambiq
3. Aveleijn
4. De Twentse Zorgcentra
5. Intermetzo
6. Jarabee
7. JP van den Bent Stichting
8. Mediant
9. Psychotherapeut en psycholoog Anna-Carina Ekelenkamp
10. Tactus
11. Trias Jeugdhulp
12. Zorgboerderij Ensink

Appendix 2. Overview instruments and interviews* (random order)

Interview 1	GGZ-Thermometer Waiting room questionnaire Evaluation meetings Council(s)
Interview 2	MATE-Youth Evaluation meetings
Interview 3	Satisfaction survey Evaluation meetings Council(s)
Interview 4	C-Toets ORS-SRS Scale-questions Evaluation meetings Client platform Council(s)
Interview 5	Exit questionnaire P-Toets Council(s)
Interview 6	Exit questionnaire ORS-SRS P-Toets Evaluation meetings Council(s)
Interview 7	Appreciation survey by Effectory (Organization 1.) Personal Support plan
Interview 8	Appreciation survey by Effectory (Organization 2.) Evaluation meetings Council(s)
Interview 9	GGZ-Thermometer ORS-SRS
Interview 10	GGZ-Thermometer Exit questionnaire/interview Council(s) Evaluation meetings
Interview 11	Quality Cube Personal Support plan
Interview 12	GGZ-Thermometer Exit questionnaire Evaluation meetings Council(s) JeugdzorgPlus-monitor

* Some instruments are not entirely focused on measuring client experiences, therefore it is possible that some organizations did not mentioned the instrument because they do not use it for this but for other purposes.

Appendix 3. Overview of how often instruments are used or mentioned

Instrument	Frequency
Exit questionnaire	**4**
GGZ-Thermometer	**4**
ORS-SRS	**3**
P-Toets	**2**
Appreciation Survey	**2**
Waiting room questionnaire	**1**
Quality Cube	**1**
C-toets	**1**
Satisfaction survey	**1**

Other instruments	Frequency
Evaluation meetings	**8**
Councils	**8**
Personal support plan	**2**
Scale-questions	**1**
Client platform	**1**
JeugdzorgPlus-monitor	**1**
MATE-youth	**1**

* Some instruments are not entirely focused on measuring client experiences, therefore it is possible that some organizations did not mentioned the instrument because they do not use it for this but for other purposes

Appendix 4. Interview questions (Dutch)

- Algemene informatie van de organisatie en de respondent, en welke vormen van jeugdhulp worden door de organisatie aangeboden?

1. Welke methode gebruiken jullie voor het meten van cliëntervaringen?

2. Wat is de aanleiding waarom de organisatie cliëntervaringen is gaan meten?

3. Met welk doel worden de ervaringen van cliënten gemeten? (gerelateerd aan vr. 4)

4. Waar worden de resultaten voor gebruikt?

5. Wie bepalen wat er precies allemaal wordt gemeten aan de hand van het meetsysteem?
   => *Bestaat de inhoud hierbij uit een vaste kern of verschilt de inhoud per organisatie?*

6. Worden de resultaten die uit de metingen komen teruggekoppeld? Ja, naar:
   => *In welke vorm wordt dit gedaan? (rapportages beschikbaar?)*

7. Wordt er bij het verzamelen van de gegevens rekening gehouden met anonimiteit en de cliëntgegevens?
   => *Hoe wordt dit gedaan?*

8. Krijgt iedereen dezelfde vragen of wordt er onderscheid gemaakt tussen verschillende groepen binnen de organisatie?
   => *Hoe wordt dit gedaan?*

9. Wie beantwoorden de vragen in het meetsysteem?
   => *Krijgen de cliënten hierbij ondersteuning hierbij van professionals: Ja / Nee*

10. Wordt er in de benadering naar de cliënt toe ook rekening met de achtergrond van de cliënt?

11. Op welke manier kunnen de cliënten de vragen beantwoorden?

12. Hoe vaak worden de metingen daadwerkelijk uitgevoerd?

13. Wie organiseren het uitvoeren van de metingen?

14. Wat doet de organisatie om de betrouwbaarheid van het onderzoek te waarborgen?
    Bijvoorbeeld om zo te voorkomen dat de resultaten puur gebaseerd zijn op de laatste interactie (contact) tussen de cliënt en professional? Protocollen hiervoor?

