Incorporating the Voice of Parents and Guardians to Improve Services for Girls and Families
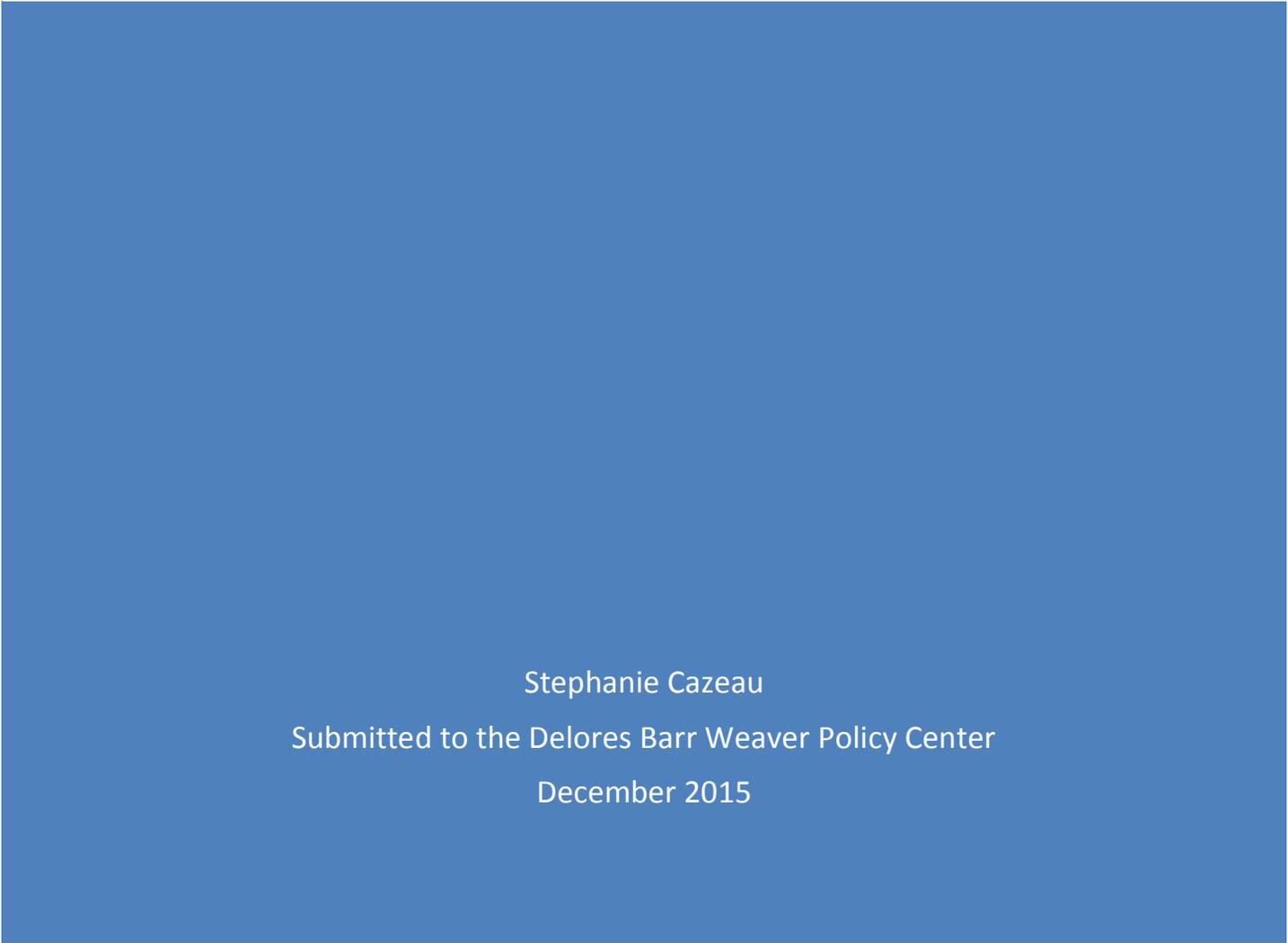
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Introduction

"Families have the potential to be the greatest source of positive change and support for youth in the juvenile justice system" (The National Center on Education, Disability and Juvenile Justice & the PACER Center, Inc., 2002). Much is known about the importance of the role that family and caregivers play in shaping youth outcomes; however less is known about how parent involvement may influence treatment and service outcome for girls. This study briefly reviews past research highlighting specialized needs of girls and families, and bring forth barriers and challenges that impedes access to service in the community or continuation of services from a parents perspective.

