



Creating and improving data sets: the voice of children and families

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North
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Council



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DIONA

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Foreword

We strongly believe that listening and responding to the voices of children and families is key to improving outcomes and delivering high quality services that makes a positive difference. For Local Authorities across the system there is no consistent or comparable means by which the perspectives of children and families are captured, understood and responded to. This has led to local authorities having to develop and commission different and varied ways to work with, and support, children, young people and their families to have a voice.

An increasing number of practice models and approaches focus on identifying, listening to and utilising the voice of children and families. The purpose of this research was not to advocate for any particular model of practice or case management/ software system, but rather to explore collection, response and reporting of children and families' voices through feedback systems and data. This research is important in many aspects, not least because it can begin to frame the way that feedback is gathered from children and their families, but also to the value of regular feedback to the relationship between the practitioner and the child and family. It highlights the need for local authorities to have a consistent approach, that still takes account of their unique set of collection and response methods but demonstrates better accountability.

This research seeks to directly target and close the disconnect between children and parent's feedback. Listening and using the feedback from children and families who are experiencing or have experienced children's services is valuable, and needs to be heard and responded to in order to facilitate positive changes.

We want to acknowledge the contribution of many people in the success of this project. We are very grateful to Professors Eileen Munro, and Andrew Turnell, for advising on, and carrying out the primary research. We are particularly grateful for the valuable contributions from all the practitioners involved in the research from both North Tyneside Council and Northumberland County Council. We would like to acknowledge the work of Coram Voice and the importance of the learning they have shared, the local authorities that participated in the mapping exercise to explore local authorities platforms and the three authorities that agreed to be involved in a further deep dive of research; we know all too well the operational challenges

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that children's services face on a daily basis, and we are very appreciative that authorities saw the value of the research and were able to release staff to be involved. We would also like to thank Diona, for being flexible and responsive in empowering practitioners as we explored new ways of working with children and families. A special acknowledgement to the North Tyneside and Northumberland project team who worked hard at every stage of this project and finally, the children and families who were willing to try out new ways of working with us and taught us so much.

This research aims to help us understand what the voice of children and families can bring to creating and sustaining positive impact in their lives but also in the way we deliver services for them and with them. It looks to make recommendations on how we can be held to account for this critical aspect of our work and how we demonstrate our commitment to it and the difference it has made.

We hope that every authority can identify with the findings and can see opportunities in the recommendations made.



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Executive Summary

Children's Social Care (CSC) works with a range of families to improve the safety and care of children. The relationship between family and practitioner ranges from voluntary to coercive, with the most extreme action being to remove children from their family. This context creates specific complexities for seeking and using feedback from family members. Unlike a customer satisfaction survey where respondents have voice (they can complain loudly and publicly) and exit (they can go elsewhere) the power imbalance between families and CSC can reduce honest feedback for a variety of reasons. A lurking fear of having one's children removed or being denied access to a desired service can silence some. A poorly conducted investigation of suspected abuse is unlikely to get negative feedback from the abusive parent who has escaped detection.

Collecting data is not an end in itself. Before deciding what to collect, there needs to be clarity about its purpose. Data only becomes information when someone looks at it and makes sense of it. Making sense of it requires some understanding of how it was collected, for what purpose, by whom and whether these details provide some confidence in its accuracy. Answers to these questions will also shed light on whether the data can be stripped of its context and transferred as just data without losing accuracy.

This sense-making is particularly challenging in CSC because of the dual nature of its remit: providing welfare support and investigating and responding to the crime of child maltreatment. Adults and children can have reasons to conceal information or lie. Children can fear being taken away if they report the harm they experience; abusers generally want to avoid detection. And some of the problems families are experiencing are very painful and difficult to discuss. It is often only after building a strong relationship with a child that a practitioner may be able to get a deeper understanding of what is good or bad in their lives. Taking such feedback out of context risks attributing false meaning to it. A national measure that cannot differentiate a positive response given by an abusive father relieved to have avoided detection from a positive response from a father deeply grateful for the help he and his family have received is clearly defective.

However, despite the challenges, feedback is essential because ultimately practitioners need to work *with* families to improve the lives of the children. The goal of intervention is to change family behaviour and so the more their motivation to change, the greater the likelihood of success (Caffrey and Browne 2022). The more they agree with the goals, feel listened to and feel their

practitioner is wanting them to succeed, the greater the likelihood of success (Wampold and Imel 2015). Yet a large body of research attests to the fact that families are not well consulted, nor their feedback used. Most recently, this was highlighted in the Independent Review of Children's Social Care (2022). This project - *Creating and improving data sets: the voice of children and families* - has been funded by the Department for Education to explore how to improve the collection and use of feedback.

In relation to seeking and using feedback, we have identified three significantly different levels in the CSC system: the practitioner's family interaction, the local authority's organisational provision of services, and the Department for Education's national level of oversight and guidance of the system. The four studies within the project follow these distinctions.

The first two studies focus on the practitioner - family level.

Study One

Trialled the use of feedback forms at the end of each meeting with a family or individual, to obtain their answers on a five-point scale to four questions which covered dimensions of a good working alliance. The forms formalise what is often done in an informal way at present. However, practitioners' experiences, reported in the study, show that this greater formality can make the request for feedback clearer and more important to family members. Their answers and scores collected in the form are then discussed at the next meeting, seeking to improve their engagement with the work and to having a greater understanding of it.

The impetus for trialling these forms comes from evidence in psychotherapy of their effectiveness in strengthening the relationship and speeding up progress.

Data collection in this study illustrates the importance of knowing the context in which data has been gathered to make sense of it; the numbers alone do not meaningfully measure good or bad practice. First, the feedback is sought at stages through the process of engaging, assessing and working with families and one would expect ratings to vary as this dynamic relationship evolved. Therefore, the point in the relationship when an answer is given is significant.

Secondly, a managerial or national focus solely on collating the numbers on the forms risks undervaluing the second stage of the process - the subsequent discussion of the feedback. Yet, this is a crucial but not easily measured component.

Thirdly, the power imbalance was evident in some responses where the practitioner felt the positive ratings reflected a wish to please, not a true measure of the person's views.

Fourthly, families may also give poor ratings on their practitioner's performance because the practitioner has become concerned that there are indications of maltreatment and asked questions that families find intrusive and/or frightening. Yet following up such concerns is to be encouraged since it plays a crucial part in identifying those children who are suffering or likely to suffer significant harm. Any feedback process that discouraged practitioners from asking questions that are likely to the upset families would be dangerous.

Study Two

Trialling mobile software was closely linked to Study One in that it provided the technical platform for administering the feedback forms as well as other tools. This project showed the huge potential of mobile software in enabling recording to be carried out *with* family members in their home, not remotely when the practitioner is alone in an office. This will encourage families to feel more like partners in the work – working *with* rather than being done *to* – and contribute to achieving the respectful engagement aspired to in the Independent Review of Children's Social Care.

The second major value of mobile software is the time it saves. Much of the recording can be done with the family rather than as a separate exercise but the voice recognition software also saves substantial time by allowing the practitioner to spend a few minutes after leaving a home visit dictating some notes immediately and the transcription being added to the case file.

An additional aspect of this study was to explore the options for integration between the mobile software and the local authority's case management system that holds the core record for the child.

Study Three

Focused on the local organisation's collection and use of feedback. A detailed survey was conducted of 36 local authorities gathering information on what they were currently doing to both collect and use feedback from children and their families. Their responses showed that there were extensive and varied methods for seeking feedback and using it to shape service provision. With so much feedback being currently sought, we concluded that it would be unnecessarily disruptive to ask them to adopt some nationally prescribed set of methods. However, we did consider that it would be helpful, both at local and

national level, if local authorities provided a systematic outline of what information they were collecting, with reflection on how it had been used. It may be that taking an overall look at the feedback methods would identify duplications and lead to some reductions. If anything, the survey responses made us wonder whether children and young people are being surveyed excessively.

It is clear there is a lot of input from children and young people through many different methods including surveys, direct discussions, audits, councils, panels, meetings and a variety of digital tools.

Study Four provided an opportunity to reflect on learning from the Coram Voice Bright Spots Programme, which has a focus on children in the care system, in relation to: (1) *how* local authorities listen and respond to children's voice (the different processes and practices at both the collective and individual level); (2) *what is collected* from children (with an emphasis on focusing on well-being / what children say makes life good, and not just children's views on the services they receive; and (3) showcasing examples of listening and responding to children's voice and the impact that has had in local authorities on local policy and practice.

Recommended dataset

The variety of ways in which information is collected locally, and the diversity of information sought and used, makes it problematic to scale up to a national level. Recognising this starting base, we propose the following data set and collection methodology around the voice of children and young people involved in children's services. The changes this requires in the PN codes are listed in Appendix C.

Data set: 1a. High Level



- The plan/statement, activity generated by this statement and the impact of it can form part of the Ofsted Annual Conversation as well as underpinning other work, staff training, appraisals, case file audits and self-assessment work.

Each local authority, on an annual basis, should publish a plan of how they will listen and respond to the voices of children and young people who are involved with children's services.

This statement should include:

A. how the organisation will monitor that they include the voice of children and young people in the individual work practitioners are doing with them and how they will seek feedback from children and young people about this work

B. the involvement of children and young people in council related activity such as service planning and evaluation and recruitment.

From year two onwards, the plan should also include a statement of what the actions taken in the previous year, what has been learnt and the impact of the actions at an organisational level. A child friendly version should be made available. The plan/statement should be understandable and accessible for all members of the community that the council serves.



Data set: 2a. Child Level

- We want to be confident that the case record evidences that practitioners have actively sought out the experiences, views and wishes of the children and young people they are working with. This could include records of conversations, drawings, worksheets or other direct work activity.
- This should be evidenced throughout the record, but we recommend this is formally measured at two points in the workflow and that the allocated worker's manager has the task of assessing if this has been done.
- Typically this data is captured by the manager directly into the case management system.

Evidence, at the point of Assessment and Case Closure:

- At the point of Assessment and Case Closure, the allocated worker's manager must confirm if there is evidence to show that the child's voice, including their wishes and feelings, has been heard and responded to in the work that has been done. On a family form, this question should be answered for each child.

Possible Answers:

- **Yes**
- **No**
- **Not appropriate** (*any factor which team manager agrees makes it inappropriate to seek feedback*)

Data Return:

Out of the yes/no responses, **return the %** of children where the manager has confirmed there is evidence that the child's voice has been heard and responded to in the work



Data set: 2b. Child Level

- Building on the existing mechanism for measuring the participation of children and young people in Looked After Reviews, we recommend that we formally measure the involvement of children and young people at the points in the workflow that the plan is being reviewed.
- Typically, this data is captured by the meeting chair directly into the case management system.

In every review of the plan (Early Help/Child in Need/Child Protection/Child Looked After/Pathway) there is a list of codes that captures the participation of the child/young person in their review. This must be completed by the person chairing the review. We are recommending that a revised set of PN codes be used including for children/young person who are in care.

Data Return:

Return the % of each PN code for all reviews that have taken place in the reporting year.

Possible answers:

PN1 - Child/young person attends their review and gives their views verbally

PN2 - Child/young person attends their review and gives their views in a non-verbal way

PN3 - Child/young person attends their review and an advocate speaks on their behalf

PN4 - Child/young person does not attend their review but shares their views with an advocate who attends and speaks for them

PN5 - Child/young person does not attend but gives their views in a different way e.g. written format, audio or video recording, use of participation software, a trusted person

PN6 - Child/young person attends their review and does not give their views and does not have an advocate to give their views

PN7 - Child/young person chooses not to participate in their review in any way

PN8 - The chair of the review decides there is valid reason why the child/young person cannot participate in their review



Data set: 2c. Child Level

- The research has told us that organisations want to understand from children and young people what the impact of children's services involvement in their lives is. The use of feedback, directly gained and received by the allocated worker on a regular basis has the potential to improve and develop the working relationship and increase the positive benefits of the work.
- We recommend that each local authority designs how they will obtain this feedback which is best gained via a few questions captured directly by the child/young person.

At intervals of a minimum of 3 calendar months the allocated worker has sought feedback from the child/young person about their experience of the work they are doing together.

This feedback should always be sought, discussed and recorded as part of a conversation between the child/young person and their allocated worker. The recording should include the child/young person's responses and any significant issues.

Data Return:

Out of the yes/no responses, the % of children who have been asked for feedback by their allocated worker.

NB Where a child/young person is being seen at intervals greater than 3 months (for example a child receiving short break care service), the service provider should be asked to gather and provide feedback from the child/young person

Possible answers:

Yes

No

Not Appropriate (any factor which team manager agrees makes it inappropriate to seek feedback)

Chapter One: Introduction

The voices of children and families should play a central role in providing, monitoring and improving services provided for them by Children's Social Care (CSC). Unless they are active participants, efforts to assess and help them will be limited. Ultimately, improving children's safety and well-being includes the need for changes in how family members behave; therefore the greater their agreement with the goals and their motivation to change, the more chance there is of success (Caffrey and Browne, 2022). Yet, poor parental engagement with services is a key practice theme arising from analysis of serious incidents (Child Safeguarding Practice Review Panel, 2022). For children and young people, their right in the 1989 Children Act to be heard in decisions made about them is not sufficiently met. At both local and national level, inadequate feedback from families weakens the organisational system's ability to learn about what is working well and where adaptation is needed.

In view of the importance of feedback from families, therefore, it is surprising to find that their voices are not sufficiently heard and acted upon, as evidenced by numerous studies. Most recently, the Independent Review of Children's Social Care (2022) reviewed this literature and conducted a wide-ranging consultation with families who had experienced a CSC service. This highlighted the extent of the problem and has led to the current project.

The Government's response to the Independent Review of Children's Social Care identified one of the priority areas: 'improve [the] use of technology and data to make better use of evidence and data'. To meet these commitments the Data and Digital Solutions fund (DDSF) was launched. One of these projects is focused on 'Creating or improving specific data sets: the voice of children and families. A consortium of organisations led by North Tyneside is delivering the project.

The research literature was explored not just for evidence of problems but for possible causes or obstacles to collecting, listening and responding to the views of family members. The question of why the voices of children and families are not adequately included has been explored in many studies.