15. Worden de resultaten van de metingen met elkaar vergeleken?
    => *Waarom worden de resultaten vergeleken en wordt hier iets mee gedaan?*
    => *Zijn er rapportages beschikbaar waar dit uit blijkt?*
16. Is er binnen de organisatie, onder de mensen op de werkvloer of de managers, weerstand tegen de gebruikte meetmethoden?
    => *Heeft de methode volgens u toegevoegde waarde?*
17. Zou u persoonlijk de gebruikte methode(n) aanbevelen aan andere organisaties?

18. Wat zou u de gemeenten aanbevelen om mee te nemen bij de doorontwikkeling en de gang van zaken rondom het meten van cliëntervaringen, wat is dan voor jullie belangrijk en wat zou je aanbevelen aan de gemeenten?

Appendix 5. Overview of submitted documents

Interview 1	Copy of the GGZ-Thermometer Copy from all versions of the waiting room questionnaire
Interview 2	Copy of the MATE-Youth Report with results
Interview 3	Copy of the survey (only inspected) Report with results (only inspected)
Interview 4	Copies of the different versions of the C-toets Copy of the ORS-SRS Copy scale-questions
Interview 5	Copies of the versions of the P-toets (and C-toets for clients) Copy of the Exit questionnaire
Interview 6	Copy of the Exit questionnaire
Interview 7	Copies of the versions of the appreciation survey Presentation with results
Interview 8	Copies of the versions of the appreciation survey Access to digital version of the survey Reports with the results of both versions of the survey
Interview 9	Copy of the GGZ-Thermometer (only inspected) Copy of the ORS-SRS (only inspected) Reports (only inspected)
Interview 10	Copy of the Exit questionnaire/interview Reports with the results Report with overview different instruments and how they are used
Interview 11	Version of the Quality Cube questionnaire Reports (Only inspected) Improvement cards
Interview 12	Copy of the GGZ-Thermometer Copy of the Exit questionnaire

Appendix 6. Description measurement instruments

1. Client satisfaction survey for people with an intellectual disability (Quality Cube)

This instrument is used in the youth support where organizations have to deal with clients with an intellectual disability. The instrument is used to be accountable to the financers (het Zorgkantoor). Those can see how the clients grade the care that the organization provided and therefore see if they spent their budget on the right provider. The demand from the financer is that the care providers conduct this research at least once every three years. The respondents told that they used the survey to see if what they provided was the right thing to do and to find out if the clients are satisfied with the received care. The focus is hereby not only on the things that could be improved, but also on the things that are already going well. This information is thereafter used to improve the quality of the care.

The research is conducted by an external organization. This organization organizes the research, distributes, collects and processes the completed surveys and links it back to the organization. The organization gets a report and cards of improvement. These cards are related to certain groups or departments in the organization and shows points that are already good and points that can be improved. Additionally, an instruction is given with a description of how these points can be improved.

Besides that the results are linked back to certain departments or groups, the results are also shared widely in the organization, so that all services and professionals are aware of the results. The results are thereby also used as input for the client- and youth council. Since the survey is conducted anonymously the results cannot directly be used for making improvements on client level. Indirectly can they contribute to making improvements because the results are discussed in a multidisciplinary meeting. The participants of this meeting are the client, his representatives and professionals. Which professionals this are, is dependent on the situation and limitations of the client. This could for example be doctors, coaches or behavior scientists. The representatives are always involved in the process, they are asked to offer support by answering the questions or to answer the question when the client is not able to answer the question themselves.

To make it easier and clear for the clients what the answer possibilities are, the answers are simplified with smileys, icons or photos. This because all of the clients get the same survey and not all the clients have the same level of disability. The disability of the clients also limits their ability to watch back in time and to review the care that they received over a long period of time. For this reason is support necessary to get the right answers. As mentioned earlier, the organizations try to organize the support in the environment of the client, to prevent the professionals for influencing, on purpose or not, the answers. One organization that uses an instrument which is similar to the Quality Cube therefore offers support from an independent counselor.

According to the respondents there was no resistance towards the client satisfaction survey but was it important that the results had to be useful. Despite this they would not directly recommend this survey but this was because all similar organizations already had to do something similar to this.