Background Research

"We are growing too—we need help with how to work with our daughters [and] to understand what life is like for them." This parent quote was retrieved from the National Girls Institute (NGI) listening sessions where families offered insights and recommendations to better serve girls and families. The listening sessions were held throughout the country in 2012-with girls, families and stakeholders to better understand the specialized needs of girls (Ravoira, Patino, Graziano, Glesmann, & Baker; 2012). When parents/caregivers were asked for their thoughts about whether the services being provided for their daughters in the juvenile justice system were helpful, parents often cited the barriers and lack of family involvement in the process. The most cited barriers and challenged were: lack of support, parent education, communication, information, distanced from the community, transportation, and blame. Parents/ caregivers had difficulties reporting the positive policies and practices affecting girls; however many parents were able to identify specific individuals that were helpful (i.e. court staff, social workers, therapist) and services that had a positive impact in their daughters lives.

Parents Experiences/Perspectives There are several characteristics that can govern the extent to which families are involved and the extent to which they access services or continue to access services; common practical barriers to parent involvement included parents' child care responsibilities for their other children, their work schedules, and a lack of transportation. Transportation and child care for siblings may also be of influence depending of the location of different programs and what types of transportations are available. In other cases, the caregiver does not have the ability to advocate for their child because of lack of education, language barrier or families are sometimes afraid to communicate their opinion because of their past experience in the system.

Parents are often blamed for their child's involvement in the juvenile and criminal justice system and they feel degraded by the legal system because they are seen as the problem. It is very common for the juvenile justice system to view parents as the source of the problem, the risk factor; whereas girls see their mother or caregivers as the solution and the protective factor. Some parents believed that they are being blamed and punished for their child's behavioral problems. When parents feel blamed and label by the system, they sometime become less engage and in turn makes it harder for services to create creating family-focused care management that are helpful for girls in the context of their family.

In addition to the aforementioned characteristics, there are many other reasons why families are not involved; a 2004 PACER Center survey on family needs in accessing mental health services in Minnesota identified the following barriers: (a) parent mistrust of system professionals, (b) a lack of culturally competent system professionals able to engage families,

and (c) system professionals who define their job narrowly to exclude working with parents and caregivers or are not trained to engage families (Wrobel, 2004).

Staff who also participated in the listening session identified family issues a barrier and express the need to know how to engage families. The basic philosophical foundation of providing services states that parents are to be viewed as a key resource in the planning and delivery of services to their children. Accordingly, their involvement is to be solicited, encouraged, and supported at all levels of intervention and service. When providing services to girls, they are seen within the context of their families and when working with families, service providers and staff can help to see the girl within the family. Hence, it is vital that we identify the barriers and challenges that families are facing evaluate the helpfulness of these services that are put in place to serve families and youths in the system.

To date, very few studies have explored parent's perspective on juvenile services or service delivery for girls and families. Results from the National Girls Institute listening sessions give us an insight on what information and resources parents/ caregivers found to be most helpful. Parents *(N*=43) who participated in the listening sessions reported and requested the following : (1) support groups and other mechanisms for connecting with other parents, (2)advice and training that would increase their parenting skills in areas such as communication and discipline, (3) more prevention and intervention community resources, (4) the need for resources in areas including mental health and prevention, and for parents to obtain information about the justice system and (5) help navigating the system and gain information about the justice system.

 In the same manner, another line of research by McNaughton's noted several reasons why it is important to assess parents' perspective of satisfaction. He found that (1) parents have

the primary control and responsibility for their child's well-being, (2) data from parent satisfaction can be used to improve services, (3) including parents in the evaluative process may increase parents participation in programs, and (4) the information can be used to inform other professionals and policy makers about the program's importance (McNaughton,1994).Overall this line of research suggest that including parents' perspective is effective for positive outcomes in the child's well-being and to improve services.

