

References

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The Study

This study was conducted by CRFR on commission by South Ayrshire Council and Ayrshire & Arran Health Board.

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Consulting on children's services:

getting the views of children, parents and service providers

Consulting those who use children's services, both parents and children, has become a much more common approach to improving children's services. This research briefing reports on some key findings of a consultation undertaken in the local authority area of South Ayrshire in Scotland, to find out about how to conduct such consultations and which methods to use. The consultation included those who use services, including children and young people and their parents, and staff providing a range of services in health, social work, education and voluntary organisations. The research was commissioned jointly by the local authority and local health board.



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Key Points

- Consultation was defined in three ways as *service provider consultation*, *individual consultation* and *collective consultation*
- Effective consultation strategies with children and families requires drawing on a range of methods and approaches that can be selected as appropriate for the group being consulted
- South Ayrshire already has a good range of methods in place that can be used for varying types of consultation
- Using of multiple methods and accessing users through local contacts are effective means of consulting with disadvantaged and hard-to-reach social groups
- Further consideration needs to be given to how to consult with those who are marginalised and out of contact with services
- Most children preferred group consultations but acknowledged that one-to-one or written consultations should be available in some circumstances
- Some children were concerned about confidentiality and this affected their willingness to take part in consultations
- Parents who had taken part in consultations were unhappy about the lack of feedback about actions resulting from these consultations were unsure that they had resulted in any change
- Key components of a successful consultation are that it should be worthwhile, visible, action-oriented, realistic and fit-for-purpose

Background and aims of the study

The consultation wanted to find out what people thought about services working together with the goal of improving how well children's services worked. Its aims were to:

- Discuss how children's services work together and how this could be improved
- Map how consultations are being carried out and assess these approaches for strengths and weaknesses
- Explore people's experiences of being consulted and how this could be improved in the future

The consultation was in two phases. The 'open consultation' involved as wide a range of people as possible living in the area. The 'targeted consultation' ensured that people who often are missed in consultations were given the chance to have their say, including, for example, people who are homeless or living in a refuge, children in care, travelling people and young and unemployed men. Those who were involved in planning and providing services as well as people using children's services were all encouraged to take part.

Study methods

A wide range of methods was used in this consultation and it was publicised and in a number of ways. This included using email, intranet and internet sites, local key contacts, existing consultation forums, youth and community groups, voluntary organisations, a press briefing, working directly with children and young people in one nursery and ten schools, and holding development days with multi-sector staff. The information gathered through the following methods was both qualitative and quantitative:

- **Survey Questionnaires:** Three different questionnaires which asked both qualitative and quantitative questions were used for children, parents and people providing services. Questionnaires were posted on various intranet and internet websites and given out and returned by local staff and research staff
- **Individual Interviews:** These took place with parents and people providing services and, where appropriate, with children and young people in many different settings
- **Focus Groups and Small Group Discussions:** These were held with parents and people providing services and, where appropriate, with older children and young people in schools, at home and in other settings
- **Activity-Based Groups:** These were used with children and young people, as appropriate, in different settings
- **Participant Observation:** This was used in a nursery school to elicit the views of very young children
- **Provider Development Days:** People providing services were consulted over ten separate days on the priority areas and issues identified by them and included use of large group discussion, focus groups and questionnaires
- **Review of Documents:** Relevant documents were reviewed to support the direct consultation work on both how services can work together better and how to improve consultation

The total number of people taking part in these various groups and interviews are shown in table 1.

Table 1: Participants in Consultation Groups and Interviews

Child	Parent	Provider	TOTAL
221 (plus 30 in nursery observation)	32	Practitioner: 172 Manager: 30	485

The total number of people completing the questionnaires is shown in table 2.

Table 2: Participants Completing Questionnaires

Child	Parent	Provider	TOTAL
48	22	151	221

(Some of those people who took part in group discussions and interviews also completed questionnaires)

Children and young people's interviews and group discussion schedules used icebreakers, followed by a combination of open questions, vignettes, 'traffic light' cards, and writing materials to give messages in their own words (4). This range of techniques was chosen to suit the varied preferences of children and the different types of information required, and to make the sessions interactive and enjoyable.

Whilst this consultation is not an evaluation of the quality of South Ayrshire's children's services or the extent to which integration has been achieved, it has enabled comment to be made regarding progress in this respect and produced some indicators that could fruitfully be used in any future formal evaluation.

Findings

Consultation Approaches

Definitions and Experiences of Consultation

The research team identified three main definitions of consultation used by participants

1) *'service provider consultation'*, consultation with colleagues across different services to improve cross-sector working relationships, identify overall service need and develop children's services that work better together. This way of understanding what consultation means was used only by those providing services.

2) *'individual consultation'* when people are asked about their individual service needs or care plans. Such consultation is formally embedded in childcare systems in which children's and parents' opinions are sought as part of everyday professional practice.

3) *'collective consultation'*, when local people are asked about service needs at a wider population level by collecting views about particular services or specific issues. Both users of services and those providing services talked about consultation in these two last ways.

A wide range of consultation structures and methods were found to be in place and used by the local authority, the health board and the voluntary sector. Specifically with regard to children's services, these included survey questionnaires, youth forums, newspapers, focus groups, one-to-one interviews,

workshops, conferences, childcare systems, internal and independent research, training events and use of email and websites.