The following indicators are measured through this survey:

In terms of content:
- Development
- Self-determination
- Social relations and social inclusion
- Rights and interests
- Well-being

Conditions:
- Competencies of the professionals
- Cooperation
- Care agreements and the support plan
- Safety

- Information organization
- Consistency and continuity
- Quality of the organization

Relational:

- Responsiveness
- Trust
- Informing and client information
- Treatment/caring
- Empathy

2. Appreciation survey by Effectory

Two of the organizations which are included in this study work with an appreciation survey developed in cooperation with Effectory. Both of the organizations use the instrument to improve the care and to find out how the clients appreciate the provided care. One of the organizations started using this instrument because it was obliged by the financer, but the other one only started measuring this because they wanted to improve the care. This organization uses a version of the instrument that is not approved by the financer and the Dutch Association of Healthcare Providers for People with Disabilities (de Vereniging Gehandicaptenzorg Nederland), the branch organization. This association developed a list with instruments that are studied and validated by the association. The version that is not validated and is developed in cooperation between Effectory and the organization itself is not mentioned in this list. The organization is therefore at risk for getting cut in their prices for the care, so there is a possibility that they are cut in their budget for this. But the organization takes the risk because according to them the instrument should be used for improving the care and for putting the client and his supervisor in the center of the process instead of money.

The contents of the questionnaires are little different because the questionnaires are developed differently. One only made some adjustments to the concept list which was developed by Effectory and the other organization developed most of the questionnaire by itself in the ratio 70/30. The contents of this questionnaire are determined for a period of one and a half year. The questionnaire is based on the eight domains ‘Kwaliteit van Bestaan’ (quality of existence) from Shalock. The answer possibilities are for both organizations simplified with smileys, both on paper as in the digital version.

One organization uses different questionnaires for the different types of care that they provide and is there a different version of the questionnaire for the parents. The subjects of each version are the same, but the questions are formulated differently to make it appropriate for the respondents. Because all the questions are about the same topics, it is possible to compare and discuss the discrepancies between the answers. It depends on the organization on which level this comparison is made. One of the organizations conducts the questionnaire namely anonymously and the other does not. So when the questionnaires are taken anonymously it is not possible to compare the results on an individual level. But both organizations have the possibility to trace back the results to a certain location, this gives them the opportunity to implement improvements on location level.

In both organizations are the results used as input for an evaluation meeting that is used for discussing the results of the questionnaire and the care process. As mentioned before is there some difference between the traceability of the results. This means that one discussed the results provided by the client and his parents themselves, and the other discussed the aggregated results. During the meetings is discussed why someone is satisfied or not and how this can be improved. Team leaders or managers will check after a certain amount of time how these points of improvements actually led to better results. Besides the feedback on an individual level, the results are also linked back on department, cluster or organizational level, but this is dependent on what the team leaders on a certain location find desirable. If it turns out that certain aspects are repeatedly coming forth, this could lead to central improvement measures. The results are processed by Effectory and linked back in a report, this report also includes graphs where the results from the different respondents are compared. The different councils in both of the organizations use this report as input and discuss the results.

Besides processing the results is Effectory also responsible for distributing and collecting the questionnaires.

The organization which performs the measurements because of the obligation is obliged to measure once per three years. This year was the first year that they used the instrument from Effectory and because the results were very useful is the organization willing to conduct a similar research every year. The other organization already performs a measurement each year before the evaluation meetings take place. As this is the second time that they use this instrument it is possible for them to compare the results of this year's measurement with the one from last year.

The clients can get support for answering the questions. One of the organization offers this through professionals which are active on different departments provide this support to prevent that desirable answers are given by the respondents or that the respondents are afraid to say how they really think. The other organization tries to stimulate the environment of the client to offer the support for the same reason as the other organization uses professionals from other departments. There are special guidelines for professionals when it turns out that they have to offer the support. For this reason is a specific question added in both questionnaires, where the clients can fill in to what extent they answered the questions themselves, or from whom they received support. When it turns out that some questions cannot be answered because the clients for example do not understand the question, it is possible to skip questions. These questions can be discussed afterwards in the evaluation meetings.

Both of the organizations are very satisfied with the instruments from Effectory because the organizations have lots of influence on the contents of the questionnaire. Thereby provides it also lots of feedback on the care process which makes it possible to implement improvements. Among the professionals and managers is there no resistance against this instruments and would both organizations recommend the questionnaire to similar organizations.

There is only one major disadvantage, and this is that Effectory decided to stop with this instrument. This because they want to get on the list with instruments which are approved by the Dutch Association of Healthcare Providers for People with Disabilities. According to one of the organizations is another small disadvantage is that some clients did not know that it was not taken anonymously and that the questionnaire is not suitable for some child locations of the organization.