Service delivery involves the client, the family and the provider working together to achieve the best possible outcome for that child. Services provided for families can help bring families together, increase contact, and help girls reunite with their parents when they are coming back into the community making sure that the girl feel supported. Recognizing the duality of providing services for girls can better her experiences within the family, and develop an understanding of the responsibilities and accountabilities placed on the caregiver.

Family Centered & Girl Centered Practice

In the 1980s, a family model was conceptualized, this model of system of care was family-focused, not family-driven (Stroul & Friedman, 1986). System of care for children mental health developed a model that focused on families and not just the child; families had full participation in all aspects of the planning and service delivery. This approach was used in research regarding family movement in children's mental health, as well as the more widespread use of wraparound approaches for service planning in the 1990s. This model and the implementation of the Comprehensive Mental Health Services for Children and their Families Program, initiated in 1992, started to transform the relationships between families, professionals, and agencies, and the youth (Osher, deFur, Nava, Spencer & Toth-Dennis, 1999). However, this

paradigm shift created a lot of confusion in the literature because it failed to recognize the difference between family centered and family driven in the system of care literature.

Family-centered practice is a way of working with families, both formally and informally in programing design, in treatment planning and implantation to enhance their capacity to care for and protect their children (Kilmer, Cook, & Munsell, 2010). This Family model encourages active listening, focus on opportunities for joint decision-making/goal planning, building relationships and understanding the family context in order to provide girl centered services. In other words, this approach focuses on the girl and their needs within the context of their families and communities. An example of a family centered approach dates back to the family-driven care originating from the system of care approach. The broad application of this family-focus approach sees parents not only as partners in service planning in individual cases, but also as active and equal participants in program operations and policy formation (Williamson & Gray, 2011).

Similarly, a Girl Centered approach enables the girl to focus on her individual needs, help her understand how her surroundings (risk factors) influence her development and also help the girls address issues that arise in her relationships with families, peers, communities and society (Gaarder, Rodriguez, & Zatz, 2004). Girl-centered specific programming provides girls with decision-making and life skills, and empower them to use their voice, and to recognize that they have a choice. The Policy Center incorporates girls' voices in treatment development, feedback and planning goals. This approach have been extremely successful because it addresses specific needs of girls. Girls are met through individualized services such as individual or family counseling, care management, advocacy in courts etc... For instance, the Policy Center utilize the Therapeutic Alliance measure (Marziali, Marmar, & Krupnick, 1981) to assess therapeutic

relationship of girls participating in the Giving Girls a Voice (GGAV) with their therapist over time. This relationship between the girl and the therapist is one of the most powerful factor in the healing process because it requires that the girl and the therapist work collaboratively. The work in therapy encourages active listening, opportunities for joint decision-making/goal planning, as well as a chance to build relationships and understand the family context in order to provide girl centered services. Girls value their relationship with others; given the importance that girls place on relationships, Girl centered programming teaches positive relationship-building skills

Relationship skill building helps girls recognize potentially damaging relationships and develop healthy ways of interacting with others. Interactions between girls and programing staff (therapist, care managers) provide a context for girls to participate in healthy relationships. In order to build a therapeutic alliance, it is essential that we have a full understanding of the issues impacting girls; and it is also important to include families in counseling and/or care management.

Benefits of partnering with families and guardians

Evidence suggests that families have major influence on their children's lives; results of the pathway findings on girls' relationships have also demonstrated the importance of girls' relationships with their families- positive or negative (Patino & Moore, 2015). As a result, most programs have relied on family focused interventions like Multi-systemic and Family Functional therapy to strengthen girls' relationships with families, peers and their community (Pallone, Dembo & Schmeidler, 2014). These interventions mentioned above have shown greater youth outcomes, better relationship between families and systems professionals and also lowered recidivism (National Mental Health Association, 2004).