Time seems a significant problem: time to spend with family members and build a relationship in which they feel able to give their views. A review of 12 studies of children's involvement concluded:

Findings suggest that children's contact with their worker was limited or non-existent, which minimised opportunities to express views regarding their situation; child-worker contacts lacked dialogue, information about the process of

intervention and trusting relationships, meaning that without a voice, children were not engaged in making decisions. Although data are limited, they suggest little or no dialogue with children by child protection workers. Furthermore, children voiced their experiences of not being informed of or understanding the process or decisions made about their lives (Toros 2021).

The issues addressed in CSC are all of a personal and sensitive nature which are more easily discussed if one has some trust in the other person. Nor is the family involvement with CSC as voluntary as someone seeking therapy. The power of CSC to apply to a court for your child to be taken away is often in the minds of families caught up in the system. For most their engagement with services is not experienced as fully voluntary. They may need a service or fear that non-co-operation will tell against them.

Even when an organisation intends to prioritise seeing children, it can be implemented in a dysfunctional way by seeking an easily measurable detail of the task. For example, a care-experienced young person observed, *"Relationships aren't measured, they are only seen as "are you seeing them or not" and who you are seeing, but not measured how [the relationship] is going."* (2022, p.206).

Organisational priorities can also limit the seeking of feedback from children. A recent study of 110 practitioners in family support children's services found that the parental focus of the service, coupled with perceptions of parent's needs and gatekeeping behaviours, plus service pressures, all reduced time and attention on listening to children (Harkin, Stafford et al. 2020 p. 955).

Messages about priorities highlight some tasks, and can unintentionally downgrade the importance of other tasks. This seems to have happened in relation to seeking feedback. But the right organisational priorities and messages can also increase the seeking of feedback. In the English Innovations Project implementing Signs of Safety in ten local authorities, seeking feedback from children was expressly encouraged by senior managers and the My Three Houses tool provided to help them. Social workers were quick to start using this tool and gain the views of children and young people (Munro, Turnell et al. 2020)

This project aims to explore the collection, use and reporting of children and families' voice; feedback systems and data and scope options for improving this data and its use. The simplicity of the title - *Creating and improving datasets: the voice of children and families* - is deceptive in that addressing the issue raises a list of questions including: what is collected; from whom is it collected, who collects it, how is it collected, who uses it and how is it used? These questions highlight the number and variety of uses of feedback from family members. Reflecting these diverse questions, in this discovery phase of research, we have

organised work around three levels: the individual practitioner who is seeking to understand and help children, the local authority who provides the service, and the national level which deals with funding, legislation, regulations and monitoring requirements. There are four research studies within this project addressing the different levels to explore mapping of the children and families voice landscape.

Analysis of our findings in each of these four studies, contributed to a final proposal of data that can be usefully collected, and how it can be used at family, local and national levels, concluding with a proposed set of data to be collected nationally.

The studies focus on the following:

- Study one; collecting and using feedback from family members
- Study two; experience of engagement and improving case management software
- Study three; mapping of the avenues and platforms used by Local Authorities
- Study four; learning from Coram Voice's Bright Spots Programme, developed for use with care-experienced children and young people, and from their deep dive of mapping work with local authorities.

Study One

The first study addresses the problem of children's and families' views being inadequately sought and used in the on-going practice relationship. This project involved collecting and using feedback from children, young people and family members at the end of each meeting or visit to be discussed next time and so improve the service provided to that specific child or family. This draws on evidence from psychotherapy of improving the effectiveness of the help provided by seeking feedback at the end of a session to form the basis of a conversation in the next meeting. By strengthening the working alliance in this way, progress tends to be faster. It also addresses the issue of giving family members a stronger voice in the service they receive since at present so many report feeling 'done to' rather than 'doing with'.

Study Two

The second study addresses both the problem of improving engagement, and of improving the case management software so that workers have more time to spend with families. This was done by trialling the use of Diona software, loaded on tablets, that practitioners can use during family meetings. The software includes tools for seeking feedback, for conducting the practice session and for case recording. This not only aims to strengthen the voices of family members in recording, but also to be time efficient allowing workers to have more time to build relationships with service users because they need to spend less time at the office in-putting data.

Study Three

The third study explored what data local authorities are currently collecting and how they are using them. This involved a survey of thirty-six local authorities to collect information about what information they are currently gathering, from whom, by what methods, and what they do with this.

Study Four

The fourth study was conducted by Coram Voice who have considerable experience in collecting and using feedback from children while in the care system. Coram Voice drew on learning from the Bright Spots Programme and took a deeper dive of mapping work with local authorities, exploring in more detail what local authorities are currently collecting and how they are using the experience and perspective of children and young people about the services they receive, in order to inform a set of recommendations.

Chapter Two: Trialling feedback forms in direct work

Children's Social Care (CSC) involves helping the family change behaviour in order to provide safer and more nurturing care to the children. Many families complain of the relationship they have with their worker (MacAlister 2022). Among the many complaints are the experience of feeling disempowered, disrespected and unclear about what the worker wants from them. There are moral objections to treating people in this way but there are also strong empirical reasons for concluding that it is a dysfunctional way to try and improve the safety and well-being of children and young people. As the body of evidence on self-determination theory shows, changing family behaviour is best achieved through working with family members, gaining their co-operation and strengthening their motivation and confidence to change (Caffrey and Browne 2022).

There are many rival approaches to helping people solve psychological and social problems, from psycho-analytic therapies to a range of psychotherapies and cognitive behavioural therapies. In more recent years, however, researchers have addressed the question of whether there are common factors in all therapies and helping relationships that consistently predict improved outcomes. A body of research on effective helping relationships has found a core group of general therapeutic factors that contribute to improvement whatever the theoretical approach taken (Frank and Frank 1993, Wampold and Imel 2003, Laska, Gurman et al. 2014).

The three most important variables are:

- **Therapist/Practitioner Effects:** The person who provides the help or therapy makes a difference to outcome. Numerous studies demonstrate that some therapists are more effective than others (Luborsky, Crits-Christoph et al. 1986, Brown, Lambert et al. 2005, Wampold and Brown 2005). "Better" therapists, it turns out, form better therapeutic relationships with a broader range of clients. In fact, 97% of the difference in outcome between therapists is accounted for by differences in forming therapeutic relationships (Wampold and Imel 2015). Interestingly, de Boer and Coady (2003) found an equivalent result looking at the work of children's services practitioners, some of whom they described as able to build exemplary worker-client relationships even in the hardest of cases.
- **Expectancy and Hope:** These factors relate to the expectations of both the client and therapist/practitioner about the helping process and its potential to have a positive effect for the client and their family. For the client, these effects relate to their belief and confidence that the service will

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help them, and their belief in the particular professional. For the professional, these factors include hope and positive expectations for the client and belief in the approach and methods they and their agency use.

- **Model/Technique Effects:** All therapies and helping approaches involve particular methods – the effect of which depends on the degree to which these methods fit with clients’ preferences and expectations and activate hope to foster improvement. Models and techniques work best when they engage and inspire participants, when they are fit for purpose, and can provide structure. Studies have indicated that a lack of structure and focus in service delivery are good predictors of a negative outcome (Sachs 1983, Lambert 1994, Mohr 1995).

Service Recipient Research in Children’s Services

The common factors research is complimented by a large body of children’s service/child protection service recipient research. Consistently, this has found that the following are key factors for parents and children and extended family, in increasing the likelihood that children’s services will be beneficial (Finan, Salveron et al. 2016, Lundahl, McDonald et al. 2020).

The practitioner(s):

- explain clearly the children’s services’ worries to service recipients;
- use their authority skilfully;
- listen, understand and show respect for the perspective of the children, parents and others that are involved. The practitioner does not treat the family as a ‘job lot’ or a particular type of case, or write them off as dysfunctional;
- are honest and upfront and do what they say they’ll do;
- give the family input and choices;
- tell the family what children’s services want them to do, so they can get on with their lives.

Toward Feedback–Informed Practice

The common factors research has led to the creation of real time and periodic feedback methods that helping professionals can use with their clients at the end of each meeting, so that the helper/therapist knows how the client is experiencing

their service continually throughout their work together, and can respond to the feedback at the next session.

Miller and Shukhard (2011), summarized the impact for therapy by routinely monitoring and using outcome and alliance data from 13 Randomised Controlled Trials (RCTs) involving 12,374 clinically, culturally, and economically diverse consumers and found:

- Routine outcome monitoring and feedback as much as doubles the 'effect size' (reliable and clinically significant change);
- Decreases dropout rates by as much as half;
- Decreases deterioration by 33%;
- Reduces hospitalizations and shortens length of stay by 66%;
- Significantly reduces cost of care, compared to non-feedback groups (which increased in cost).

Various forms of real time session by session feedback processes have been established, of which probably the most well-known is Feedback-Informed Therapy or FIT for short, (Bertolino, Bargmann et al. 2012, Miller, Bargmann et al. 2016). A range of other feedback and outcome-informed surveys designed for continuous use have been created, many of which are described in Hubble, Duncan and Miller (1999) and Norcross (2011).

Perhaps most interestingly in a UK context, CAMHS, through the leadership of Miranda Wolpert and Duncan Law from University College London, have created and iteratively refined through continuous practice and research, a large body of publications on the Continuous Feedback and Outcome-Informed process specifically for children and young people who receive treatment from CAMHS across England. The improvements in services and outcomes are described in numerous publications e.g. (Moran, Kelesidi et al. 2012, Law 2013 e.g., Wolpert 2013).

A handbook for the use of Feedback and Outcome-Informed practice in CAMHS with children and young people was prepared by Law and Wolpert (2014). This handbook commences with the following table of do's and don'ts which are relevant in CSC.

SOME DOS AND DON'TS OF USING CLINICAL OUTCOME TOOLS	
Do	Make sure you have the forms you need ready before the session.
Do	Always explain why you are asking anyone to fill out a form.
Do	Look at the answers.
Do	Discuss the answers with service users.
Do	Share the information in supervision.
Do	Always use information from the forms in conjunction with other clinical information.
Don't	Give out a questionnaire if you think the person doesn't understand why they are being asked to complete it.
Don't	Use any form if you don't understand why you are using it.
Don't	Insist on someone filling out forms if they are too distressed.
Don't	See the numbers generated from outcome tools as an absolute fact.
Don't	See your clinical judgement as an absolute fact.

We are also aware of one child protection service in Denmark utilising FIT but to date no outcome data have been published.

Designing a Feedback-informed process with practitioners for children's services

In this project, we co-designed a feedback process with practitioners resulting in a four-question survey for them to use with children, young people, parents, and naturally connected adults involved with the family. The questions are informed by the research on factors that strengthen the working alliance. The questions are worded slightly differently for child protection and lower levels of service involvement. In child protection work, they are:

- how well do you feel that you understand why I am worried about you and your family?
- How well do you feel like I listened to you and understand what you want to happen?
- How much do you agree the plans we've talked about will help make sure you/the children are safe and get looked after well?
- How much do you feel I am wanting and helping make things better for you and your family?

The two near-identical forms for adults and children, and the explanation and guidance document provided to the 50 North Tyneside and Northumberland managers and practitioners are attached in Appendix A.

Improving one's performance at any activity benefits from feedback about how well you are doing, whether the activity is as straightforward as learning to cook or a more complex activity such as helping families. For CSCs, a case-specific real-time feedback process is new and different. It can potentially feel vulnerable for practitioners. However, being receptive to the client's immediate feedback can help the practitioner create a better connection with children, parents and network members and increase their involvement and thereby improve outcomes specific to the family.

The study

A small-scale qualitative study was conducted in two English local authorities to check out the feasibility of using this feedback method in CSC and to gather initial evidence on what benefits, if any, it was appearing to bring.

Methods

This is an exploratory study to test whether and how feedback forms can be adapted to use in CSC and what adaptations need to be made in the questions and the process of using the forms to develop useful conversations with the family members. A qualitative approach was therefore taken, using a mix of group learning sessions and individual interviews to get feedback from those using the forms. The study was conducted in two CSC Departments: North Tyneside and Northumberland.

Drawing on the literature review, the study had four research questions.

- 1) Can feedback-informed practice be implemented in the continuum of services for children and families?
- 2) How do workers use them?
- 3) What helps or hinders their usage?
- 4) Does the use of the forms lead to constructive discussions and change the practitioner's behaviour?

The relatively small scale and brevity of the study means that findings can only be indicative but can be sufficiently informative to show whether further work is merited to establish and evaluate the practice more rigorously. A fifth important

question that this study cannot answer is about the overall impact of using the feedback forms: does it lead to quicker and/or improved outcomes for children? Evidence from psychotherapy suggests that it will do so but the question needs a more rigorous and longer-term study to test whether it does so in CSC.

Study sample

A key factor in CSC is that professional involvement can range from voluntary (as in Early Help) to more coercive involvement – or at least experienced as coercive by the family – at Child in Need (Section 17) and Child in Need of Protection (Section 47) levels. The nature of the worker/family relationship may be significant in using the feedback forms, therefore workers across the range of involvement were involved. The sampling frame was limited to those 50 staff who had the tablet to use in meetings with family members, and the sample was created from those who volunteered to participate. This produced a sample representing the range of levels of service involvement.

Users' supervisors were then also invited to the group sessions since they play a key role in helping the worker think through how to respond to the feedback. Their involvement also adds to the general learning in the team and area about how these feedback forms can improve the working relationship.

A separate set of practice sessions were run, about using the mobile software and discussions there often produced material of relevance to the use of the feedback forms, so this material is used in this section of the project report.

Interviews and group meetings were recorded and transcribed. They were subsequently analysed using NVivo qualitative software to draw out the themes of relevance to the research questions.

Ethics approval was obtained from the London School of Economics. The main ethical issue was the elimination of any data that might identify a child or family and this was achieved by deleting any identifying features that appeared in the transcripts of groups and interviews. Staff names were also eliminated.

Findings

1. Range of users

The set of users of the feedback forms came from a spectrum of service provision: MASH team, Early Help, Section 17 and 47, IROs, Pre-Birth team and Disabilities team. This provided a wide range of issues and revealed some significant differences in their use.