Summarized are these the biggest differences:

- The reason why the organizations started using the instrument
- The frequency of how often the measurements are conducted, however, one organization mentioned to have the intention to do it more often
- The influence that the organizations had on developing the instrument
- This makes it that the contents of the questionnaires are different
- One of the organization does it anonymously and the other does not
- The manner in which support is offered
- The domains that are covered by both of the questionnaires are:

Organization 1.

- General information
- Received support
- Overall satisfaction
- Personal attendant
- Housing facilities
- Work and daytime activities
- Attendants at work or daytime activities
- Personal support plan
- Search for help
- Activities
- Good points
- Point for improvement

Organization 2.

- Overall satisfaction
- Personal attendant
- Attendants
- Support
- House and environment
- Work, daytime activities and school
- Support plan
- Search for help
- Point for improvement (open)
- Received support

Additional for parents:

- Organization and information services

3. C-Toets (C-Test)

The C-toets is an instrument that is developed by Stichting Alexander and is used for clients with a mild intellectual disability. The organization, which the respondent represents, started measuring client experiences with this instrument because it was obliged by the financers to do this once every three years. Thereby it is also used to measure if the provided care has the wished effect, if it is the right care and if it is sufficient or not. So it is used to professionalize, to distinguish and to profit.

The results are used to compare the results of different instruments and the generate information from this on a higher level. Thereby are the results used to see what they say about the performance indicators drop-out, client satisfaction, goal realization and reduction of problems. These indicators reflect to the quality of the care. The results are therefore used to improve the quality of the care and as input for the evaluation of the treatment program.

The core of the questionnaire is determined by Stichting Alexander but the care provider is able to add some additional questions. The contents of the questionnaires are all the same, but some questions are formulated a little different, this depends on who is answering the questions and the type of care that is provided. The questionnaires are sent and then received by the care provider. The completed questionnaires are bundled there and sent to Stichting Alexander. When the results are processed into a report they are linked back to the care provider. All the questionnaires are filled in on paper.

It is impossible to link back the results to an individual level because the questionnaires are taken anonymously. At some departments of the organization is an additional questionnaire taken, so not because of the obligation, and this is not anonymous so that the professionals can use the results as input for the treatment. The results of the organization-wide measurement are linked back to the professionals or discussed in the client council and in a meeting of the management team. This to discuss the results and to see where and how improvements can be made. The results of the organization-wide measurement are also compared with comparable organizations in the Netherlands and are the results compared with the results from the previous measurement.

The clients can get support from the professionals if this is needed and the professionals try to do this without influencing the results. The client is not only seen as the child, but also includes the parents or representatives. That is why those are also asked to fill in the questionnaire. The aggregated results of both groups are thereafter compared and discussed.

There is resistance in the organization against the use of different instruments. This because it costs lots of time to get the clients to answer the questions. Thereby it is also important that the professionals have to see how the instrument contributes to improving the care, to make them do an extra effort and keep them motivated. The respondent would recommend this instrument to comparable organizations because if you want to provide qualitative good care you also have to measure if you are actually doing this. The clients are in the best position to answer if this is true or not and how it can be improved.

The following indicators are measured through this survey:

- Contact with the practitioner
- Expertise of the practitioners
- Information and progress
- Goals and results
- The group or ambulant
- Own input and participation
- Goals
- Overall grade

4. GGZ-Thermometer (Mental health care)

This instrument is used by several organizations in the mental health care for measuring the experiences of clients. The results are used by the different organizations to gain insight in the experiences of clients, to improve the provided care and because this is obliged by the financers. The results are not always good to use because the results are linked back aggregated and some of the organizations are active in multiple municipalities, regions or provinces. This makes it impossible to link back the results to certain locations and to implement improvements here because it is possible that it only applies to other locations. When this is the case the questionnaires are taken anonymously. But on the other hand, the results are discussed in the local and central client and youth councils so here can be discussed if it applies to the location or not. The independently established psychiatrist and psychologist only uses the results as input for the treatment and because of this are the questionnaires not taken anonymous.

The contents of the questionnaire cannot be changed by the organization. They only have the option to add some questions in the free space at the end of the questionnaire. This makes it possible to compare the results over time, between organizations and specific departments. The results are compared with the results of the previous measurement and the organization also checks if the final grade meets the required standard.