Consultation with children and families from groups considered to be hard-to-reach was made possible through contact with key service providers. For example, travelling children and parents were contacted through their site manager, young homeless people who had been supported into independent living were contacted via Throughcare staff and children whose lives had been affected by domestic violence and abuse were contacted through Women's Aid refuge staff. Having a range of methods of consultation also seemed to encourage participation. This proved an effective way of ensuring more vulnerable groups were given the opportunity to express their needs and views. However, this approach does not enable more marginalised groups out of contact with such services to be involved.

Most providers had experience of being consulted and of consulting with service users in all three ways described above. They acknowledged the importance of having a wide range of methods available for use, but felt that 'tick box' approaches were not always appropriate for some children and families as they do not capture the complexity of people's needs and the intensive work done to support them.

Few children and young people taking part in interviews or groups reported having been consulted before, whilst a majority of those completing questionnaires said that they had. Those who had been consulted talked about giving their views on matters personal to them or on wider general issues through, for example, youth and pupils' forum, the Scottish Youth Parliament, schools' councils, youth groups and trusts, at the Space Place, at Scouts and in school, during research, and by email and petition.

Many children and young people felt that it was best to be consulted in small rather than in large groups or by questionnaire. However, it was accepted this might prove difficult for some and the option of a one-to-one discussion or giving views in writing should be offered. Some expressed concern about whether confidentiality would be kept whilst others stated that not all children would feel comfortable being consulted at all. For example, the following children said:

"You can speak more easily in a small group rather than lots of people."

"If you don't want people to know what you've said it's harder in a big group."

"I think that it's only a few people that actually want the hassle to do it [be consulted]."

Reflecting on children's response to the methods used in this consultation, questionnaires had the advantage of providing information that confirmed

other sources of data gathered from individual and small group discussion and activity-based groups. However, only a small proportion of the questionnaires sent out was returned by children and parents. Of those returned many were incomplete, some answers were short on detail whilst others had identical responses suggesting they had been done as a group exercise with children replicating the agreed answers of the group. Individual and pair interviews were found to be more appropriate than group discussions for those with particular problems and who were hard-to-reach as they provided more privacy for discussion of personal issues.

Few parents reported having been consulted. Some had been members of parent groups or other self-help organisations through which occasionally they could submit ideas and suggestions. Others had been active in a voluntary organisation for children with additional and complex needs campaigning for improved services. Parents gave mixed views on the best methods of being consulted. Some preferred public meetings whilst others felt that such a large group would prohibit some people from making a contribution and that questionnaires and feedback in writing would be preferable for them. Parents' main concern was that they had not received feedback from those consultations they had been involved in and were not aware of any change happening as a result.

There was considerable evidence that service providers had a strong commitment to consulting about planning and development across a range of service issues and a wide range of methods in place to achieve this. However, providers, parents and children expressed some concern about the eventual usefulness of consultation and talked about being 'consultation weary'. Some service providers talked of consultation being carried out 'for consultation's sake'. Most felt that, in principle, being consulted was good, but there was a feeling of scepticism amongst some about the outcome of a consultation making any difference to service planning and development. As noted above, several participants commented that they had not received any feedback following consultations and that nothing had changed as a result. Others questioned the purpose of consultation as limited financial resources might prevent change.

"All of us here have probably had the opportunities in different groups to talk about things, but while we feel we've been consulted, never do you see something happen because of consultation." (Parent)

"I filled in questionnaires six months ago and have heard nothing. Nothing is going to change." (Parent)

"I think I like the idea of the people who provide activities for young people to ask, [but] they can't really do much because the council...don't give them very much money anyway." (Child)

Examples of changes made in the area since the consultation are that a Health Commissioner has been appointed to take forward the health agenda for children across sectors and the CHYPS (Children and Young People's Services) website that contains information for providers and users about available resources has been developed.

Conclusion

Implications for Future Consultations

An effective consultation strategy with children and families requires a full range of methods and approaches that can be selected as appropriate from, for example, one-off self-completion questionnaires to more intensive and personal involvement with participants using specifically-tailored methods over a period of time. This area already had a good range of methods in place that can be used for these varying purposes. Specifically, this study suggests that all future consultations should be:

Worthwhile: Result in outcomes being implemented so that consultations are not regarded as tokenistic.

Visible: Produce change within a reasonable timescale that is made visible by always giving formal feedback about outcomes. Such visibility would reduce consultation fatigue and increase a sense that participants' opinions are valued and their participation can make a difference. Effective strategies need to be put in place as part of all consultations to inform participants, as well as the wider public, about these outcomes.

Action-Oriented: Have specified, practical objectives and give sufficient time to enable people to participate fully.

Realistic: Take account of both existing possibilities and constraints, including financial resources and staff time, and not raise people's expectations beyond this.

Fit for Purpose: Use a range of consultation methods to suit different purposes and user preferences. Questionnaires can be useful but are unsuitable for more complex issues.

Even given the above, it should not be assumed that all children want to be consulted. Their involvement may be supported by being given more assurances that their individual opinions will be kept confidential. Further consideration needs to be given to how to consult with those who may wish to but are both marginalised and out of contact with services.