Families should be involved in developing treatment plans, and care management for girls. It is vital to ensure that girls and their family members' voice in the design and treatment implementation; this include accessibility to treatment, including their interest and concerns in and treatment goals. Redefining individual counseling and care management demand that we include families in the process. Intergenerational trauma, parent/caregiver incarceration, out of home placement, family mental illness/substance use, are some risk factors that have shown to hinder the parent and child relationship. Children of incarcerated parents experience instability and reduced access to sources of support, and they are more likely to exhibit externalized behaviors including anger, aggression, and hostility to caregivers and siblings (Bilchik, 2007). As a result, this can make it difficult for them to sustain meaningful one-to-one relationships with appropriate role models and mentors. Given that many families we serve have experienced intergenerational trauma; utilizing a trauma-informed child- and family-service system and recognizing the impact of all of these risk factors, therapist and care managers can act in collaboration with the family and the girl to facilitate and support the recovery of the girl and family. Connecting the family or caregiver to multiple sources of support can create access to a greater number of people within a context of family support like the therapist or care managers. Based on the literature provided above on the importance of parents' perspectives, families can be valuable allies to programing staff, therapist and care managers in designing and implementing treatment and programs for girls. Families can give us insights on what programs are working for girls, feedback from families and girls can be a source of powerful information for continuous quality improvement. Including families and girls voices in program designs can ensure that the services being provided are helpful, and meaningful, culturally appropriate, and family friendly.

About this Study

The literature findings reported herein suggest that engaging in a girl centered philosophy of service delivery, information from parents' satisfaction surveys can provide valuable information for improving service delivery, on both the process and the outcome of care. The Policy Center offers a variety of services for girls and their families, several measures include girl's perspective regarding the services they receive at the Policy Center and their helpfulness. Although many of the measures collected includes girls' perspective of the helpfulness of these services; a survey administered during a psychoeducational group with girls on diversion measure include an evaluation of both the girl and the parents' perspective since this class involve the participation of the caregiver and the girl. When parents who attended diversion classes were asked, "What recommendations do you have for improving the juvenile justice system's response to parents/caregivers?, " the following themes emerged from parents' responses: continued opportunities (activities, prevention), communication (better communication and information sharing), resources (resources in the community for their daughters and families), less punitive response for families (not blaming families), more prevention focuses, more punitive for youth, and hold youth accountable.

The table below represents existing data from parents/caregivers who attended the Policy Center Psycho-educational group or diversion group. Parents who attended this group were asked to rate how meaningful they found the following services and also the likelihood of using these services. Parents found website resources to be the most meaningful, followed by the opportunity to hear from other parents/guardians who have navigate the justice system. In

addition, parents also rated support groups as being very meaning followed by the addition of family counseling (see table 1). Parents reported that they would be more likely to use these following services respectively; website resources (76%), opportunity to hear from other parents/guardians who have navigated the juvenile justice system (66%), family counseling (57%), and parent/caregiver Support Group (54%). Although parents rated a service as meaningful, they were less likely to use the services. For instance, 71% of parents reported family counseling to be meaningful, but only 57% reported that they would be likely to use it. Therefore this type of existing data gives us some background information about parents' perspectives on existing services and whether or not it compares to other services.

Table 1: Parents in Diversion Meaningfulness/likelihood of Additional Services

Scale: Don't Know=0, No=1, Yes=2				
How meaningful would the following services be to you?	**Meaningfulness**			
	Don't Know	**No**	**Yes**	**Likely**
Family Counseling (N=112)	15%	13%	71%	57%
Website for Resources (N=111)	7%	3%	87%	76%
Opportunity to hear from other parents/guardians who have navigated the juvenile justice system (N=112)	8%	13%	79%	66%
Parent/Caregiver Support Group (N=106)	13%	15%	72%	54%

Active family participation in the design and implementation of the treatment plan is the first step to the incorporation of family involvement within system. The work done in therapy encourages active listening, give girls and parents an opportunity for joint decision-making, gives the therapist a better of the family structure in order to provide girl centered services.

According to our pathways' study results the relationship between girls and their parents, either positive or negative is a significant factor in the girl's lives (Patino & Moore, 2015). While we want parents to be involved, our goal is to ensure that girls have a safe place to receive services where they are seen and valued. Although at times families are in crisis mode when they are receiving treatment with us and fail to agree with our course of treatment, the goal is to work together for the best interest of the girl. The goal of this study was to gain insights on the quality of services for girls and families to include parents' voices and recommendations about how to improve service delivery for girls and families at the Policy Center and in the community.