There are two version of the questionnaire. One for clients which are younger than 12 years old and one for those of 12 years and older. When the clients have not reached the age of 12 yet, then the parents also receive a questionnaire. It varies between organizations if the organization itself organizes the distribution of these questionnaires or that they let an external organization do this.

Despite the fact that there is a risk op social desirable answers are the professionals allowed to support the clients with answering the questionnaires if this is necessary. Because of this risk there is an organization that has a confidant available to do this. Yet another organization sends the questionnaires by mail so that the answers cannot be influenced, but support also is not available.

Among the organizations is there no resistance against this instrument and do they think this has added value because it gives an impression of how the client think. Despite the fact that there are some critics, namely that the response is low and the results are not always usable. This because the results are only linked back aggregated which makes it hard to implement improvement plans.

The following indicators are measured through this survey:

- Information services
- Participation of the client
- The treatment plan
- The practitioner
- The treatment
- Overall grade

Additional for parents:

- Contact of the practitioner with the client
- Treatment or support plan

Additional other version (other content equal)

- Suggestions to improve the overall grade
- Comments on the treatment or supervision
- Optional: background information to make results comparable.

5. (Child) Outcome Rating Scale & (Child) Session Rating Scale (CORS & CSRS)

These are 2 small questionnaires that are part of the Feedback Informed Treatment. The treatment is partly adjusted on the feedback that is given before and after the treatment. The client has to answer 4 questions about the situation and the wellbeing of the client before the treatment so this can be adjusted to this and are the results input for the treatment itself. After the treatment the client has to answer 4 questions again, this time feedback has to be given about the treatment and about the relationship between the client and the professional. Research showed that use of this instrument leads to less dropouts, shorter trajectories, lesser treatments and higher client satisfaction (BRON>>!!!!). ‘

The instrument is used in the mental health care and is obliged by the financers. The results were not linked back from the organization to the financers, but they could only see if the care providers were using it or not. However, the results were discussed with the client and the parents or representatives.

The professional can offer support when this is needed. Most of the times this is not needed because each time the same questions are asked and they understand them after the first time. Thereby are the answer possibilities simplified with smileys and do the clients only have to say, based on a multipoint scale, where they think they are. However, some of the organizations let the clients fill in the questions on the computer at home or in a separate room. Some professionals ask the clients to answer the questions before and after each treatment and others only let them do this once a month.

The organizations themselves process the results of the questionnaire. Some of them even make reports where the results are compared in graphs. Because this questionnaire really has added value and useable results, there is no resistance among the professionals of the organizations. One of the respondents told that the clients sometimes do not answer the questions because the questions that are asked are normally also discussed during the treatment. Nevertheless, it contributes to putting the client central in the care process.

The indicators which are measured through the two questionnaires are:

ORS, how it is:

- With the client
- At home
- At school
- Wellbeing in general

SRS:

- Did the professional listen
- How important was the treatment
- Did you like what was done in the treatment
- The treatment in general

6. P-Toets (P-test for foster care)

The satisfaction of clients in the foster care is measured through the P-Toets. The main reason why the organizations use this is because they want to know if what they do is actually helping the client. Additionally, it is obliged by the financers to measure this and the organization was thereafter judged on the results. The results are also used for making the provided treatment researchable by taking a look at if the treatment was effective according to the client and to what extent the client was satisfied about it.

The instrument was developed by Stichting Alexander in cooperation with the branch organization Jeugdzorg Nederland (Youth care Netherlands) en the Nederlands Jeugdinstituut (Dutch youth institute). The performance indicators developed by Tom van Yperen on behalf of the Nederlands Jeugdinstituut were hereby taken into account. The most important indicators are client satisfaction, goal realization and dropouts. Some other public organizations are also involved in that process and made recommendations about these indicators.

The P-Toets can be taken digitally and on paper and is available in 2 versions. The P-Toets for the foster parents and the C-Toets (not the same as the one described earlier) for the clients. The subjects of the questions are the same for both questionnaires but the questions are formulated a little bit different to make it suitable for the respondents. The discrepancy between the results of the foster parents and that foster child's cannot be discussed because the questionnaires are taken anonymously. The results are linked back to the different councils in the organizations and the results are discussed with the employees. This questionnaire is once every year.

