

Child and Young Person Questionnaire



Young Person aged between 12 and 13

FOR USE IF NO CONNECTIVITY IS AVAILABLE TO USE VIEWPOINT. Results from the paper based version will need to be entered into Viewpoint on your return to the Office using the Childs log in ID for inclusion in the Child Overview.

Young Person's Name _____ Date of completion: _____

Safety and Permanency Questions

Below are the Safety and Permanency questions in the Questionnaire. They are age specific and have skip rules so not every child or young person will see all the questions.

We have some voluntary questions to ask you to understand how you are going so we can help and support you. Do you want to participate? Yes No

If you don't want to participate tick the main reason why.

	This is my main reason
I do not have enough time	<input type="checkbox"/>
I do not wish to participate- as I can't see the value in it for me	<input type="checkbox"/>
I don't understand why I am doing this	<input type="checkbox"/>
I'm not confident with technology	<input type="checkbox"/>
I've asked to complete the questionnaire at a different time	<input type="checkbox"/>
Other reason – please specify	<input type="checkbox"/>

Hi, thanks for joining us to answer some questions about how you are going. We want to make sure you get the help and support you need. To do this we need to hear from you. If you don't understand a word or question click the **i** button or ask your caseworker. There are no right or wrong answers. Are you ready? Let's go....

1. Do you feel cared for where you live now?

Yes, completely	Just About	Not Really	Not at all	Pass
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. What would you need to change for you to feel more cared for? (Free text)

3. Do you feel safe where you live now?

Yes, completely	Just About	Not Really	Not at all	Pass
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What would you need to change for you to feel safer? (Free text)

Question continue on the following pages ...



5. Are there any responsible adults you could turn to if you were having problems?

Yes No

6. If yes, how many adults could you turn to?

One More than one

7. How old are you?

7 or 8 years 9, 10 or 11 years 12 or 13 years 14 to 17 years

The next few questions are about drug use (other than for medical reason) and about drinking alcohol.

8. Have you had an alcoholic drink in the last 6 months?

Yes No Pass

9. If yes, have you had an alcoholic drink in the last four weeks?

Yes No Pass

10. If yes, have you had an alcoholic drink in the last 7 days?

Yes No Pass

11. Have you used drugs in the last 6 months?

Yes No Pass

12. If yes, which drugs have you used? You can select more than one

Legal, but not prescribed	<input type="checkbox"/>
Marijuana/cannabis	<input type="checkbox"/>
Amphetamines	<input type="checkbox"/>
Something else, what was it? (text)	
Pass	<input type="checkbox"/>



13. Have you used any of these drugs in the last four weeks?

Yes

No

Pass

14. Are you 14 years or older?

Yes

No (12 to 13 years)

Thank you for your time answering the questions. You have now come to the end of the section that talks about your sense of safety and permanency.

Is there anything you want to tell your caseworker or someone about what you are thinking or feeling?

15. Is either your birth mum or birth dad's culture Multicultural, for example, African, Vietnamese or Maori?

Yes

No

I don't know

If you have answered 'Yes' to either of these you will need to fill out the Multicultural Questionnaire. You can find it below.

16. Is either your birth mum or Dad's culture Aboriginal or Torres Strait Islander?

Yes


No

I don't know

If 'Yes' continue onto the Aboriginal Cultural Connections Question's you can find them on page 6 after the Multicultural questions

QAF Child and Young Person Questionnaire – Multicultural Questions

The next few questions are about your culture. In this country, people come from many different countries and cultures; there are many different words to describe the different background, cultural or ethnic groups that people come from. These questions are about your ethnicity or your ethnic group and how you feel about it or react to it.

The questions in this section are used across the world and may include language that seems different or that you don't understand. For example, Ethnic group/membership/background means: A group of people whose family come from the same country and share the same culture or faith or language. If you click this symbol  when you see it – it will explain the word to you.

If there are any other terms that you aren't sure of, please ask your caseworker and they can help explain them. Let's get started....



1. Is your mum's birth culture Multicultural, for example, African, Vietnamese, Maori?

Yes

No

I don't know

2. Is your dad's birth culture Multicultural, for example, African, Vietnamese, Maori?

Yes

No

I don't know

3. In terms of my cultural group, I consider myself to be (It's OK if you can't spell it... Give it a go or say it to your caseworker who can help you) (free text)

4. Does one of your birth parents speak a language other than English at home?

Yes

No

I don't know

5. Do you speak this/these languages/s?

Yes

Yes, a little

I understand some

No, not at all

6. Do you share the same religion as one of our birth parents?

Yes

No

I don't know

I don't have a religion

Pass

More questions are on the following page



Multicultural Questions Multi Ethnic Identity Measure (MEIM) Questions

	Strongly agree	Agree	Disagree	Strongly disagree
I have spent time trying to find out more about my ethnic group, such as its history, traditions and customs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am active in organisations or social groups that include mostly members of my own ethnic group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a clear sense of my ethnic background* and what it means for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think a lot about how my life will be affected by my ethnic group membership.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am happy that I am a member of the group* I belong to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a strong sense of belonging to my own ethnic group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand pretty well what my ethnic group membership* means to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In order to learn more about my ethnic background*, I have often talked to other people about my ethnic group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a lot of pride in my ethnic group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I participate in cultural practices of my own group, such as special food, music, or custom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel a strong attachment towards my own ethnic group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel good about my cultural or ethnic background	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for your time

Continue on if you have a parent who is Aboriginal or Torres Strait Islander



Aboriginal Cultural Connections Questionnaire

The next few questions are about your Aboriginal or Torres Strait Islander culture.

1. Do you know who your family/mob is?

Yes No

2. If yes, who are they? (It's OK if you can't spell them. Give it a go or ask your Caseworker for help) Free text

3. Do you know the town/city your family/mob is from?

Yes No

4. Do you know the name of the Land/Clan/Country/Nation you are from?

Yes No

5. If yes, what is the name of your land/Clan/Country/Nation? (Its ok if you can't spell it. Give it a go or ask your caseworker for help)

6. Do you know your Birth Mum's Land/Clan/Country/Nation?

Mum's not Aboriginal Yes No

7. If yes, what is your Birth Mum's Land/Clan/Country/Nation? (Its ok if you can't spell it. Give it a go or ask your caseworker for help)

8. Do you know your Birth Dad's Land/Clan/Country/Nation?

Dad's not Aboriginal Yes No

9. If yes, what is your Birth Dad's Land/Clan/Country/Nation? (Its ok if you can't spell it. Give it a go or ask your caseworker for help)

Question continue on the following page ...



10. Do you live on country?

Yes

No

11. If No, How often do you return to country?

Monthly or more often

Less than monthly but
more than 6 monthly

Once or twice a year

Sometimes, but less than
once a year

12. Do you know what your Aboriginal Totem/s are?

Yes

No

13. If yes, what is your Aboriginal Totem/s?

14. Do you know any Aboriginal words or language?

Yes

No

Don't know

15. If yes, what are the words and their meaning?

16. What do you know about your Aboriginal culture?

Language

Lore

Dance

Art

Men's business

Women's business

Song lines

Traditional boundaries

Dreamtime Stories

I don't know

Other (free text)

17. Would you like to learn more about your Aboriginal culture?

Yes

No

Don't know

Question continue on the following page ...



18. Which group of Aboriginal people are you connected to? (Or what Aboriginal people do you do things with?) You can select more than one answer.

Kin/family	<input type="checkbox"/>
Aboriginal carers	<input type="checkbox"/>
Aboriginal caseworkers	<input type="checkbox"/>
Aboriginal Services	<input type="checkbox"/>
Aboriginal school groups or staff	<input type="checkbox"/>
Elders	<input type="checkbox"/>
Other: Please list any other Aboriginal people you are connected to	

19. Who do you learn from about your Aboriginal culture? You can select more than one answer.

Kin/family	<input type="checkbox"/>
Aboriginal carers	<input type="checkbox"/>
Aboriginal caseworkers	<input type="checkbox"/>
Aboriginal Services	<input type="checkbox"/>
Aboriginal school groups or staff	<input type="checkbox"/>
Elders	<input type="checkbox"/>
Other: Please list any other Aboriginal people you are connected to	

Thank you very much for your help