This study was designed to explore the perspectives and experiences of parents/guardians whose girls are involved in the juvenile justice system, and are receiving services in the community and/or at the Policy Center. A survey was designed to explore parents' satisfaction on quality of services, perceptions of services, and perceptions of barriers and challenges in accessing or continuing services. Finally, individual interviews were conducted to gain further insights from parents about the helpfulness of services and ways that services could be improved for girls and families.

The goals of this research project are (1) to give parents an opportunity to provide feedback about, and to evaluate the quality of services (2) to measure the impact/helpfulness of services provided at the Policy Center (3) to identify trends, needs, and preferences of parents; (4) to identify barriers and challenges of accessing and continuing services and (5) to note parents recommendations to improve service delivery for girls and families. This study explore reasons why families/ caregivers do not find these services to be helpful and compare the barriers and challenges in the community and Policy Center to improve service delivery for girls and families.

Method

Research questions:

- What services are girls (daughters/siblings/granddaughter) receiving in the community?

- How do parents/guardians rate the quality of services that girls receive in the community and at Policy Center?

- What barriers/ challenges to access services or to continue accessing services in the community and/or at the Policy Center?

- What services would parents like to see more in the community?

Population Recruitment Criteria: With the help of our programming staff, we recruited 4 parents/guardians participating in individual counseling. Surveys were sent out to parents to complete by therapist and care managers. Parents whose daughters were receiving individual counseling were asked if they would like to complete the survey; parents who choose to participate were given a packet with the questionnaire in an envelope. Inside of the envelope, parents/caregiver read a letter informing them about the survey and asking whether or not they want to participate in an interview. Parents then voluntarily completed survey and returned the survey in a sealed envelope.

Survey Design: The survey was created by the Policy Center Research Fellow using information from existing data measuring the helpfulness of services provided in the community from girls' perspectives. Parents or family members/guardians were asked to rate existing services received at the Policy center and/or in the community, and also had a chance to list and rate any other services that they are receiving in the community. Parents rated the quality of services (e.g., medical/ health services, mental health counseling, leadership opportunities, support groups, drug and alcohol treatment) that they receive in the community and at the Policy

Center on a 5-pt Likert type scale. Parents were also asked to rate elements that may have served as barriers and challenges in accessing or continuing to access services in the community or at the Policy Center. At the end of the survey, parents were asked to answer some basic demographics about them and their daughter. In addition to the ratings, parents/ guardians also answered an open ended questions suggesting additional services they would like to see more of in the community. At the end of the survey, parents were asked to indicate any suggestions, comments or recommendations they had to help improve services (see survey in the appendix)

Participants Demographics & Study limitations: A total of four (N=4) parents/ caregivers participated in the study. Participants' mean age was 45 years. All participants 100% identified as White/Caucasian. Regarding participants relationship to girls, 25% of participants identified as grandparents, followed by 25% mother, 25% legal guardian, 25% Aunt/Uncle.

A total of 16 girls are being served through our individual counseling; hence we anticipated to recruit at least 10 parents to participate in the study. This study intended to not only have participants complete the survey, but also to give parents a chance to express their concerns and recommendations through an individual interview with a researcher. Unfortunately, due to the practical and contextual barriers stated above, no phone interviews were conducted. In addition, because of confidentiality purposes, the researcher was unable to contact parents, parent/guardians were given the researcher's contact information if they wanted to participate in the interview or give consent to the therapist of whether or not they wanted to be contacted for the interview.

Limitations

One major limitation of the study is the small sample size, out of 16 girls who are receiving services through individual counseling, only four parents completed the survey.

Therefore, this study is limited to only the perspectives of those who participated and excludes perspectives of families that did not participate. We aware that when therapist or care manager meets with families, they are usually in crisis mode, it is possible that the parents that completed the survey were in a much better space than the other 12 parents. There are a lot of alternative plausible explanations such as the parents who completed the survey may be the most resourceful parents. In addition, it is possible that participants' positive rating was influenced by their relationship with the therapist. Another limitation of the study was the diversity of our sample, the sample was not diverse given that 100% of family/caregivers identified as white/ Caucasian. Hence, we do not have enough data to generalize our findings to the population of families that we served.