The indicators which are measured through the P-test are:

- General information respondent
- Preparations of the placement
- Contact and treatment
- The foster family
- (Professionalism) Foster-care supervisor
- Rules and finances
- The Support plan and reports
- Communication and collaboration
- Progress of the foster care
- Rights and obligations
- Biological parents and network
- The end of a placement
- Comments and what went well or not
- Overall grade

7. Satisfaction survey

This survey is used to measure the satisfaction of clients. The situation is a little different here compared to the other organizations in this study. This because the organization does not provide treatments but only provides daytime activities and assisted living. The included organization is therefore not obliged to measure the client satisfaction but they did this to see where improvements can be made. The results that came forward through this survey have therefore been further investigated qualitatively. This to find out what is happening within the organization, where clients are satisfied about and how they can improve things. The instrument is not officially certified because it is developed in the context of a graduation program. The contents of the questionnaire are therefore determined by professionals from the organization, the graduate and his supervisors.

The results of the survey are linked back to the clients, the parents or representatives, the parents' council and are discussed during staff meetings. It is discussed during staff meetings so that they together can talk about how to improve the services. The results are not discussed on an individual level because the survey is taken anonymously, this to make sure that the respondents answer how they really think.

Both the parents and representatives and the clients have the opportunity to fill in the survey. After they completed the survey they could deposit it into a mailbox. The graduate emptied the box after a while and collected the results, analyzed them and processed them in a report.

There is no resistance among the professionals against this instrument but it does take much time to digitalize the results because all the surveys are taken on paper. Last year was the first time that the survey was conducted and the organization has the intention to conduct one each year. The

respondent would not directly recommend this instrument because there is still room for improvement. However, it is recommended to do something similar.

8. Exit questionnaire/exit interviews

Several organizations in the youth support use an exit questionnaire at the end of the trajectory. Some of them ask the clients or his parents or representatives directly after the trajectory is closed, others send the questionnaire 3 months after closure. Some financers obliged the care providers to work with this instrument but this depends on the type of care the organization offers.

The questionnaire is used to evaluate the provided care during the trajectory which has ended. It gives feedback on the actions and attitude of the professional during this period. The results can thereafter be used to improve the care. They are also discussed and input for the client council, the youth council and a possible (foster) parent council. One of the respondent mentioned that not necessarily the grades in the results are important, but that the feedback that is given on the questions with an open answer possibility is way more important and useful. These highlights were crucial during the trajectory according to the respondent.

Most of the organizations work with the same, standardized questionnaire. Only one of the four organizations has a different questionnaire. All the organizations have different versions of the questionnaire for clients and for the parents, foster parents or representatives. It depends on the organization if both of them are asked, or that only one of them is asked to answer the questions. The subjects of the questions are the same but are formulated differently which makes it possible to compare the results. The questionnaire is most of the times taken anonymously, but it is also possible to let the respondent answer the question during an interview. This is logically not taken anonymously and can be used as input for the rest of the conversation.

One of the organizations has a confidant available to support the respondents with answering the questions. The other organizations offers, except when taken as an interview, no support for answering the questions. This because the questionnaire is sent to the home addresses of the clients or is the questionnaire taken digitally there.

The results of the questionnaire are partly linked back to the location where the client received the support. Some of the organizations have a special department which is responsible for processing the results, other organizations leave this to an external organization. This makes it in most of the cases impossible to trace back the answers to clients, but one organization which offers more types of youth support can in some cases trace this back, even if it is taken anonymously, to the client. This because they have multiple locations where different sorts of care or support are offered.

The results can be compared with results from previous years, but this is with other clients because it is an exit questionnaire. The response rate is low because the questionnaires are taken after the trajectory is finished. This in combination with the low variety in answers makes it sometimes hard to find results that stand out. One organization also mentions that the questionnaire is not suitable for all the types of youth support.

The following domains are covered by the questionnaire:

- Overall score
- Satisfied or dissatisfied about
- Progress of the care
- Received the required support
- Own participation in support plan
- Treatment
- Results of the support
- Organization of treatment
- The practitioner, work and contact

Additional parents:

- Did the child receive the required support
- Did you receive the required support

Additional other organization:

- What would you change if you were the Director
- Comments

9. Waiting room questionnaire

This questionnaire is developed by one of the organizations in an attempt to improve the response rate. It is developed in cooperation with the client council and exists from 4 short questionnaires which clients can complete while waiting in the waiting room. This instrument is used additional to the obliged exit questionnaire, but this questionnaire does not provide usable information because of the low response rate. To gather useful information that could be used for improving the care, the waiting room questionnaire is developed.