Those working in early help services showed that they were very aware that families worked with them on a voluntary basis and sought to make it clear to families that the worker was there to help them achieve their goals for improving the care of the child. The forms therefore fitted in smoothly to this approach, offering a regular opportunity for all to check if matters were moving in the right direction. The forms also fitted readily into practice for those working in disability teams where the goal was to support parents cope with the additional challenges posed by the disability.

Social workers in child in need and child protection teams showed a slightly different aim. They too sought to engage and work with the family, but their statutory role meant that there was reduced autonomy for family decision-making.

2. Compatibility with values and current practice methods

All participants found the concept of feedback forms consistent with their values and their practice framework and so were positive about trialling them. The questions in the forms had been circulated for comment beforehand and some adjustments made to wording and the final set of questions were considered to capture important dimensions of their efforts to form constructive working relationships with families.

Both local authorities were using the Signs of Safety framework, and this places great emphasis on the importance of being clear with families why a professional is working with them and of listening to, and responding to, their views throughout contact. The forms were seen as readily fitting into this framework and added another useful mechanism for improving the working relationship.

3. Adapting to the context and abilities of the respondent

Usually in research studies involving the administration of forms, it is important for them to be used in a consistent way to enable general lessons to be learned. However, service users in CSC are so varied in age, capacity, and preferences that workers quickly realised they had to adapt to suit such variety. Discussions in the sessions showed how this could be done without losing the key purposes.

Mental and physical abilities could make standard use of the forms impossible. This did not diminish the interest of those working in disabilities teams from using them, but they were creative in finding ways to do so, adapting language or just talking through the questions.

Even without any learning difficulty, family members could be puzzled by the questions, for example the question about the 'plan' could be unclear since they might have heard of a number of different plans.

Service user preferences also led to variations in usage. Some preferred to talk immediately about their answers rather than tick the forms for later discussion and practitioners accepted this. This may be because work in CSCs can vary radically from the regular set of appointments typical in therapeutic services. If the next meeting is not fixed, then it can be sensible to give the feedback immediately. In some cases, it seemed that emotions were high and the family member wanted to express them immediately.

There were also examples of people leaving a paper version with the family rather than asking them to complete it while they were there. One reason given for this was that the family may be in a rush to leave. Another time, the father was so angry it did not seem likely to be helpful to ask him to complete a form at that point.

The feedback from staff showed that the variety of contexts and people with whom the forms are used requires a flexible approach to administering them. The examples given showed that this could be done without deviating from their purpose in showing the practitioner's concern to know how the family was experiencing the contact and willingness to hear and respond to their feedback.

In the two participant local authorities there is a low level of ethnic diversity and issues of adapting to language or culture did not arise in the sample.

4. Does use of the forms lead to useful discussions?

Having a discussion about the answers provided is the essential second step in using the forms. These discussions were found to be useful:

"it's going very well, with parents we have different conversations from before. they speak up more".

"The feedback forms are really helpful, they have generated good conversations about how to improve practice and understand what a parent wants. Although we do not always agree it is really good for parents to be able to provide their honest feedback and something I hope to be able to continue in practice."

A common finding was that family members were not really clear about what the practitioner concerns were or what the plans were.

“Getting into the habit of using the forms opens up the conversation. We think they know why we’re worried but it gets clearer in the conversations on the forms.”

One worker was surprised when the parent said “you’ve never asked me that before” and this led to a discussion whether the way they have asked for feedback before somehow inhibited any negative responses. It raised questions about how well practitioners express themselves, how much anxiety or other strong emotions could affect family members’ ability to listen, and how the power imbalance could make family members reluctant to ask for clarification or express disagreement. The directness and simplicity of the feedback questions make it clearer that you are wanting to hear from them.

The following example shows the value of constant feedback, not necessarily just about the big things (in this case the permanency plans) but also in understanding how the family members are experiencing the interactional dynamics and the nuanced relational factors that can so affect the relationships.

In this example the forms were completed by a maternal aunt who was the carer of her 8-year-old niece.

The aunt rated question 3 (‘how much do you agree with the plans?’) at a 3 and it took a while but the worker realised that this feedback was not about the aunt questioning the permanency planning for girl to be with the aunt. Rather the aunt told her she was very upset by the recent review (with Aunt and Mum present) where the worker was talking about mum having weekly unsupervised access and the IRO jumped in asking ‘has a safety assessment been done?’ on this. This hadn’t been done and then IRO got very animated that this must happen and talked about ‘danger’. The aunt said this made the mother (her sister) shut down and she was very distressed and also the mum didn’t understand the language and that made her more anxious. This led the aunt to go on to say: ‘you have provided us with the permanency plan in writing – my sister doesn’t understand any of it and doesn’t want to try and read it again’. The worker said this made him realise how much we talk in code that families do not understand.

The forms were also found to be useful when there was a fixed pattern of meetings and using the forms each time provided a review of how it was going and improved clarity on what they were aiming to achieve and how.

“I’m doing weekly visits with a clear plan so getting feedback each time helps drill down to what is going well or not.”

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A worker in a MASH team reported that they were using them in most sessions:

“Even when families aren’t keen, it’s good at getting their grievances out.”

Using the forms with a child led one worker to realise that his worries about his home life were completely different from hers.

The value of the feedback forms in picking up poor communication was a major factor in practitioners’ wanting to continue using them.

Organisational factors

The two main organisational factors that became apparent are time and managerial support. The two are interconnected since practitioners with heavy workloads tend to prioritise the work that is prioritised by their managers. These findings were also reported by Baginsky (2023) reporting on negative findings in her study on communication between families and worker.

“Many of the negative experiences that were reported reflected the pressures on CSC and the absence of an infrastructure of support around”

Time was mentioned several times by practitioners – workloads lead to them keeping meetings shorter than they would like so it is problematic to fit in the additional task of using the forms. It was happening while they were in this study because of the priority being given to it but, without continuing managerial support, it may be hard to continue to give it this priority.

The possibility that using the forms will lead to quicker progress as it has done in psychotherapy indicates that conducting a rigorous longer-term study to measure this would be invaluable in showing whether or not the additional time is well used.

Creating a culture that gives priority to using the feedback forms takes time and, in the study local authorities, were helped by clear support from the Directors in their words and in their actions of continuing to show interest in the progress of the study.

It would be difficult to create a performance measure that captures the task. A simple measure of whether the forms were used covers only half the task. This alone is ineffective in achieving improved outcomes since it is the ensuing conversation between practitioner and family member that is a crucial part of the change process. Indeed, a measure solely of form filling could be actively counterproductive if it led to practice that saw this as the task and thereby raised

families' hopes of being listened to but then dashed them. The critical factor in evaluating the value and impact of the continuous feedback process requires triangulation of the feedback data with outcomes as has occurred in the psychotherapy studies and the work within CAMHS (Wolpert 2013, Law and Wolpert 2014).

Supervisory support at the practitioner level is also important as was shown in the discussions during learning sessions in this research which were attended by both. The supervisor was important in helping practitioners reflect on the answers from family members and in providing emotional support as they reviewed their own practice and considered how to improve and obtain better scores in the future. It is uncomfortable to find that you have been mistaken in thinking, for example, that you are communicating well but finding ways to engage the family better can compensate for this.

Interpreting the numbers

The desirable answer is the honest one, whether it is high or low. Usually, when a feedback form rates someone's experience from 1 to 5, the 5 is rated as the best outcome and lower numbers indicate some degree of problem. However, the feedback forms used in working in CSC are not a simple customer satisfaction survey and the numbers cannot be stripped of their context and simply interpreted. The feedback needs to be interpreted within the process in the specific relationships where the action is happening.

In CSC, the power imbalance experienced by family members can make them wary about saying anything negative. Indeed, practitioners in this study reported times when the child or adult gave 5s to every question, and that seemed inaccurate to the practitioners. For example, a child quickly ticked 5 to each question without stopping to think and the practitioner found the scores implausible and worried that he was anxious to seem compliant.

The services deal with both welfare needs and maltreatment. Wherever they work in the spectrum of services, all workers have responsibility for noticing and acting upon signs of abuse and neglect. They need to ask questions or make referrals that may upset families and this may lead to families giving lower ratings in the feedback forms. Any organisational message that one should aim at receiving 5s could act as a deterrent to acting upon suspicions of maltreatment.

Moreover, the combination of welfare needs and maltreatment makes positive feedback ambiguous. Poor practice in which signs of maltreatment are overlooked may well please the abuser who will readily give high scores in feedback. Negative feedback is also ambiguous. Abusers who are protesting

their innocence may be critical of being suspected and non-abusive parents may be very upset at being questioned and investigated even when no further action is then taken.

Poor scores may also arise from family dissatisfaction less with the practitioner but with the wider provision - with the quality or quantity of help they are receiving. These are problems that are beyond an individual practitioner's ability to resolve. For instance, a child who needs mental health treatment may have to join a long waiting list and their parents are understandably anxious and upset by this. Current funding problems exacerbate this.

In sum, the numbers need to be interpreted and used within the helping relationship and do not readily transfer to the outside world when stripped of this context. Therefore, we do not advocate that feedback scores become part of a national data dashboard.

Conclusion

There was considerable enthusiasm among practitioners and managers about taking part in this study. The process of seeking and using feedback in the developing relationship with families fitted readily with professional values and with the Signs of Safety practice framework that was used in both local authorities. The experience was reported to be positive with many expressing an intention to continue to use the feedback forms in paper versions once the study ended and they no longer had the tablets containing the software.

This pilot combined with the body of evidence from psychotherapy provides good grounds for doing further, longer term work to inform the detailed adaptation from psychotherapy to CSC and to study the longer-term impact with a particular focus on whether it copies psychotherapy in leading to faster improvement and resolution of problems.

Chapter Three: The trial of the mobile software

The second strand of research in this project asks the question:

'Is mobile software useful in assisting practitioners to listen to and respond well to children, young people, their parents and adults naturally connected to them?'

It explores whether mobile software designed to be used directly in the practice encounter can improve practitioners' ability to listen to service recipients and involve them directly in thinking through how best to help them. This section also addresses some of the criticisms in the Independent Review of Children's Social Care (MacAlister 2022) levelled at current Case Management Systems (CMS) in relation to being time consuming and creating 'bureaucratic burdens which take social workers away from direct practice and analysts away from research'.

The current project builds on the work of previous projects undertaken in North Tyneside with managers and practitioners to examine the utility and application of software to guide practice and build engagement between practitioners and family members.

In the first project, we used a Learning Lab process to focus on improving the Case Management System (CMS) in Children's Social Care. The benefits of this work – and North Tyneside's broader commitment to, and focus on, user experience driving CMS improvements – have been significant. For example, the time and motion study saw an 80+% reduction in practitioner recording time for the section 47 enquiry process. More importantly, staff satisfaction with the solution dramatically improved – feedback from staff included:

"Our work feels so much more focused, purposeful and meaningful".

"We have the tools to do our jobs purposefully".

"We are improving practice and doing things differently".

The Independent Review of Children's Social Care (2022) quoted some of our findings, stating:

The potential benefits of improving CMS is substantial. Better CMS has been shown to make a significant difference to time in practice. In North Tyneside, work to improve IT systems led to 48% time savings on child and family assessments (Flavell et al., 2020).

North Tyneside has also received significant praise from Ofsted during its ILACS Short Inspection where the work to improve digital capacity was noted as “*particularly impressive*”, and accompanying commentary stated that the implementation of the practice model had been “*transformational*”.

The second project involving North Tyneside, which was funded by the Department for Education as part of the Recovery and Building Back Better Fund, involved work focused not on the CMS but rather on family engagement software deployed on mobile devices such as tablets, and provided by Diona, a mobile software specialist based in Dublin. The software being trialed incorporated a range of Signs of Safety tools, and some other practice tools such as a genogram and storyboarding to be used directly with children/young people, family members, and their support and safety network.

The third project focused on how a somewhat expanded set of mobile Diona software can be of benefit for the practitioner in streamlining their work, and whether it improves engagement with children, young people, parents and naturally connected support people, and provides them with direct benefits. The project comprised a practice-focused exploration of the application of tablet-based mobile software designed to guide and focus the practice encounter between practitioners and service recipients.

The project also sought to identify how the Diona software might be integrated into the case management system, although integration itself was not included in the project.

Action Research Methodology

The common theme across all three projects is that they utilise an action learning methodology to examine the usefulness of software and how it is configured. These projects follow the logic and guidance articulated by Professor Harold Thimbleby (2021). He critiques the widespread naiveté and tendency to be over-optimistic about what software can achieve. The antidote to this is enacted in organisations that understand that, for technology to be effective, a process of continual iterative, design, and refinement must be sustained not just in the initial design period but for the life of the software. The experience and feedback from practitioners and families on its effectiveness and value for them provide the key learning.

The mobile software project involved 50 practitioners across North Tyneside and Northumberland County Council field-trialing the mobile software.

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Almost all participating practitioners, most of their managers and the Directors of Children's Services (DCS), and Assistant Directors from both North Tyneside and Northumberland attended the launch event held on May 4, 2023 which involved:

- Introductions and project overview led by Julie Firth, DCS North Tyneside;
- A presentation from Professor Andrew Turnell, describing use of the mobile software including showing video recording of Canadian practitioners describing their experience of using the mobile software, and fielding questions about the use of the tools through mobile software;
- A presentation by Professor Eileen Munro explaining the structure and significance of the project;
- A presentation by Giles Murnin, development manager from Diona, demonstrating the functionality of the software, how to use the software, and fielding questions about its use;
- Reflections and Close.

All practitioners involved in the project were:

- Already trained in the use of the practice tools that were configured in the mobile software;
- Provided with training internally in the use of both the hardware and the software.

All practitioners participating had the opportunity to be involved in action learning focus groups. Practitioners attended from both authorities and the sessions were led by Professor Andrew Turnell. Professor Eileen Munro participated in some of these sessions. The three weekly action learning sessions were attended by practitioners as well as others including the project manager, Team Managers, Principal Social Workers, QA Managers and Assistant Directors from both authorities.