There are other limitations and difficulties in securing parent participations because there are many practical and contextual barriers (challenges with transportation, work schedule, child care responsibilities for siblings) that enables them to fully participate. For instance, because most families have difficulty with transportation, families often receive individual counseling at home instead of coming to the office. Transportation impacted the sample size due to the lack of access to parents and caregivers. Often times, parents and caregivers are grandparents and extended families (aunt, uncle), and they also have other responsibilities or experience health issues that may hinder their ability to participate. Although many parents wish to participate, their involvement is sometimes challenged because parents are usually in crisis mode at the time they are asked to participate.

Results

Quality of Services Available in the Community. Parents/caregivers were asked to provide their opinions on services received in the community and rated the following services that are available for girls and young women in the community. Due to the small sample size, we cannot generalize our findings to all parents/caregivers. However, the table below describes parents/guardians perspectives regarding services that are available in the community. In general, parents rated all the services available in the community positively, with the exception of the drug and alcohol services. Parents rated medical and health services, mental health counseling, school and vocational services and support groups the highest (see table 2). As mentioned above, the parents who completed the survey may be the most resourceful parents.

Table 2. Parents/ Guardians perspectives of services available in the community

Variable Scale: Poor=1, Fair=2, Neutral=3, Good=4, Excellent=5	Mean rating of services available in the community
Medical/ health services (clinical, urgent care, Medicaid etc...)	N=3; M=4.33
Mental health counseling (individual or family counseling, mental health assessment, grief and loss counseling)	N=4 ; M=4.25
Leadership Opportunities (Activities for girls and young women)	N=3; M=4.00
School/ vocational opportunities	N=; M=4.33
Work/Job Skills (employment opportunities, job fairs)	N=3; M=4.00
Support groups	N=3; M=4.33
Drug or alcohol treatment (substance abuse counseling for girls and family)	N=2; M=3.00
Housing support/ shelter	N=1; M=4.00
Teen Parenting Classes	n/a
Legal Support (court representative, attorneys etc...)	N=3; M=4.33
Child Care/After school activities/Summer camps	n/a

Quality of Services Available at the Policy Center. Parents/caregivers also rated the quality of services that girls received at the Policy center; parents' ratings of these services indicate that their experiences and perspective of these services are very positive. Parents rated advocacy in court to be excellent; which reflects the amount of support that the Policy Center provides for girls and families in addition to all of the listed services. Parents also rated family counseling and care management as quality services available at the Policy Center. All other services were rated positively with the exception of Girl group activities. See table 3 for results.

Table 3. Parents/ Guardians perspectives of services available at the Policy Center.

Variable Scale: Poor=1, Fair=2, Neutral=3, Good=4, Excellent=5	Mean rating of services available at the Policy Center
Individual Counseling	*N*=4; *M*=4.25
Family Counseling	*N*=4 ; *M*=4.75
Care management (house calls, therapist support, calls and emails to parents and girls)	*N*=2; *M*=4.50
Tele-mental/transition planning into home and the community	*N*=3; *M*=4.33
Leadership Opportunities (Activities for girls and young women)	*N*=3; *M*=4.33
Referrals to community services	*N*=2; *M*=4.50
Girls group activities	*N*=2; *M*=3.00
Advocacy in court	*N*=3; *M*=5.00

Barriers and Challenges in Accessing Services. Parents were asked to rate the barriers or challenges that hinder them from accessing or continuing to access services in the community/Policy Center. It is important to note that higher mean indicate that this particular element does not often serve as a barrier. Parents means rating of barriers in accessing or continuing services in the community were between (*M*=3.5 and 3.75) indicating that these elements somewhat served as barriers in the community. In comparison to the community,

parents reported that communication, active family involvement, convenience to access the facility, receiving information and resources, and good staff were not barriers to accessing services provided by the Policy Center for their daughters. It is important to note that the majority of the means (*M*=4.0) suggesting that the Policy Center does a very good job at eliminating challenges and barriers for families and accommodating to their individual needs. While the results are very promising, it is important to note the limitations of who completed the survey. See table 3 for results.

Table 3. Parents/Guardians Perspectives on Barriers and challenges in accessing services.