As mentioned earlier, are there 4 different questionnaires with 4 different topics. Each questionnaire lies for three months in the waiting room so that the clients can answer the questions while waiting. They can anonymously deposit the questionnaire in a mailbox afterwards. After three months the box is emptied and changes the questionnaire. This cycle repeats itself each year with the same questionnaires.

The results from the previous questionnaire are shown on a screen in the waiting room. The results are also sent to the client council so that they can discuss the results. The points for improvement are also linked back to the professionals during organizational meetings. Point of interest is that the organization sees that the response rate is also decreasing with this questionnaire.

The different themes of the questionnaires are:

- Information provision
- The treatment and own influence
- The professional
- Facilities of the organization

Appendix 7. Other methods for measuring or discussing client experiences

4.5.1. JeugdzorgPlus monitor

The JeugdzorgPlus monitor is a monitor where the care providers collect information about the clients in the specialistic youth care for a lengthy period. This method measures and registers information about the progress and results on an individual level, including the experiences of the client. The organization uses this within the first three months of the trajectory and at the end, always twice per client.

4.5.2. Personal Support plan (Persoonlijk ondersteuningsplan)

The developments of the client and his problems are described in this plan. In this plan are also the goals described which the client formulated in together with his parents or representatives and the personal coach. This is obliged by the financers but the organizations also want to know if the clients are satisfied and if they reach their goals. During evaluation meetings (see 4.5.3.) is the progress discussed and are the goals evaluated and adjusted if needed. The collaboration with the personal coach is also one of the topics that are discussed during this meeting. Other participants are invited because some clients might have problems with looking back at a longer period of time.

4.5.3. Evaluation meetings

Evaluation meetings are used by 6 organizations to discuss the trajectory. It is not an official instrument or system but these meetings allow the professionals to discuss the experiences of the clients. Who participates in this meeting depends on the organization and the wishes of the client. Some organizations plan meetings with just the client, the professional and the representatives of the client, while other organizations invite professionals from the municipalities, behavior scientists or doctors. It also depends on the organization when and how often these meetings are planned. Most of the time is this once per half year, others do it only once a year or in some cases after 2 or 3 months.

The content of certain meetings are not determined beforehand and varies between organizations. Sometimes is the Personal Support plan used as input, sometimes the results in the reports from the surveys, but most of the time is the core of this meeting the developments of the client and the client satisfaction. There is discussed if goals are reached, if the provided care was effective, what went well, what could be better or what should be done differently.

4.5.4. MATE-youth

The MATE-youth is a screening instrument that is used by an organization in the addiction care. It is used for measuring addictions for triage and evaluation. It was obliged by the financers but is actually done to view the effects of the treatments and for identifying the problems of the clients. This questionnaire is taken before the treatment starts and is then used as input for the advisory meeting. The questionnaire is then again taken before the evaluation of the trajectory that takes place at least one every half year, but mostly once every three months.

The client answers the question in a conversation with the care provider and is therefore not anonymous and the professional can therefore offer all the support that is needed. The professional processes the results into the computer and makes graphs. This graphs show the developments of the problems of the client. The results are also linked back to other

professionals to discuss what could be better according to them. Besides this are they also discussed at team level.

The content of the questionnaire is determined by a national initiative with representatives of all the addiction care providers in the Netherlands. Every client gets the same questionnaire and the content cannot be adjusted. However, it is possible to add additional questionnaires.

The parents are also involved in the care process and are asked to join the meeting where the questionnaire is taken. This is obliged when the clients are under the age of 16 and when the clients are older they try to keep them involved. This because they are crucial in the care process according to the respondent.

There is some resistance against this instrument because it takes a lot of time. The results are useful but the questionnaire is very large and therefore time-consuming.

4.5.5. Councils

Almost every organization has certain councils with representatives. This could be a client council, youth council, (foster) parent council or a representative council. One of the organizations even has a special group with participants from all the different councils.

Every council in each organization has its own structure and characteristics. The frequency of how often they meet is different, the topics they discuss different and are some more active compared to others. Some councils decide the topics they want to discuss by themselves and the topics of other councils are determined by the organizations. The results of different studies are discussed in almost every council in every organization. The most important results of the discussion in the council are linked back to the clients by the participants. This happens in reports, abstracts or minutes. Most councils meet once every 6 weeks and once in a while participates a director in the meeting.