The action learning sessions involved:

- A review of the usage data for the previous three weeks across all teams;
- In-depth exploration and inquiry led by Professor Turnell looking at specific examples where practitioners were experiencing success in using the mobile software (see section x containing vignettes of some of the practice examples);

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- Participants reflecting on their learning and listening to their colleagues' examples of using the software;
- In-depth exploration of barriers and challenges experienced by practitioners in both the functionality of the software and its use in practice;
- Discussion of how managers and leaders could best assist the project and the practitioners;
- Fielding and addressing practitioners' and managers' questions.

Between 10 and 25 practitioners participated in each session and said they found considerable benefit in learning from each other, including hearing and learning from colleagues in a neighbouring authority. These sessions also helped the managers understand how the project was progressing and how best to support their field staff.

In one session, a video was shown reporting on the use of the software in First Nations agencies in a trial in British Columbia, Canada. Practitioners in Ktunaxa Kinbasket Child and Family services, a delegated aboriginal agency in the East Kootenay mountains, reported their experience in using the software. Drawing on their feedback, they offered guidance on how to introduce the software and use it within the practice encounter.

Feedback from learning sessions was also used to adjust the configuration of the software, to adjust settings in the operating system, and to adjust the configuration of the practice tools. The change control process was managed by the project delivery group consisting of the project manager, project support staff, practice leads from both authorities, IT staff from both authorities, and Diona. The delivery group met fortnightly throughout the project to monitor progress and discuss and overcome challenges as they arose.

The sessions were recorded and transcribed before analysis. All identifying details were removed or changed to avoid anyone being identifiable.

Mobile software like that provided by Diona can be configured to utilise most practice methods and tools. The tools used within the software in this project were drawn from the Signs of Safety suite of practice tools, and several other key practice tools used by both authorities, like genograms and ecomaps. The four Feedback Informed Practice (FIP) survey forms (discussed in the previous section of this report and used to continually elicit and triangulate feedback from children and parents as the direct work unfolds) were also installed in the Diona software. Practitioners also had paper versions to use when appropriate.

The specific practice methods and feedback forms configured within the Diona software are detailed in the forms and story board columns of the following table:

Forms	Storyboards	Other elements
My 3 Houses Tool	Words and Pictures	Case Notes
Safety House Tool	Child's Safety Plan	Support and Safety Network members
Wizard and Fairy Tool	Social Story	Voice to text recording
Child Feedback		Photographs
Young Person Feedback		Reminders
Parent/Network Feedback		
Worker feedback		
Genogram		
Ecomap		
All About Me		

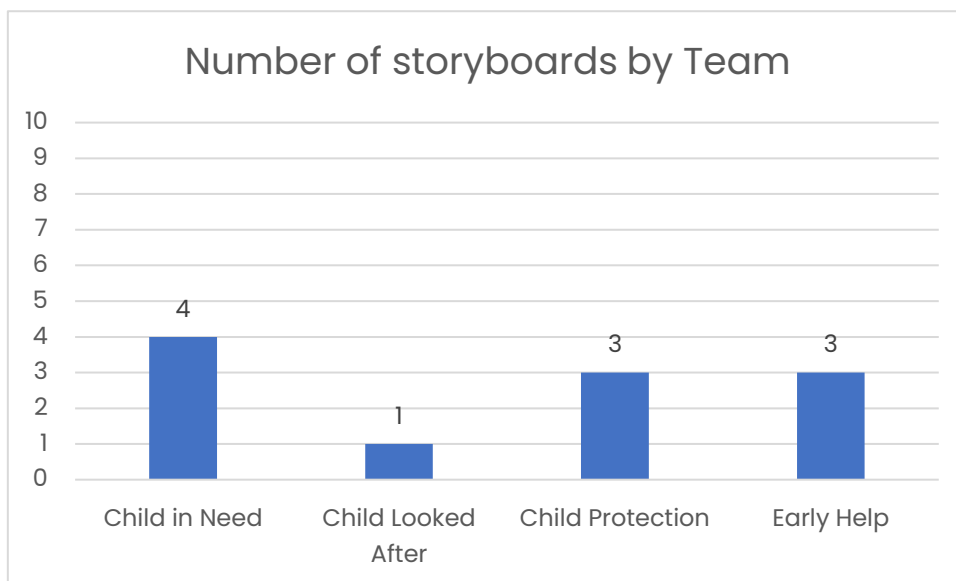
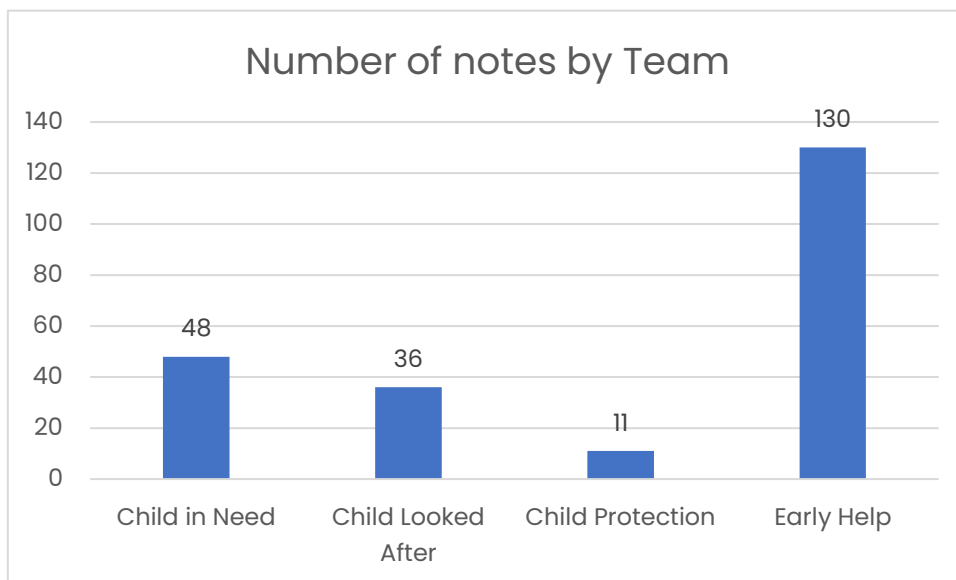
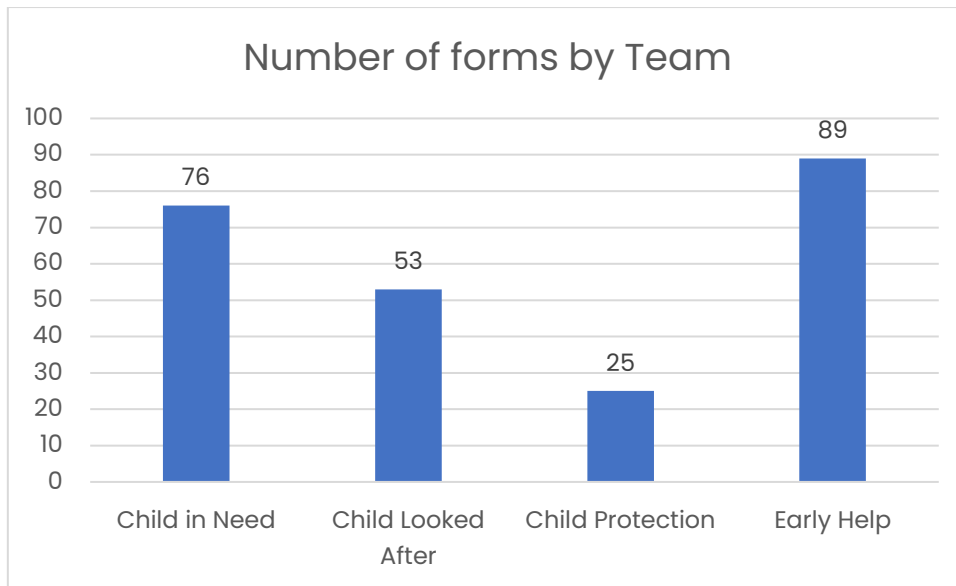
The Diona software also has a record and transcribe function to take verbatim notes of the work with service recipients, which can then be provided as a record of the work to the family. The voice recognition function was found to be very helpful for practitioners: they could create their notes immediately after a visit or meeting by speaking into their tablet device whilst sitting in their car. They did not have to wait until they returned to the office, by which time their recall could be clouded by intervening meetings and interviews.

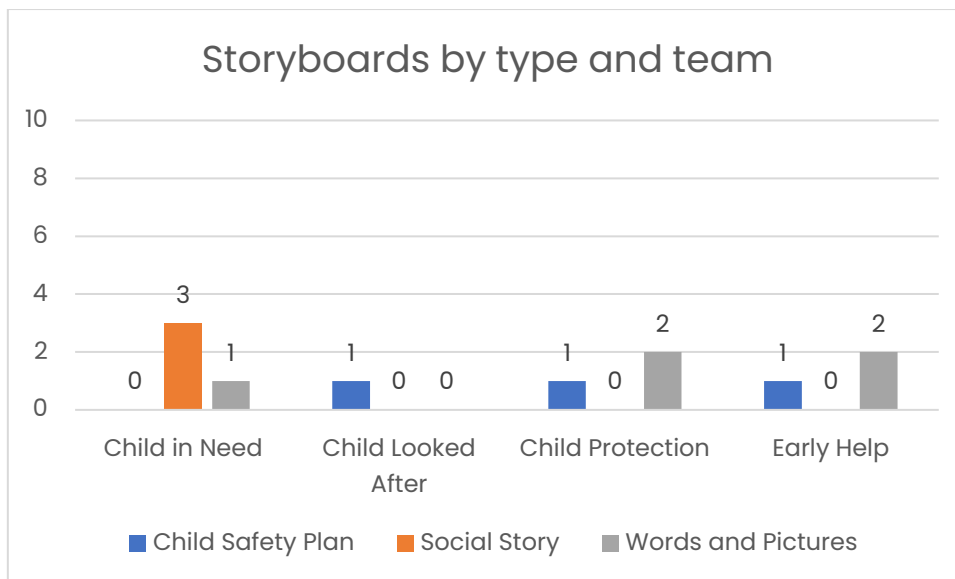
Findings

1. Usage

There was enthusiasm among the staff who had volunteered to trial the software and this enthusiasm was maintained despite some technical glitches.

The following tables describe the extent to which the software has been used during the period of the project, and in which service they were used.





Each tool within the software was trialled and its usefulness or problems discussed in the practice sessions. Examples are given below.

2. Voice recognition software

The ability to record notes and obtain a transcription for case records was very highly valued despite the software's difficulty in transcribing the local accents. This allowed recording to be done within or soon after a family meeting when memories were still fresh. It also allowed practitioners to record a meeting before moving on to see another family, a process they found very useful in helping them shift their focus from one family to the next.

I think the fact that after a visit you can move away from the family home and you can find somewhere private to park and you can actually voice record the session even if you only do it in kind of note form is very valuable. It allows you to get the important information straight onto a recording while it's still fresh in your mind. I think very often we rush from visit to visit to visit so this is a massive advantage and also it's a massive timesaver [practitioner].

When asked 'What difference does it make to the next visit when you know you have the notes of the last done?' another practitioner who had also used the voice recognition system on the software jumped in and said:

What a difference it makes in your next visit – you can concentrate because you have parked your thoughts on the first session and bring a clear mind to the second young person – and be less stressed.

3. Genogram¹

The online genogram was used by several practitioners and reported as very useful in eliciting and recording information from families. This is in direct contrast to most practitioners' experience of the genogram feature built into their case management system, which is seen as inaccurate and unwieldy. The genogram in Diona is free text and allows the practitioner and/or a family member to free draw the key people in the family.

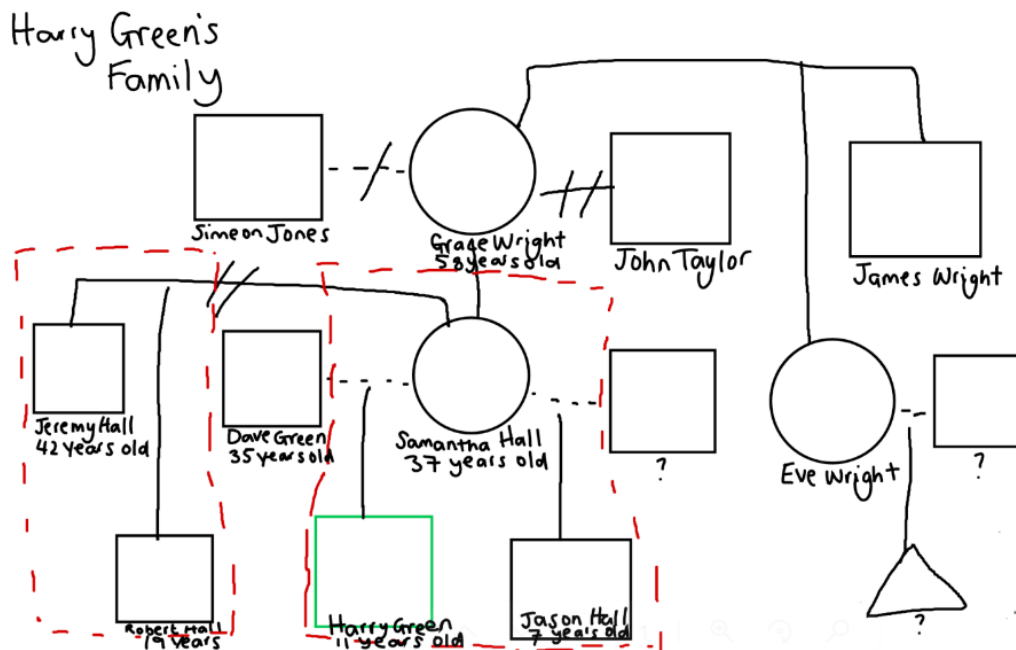


Children's Voices

Date: 23/10/2023

Worker:

Genogram



4. Eco Map²

As with the genogram feature, the ecomap in the Diona software is a freehand tool with a range of drawing and text options, which allows the practitioner and/or family member to create their own map of who and/or what is important in their network. An ecomap is a visual social work assessment tool which illustrates the

¹ All names used within genogram have been changed to protect identity.