Variable Scale: very often=1, often=2, somewhat often=3, Not Often=4,	Mean rating of barriers in accessing or continuing services in the community	Mean rating of barriers in accessing or continuing services in the Policy Center
Access to transportation	*N*=4; *M*=3.50	*N*=3; *M*=3.66
Active Family involvement	*N*=4; *M*=3.75	*N*=3; *M*=4.00
Convenience to access the Facility (house appointments, hours of operation, location)	*N*=4; *M*=3.50	*N*=3; *M*=4.00
Receiving Information/resources	*N*=4; *M*=3.50	*N*=3; *M*=4.00
Good staff(professional, caring, helpful, friendly)	*N*=4; *M*=3.50	*N*=3; *M*=4.00
Good Communication (answer and return calls, give good advice/	*N*=4; *M*=3.50	*N*=3; *M*= 4.00

Discussion and Recommendations

The findings highlighted above give us insights on the quality of services available in the community and offered at the Policy Center, the findings also highlights parents perceptions of different barriers and challenges. Based on the results of this study, and the limitations of this study, we can conclude that it is really important that programs evaluate and address the barriers and challenges to families' involvement. Based on parents' feedbacks, we can infer that the Policy Center provides quality service and also does a really good job at eliminating barriers and

challenges for families. Parents believed that the Policy Center communicate with them, they find the staff to be helpful, caring and professional, they have no issue accessing services and they receive the information and resources needed. An interesting result was that parents emphasized the quality of support that Policy center offer their families at Court; advocacy in court had the highest quality rating mean indicating that parents feel supported at all levels.

This is echoed by a larger sample of feedback collected from Parents who attended the Psycho-educational group experience, parents found the staff to be very informative and helpful and described their experiences as excellent. "This class was great: I appreciate all that the Policy Center is doing to influence and change the lives of girls" said one of the parents. Parents also shared with us so recommendations for how to improve the diversion Group experience. Themes regarding more group interaction, knowledge about the justice system and relevant information about girls were identified in parents' responses. Parents recommended different locations like schools, churches, and other places in the community. Parents also recommended that other family members participate in the group as they noted that the group experience strengthen family interaction and communication. "If/ when possible include both parents and perhaps a sibling. The awareness of this information will help to provide a more supportive home environment."

Programs need to focus on building a great relationship with parents/caregivers, determine successful ways to involve parents and families. Parents involvement can help broaden the circle of support available for youths and also help us overcome parents involvement barriers, as well as offer recommendations to improve service delivery for girls and families. Persistence and communication is key to family and caregivers' involvement, establishing communication with families may require some creative efforts, multiple attempts in order to get

a response. In addition, programming staff should also focus on each family/caregiver strengths and challenges in order to obtain the most effective strategies of improving service delivery. Fostering a good relationship with families, and good communication are essentials for successful programing.

One of the biggest limitations of this study was the lack of inclusion of families that are in crisis or may not have been in a comfortable space to complete the survey. Input from these families are also needed in order to also establish how to better serve these families. The findings from this exploratory study provide valuable data regarding services that the Policy Center currently have in place and also does a great job highlighting the work of the programing staff. Although these findings are not generalizable, they provide context for ways to measure parents' perspectives and how to improve service delivery for girls and families. One of the most promising message learned from the results is that families feel supported by the Policy Center, and it is reflected in the results that the Policy Center does a great job removing barriers and challenges that may hinder service access for families and guardians. As we aim to include parents/guardians voices and perspectives in programming, it is important to focus on each family that we are serving and to identify their strengths and challenges. Being able to obtain all parents perspective will give us a better understanding on the most effective strategies to engage all parents and provide us with more recommendations on how to improve service delivery for girls and families.

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Appendix A

Parent Letter

Incorporating the Voice of Parents to Improve Services for Girls and Families

Stephanie Cazeau

Please read this consent document carefully before you decide to participate in this study.

Dear Parent,

Hello, my name is Stephanie Cazeau, and I am a Research Fellow at the Delores Barr Weaver Policy Center.   I am interested in doing research to learn more about parent's perspectives on the quality of services offered in our community.   I would like to include your voice and insight.

