

Chatham-Kent Children's Service

Referral Source Satisfaction Survey Results

Background

It was difficult to ascertain specific areas in which referral sources may be directing their responses (e.g. CAS, OEYC, 0-6, School Age Mental Health) given the large majority of providers did not delineate between these areas or indentified as an unknown quantity. What can be interpreted from the data is that the largest portion of survey results are related to CKCS Protection Services (41%) followed by School Age Mental Health (27%), Pre-School 0-6 (14%), OEYC (9%), Pre-School 0-6 (6%) and a further 5% referring collectively to "all" CKCS services.

15 surveys were "returned to sender" as referral source had moved to an unknown address.

9 surveys were returned blank with comments suggesting that the agency did not directly refer to the CKCS agency. One other was excluded from data analysis given the referent mistook CKCS for C-K Children's Treatment Centre.

27 surveys provided partial-full completion of survey questions, analysed using PASW (17) software, with results indicated below:

The Agency Provides the Type of Service Clients Require

92% of respondents indicated they were "satisfied" or "very satisfied" that CKCS provides the type of services that clients require.

Additional open-ended feedback provided by respondents indicates:

"services provided are often good – accessing or waiting is difficult."

“information sharing is excellent”

One participant responded that “staff would benefit from learning what services are offered beyond CAS.”

CKCS Provides Ample Opportunity for Participation in Assessment and Planning

73% of referral sources are either “satisfied” or “very satisfied” that CKCS provides opportunities for their service’s involvement in client(s) planning. Another 15% indicated “neutral” results.

An absence of open-ended feedback was notably missing from 19 surveys. The remainder indicated positive feedback.

“CAS workers respond to calls and provide required information and consents in a timely manner.”

“Excellent staff at CKCS – very supportive of children and staff at the school: CAS and MH staff is very competent.”

“Thank-you for collaborative problem-solving on many students that we share.”

CKCS Facilities & Services Are Accessible to Clients

74% of clients are either “satisfied” or “very satisfied” that CKCS facilities and services are accessible to clients. Almost one-fifth (19%) responded with “neutral” findings and small minority of 7% (n=2) reporting “dissatisfaction.”

Open-ended feedback reflected this statistical pattern regarding CKCS accessibility. Such examples include:

“Proximity to OW and Children’s Treatment Centre is excellent.”

“Responsive to families needs.”

“Very much so – buildings accessible – single point access a great system.”

The predominant theme emerging from open-ended feedback in the accessibility area was perceived structural barriers to clients.

“I have been told many times by families they are nervous to connect with CKCS because CAS are housed out of the same office.”

“Some clients are unwilling to access mental health services at CKCS due to CAS in same building.”

“Some parents have difficulty reaching the appropriate contact person.”

“Very concerned about reduction of developmental support workers which impede child’s ability to access childcare.”

Providers’ General Satisfaction with CKCS Services

85% of referral respondents were either “satisfied” or “very satisfied” with overall CKCS service provision. An additional 11% indicated “neutral” findings. The small minority (n=1) expressing “dissatisfaction” provided the following comment:

“difficult to communicate with caseworkers in CAS. Calls not returned in timely manner, caseworkers change without notification which impedes our ability to obtain consents to treatment plans for those children in care.”

Overall, open-ended feedback regarding overall satisfaction with CKCS was positive:

“CAS investigations were conducted in a professional, time manner and workers communicated to staff appropriately.”

“Professional workers who are willing to work in partnership to meet client needs.”

“Treated all situations with care, concern, and expertise.”

“Excellent relationship with kinship program/workers and generally with all staff.”

CKCS Treats Minority Groups With Sensitivity and Without Discrimination

83% of respondents were either “satisfied” or “very satisfied” that CKCS remains sensitive towards the needs of minority groups. The remaining (17%) was “neutral” in their responses or elected not to answer.

There was no open-ended feedback related to this area beyond “cannot comment.”

CKCS Cooperates With Other Community Organizations To Address Client Needs

76% of respondents were either “satisfied” or “very satisfied” with CKCS cooperation with other community agencies. One fifth (20%) identified “neutral” conclusions and 5% (n=1) indicating they were “very dissatisfied.”

Similar throughout the survey, the majority of respondents elected to not provide open-ended feedback (n=16). Those that provided their comments provided praise regarding CKCS cooperation with other community organizations.

“Great 2 way communication and partnership.”

“Participation in community meetings, case management and representation of KIDS team committee is excellent.”

“Staff are very diligent when requesting or responding to supports for mutual client.”

“Return phone calls promptly. Open-minded and supportive approach when problem-solving client needs or reviewing treatment needs/approaches.”

One negative comment related to a need for CKCS to collaborate more often with experts in the community related to adult addictions issues rather than relying on in-house assumptions.

General Conclusions:

According to this sample of community referral sources we can conclude CKCS service delivery is characterized by appropriate service provision, and overall satisfaction with our agency. Lower satisfaction results (defined as overall ratings under 80%) related to (a) collaboration, (b) cooperation, (c) and accessibility aspects of the survey. All of these findings were correlated to higher “neutral” responses which suggest a need to further examine these areas of service within community focus groups or additional survey measures before drawing further conclusions.

No areas of extreme dissatisfaction or dissatisfaction were remarkable within these survey findings and, rather, reflect intermittent comments irregularly stated by one or two service providers at any given time.

What we can learn from those statements of “dissatisfaction” is that there may be a further need to explore structural aspects of the CKCS agency as there was a theme pertaining to barriers that impede client accessibility (i.e. multiple contacts required, mental health referrals impeded by CAS amalgamation, lack of developmental resources).

An additional underlying sub-theme for possible exploration is some service providers’ perceptions that their voice or opinion is not valued by the CKCS agency.

Survey Limitations:

Low response (n=27) and high incomplete return rates (n=24) invariably impacted on reliability of survey results. Further, it was difficult to glean more specific, additional feedback given the significant lack of qualitative data provided by respondents. As such, this small sample size cannot be generalized to opinions reflecting the wider Chatham-Kent community service network that work with the CKCS agency.

It is also important to note that up to 20% of responses in any given area of the survey were reflected in “neutral” responses suggesting that the completing agency was either (a) uncertain of the question or (b) undecided in their knowledge of the CKCS agency.

Sample size and survey findings can be strengthened by (a) extending timeframes for survey completion (b) repeat mailing to referent’s current address or (c) considering the possibility of community focus groups.