² All names used within eco map have been changed to protect identity.

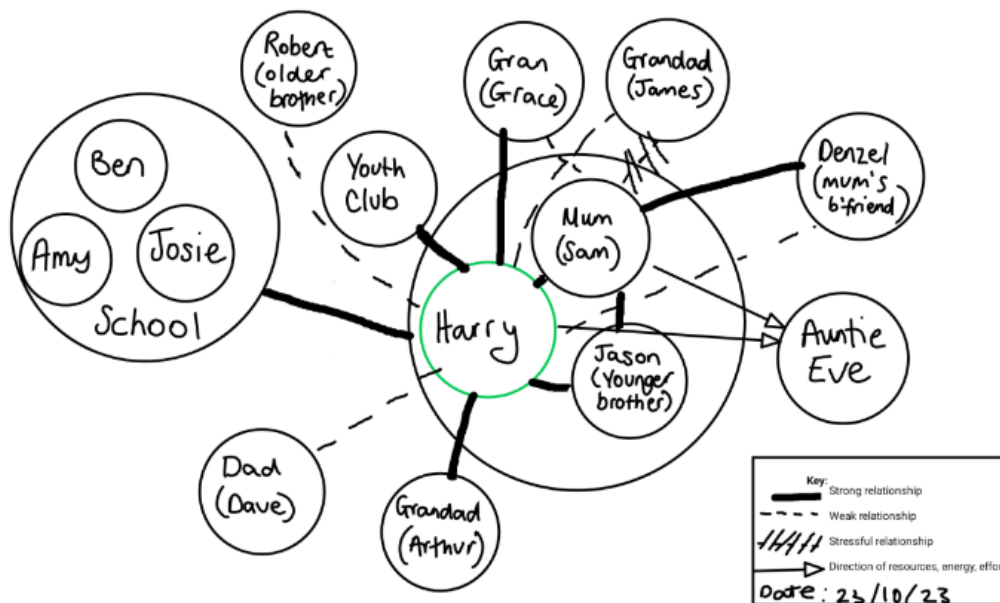
quality of a person's family relationships, their connections to their social network, and the impact these relationships have in the person's life.



Date: 23/10/2023
Child: Harry Green

Worker:

Ecomap



An Early Help practitioner described using the eco map with a seven-year-old lad we will call 'Nate'. The worker explained to Nate that she was trying out something new using a tablet and asked him if he would like to help me learn to use it by doing some work together on the tablet. She also gave the boy the option that if he didn't like the idea of using the tablet that they could use paper instead. Nate was keen to use the tablet but also quickly added 'oh but I can't draw'.

Asked by interviewer: 'What did you find most useful about doing that ecomap on the on the tablet?'

Worker said: 'Well, I told him of course you can draw and, and I think because it was on a tablet he could change it if you wanted to as well. He wanted to draw, and he wanted to draw his family member.'

He drew his mum small and dad big – So he was able to change that. He just drew his family and then spoke about his relationships with each family member’.

Interviewer: *What do you think he enjoyed most about all of that?*

Worker: *I think he just enjoyed using the tablet and being able to, to draw on it and see and these (drawings). He just enjoyed seeing the work afterwards. It was just his face lit up saying when it's saved, even though we've done stuff on paper before and he's seen the work, but he was just like 'ohh look, there's my picture'.*

Interviewer: *What was most valuable for you?*

Worker: *I think it was him being able to, to keep changing what he had drawn on the tablet. He was able to change what he was doing and to talk through it. I got what I wanted out of the session, which was (about) the relationships and what was working well and not working well. So yeah and just it was just lovely seeing him how enthusiastic he was about it.*

5. My Three Houses Tool

A practitioner in the MASH team in Northumberland described using the My Three Houses tool on the tablet with a seven-year-old who was recently taken into care. She said:

'It was a struggle in some ways because you can't see as well (on the tablet) to see what drawing compared to paper. The tablet we're using is little, so getting used to that. (You) blank page draw the house and being school holidays its good because (I'm) not taking them out of lessons and you've got more time. With one seven year old boy we had one hour. We had a whale of a time. It turned him into a little artist, he loved the tech and shapes and colours. He asked me to come back to his house to do more! . . . We were able to get in(to) depth of what he really wants in his life. If we'd been at the school he wouldn't have the time and space. He said 'I want to go to football club to see his mates'. He said the ones (people) in his family he wants to see and the why. He told about talking to his Nana of a night-time and still wants to do that, he also talked about his mum's mental health (problems)'.

Asked what was her biggest learning from this piece of work the worker stated:

“Child dependent (on the particular child and what they want) tech is the way forward for children and we need to get on top of it”.

6. Safety Planning

A practitioner working with 14 to 18-year-olds in the Looked After Children Team observed that it's difficult to use the tablet with some older adolescents - 'they say just talk to us'. Her sense of this is that for such young people even though they are 'digital natives' they value direct one on one contact. At the same time this practitioner requested that the pathway and safety planning documents be installed on the tablets.

This practitioner stated, “I really try and get the young person to put in their ideas and measures into the pathway and safety planning. (Because these forms are in the CMS) I will often do this work with them on the laptop because the forms are on there - I do the typing then and there with the young person”.

Asked by the interviewer for an example of this practice the practitioner describes refining a safety plan with a 17-year-old young woman.

Practitioner: *“I've only met her a couple of times and the transfer across was quite formal and came complete with a safety plan. I went to her (the young woman) and showed her the plan on the computer and said can we talk about this, about the information I have? She'd been in relationship with a violent guy and she was also using cannabis so I was quite direct with her and said these were the things we wanted to look at in the safety plan. We were discussing this in her bedroom as she was getting ready to go out that night and I was handing her hair extensions for her to put in as we did this.*

A little surprised the interviewer asked: *Hang you were what where were you?”*

Practitioner: *We were sitting on the floor in her bedroom, she'd said she was happy to look at the safety plan but I had to help her with her hair and she had to get it done. So, I said oh okay - brilliant!*

Interviewer: *So, what else did you do to get her talking?*

Practitioner: *“I was honest about it and not talking about the worries fluffed up”.*

Interviewer: *What did you say?*

Practitioner: *"I just said I'm really worried you're using cannabis and your ex partner then I said I've got my thoughts and we've got this plan do you agree? Do you want things out or in? And some she didn't agree with some she did and some she changed."*

This was a very interesting example of working directly with the forms and highlights the importance and value of getting all the forms relevant to the child and young person's life onto the mobile device – in this instance it was the laptop with the CMS. As the practitioner noted she would have preferred to have the forms on the tablet.

7. Using the tablet tools and surveys with Unaccompanied Asylum Seekers

One practitioner works with young people on care orders until 18, and works mostly with unaccompanied asylum seekers. This social worker described that he liked the role because it was very different, each young person takes him into another culture and provides him with a lot of learning. He also added 'I've always preferred working with teenagers'. Currently his team is working with over 30 unaccompanied young people.

The social worker described using the genogram and that he'd 'kind of deliberately picked the grumpier ones to get a fuller assessment of their situation'. Asked how it was useful with the grumpy young people, he answered:

Practitioner: *"I think it's a good visual tool to use. Obviously, when there's a language barrier, it's easier for them because it's a visual thing. They can be cautious about giving too much detail but you do get an idea of where they are, their relationships, what their feelings are."*

There was a couple of lads where I thought they were angry with me, but I think they were probably angry with the Home Office – but explaining that I'm not the Home Office is a challenge. I kind of use the tools to help to highlight where the frustrations lay.

One of the lads liked playing with the tablet, taking pictures with it, which he quite enjoyed. It was a good kind of distraction during a tricky visit sometimes as well."

Interviewer: *“Am I right in understanding that you said that you used the four question survey and started to tease out that they’re probably not grumpy with you?”*

Practitioner: *“Yes, it’s more they’re grumpy with the Home Office and I can And you know that’s important to get at. They’ve understood that and then when with the delays we’re meeting solicitors and stuff like that, that’s always tricky.*

There were two young men, and I think it helped to highlight their frustration and the reality is it is kind of dual tracking even triple tracking because we just don’t know outcomes of certain things and obviously with the rules around working when you claiming asylum is really hard to explain to these 17-and-half-year-old’s unfortunately.

I have to tell them, you’re still not gonna be able to work once you turn 18, you will still be dependent on us. You’re not moving to a new house, you’re not moving to a new area.

With the survey basically I was getting slightly higher faces (ratings) than the plan was, which was kind of nice to see.

With these two different lads I did the three houses drawing thing with (together with genograms). This one lad had been quite reluctant to talk about his family. I was anxious because I’m waiting to hear about something horrible.”

Interviewer: *“And is that what happened?”*

Practitioner: *“It helped bring out what’s happened to them, and for one that he doesn’t know his family tree very well at all. With one lad we only got as far as mum and dad, but then we were able to use the genogram to talk about what mum was like, what dad was like and it gave me a bit more context for some of his more challenging behaviours, which obviously needs to be part of our planning for the future and trying to support him.*

And it came to light that mum was never on the scene, but he was very reluctant to discuss why Mum was never on the scene. He moved very young from the country he was originally from because it wasn’t safe and then subsequently had to leave the second country because that wasn’t safe either. And to know that mums never been on the scene, but we were on. I’m expecting there to be

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something happened to Dad. I'm a long way off finding all that out and I might be wrong, but it was a good way of opening those conversations up, cause eventually he's gonna have to discuss it with his solicitor one way or the other. And so I'd say I'm almost sort of preparing him for that discussion."

Interviewer: *"So, to draw this to a close can I ask what would you say was useful about the digital tools? A platform, a bridge a prompt?"*

Practitioner: *"Yeah, it was a way of opening the door. Maybe helped get into that conversation in a more natural way of rather than just saying, what's happened . . . a more natural, comfortable way of kind of opening up discussion with them."*

Interviewer: *"Thank you for to speaking so openly about your work."*

This social worker had used the four question surveys together with the genogram and the My Three Houses tool to explore the asylum seeker's background, their frustrations and experience

This practitioner described the challenges of working with these young asylum seekers, the need to always use an interpreter, the fact that these young people's lives are so constrained, and often feel frustrated. And it is very hard for them to understand that the restraints they are under are coming from central government.

General comments

Overall, a number of social workers and Early Help practitioners observed that it was really useful to have the tablet since it meant that they gave more thought to how they engage. One observed:

We can be on auto pilot and there's a natural tendency to do (or work on) autopilot it's been good to get feedback from quite a few young people and it's really useful (because it can create) lots of YP buy in. And (the tablet) is one tool to have in a tool bag the old school (way of talking and writing) both are useful to have in your tool kits and have the confidence to use.

Barriers to using the software

- The usability of the software was lessened by restrictions placed on its use by the host local authorities' IT systems. Examples of this were that the tablet would time out within two minutes. It was agreed that this time limit could be extended to five minutes but this was not implemented because of the restrictions of the deployment tool used by the council. To mitigate the frustrations of having to log in repeatedly, biometric logins were enabled for the application and a time-out warning included.
- There is poor Wi-Fi coverage in parts of rural Northumberland which created major problems at times and a concern that work was 'getting lost'. The software does have an offline option, but practitioners needed to remember to download the cases they wanted to work on whilst they had a connection to the internet.
- The Diona Software can use any voice-to-text service available on the mobile device. For this pilot, Google voice recognition was activated and made numerous errors in transcribing staff who had a north-eastern accent. Other voice recognition was available but was not used.
- The work done of the tablet did not directly transfer to the case management system. Each completed output was downloaded from Diona and uploaded into the CMS by admin staff. Development of integration was explored as part of this project and the options have been documented elsewhere in this report. The challenge in this project has been the reluctance of the CMS supplier to engage in dialogue until very late on in the project despite lobbying by North Tyneside and Northumberland leadership.
- Funding, resourcing, and time pressures led to a small scale and short trial period. The five-month period was not enough to undertake sufficient iterative refinement and improvement through the action learning process. This project therefore was not able to localise and refine the Diona software to the local context and requirements in the way the Ktunaxa Kinbasket practitioners and agency were able to do in their 18-month trial.

Conclusion

This short study has shown the huge potential of mobile software in enabling recording to be carried out *with* family members in their home, not remotely when the practitioner is alone in an office. This will encourage families to feel more like

partners in the work – working *with* rather than being done *to* – and contribute to achieving the respectful engagement aspired to in the Independent Review of Children’s Social Care.

The second major value of mobile software is the time it saves. Much of the recording can be done with the family rather than as a separate exercise but the voice recognition software also saves substantial time by allowing the practitioner to spend a few minutes after leaving a home visit dictating some notes immediately and the transcription being added to the case file.

The biggest obstacle to modernising practice in this way is finding the money and the motivation to persuade the providers of Case Management Systems to undertake the work to enable two-way integration with the mobile software.

Diona Integration for Children’s Voices Pilot

Diona’s focus is to provide mobile software solutions that are used on tablets and phones to support practitioners in their direct practice with children, parents and families. Diona Visits, the Diona solution used for the pilot, is designed to enhance and complement case management systems such as Liquidlogic Children’s System – LCS. Diona Visits achieves this by providing practitioners with the tools that they need to support their direct practice work when with families. When integrated with the case management system, the work undertaken with the family is saved directly to the case management system. By better connecting practitioners with the case management system designed to support their work, practitioners are both more efficient and more effective.

Many agencies have made large investments in back-end case management systems. Diona Visits offers agencies the opportunity to get more out of that investment. Diona Visits moves data and processes away from the office and closer to the field where they have more value. Case management systems are designed to be used in the office, not in the family home. Diona Visits is designed specifically to be used when working directly with the family in their home, regardless of whether the user is connected to the internet or not. Data is captured “in the moment” when with the family and saved directly to the back end case management system, thus improving accuracy and efficiency (data does not need to be captured on paper and entered into the case management system when the practitioner returns to the office).

The image below, created using the Signs of Safety Words & Pictures tool (used to explain to children and young people what is happening and why) that is available in Diona Visits and used in the pilot, illustrates how the software was used on Android tablets by caseworkers undertaking direct work with families.