Purpose of the Research Study: The goal of this survey is to gain insights on the quality of services for girls and families and use this information to improve service delivery for girls and family. If you voluntarily agree to participate in the study, you will be asked to rate the quality of services that you receive in the community and at the Policy Center and to answer some basic demographics questions. You will also participate in a listening session for the purpose of sharing your sharing your perspectives on the quality of services girls receive here at the Policy Center and/or in the community.

Duration of Participation: Your participation should take no more 5-7minutes.

Confidentiality: I would like to point out that your participation in this study does not affect your ability to receive services at the Policy Center or in the community. You are free to participate, or to choose not to participate. If you choose to participate in this study, I would like to point out that your responses will be entirely **anonymous;** meaning that your responses **will not** be associated with your name. If you have any questions or need more information, please feel free to contact me (Stephanie Cazeau at (786)-768-7364 or by email scazeau@seethegirl.org. This project is being supervised Vanessa Patino Lydia, Vice President of Research and Planning at (904) 423-1564 .

Instructions: Once you complete the survey, please put it back in the white envelope provided to you and please seal the envelope.

I thank you in advance for your participation. Your feedback is valuable and important to us.
I thank you for your time and participation

Parent Survey

Thank you for taking the time to complete this survey! The Policy Center wants your opinion on services received in the community and how we can improve service delivery for girls and families. Please note that your answers to these questions are anonymous. You are free to share as little or as much as you choose.

Please rate the quality of services that are <u>available in the community</u> for girls and young women. If any of those services do not apply to your family, please check N/A

Services provided in the community	Excellent	Good	Neutral	Fair	Poor	N/A
Medical/ health services (clinical, urgent care, Medicaid etc...)						
Mental health counseling (individual or family counseling, mental health assessment, grief and loss counseling)						
Leadership Opportunities (Activities for girls and young women)						
School/ vocational opportunities						
Work/Job Skills (employment opportunities, job fairs)						
Support groups						
Drug or alcohol treatment (substance abuse counseling for girls and family)						
Housing support/ shelter						
Teen Parenting Classes						
Legal Support (court representative, attorneys etc...)						
Child Care/After school activities/Summer camps						
Other (list):						
Other (list):						

Please rate how often these elements below have served as a barrier or challenge in you accessing and/or continuing services <u>in the community</u>.

Barriers/Challenges	Very often	often	Somewhat often	Not often	I don't know
Access to transportation					
Active Family involvement					
Convenience to access the Facility (house appointments, hours of operation, location)					
Receiving Information/resources					
Good staff(professional, caring, helpful, friendly)					
Good Communication (answer and return calls, give good advice/					
Other (list):					
Other (list):					
Other (list):					

What services would you like to see more of in the community?-
_____

Please rate the quality of services that you or your daughter/sibling/granddaughter <u>receives at the Policy Center</u>. If any of those services do not apply to you, please check N/A

Services provided at the Policy Center	Excellent	Good	Neutral	Fair	Poor	N/A
Individual Counseling						
Family Counseling						
Care management (house calls, therapist support, calls and emails to parents and girls)						
Tele-mental/transition planning into home and the community						
Leadership opportunities for girls (activities for girls and young women)						
Referrals to community services						
Girls' group activities						
Advocacy in Court						

Please rate how often these elements below have served as a barrier or challenge in you accessing and/or continuing services <u>at the Policy Center</u>.

Barriers/Challenges	Very often	often	Somewhat often	Not often	I don't know
Access to transportation					
Active Family involvement					
Convenience to access the Facility (house appointments, hours of operation, location)					
Receiving Information/resources					
Good staff(professional, caring, helpful, friendly)					
Good Communication (answer and return calls, give good advice/					
Other (list):					
Other (list):					
Other (list):					

In what county or area do you live _____

What it your Age _____

- o 18-28years old   35-45 years old
- o 29-35 years old   46 years old or older
- o

What race do you identify with?

- o African American/ Black   White
- o Hispanic   Asian
- o Native American   Mixed
- o Don't Know
    - Other (please specify) _____

What is your relationship with the child?

- o Mother   Grandparent
- o Aunt/Uncle   Brother/Sister
- o Legal Guardian   Other_____

Please indicate any comments/concerns or recommendations: