

Joining the Dots

Connecting voices
for child-friendly
healthcare in hospital

Questionnaire for
Parents/Guardians

What is 'Joining the Dots'?

There are three children's hospitals in Dublin: Our Lady's Children's Hospital in Crumlin, Temple Street Children's University Hospital, and the National Children's Hospital, Tallaght. Every year, these three hospitals give care and treatment to thousands of children and young people.

In 2017, the three children's hospitals are taking part in a project called 'Joining the Dots'. This project is by:

- the Children's Hospital Group Board, which is working to develop a new children's hospital in Dublin, and
- the Ombudsman for Children's Office, which works to promote the rights of children and young people.

'Joining the Dots' is an exciting opportunity to hear the views and ideas of children, young people, parents/guardians, and people working in the three hospitals about different issues to do with the delivery of services to children and young people:

- attending Accident and Emergency (A&E),
- using outpatient services
- receiving inpatient care and treatment.

'Joining the Dots' is about hearing and learning from different people's ideas on:

- what is working well for children and young people
- what, if anything, might be working less well
- what changes, if they can be made, could help to make children and young people's experiences of being in hospital better.

By hearing the opinions of children, young people, parents/guardians and people working in the three hospitals, this project will help:

- the three children's hospitals to find out more about what's working well and what changes, if they can be made, could give children and young people a better experience of being in hospital

- the Children's Hospital Group and the three existing children's hospitals to take on board the opinions and ideas of children, young people, parents/guardians and staff working in the three hospitals as they continue to make plans for the new children's hospital.

What does taking part involve?

We would appreciate if you could take part in this project by filling out this questionnaire. The questionnaire will take about 15 minutes to fill out. If you are willing to take part, please talk to the person who gave you the questionnaire if you'd like assistance with:

- filling out the form at the beginning of the questionnaire
- filling out the questionnaire itself.

When you have filled out the questionnaire, please give it to the person who gave you the questionnaire or to a member of staff in this hospital.

If you would like to find out the results of this project, please give your contact details in the box below.

Any questions?

If you have any questions, please ask the person who gave you this questionnaire or a member of staff. If you are unhappy with anything relating to your child's care in this hospital, please talk to a member of staff.

Thank you very much.

Ms Eilish Hardiman, Group CEO &
Dr Niall Muldoon, Ombudsman for Children

Please give your contact details only if you would like this hospital to send you information about the results of the 'Joining the Dots' project:

Name: _____

Address: _____

Email: _____

For Hospital Use Only: This sheet must be torn off and stored separately and securely by the designated member of staff in the hospital before the completed questionnaire is given to the organisation that is inputting and analysing all of the questionnaires completed as part of the Joining the Dots initiative.

The Children's Hospital Group Board and the Ombudsman for Children's Office wish to acknowledge that the development of the questionnaires belonging to 'Joining the Dots' involved adapting the Manual and Tools for the Assessment and Improvement of Children's Rights in Hospital (2012), which were developed by the Task Force on 'Health Promotion for Children and Adolescents in and by Hospitals and Health Services' (International Network of Health Promoting Hospitals and Health Services).

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We are asking everyone taking part in Joining the Dots to fill out this form. This is to help us create an overall picture of who took part in Joining the Dots and to understand which views and ideas relate to which hospital anonymously.

If you have any questions about filling out this form, please talk to the person who gave you this questionnaire. Thank you.

1. Age of child who is receiving treatment in hospital: _____

2. Which hospital is your child in today?

Please tick relevant box for you:

- Our Lady's Children's Hospital Crumlin
- Temple Street Children's University Hospital
- National Children's Hospital, Tallaght

3. Which part of the hospital is your child getting care or treatment in today?

Please tick relevant box for you:

- **A&E** – My child is in Accident and Emergency (A&E).
- **Outpatients** – My child is getting care and treatment as an outpatient.
- **Inpatients** – My child is getting care and treatment as an inpatient.

If your child is an inpatient, please write down the name of the ward your child is in: _____

How to fill out this questionnaire:

For each statement, please put a tick in the box that best represents your opinion.

If you wish to change your response to a particular statement, please cross out the tick you made and then put a tick in the box that represents your new response.

Where a statement is about a particular group of staff in the hospital (e.g. 'doctors'), this group of staff is named in the statement. Where a statement is about staff generally, no particular group of staff is named in the statement.

The term 'child' is used throughout this questionnaire to refer to children and young people under 18 years old who are patients receiving treatment in hospital.

1. Getting Good Quality Care

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
1.1. I feel my child is getting the best care in this hospital.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Always	Most of the time	Sometimes	Never
1.2. I have an input into the planning of my child's care in this hospital.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
1.3. I get useful information in this hospital about looking after my child's health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
1.4. This hospital gives me clear information about my child's rights as a patient here.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Does not apply to me/my child	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
1.5. I am allowed to be with my child while my child is in this hospital.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.6. I am allowed to be with my child in this hospital at night.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.7. I am allowed to be near my child when my child is having things like injections, xrays and blood tests done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.8. I am allowed to stay with my child until my child goes to sleep (is anaesthetised) before his/her operation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.9. This hospital allows my child to keep in contact with me while he/she is here.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	All of the staff	Most of the staff	Some of the staff	None of the staff
1.10. The staff who work in this hospital are friendly to my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
1.11. My child's privacy is respected in all aspects of his/her care and treatment in this hospital.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.12. My child's confidentiality is protected in all aspects of his/her care and treatment in this hospital.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
1.13. This hospital gives me clear information about how I can make a complaint about something in the hospital.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.14. I would feel comfortable making a complaint to this hospital if I was unhappy about something in the hospital.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Only for parents/guardians of children who have been in this hospital before:	Yes	No
1.15. This hospital has asked me before for my opinions about the services and care it provides to my child.	<input type="radio"/>	<input type="radio"/>
1.16. If you said 'Yes' to the previous question: This hospital told me how it used my feedback on the services and care my child got here.	<input type="radio"/>	<input type="radio"/>

If you would like to say more about your response to any of the statements in this part of the questionnaire, please do that here:

2. Being Treated Equally and Fairly

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
2.1. All the staff looking after my child in this hospital treat my child with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.2. All the staff looking after my child in this hospital call my child by his/her name.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Always	Most of the time	Sometimes	Never	I don't know
2.3. My child can be examined by a doctor of the same sex as him/her, if my child or I ask for that.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Always	Most of the time	Sometimes	Never
2.4. My child is given information about his/her health and treatment in private (where other people/patients can't hear or see).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.5. My child has enough privacy when he/she is being examined by medical staff in this hospital (other people/patients can't hear or see).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you would like to say more about your response to any of the statements in this part of the questionnaire, please do that here:

3. Rest, Play, Leisure and Learning

	Does not apply to me/my child	Always	Most of the time	Sometimes	Never
3.1. My child has the opportunity to rest in this hospital when he/she needs to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Does not apply to me/my child	Yes	No
3.2. There is a separate place in this hospital for play and leisure that patients can use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.3. There are things to do in this hospital for patients of my child's age.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.4. If my child needs play, music or art therapy, a therapist works with my child during his/her stay in hospital.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Does not apply to me/my child	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
3.5. My child is able to continue with his/her school work during his/her stay in this hospital.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.6. The hospital supports my child to keep developing and learning during his/her stay here.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you would like to say more about your response to any of the statements in this part of the questionnaire, please do that here:

4. Information and Participation

	Does not apply to me/my child	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
4.1. All the staff who are caring for my child in this hospital introduce themselves to my child by their name.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.2. All the staff who are caring for my child in this hospital tell my child what their job is.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.3. A member of staff in this hospital has explained to my child that he/she has a right to express his/her views and how he/she can be helped to do this.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.4. A member of staff in this hospital has explained to my child that he/she can ask questions about his/her care and treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.5. A member of staff in this hospital has explained to my child that it is alright to tell staff here how he/she is feeling.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.6. A doctor, nurse or therapist has explained to my child clearly why he/she is sick and what treatment he/she might need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.7. If there is something my child needs to talk about, I feel he/she can talk to one of the staff in this hospital about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.8. The staff (doctor, nurse, therapist, social worker) looking after my child in this hospital ask my child what he/she thinks and take his/her opinions into account.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you would like to say more about your response to any of the statements in this part of the questionnaire, please do that here:

5. Safety and Environment

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
5.1. I think the layout, furniture and equipment in this hospital help to make it a physically safe place for children and young people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.2. Only for parents/guardians of children with restricted mobility: My child finds it easy to move around all the areas of this hospital building that he/she needs to be in.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.3. The hospital is clean.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.4. The staff looking after my child always wash/sterilise their hands before and after they examine or treat my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Does not apply to me/my child	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
5.5. My child's food comes at good times for him/her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.6. The food my child gets in this hospital includes healthy options	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.7. If my child doesn't like a particular meal, the hospital offers him/her an alternative meal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you would like to say more about your response to any of the statements in this part of the questionnaire, please do that here:

6. Protection

	Yes	No
6.1. I have seen information (e.g. posters or notices) in this hospital that is about protecting children and young people from harm.	<input type="radio"/>	<input type="radio"/>

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
6.2. I think this hospital would help a child or young person if the child or young person said they were being harmed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you would like to say more about your response to any of the statements in this part of the questionnaire, please do that here:

7. Managing Pain

	Does not apply to me/my child	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
7.1. Staff looking after my child in this hospital ask my child if he/she has pain.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.2. Staff looking after my child in this hospital help my child to tell them about any pain he/she has.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.3. Staff looking after my child in this hospital give my child medicine or treatment for any pain he/she has.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.4. Staff looking after my child in this hospital do other things to help my child feel more comfortable if he/she has pain.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.5. Staff looking after my child in this hospital ask my child if any pain he/she has has gone away or got better.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you would like to say more about your response to any of the statements in this part of the questionnaire, please do that here:

8. Final Comments

8.1. What do you like about this hospital?

8.2. What do you not like about this hospital?

8.3. If you were in charge, what are the main things you would change to make things better for children and young people who are patients in this hospital?

Thank you very much for sharing your views and ideas.

The Children's Hospital Group Board and the Ombudsman for Children's Office wish to acknowledge that the development of the questionnaires belonging to 'Joining the Dots' involved adapting the Manual and Tools for the Assessment and Improvement of Children's Rights in Hospital (2012), which were developed by the Task Force on 'Health Promotion for Children and Adolescents in and by Hospitals and Health Services' (International Network of Health Promoting Hospitals and Health Services).

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