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The Diona Visits solution provides three native mobile apps, one for each of the supported operating systems, iOS, Android and Windows 10/11. The Android app was used for the Children's Voices Pilot. As a native app, Diona Visits is seamlessly integrated with and designed to take advantage of the rich set of tools available on modern mobile devices, e.g. camera, dictation, audio recording, maps to get directions, biometric authentication, assistive technology. The use of modern mobile technology such as an iPhone or iPad, Android phone or tablet, not only provides the practitioners with the opportunity to utilise the many features provided by these devices, but also to engage the family with the software. For example, parents can sign forms directly on the device, children can work directly with the practitioner to complete practice tools (such as My Three Houses) using the device.

Diona Visits is required to be highly interoperable. This means that the solution functions effectively on the wide range of mobile devices and operating systems that are used across social services agencies and can integrate with the diverse range of back-end systems used by these agencies for case management.

Diona Visits interoperability architecture and integration capabilities are informed by Diona's extensive experience delivering enterprise systems for social services agencies around the world. Diona's solutions have been integrated with back-end case management systems to provide modern digital experiences in a matter of weeks. Diona Visits contains a range of flexible integration capabilities that can be used to connect the mobile solution to the information it needs to support business functionality, using a range of different patterns to suit different situations.

No two social services agencies or case management implementation projects are the same and there can be a significant amount of integration involved. This has provided Diona's teams with a deep knowledge of the integration patterns and standards required to successfully integrate their solutions into complex IT ecosystems. Diona Visits implementations cover a broad range of integration and data management patterns that inform their ongoing project undertakings. Based on various customer requirements Diona has been required to:

- Integrate with a variety of customer authentication capabilities, e.g., Lightweight Directory Access Protocol (LDAP), Active Directory, and other third-party OpenID compliant products;
- Retrieve data from multiple back-end systems for display in the Diona Visits app.
- Securely manage and store data locally for access while in offline mode;
- Provide updates via interfaces to data mastered in case management and other back-end systems;
- Integrate with document management systems for the storage of completed forms, assessments, and multi-media attachments (image, audio, or video);
- Reliably and securely feed large amounts of binary data into existing back-end workflows and document management repositories.

The variety of back-end systems that Diona Visits must integrate with means that the solution must provide support for a range of different integration styles and patterns. The Diona Visits' domain-specific Application Programming Interfaces (APIs) are used to read and write data from and to the back-end systems. These APIs are exposed and managed by a configurable data adapter layer within the Diona Server. The data adapter layer controls how each API function is configured, based upon the end point and transport method. Diona Visits supports the following connection types to connect with back-end systems:

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- REST
- SOAP
- Real-time database integration
- Java API calls
- Node.JS (JavaScript) function calls

All calls to back-end systems are made over a secure connection encrypted using Transport Layer Security (TLS). The TLS version, algorithms and ciphers used are configurable. Diona Visits provides both SOAP and REST web service APIs that can be consumed by an enterprise service bus (ESB) or back-end systems. The Java and JavaScript integration styles can also be used to call pre-existing APIs exposed by back-end systems. For systems which do not have defined or exposed interface points and cannot consume APIs, the Java or JavaScript connection types can be used to interface directly with whatever mechanism is available; for example, directly connecting to an SQL database or reading a data extract file.

Diona has proven this range of interoperability. For example, at the North Carolina DHHS, Diona leveraged SOAP web services for integration with the back-end case management system. As each county in the state could choose their mobile platform, the solution was deployed using both the iOS and Windows apps. In Clark County, Nevada, the Android app was deployed and reads directly from a back-end Oracle database via the JavaScript interface using Node.JS integration logic. In Erie (Android) and Steuben (iOS) Counties in New York, Diona batch processes data from a county-level extract of the CONNECTIONS state child welfare system into the Diona Server database. This process also synchronises any local updates made within the Diona Visits solution with incoming data received daily.

Integration with LCS (the case management system used by both NCC and NTC) was not within the scope of this pilot project. While integration with the case management system is the preferred deployment approach for Diona Visits, the solution can be deployed in a stand-alone mode when not integrated. For a non-integrated deployment, such as this pilot, the Diona Server was used to store all the information used by Diona Visits. The Diona Data Manager, a web-based application, was used by NCC and NTC administrators to set up the cases used by the pilot. The Diona Data Manager was also used to manage the upload of data captured using Diona Visits to LCS. For example, when a form was completed using Diona Visits, the form was made available for upload to LCS

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using the Diona Data Manager. An administrator downloaded the form PDF using the Diona Data Manager. This PDF was then uploaded to the appropriate LCS case. An integrated solution would not require the Diona Data Manager as the data would be directly written to LCS; however, this process was successfully used by the pilot project to ensure that all data captured using Diona Visits was uploaded to LCS.

Chapter Four: The Survey of Local Authorities

A questionnaire was circulated to all local authorities in England. Of the 36 which responded, some returned multiple replies, giving 54 responses in total. See Appendix B for a copy of the questions. It explored three interrelated areas:

- 1) What processes and practices the local authority was using to listen and respond to children's voices.
- 2) How they were measuring what care-experienced children and young people say matters.
- 3) Could they provide examples of the impact of children's voices to illustrate how they were acted on.

We list all the responses given to Question 14 because it provides a summary of the numerous and varied ways that local authorities are collecting and using data.

Question 14: *Thinking about the data you collect about children's voices/views/wishes can you give us as many examples as possible of the kinds of data you are regularly collecting (outside of any statutory returns) and how you use this data.*

LA	Response
A	Feedback forms, surveys
B	Early Help Workbooks, feed into Early Intervention Panel requests All about me worksheets, form part of any CIN, CP Plans Needs and wishes worksheets form Family Support Interventions and plans
C	Advocacy work with children and young people
D	We are about to roll out Mind of My Own - However this is not yet live which is why answers to both Q4 and Q5 are currently no. Beyond this we are gathering voices/views/wishes and feeling through: - Recording of direct work in Mosaic (no reporting of this but picked up through QA) - U-Matter survey with children and young people in care and care leavers undertaken every two years. - Advocacy reporting on a quarterly basis (themes, outcomes etc) - Corporate Parenting Advisors - Care-experienced young people gathering the views and wishes of children and young people in care and care leavers. - Children in care council and care leavers forum
E	Participatory forums Feedback received by area teams and SMT on a quarterly basis Satisfaction surveys parents/children received quarterly through the same processes, typically completed at the point of closure
F	Through our assessments - to frame the work we do with our children

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	<p>Children in Care Council - we will take different things such as training to gain their voices</p> <p>SMART surveys - electronic forms sent following sessions or completion of work with children and young people, these experiences are triangulated for us to understand themes and trends and enable our training to be more focused to needs.</p> <p>Reflective Space Activities -this is very much like audits on our children's experiences, but with the relational and checks with our value based model of practice, within this were we can we contact children, young people and their families to understand their experiences and to triangulate this with our training offer.</p> <p>Storyboards - in some areas of our practice system we create a storyboard - outlining a child or young persons journey whilst with our service, including their voices about their experiences</p>
G	<p>Life Plans (care plans) and Pathway Plans views of the child central to the plan. This is used at a case level. The Involvement Service will sometimes explore the views of particular cohorts of children within their plans; such as children and young people with disabilities or young people in residential - this is a qualitative analysis exercise and is used to inform one off pieces of work.</p> <p>Surveys and feedback questionnaires. Ghas a number of surveys for children in care, care leavers, CiN/CP children and families whose case is closed. These are postal and online and we sometimes struggle to achieve the return rate we would like. Feedback from our surveys are reported on in our annual children in care involvement dashboard and our CiN/CP involvement dashboard. We annually explore our Pledge promises with children in care and care leavers to ensure these remain relevant.</p> <p>Each year we hold our It's My Life Festival at an outdoor centre in G. Hundreds of children and young people attend this week long event and it enables us to have qualitative discussions with children and young people about their experiences of social care support. This feedback is reported on and shared with decision makers and informs an ongoing action plan.</p>
H	<p>Children's lived experiences from conferences, whether children are providing their views and questions to conferences, whether children are attending conferences, how children are part of their reviews, if they don't want to see us, how we are creatively trying to engage them,</p> <p>Ad hoc - via participation worker or employed young ambassadors (care experienced) or workers in specific services.</p> <p>How Children and Young People participate in reviews. we have used this in voice of the child audits, to see if we can see clear recording of views, wishes and feelings, and what was done differently as a result.</p> <p>It is also recorded if Children and Young People have been offered an Advocate.</p>
J	<p>Bright Spots survey bi-annually - 'you said...we will' response to CYP</p> <p>EPEP (Virtual School) used to inform individual CYP's plan of support</p> <p>My Safety Meeting questionnaire - used to inform individual YP's plan</p> <p>new project - feedback from CYP on their experience of CLA Review & CP Conference will be used to inform improvements for individual CYP and service developments</p>
K	<p>Children are involved in audit arrangements where there voice is captured. Similarly recorded in any contact with social workers and part of the review process. Engage in any service changes and key officer appointments. Involved in some of the commissioning arrangements.</p>

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<p>L</p>	<p>We are not collecting this data yet, but are exploring avenues through Microsoft forms via our IRS services</p> <p>We are currently reviewing the ways in which we collect children (and family's) views and feedback. We of course capture the voices of children and families in their assessments and plans as well as case notes - which are all written directly the children. We also use a range of feedback forms and surveys throughout the service as well as auditing which again captures individual views.</p> <p>This information is often used on an individual level to respond and improve the experience of that child or family.</p> <p>Whilst this individual level information is essential, we also want to be more systematic in how we capture feedback across our whole cohort so we can identify themes, trends, impact etc.</p> <p>For example - our auditors will ask a parent whether they were involved in planning and will provide a narrative response which is captured on their case notes. But we don't currently collect that as a cohort to tell us x% of families felt involved during CP planning.</p>
<p>M</p>	<p>We gather information through asking children their views through surveys as well as reviews and visits (data captured on LCS)</p>
<p>N</p>	<p>Assessments direct work play therapy feedback forms feedback acquired via audits (age and appropriateness permitting) Children in Care Council Care Leavers Council Participation service Total respect training - delivered by Children in Care Children in Care or Care Leavers attend some Managers forums to share experiences and give advice on Feedback used to: Inform assessments Inform areas of development - training and development of staff</p>
<p>O</p>	<p>Mind of my own Issues raised in complaints feedback gathered in the audit process Family feedback on Signs of Safety EH / TFS "stars" with young people Family feedback survey Wishes and feelings in open cases Feedback from groups and activities we have used Bright Spots with all ages which gives the most up to date info from young people receiving services difficult to say as not really used with our care leavers PEPs - progress & attainment, attendance CLA reviews EHCP reviews Celebration Event Bright Spots Surveys</p>

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	How many practitioners are accessing the app and gaining views of children through digital technology.
P	The views of children and young people is captured and collated through practice learning days that are held monthly, representatives from children's services also attend the children in care council, care leaver forum and monthly time to talk sessions that have being specifically set up for children and young people. We are in the process of developing a specific app that will allow our children and young people to tell us and share their views regarding their experiences and what needs to improve.
Q	<p>Audits - specific questions within any audit of casework cover to what extent the child's voice is being understood and informing the development of the support plan (across Early Help, Children's Social Care, Inclusion). This is graded 1-10 and therefore becomes data within performance reporting within each service area. The child being spoken to directly within the audit is an increasing expectation and again becomes data that can be analysed and tracked. Learning from these areas is gathered and feeds into Practice Development.</p> <p>Observations of practice (individually and in groups) - considers child/young person voice though is not always then analysed as data but used as learning for individual practitioners within their practice development.</p> <p>Within Permanence - care review meeting and pathway plan meetings have a participation indicator to state whether the child attended in person, whether they had an advocate, whether they contributed through MOMO or other Direct Work or if they didn't attend/engage at all.</p> <p>Attendance at formal participation groups - this data is tracked through EHM in terms of number of individuals who attend our Children in Care Council, our Care Leaver Forum and our POWAR (SEND forum) and county Youth Council.</p> <p>SENDIAS and Family Group Conferencing gather statistics regarding the number of children and young people seen and engaged with as part of their support for families.</p> <p>Mind of My Own usage data is increasingly part of performance meetings to look at prevalence of use.</p> <p>Personal Education Plans within the Virtual School also take account of to what extent the child/young person has been involved in developing them.</p>
R	Staff gather views on day to day basis as part of plans, meetings and reviews and receive training on using creative approaches to gathering views and building relationships. Templates for gathering views completed with child or young person. All recorded on mosaic. Feedback questionnaires in fostering. Childrens meetings in residential. TSW team use feedback postcards. Films to gather children and young peoples experiences and views. Surveys and questionnaires - VIC team do online, Voice and Influence groups - direct feedback from young people, Interactive audits- managers speak to children and young people as well as looking at case files to gather feedback. Takeover meetings with senior leaders/ strategic boards to hear priorities. We produce six monthly voice and influence reports that are presented to strategic boards, the network and senior leaders
S	<p>Case work - voice is captured as part of work done with individual children and young people</p> <p>Youth Forums - we have a number of groups through which young people are able to share their voices directly with the service</p> <p>Specific participation activity such as consultation exercise, questionnaires and surveys are carried out</p>

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	<p>Personal Education Plan (PEP) meetings – all Looked After Children have the opportunity to have their voices recorded, heard and acted on three times annually.</p> <p>Virtual School participation events – give Looked After Children further opportunities to speak to us informally about their interests, education and any other concerns</p> <p>Parent Carer Forum – enabling families of children with SEN and disabilities to be consulted on and influence service design and delivery, including the Local Offer</p> <p>Disabled Children and Specialist Teaching Services – utilise a wide range of skills and resources to support communication and the participation of children and young people, suited to individual needs</p> <p>Audit Cycle- a key part of the audit cycle is to capture feedback from service users and ensure this informs future service delivery and development.</p> <p>Signs of Safety – a unifying practice framework that supports staff to keep the voice of children at the heart of their work and actively promotes ‘working with’ rather than ‘doing to’ our children, young people and families.</p> <p>Parent voice – within the Children’s Centre programme, including the use of mystery shoppers to quality assure the programme.</p> <p>County Youth Council –(CYCLe) is a strong youth council made up of 3 groups (Make Your Mark campaign group, Young Carers group and SEND group) which enables young people to be heard on matters which are important to them. As a sub group of the Children and Families Partnership, young people are able to talk directly to senior managers across the partnership</p> <p>Children in Care Council (CiCC) – well-established junior and senior CiCC groups with direct links to decision makers at a local, regional and national level</p> <p>Supporting Young People After Care (SYPAC) – care leavers are able to talk directly to senior managers about the areas and themes most important to them and influence the service provided for our care leavers.</p> <p>Care Leavers Council meets monthly with direct links to decision makers at a local, regional and national level</p> <p>Safeguarding Children’s Partnership Young People’s Advisory Group – young people are able to talk directly to senior managers across the partnership and influence strategic planning and decision making</p> <p>Young People’s Forum is a support and network group for children and young people with autism. This space enables them to participate in both formal and informal voice and influence discussions and activities work, that contributes and influence service delivery.</p> <p>Youth and Youth Justice Interview Panellist are young people who take part in the interview process as an equal member of the panel, sitting alongside at professionals. Their contributions provide a differing and valuable perspectives in appointing candidates.</p> <p>SEND 11 – 16 years + Group provides a forum young people with low to moderate learning difficulties, to meet together feel understood and supported. Young people are enabled to share their views relating to the SEND offer, providing opportunities to influence service delivery .</p>
T	<p>We collect data thorough surveys and also through feedback from our participation groups such as Children in Care Council work.</p> <p>EPEP-narrative from young person</p> <p>Child in care consultation for reviews, voice of child from IRO visits</p> <p>Feedback forms after CIC reviews</p>

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	<p>Reg 44 speaks to young people and records information</p> <p>Advocacy-individual young people recorded on Mosaic and visits to young people in residential homes</p> <p>Independent Visitors-recorded on individual child's file</p> <p>Child protection chairs-voice of child recorded in conference but chairs also meet with young people and record on Mosaic</p> <p>Number of children and young people engagement groups, including child in care council, young inspectors and a group run buy CIC Team</p> <p>CAMHS -feedback form</p> <p>Feedback for all service areas who work with children and families-now all using a generic feedback form which is digital and hosted on the Engagement HQ platform</p> <p>Evaluations of various programmes.</p> <p>QA activity-audits may require a view from a child or young person</p> <p>Assessments all include the voice of the child</p> <p>Use of data depends on the purpose it was collated for. Mainly divided into child/young person specific data which is recorded on Mosaic in the young persons record. Not easy to report on or collate themes.</p> <p>The other type of data is feedback or themes from various groups, evaluations etc that can be collated and analysed. This information is processed through our stakeholder engagement group which has Children's Services reps from across all services-they produce quarterly "you said, we did" posters and progress any themes. Managed by Participation Team.</p> <p>All data is used to drive practice.</p> <p>Direct work</p> <p>CiC reports</p> <p>you said we did</p> <p>How they are feeling</p> <p>Their thoughts and ideas</p> <p>How they want to see things in the future</p>
U	<p>Children in care council - verbal feedback and engagement with key groups</p> <p>Survey to all children across city about their experiences and exposure to services - part of forming revised youth engagement strategy.</p>
V	<p>Satisfaction with placement, SW, IRO</p> <p>Do you have a copy of the complaints process</p> <p>Do you know where to get help for your health</p> <p>Also 121 meetings are offered yearly with our participation officer which gathers some very rich feedback</p> <p>We also have care experienced YP on interview panels and to decide on commissioned services - which directly impacts on our practice</p> <p>We have a developing CiC council where we seek the views and wishes of children - and changed our council tax policy in response to this</p> <p>Care experienced young people also sit on our Corporate Parenting Panel with elected members and share their direct experience of services, both from the council and from other services such as CAMHS</p>
W	<p>We do check in/out activities at the start and end of all group or 121 sessions delivered - this is used to hear the child's voice, what they are happy/unhappy with, any changes that need to be made, how the child wants the session to be delivered, what activities or discussion the child wants to engage with. We ask children and parents/guardians to fill</p>

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	<p>out evaluation forms at the end of interventions - this feedback is used to develop the service offer. This is done more regularly and part way through longer interventions. Questionnaires completed post large group interventions i.e. educational workshops with the feedback used to develop the delivery methods and content, collate data on learning outcomes achieved. Focus groups delivered to design specific programmes of work, children's feedback about what content they want included in the programmes is used to shape the offer. 'Connect' 121 sessions delivered with children prior to them engaging in specific group work provision to explore their needs/wants, this will be used to ascertain which programmes to allocate the child to and what locations or types of work are most suitable.</p>
X	<p>Measuring outcomes via annual review and outcome framework</p> <p>Qualitative data: i.e. what are children's wishes and feelings, what would children like to change, ideas about what can be done differently, satisfaction in placement, satisfaction with social worker, satisfaction of a child living in the city, transport, things to do, places to go, mental health</p>
Y	<p>Annual SEND survey</p> <p>Brightspots (bi-annually)</p> <p>Youth Advisory Boards - Annual Consultation</p> <p>My Voice survey via every school</p> <p>In Care Council Forums</p> <p>Varied and inclusive participation model</p> <p>Participation Activity Monitoring Form (collect information about activity, demographics, feedback and outcomes for child)</p> <p>SEND Participation Grid</p>
Z	<p>Participation Team regularly meet with CLA / care leavers. Early Help Assessments ask how the VOC has been gathered. Themed audits consider VOC. EHA's include views from family members. Consultation with community around Family Hub revised offer.</p> <p>As part of the of the advocacy service, when a referral is received data is kept on what the child's initial issue or complaint was. We use this data to pick up theme of current issues emerging for children and young people on a quarterly basis. We also collect data on return interviews for children and young people, such as the acceptance and refusals which gives us data on the opportunities children and young people have to have a voice.</p>
A2	<p>Young persons feedback form, takes into account about the NCC The Promise, scales about services an feeds into the team Performance Clinics.</p> <p>MOMO gathers voice.</p> <p>Views in PWP, use in meetings, care for reviews.</p> <p>Participation Champions meetings held, was NAS specific, now have EH staff.</p> <p>Report that is shared at QPAG and an annual report. Looking at a performance/feedback data for each team.</p>
B2	<p>We collect child's voice as a golden thread through most child's records and key documents</p> <p>Wishes and Feelings work is carried out in many forms, this can be verbal, written, using puppets, drawing, playing games as in sensory games</p>
C2	<p>Dip reviews and audits</p> <p>Annual Review</p> <p>PEPs</p> <p>In care and leaving care councils</p>

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	<p>As members of Corporate Parenting Board</p> <p>Surveys</p> <p>Getting to Know You Days</p> <p>Annual Achievements Awards</p>
D2	Microsoft Survey, direct conversations, participation groups
E2	Wishes and feelings through direct work, feedback from meetings, feedback on plans and feedback from advocacy services.
F2	Feedback from reviews, direct work, QA feedback all used to inform care planning and service development
G2	<p>participation activity with children and young people - themes, influence on decision making/change</p> <p>recruitment decisions/ salaries influenced by CYP voice</p> <p>CYP engaging in meetings about their lives – e.g., chairing</p> <p>compliments and complaints</p>
H2	<p>Changes to Person Spec – Care Leavers views on what should be included in a social care professionals job spec will be added to all practice roles.</p> <p>LifeLong Links Implementation – Young People reaching 18 have often requested for professionals to remain in their life</p> <p>CIC Event – Children and YP are involved in creating the CIC event and share what they would like at the event. YP at Express group designed questions for games,</p> <p>Mentoring Scheme – Children and YP have shared they would like support from some who has had similar experiences. Young people have been involved in designing the service.</p> <p>No bin bag policy – Collated quotes of experiences led to this decision – in partic folder</p> <p>YP redesigning complaints forms – Annotated forms, YP's proposed new design</p> <p>Social Work Profiles – Children in Care CIC profiles for social workers are in place and shared with children in care before allocating. This was following a request from CIC to be 'matched' to SW's.</p> <p>Care Leavers Instagram Page – Care Leavers have shared a view that social media should be used share information – Instagram page now set up</p> <p>Young People's panel for Interviews – YP created their own questions and now part of the interview panel for interviews</p> <p>Staff Engagement – Young person sets agenda, co-presents and feedbacks on future sessions</p> <p>10 Questions' Project – set of interview questions to ask care-experienced people of different ages examples of the questions, recordings of interviews</p> <p>Pizzas opening evening – For care leaver community to come together to organise groups such as a football team</p>
J2	<p>Children and young people give their views on a range of topics including their family life, education, Foster Carers, friends, health, aspirations and any other areas of their life they want to share. We use this information to get an understanding of how things are for that child and what support they need.</p> <p>They share their views on their experiences of working with children and Family services. What improvements can be made to the services they receive and suggestions of how the improvements can be made. We use this data to hear their experience of being a service user to get an understanding of what has and hasn't worked for them so we can make improvements. This information can be fed back at team meetings, manager</p>

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	<p>meetings or the Corporate Parenting Panel where the necessary changes can be put into action.</p> <p>Data collected includes children and young people reviewing forms used by Children and Family services. We use this to amend forms to make them more child friendly and easier for them to use.</p> <p>Children in Care review County Councils Pledge. This helps keep the Pledge up to date and relevant and ensures that the Council are providing the service that they promise to Children in Care.</p>
K2	<p>We are only collecting Qualitative data through audit, direct work with children, children's plan, youth groups, complaints and compliments and surveys. We have a strong participation strategy. And we are currently in the process of implementing the Mind of My Own app.</p>
L2	<p>Our audits include lines of enquiry about child's voice and auditors are expected to try and speak to children or find other ways to understand their lived experience and their views on the support they are receiving. This data is collated and used to understand how well we are listening to children and young people and where improvement is needed</p> <p>Impact of support (through audit)</p>

Analysis of the responses:

- It is clear there is a lot of input from children and young people through many different methods including surveys, direct discussions, audits, councils, panels, meetings and a variety of digital tools. All of this activity did give us cause to wondering if children and young people are being surveyed excessively?
- The questions that were focused on digital engagement drew a mix of responses about methods of getting feedback from children and young people both digitally and non-digitally.
- Responses demonstrate a strong desire on the part of local authorities for direct 'unfiltered' feedback about the experience of children and young people. Underneath this, there is at least some anxiety that perhaps even though many of the local authorities are getting a lot of feedback by various means they are not certain that they fully know what the children and young people think and experience. This anxiety was expressed by two of the respondents.
- There is a big focus on getting the 'voice' of children and young people, but the descriptions of the actual benefits to them from the gathering of all this information was vague. Responses primarily focused on using the feedback to inform organisation, leadership and practice decisions, with very little detail about how the feedback had specifically made a difference

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for the lives of the children and young people. This gap may reflect the questions in the survey more than lack of usage.

Responses indicate a strong appetite for feedback, focused on the information sought in the four questions in the Feedback-Informed Practice surveys that we have developed and used in this project.

Besides diversity in the ways that they were collecting feedback there was also diversity of opinion about which information is the most important to collect from children. This was revealed by Question 16, which asked:

When you think about creating a data set around the voices of children, what do you think is the most important data to capture (please provide up to 3 data items).

The most common item (given by 17 Local Authorities) was data showing that in children's experience the service is making a beneficial difference. Next, with 9 responses, was 'what the children want to improve'. 'Involvement in plans/being able to contribute' was given by 8. 'Feeling listened to' was also given 8 times. Seven wanted to know if the children felt safe; 5 wanted a rating of their happiness and well-being, 5 wanted to know what has worked and 3 wanted to know what has not worked. A variety of responses were given by just an individual local authority.

Overall, the survey showed that collecting and responding to the voices of children and young people was seen as important, and a varied range of methods are used in each local authority. It is important that each local authority collects information in a systematic way to avoid duplication and has explicit methods for using the feedback. This survey gathered limited data on how local authorities were meeting these criteria, but they are central in our final proposal of a national dataset that is explained in more detail in the final chapter of this report.

Chapter Five: Voice, data and measuring what matters to children: learning from the Bright Spots Programme

As part of the North Tyneside-led Data and Digital Solutions fund (DDSF) project on '*Creating or improving specific data sets: the voice of children and families*', Coram Voice have produced an insight paper. The work draws on the learning from the Bright Spots Programme³.

The full insight paper is available here <https://coramvoice.org.uk/wp-content/uploads/2023/10/FINAL-DDSF-1b-Bright-Spots-Insight-paper-23.10.23.pdf>

This summary describes the learning and explores three interrelated areas:

- 1) Processes and practices to listen and respond to children's voice⁴;
- 2) Measuring what care-experienced children and young people say matters and
- 3) How children's voices are heard and acted upon; examples of impact.

About the Bright Spots Programme

The Bright Spots Programme was developed by Coram Voice in partnership with Professor Julie Selwyn at the Rees Centre, University of Oxford with funding from the Hadley Trust. The Programme has been working with children in care since 2013, and care leavers from 2017, to understand what needs to be in place to enable them to flourish. The Programme helps local authorities to systematically gather the views of their children about the things that matter to them. Findings are used to influence practice, service development and strategic thinking.

The Programme uses four online surveys to capture the views of children in care (*Your Life, Your Care* survey for each of the age groups 4-7yrs, 8-10yrs and 11-17yrs) and *Your Life Beyond Care* survey for care leavers. The surveys ask children and young people about their 'subjective well-being': how they feel about their

³ <https://coramvoice.org.uk/for-professionals/bright-spots/bright-spots-programme/>

⁴ Aligning with the Children's Information project we define 'voice' broadly to mean views, wishes, feelings and expressions of lived experience. We recognise that 'data' can be interpreted differently: numbers and statistics used to populate data dashboards to inform services planning / statutory return but data can also be anything that is collected and documented such as case notes, WhatsApp messages <https://oxfordnuffieldstrategic.web.ox.ac.uk/article/conceptualising-childrens-voice-and-data>

lives at both the individual and interpersonal level. The questions are based on the *Bright Spots Well-Being Indicators*⁵, a set of measures co-produced with children in care and care leavers about what makes their lives good. To date the Bright Spots surveys have been completed by over 24,000 children from 80+ local authorities in the UK.