The meetings of the client and the youth council happen under supervision of an independent professional or coach. This person makes sure that everyone who participates can give their opinion and that the meeting happens organized. This is also the contact person for the organization when they would like that certain topics are discussed in one of the meetings. The results are thereafter linked back to the organization so that they can improve certain aspects of the care because they know what is happening in the organization. It is also possible that the organization wants that the councils discuss policy proposals that affect the clients. This to find out how the representatives think about this before the proposal is made definite. The councils are sometimes also asked for input that could be useful to include in the questionnaires.

It depends on the size of the organization and the types of care that the organization offers which councils an organization has and if this is only an organization-wide council or that they also have councils on location level.

One organization also has a different kind of meeting. This meeting exists from 6 to 12 clients which a located in a circle, what makes that there is a lot of interaction between the participants. The interaction between the participants leads to deeper conversations about the topics compared to the usual one-on-one conversations. On the background are professionals listening without having the ability to interrupt them. The presence of the professionals makes it possible to see where the clients are dealing with and what their

opinions are about certain topics. This information can be used to improve the quality of the care.

4.5.6. Client platform

One organization has a digital environment where the client can view his own information and work on his treatment goals. It is focused on the treatment but at the same time can it be used as a feedback instrument to see how the progress is in reaching the treatment goals.

The parents of the client have the possibility to log on to the platform to see how the child is doing. They can send messages to their child or give compliments. But the client can decide about their platform and have the ability to add the professionals. Not only its personal coach, but also team leaders, behavior scientists and teachers can be added. They can view the client's situation and his progress. This can thereafter be discussed and can be input for the treatment.

4.5.7. Schaalvragen (Scale-questions)

This is an instrument that an organization is started with to measure the experiences of clients. The client has to define its care demands and problems with a certain grade. Thereafter they define certain grades as goals, this on the basis of the grades of their problems. Together with the personal coach is a plan made of how to get to the grade that is set as a goal. During evaluation meetings is thereafter evaluated how the process is going and if the progress is as much as wished. The relationship between the personal coach and the client is one of the other themes which are discussed in this meeting, but the focus is namely on the problems of the client.

Appendix 8. Overview of the reactions of the municipalities in Twente

Municipality	Measurement system	Goals
Almelo	Menselijke Maat	Measure client experiences
		Get an image of the quality of the provided care and discuss this with youth support providers
		Focus on development
Borne	Intention Menselijke Maat	
Dinkelland	Pilot Menselijke Maat	
Enschede	No definite decision	To be accountable to City Council and the Executive Board
		Measure effects of treatments and map client experiences to use as control instrument
		Input for meetings with youth support providers
		Internal and external accountability
		Input for policy advices
		Improve (internal) work processes
Haaksbergen	No definite decision	
Hellendoorn	Pilot Menselijke Maat	Implement improvement where necessary. Measurements make subjective values measureable and controllable
Hengelo	Pilot Menselijke Maat	
Hof van Twente	Pilot Menselijke Maat	use as input for annual meetings about contract management and procurement
Losser	Menselijke Maat	Use as input for annual meetings about contract management
		Ask improvement plans from youth support providers if necessary
Oldenzaal	Pilot Menselijke Maat	Measure effects of provided care
		Organize something regional to decrease the administrative burden
Rijssen-Holten	Pilot Menselijke Maat	
Tubbergen	No definite decision	
Twenterand	No definite decision	In orientation phase, would like to join regional developments
Wierden	Pilot Menselijke Maat	

Appendix 9. Other recommendations by youth support providers

Additional to the recommendations mentioned in section 4.5, recommendations or comments made by the respondents are:

1. Try to involve the system and environment of the client because they are very important in the care process (mentioned twice)
2. Join the national quality framework that is being developed at the moment (mentioned twice)
3. Do not ask the organizations to work with a specific own questionnaire
4. Take a look at the 10 suggestions that Tom van Yperen formulated on behalf of the Dutch youth institute (Nederlands Jeugdinstituut)
5. Try to measure the experiences during the whole process to monitor the developments
6. Do not oblige things that are not possible yet. This because earlier there were obligations to measure the experiences and provide the results digitally while this was not possible.
7. Put the perspective of the client central to everything
8. The more independent the measurements are conducted, the better.
9. It would be great if the questionnaires not only provided objective information, but that they also have a therapeutic effect.
10. Get to know the organizations, what happens where, which types of support are provided and what do children do at the organizations. This because of the diversity in the youth support.
11. Quality of life is important for one organization because they do not offer treatments.
12. Developments as in Amsterdam are not desirable. Kids cannot choose freely where they want to go.