The problem: national and local Children's Social Care data misses out on Children's Voice

Policy and guidance to local authorities is clear – services should be child-focused and the views of children should be represented and taken seriously. But the information currently collected by local authorities and Government tends to measure Children's Social Care systems' performance with a focus on managing workflow⁶; this limits children's (and their families') ability to be heard, reduces accountability, and creates blind spots⁷. It is stark that nowhere in the official statistics used to monitor the care system can you find information from young people themselves⁸; what they love doing, their hopes and feelings and how the children themselves feel they are doing.

At present the proposed Government Framework⁹ and Dashboard contain only a very limited set of indicators (e.g., % of children living in foster care; stability of placements of children in care; % of care leavers in higher education). ***To meaningfully capture children's views they cannot be explored in isolation as a discreet project. Strategic priorities (outcomes) need to align with what children say matters (children's priorities) and, in turn, be joined up with what is measured (indicators). Without action and further changes to the proposed Framework and Dashboard on children's voice, we will continue to struggle to understand whether Children's Social Care is making children's lives better.***

⁵Your Life, Your Care well-being indicators <https://coramvoice.org.uk/for-professionals/bright-spots/bright-spots-programme/bright-spots-indicators-your-life-your-care/> and Your Life Beyond Care indicators <https://coramvoice.org.uk/for-professionals/bright-spots/bright-spots-programme/bright-spots-indicators/>

⁶ DDSF Project 1a presentation <https://www.slideshare.net/RocioMendez59/standard-safeguarding-dataset-overview-for-cscdugpptx>

⁷ Department for Education, Local Authority Children's Social Care Data and Digital Solutions Fund Prospectus, October 2022

⁸ <https://www.gov.uk/government/collections/statistics-looked-after-children>

⁹ https://consult.education.gov.uk/children2019s-social-care-national-framework/childrens-social-care-national-framework/supporting_documents/Childrens%20Social%20Care%20National%20Framework%20Consultation%20Document%20February%202023.pdf

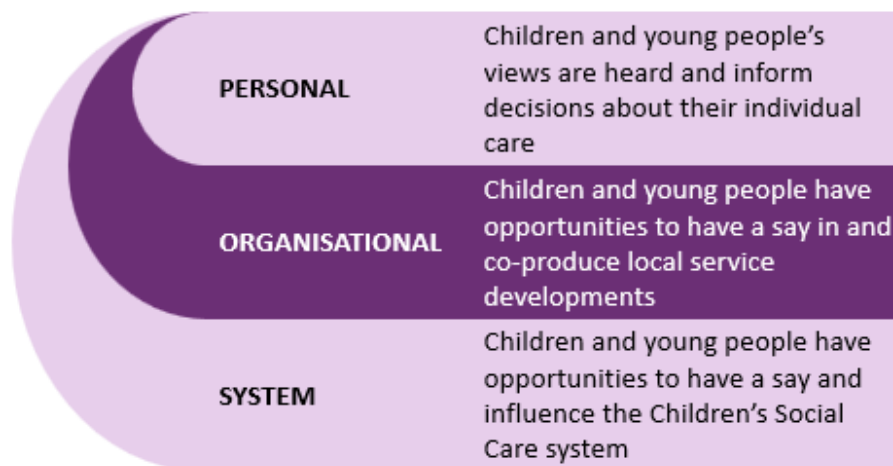
Why listening and responding to Children's Voice is important

Being able to choose and influence what we do in life is of fundamental importance. Involving children and young people in decision-making can profoundly affect their well-being¹⁰. However, despite the legislative framework and evidence on the positive impacts from having your voice heard and acted upon those in and leaving care often feel they have limited opportunities to participate in decisions.

In Children's Social Care we need to listen and respond both individually and collectively.

- **Children's individual participation:** understanding children's experiences and how they are involved in decisions about their care, arrangements for day-to-day living and planning for their future
- **Collective participation:** exploring children's collective views at a service level and how these influence development and delivery of the services children receive. In Children's Social Care there should be opportunities on a local (organisational) and national (system level)

Listening and influencing change at all levels of decision making.



Processes and practices to listen and respond to children's voice – developing a Children's Social Care system that continuously learns and improves

¹⁰ <https://www.iriss.org.uk/resources/esss-outlines/frameworks-child-participation-social-care>.

It is clear that much more work is needed to ensure the Framework and Dashboard indicators capture children's voice. However, this cannot be done without the structures and systems to listen to and act on children and young people's views. Learning from the Bright Spots Programme (and Coram Voice wider work) on processes and practices for listening and responding to children's voice shows young people's voice is most actively nurtured through practice that promotes relationships. The degree to which young people are at the centre of planning and decision-making depends on the capacity of practitioners, supported by the systems in which they train and work, to form relationships and communicate effectively with them.

There is no one specific activity that can embed children's voice in local authority work¹¹, instead the important thing is to provide a range of different opportunities to be heard and taking action in response. The range of opportunities to hear children's voices need to provide children and young people with a safe inclusive space to have their voice heard. All need to be resourced and supported by skilled workers who can build trust and communicate with children and young people.

The following main structures and procedures have been identified in relation to children's **individual participation** in social care:

- One-to-one relationships and the day-to-day conversations workers/carers have with the children they support;
- Submission of their views in writing to assessment, planning and review meetings;
- Attending and being actively involved in meetings e.g., chairing own review;
- Using advocacy services to bring their views to the attention of decision-makers, including non-instructed advocacy for those children who cannot communicate their wishes and feelings directly;
- Engaging in a process of family-led decision-making;
- Making a complaint through a designated complaints procedure¹²;

¹¹ The Bright Spots Programme is just one way to gather feedback from children and young people about how they feel about their lives to inform decision making – we expect local authorities we work with to have a range of different ways to listen and respond to their children and young people.

¹² <https://www.iriss.org.uk/resources/esss-outlines/frameworks-child-participation-social-care>

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- Apps, social media or other online tools to enable children to communicate their wishes^{13 14};
- More ‘innovative’ but less common ways include auto-ethnography approaches and or pictorial methods, whereby children in care share information about their day-to-day lives¹⁵.

The following structures and procedures for collective participation have been identified:

- **National, regional or local participation groups convened by service providers, central government or local authorities comprising children receiving services** (e.g., local authority children in care councils; national groups such as ‘A National Voice’; Young People’s Benchmarking forum; Children’s Commissioner etc¹⁶);
- Involving a panel of children in the recruitment of personnel;
- Involving children in the development and delivery of training;

¹³ Review of sources of evidence on the views, experiences and perceptions of children in care and care leavers https://assets.childrenscommissioner.gov.uk/wpuploads/2017/08/CCO_NCB_RIP_CYP-voices-review.pdf

¹⁴ Described in an earlier section of this report – as part of the DDSF project North Tyneside undertook a mapping exercise (survey to LAs) 24 responses from 18 LAs indicated children and young people had access to additional software or digital tools to record their wishes and feelings independently. The most common cited tool was Mind of My Own (8 of 18 LAs indicated they had this available for children); the next most common way for children to feedback was via digital forms (5 local authorities). After this a wide range of things were cited as in use but only by one or two local authorities e.g., using complaints, using doodle app; via messaging software such as what’s app or social media LA specific pages on Facebook or Instagram page; Viewpoint; for disabled children Widgets were cited in one authority and another area had a care leaver app

<https://mindofmyown.org.uk/>

<https://apps.apple.com/us/app/squiddle/id1161266643>

<https://www.rixwiki.org/>

<https://widgitonline.com/public/group/43317-als/users/144779-gina-horner/16110562-home-pecs>

<https://viewpointorg.com/myview-2/>

<https://apps.apple.com/gb/app/beeconnected/id6443715776>

¹⁵ For example, Photo Voice project used photography and storytelling as a tool for advocacy and self-expression – creating space for care leavers and workers to reflect on their perspectives of what they may need from support services <https://photovoice.org/care-leavers-in-focus-clif/>

¹⁶ ANV <https://coramvoice.org.uk/get-involved/become-a-care-ambassador/>; YPBMF

<https://members.leavingcare.org/landing/what-is-young-peoples-benchmarking-forum-YPbmf/>;

Children Commissioner’s care experienced advisory board

<https://www.childrenscommissioner.gov.uk/blog/apply-to-be-on-the-childrens-commissioners-care-experienced-advisory-board/>

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- Including children's views in inspection reports;
- Consultations or research conducted with children in receipt of services e.g., gathering the views of children through the Bright Spots Programme;
- Creative projects that allow young people to express wishes, feelings and priorities¹⁷;
- Child- or youth-led action research.¹⁸

However, **to date there appears to have been limited** evaluation or monitoring to measure the effectiveness of individual and collective structures or procedures intended to support children.

Supporting effective engagement – learning from the Bright Spots Programme

Prioritising listening and responding to children requires a culture that seeks out, listens to their experiences, and then treats the information as what matters most. Operating for over 10 years the Programme has evolved and refined the approach it uses to ensure as many children in care and care leavers as possible in a local authority have the opportunity to take part and have their voice heard. Some of the things the Programme has learnt about listening and responding to children's voices include:

- **Senior management commitment** – those with the power to effect change – is needed from the start
- **Timing** – careful consideration about when you take part in the Bright Spots Programme – do not do it too often and check it does not clash with other demands on children
- **Commitment & resourcing** – it is hard work – commit staff time, create capacity and provide resource
- **Planning** – in the Bright Spots Programme each LA co-ordinates a working group to:

¹⁷ The Bright Spots resource bank includes lots of examples of the creative work undertaken by children e.g. Hull children in care council created a film <https://coramvoice.org.uk/for-professionals/bright-spots/resource-bank/dream-on/>; sculpture; prints and podcasts to share more about what makes life good and influence change in their local authority

¹⁸ <https://www.iriss.org.uk/resources/esss-outlines/frameworks-child-participation-social-care>

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- (1) identify ways to promote the Programme and distribute the surveys and
 - (2) explore responses to the surveys
- **Communication** - develop child appropriate information to tell children about the Programme
 - **Consent** - every child must be made aware of what is being asked of them, and why
 - **Who supports children to give their views** - think carefully about *who* asks children for their views and ensure children have the support they need to give their views
 - **Bright Spots Programme trusted adult approach:** *a professional known to the child or young person who presents the survey to them, tells them what it's about and gives them the support they need to complete the survey*
 - **Survey period** - Don't run surveys for too long – be focused and time-limited to avoid 'survey-fatigue'
 - **Active inclusion** - think about who may be left out and what you can do to adapt and support 'lesser heard groups'
 - **Feedback loop and co-production** - there must be a robust feedback loop so key findings and what is happening next is shared with children (and staff and partners).

Measuring what children say matters: focus on well-being – not satisfaction with services

Local authorities and Government want to know that the work they are doing makes a difference to the children they work with. Work needs to move beyond simply focusing on children's views of the services and support they receive to a wider lens focused on the full range of things that children say 'makes life good'.

However, as currently conceived, the proposed indicator set in the Dashboard does not reflect what we have learnt about what makes life good for care-experienced children. National data on care-experienced children and young people¹⁹ gives only a partial picture of their lives. The focus is exclusively on adult perspectives and objective outcomes measures e.g. placement types and

¹⁹ <https://www.gov.uk/government/collections/statistics-looked-after-children>

educational attainment. This information does not tell us anything about children and young people's own views and experiences ('their voice' is missing in official statistics²⁰). Official datasets do not help us understand whether children and young people's well-being is improving. A more standardised approach to measuring well-being for children in care and care leavers would allow national comparison and the measurement of progress over time.

What is well-being?

Well-being is more than just happiness or the absence of mental health problems. The term 'well-being'²¹ is often used as an all-encompassing concept to describe the quality of people's lives. The measurement of well-being can be considered using two broad approaches:

- **Objective well-being** is defined outside of the individual e.g. household income; educational attainment;
- **Subjective well-being** is defined by asking the individual to assess their own well-being based on how they feel e.g., how satisfied they feel with life.

Measuring subjective well-being offers the opportunity to understand if children themselves think they are thriving and flourishing. Subjective well-being in the Bright Spots Programme is defined as feeling good and doing well at an individual and interpersonal level. There are questions in the surveys about affect (e.g. how happy a child feels now), cognitive judgements (e.g. evaluations of relationships) and the inner world (e.g. life having meaning).

The Bright Spots Programme's validated measure of well-being tells us about what matters most to children in care and care leavers. Whilst this can inform the

²⁰ <https://osr.statisticsauthority.gov.uk/publication/visibility-vulnerability-and-voice-the-importance-of-including-children-and-young-people-in-official-statistics/>

²¹ Well-being is separate to mental health. Well-being measures tend to have a global focus (cover how young people feel about lives as whole) or focus on specific areas of their life e.g., Office for National Statistics (ONS 4), Good Childhood index (Children's Society). Whereas mental health measures focus on specific behaviours or adverse affect/symptoms specific to mental health diagnosis e.g., Strengths and difficulties questionnaire (SDQ). For mental health measures the predominant focus is on identifying whether the individual meets a criterion for diagnoses and treatment within clinical settings. While more holistic well-being measures can be used at an individual level, they are also useful in the aggregate to look at broader societal trends. While there is a relationship between wellbeing and mental health, they are not simply the same. Some children may have low subjective wellbeing without symptoms that indicate mental ill-health, just as other children may enjoy high subjective wellbeing despite a clinical diagnosis. <https://whatworkswellbeing.org/wp-content/uploads/2021/09/MCYPSPW-Conceptual-framework-1.pdf>

Government's development work on the Dashboard and what 'data items' could be collected to align more closely with what is important to children (children's 'voice') we need to firstly issue a note of caution.



CAUTIONARY NOTE – as the earlier outlined we do not advocate voice without action. Data collection about children and young people needs to be linked to a child engagement framework where there is an ongoing dialogue with children and young people and, commitment to children being involved in interpreting the data and identifying what needs to be done in response.

NB: This insight paper focuses only on the voice of children in care and care leavers – further work and similar careful exploration is needed regarding other groups of children and families who use social care such as children in need, in order to understand their lives, priorities and experiences and to co-create well-being measures for other groups. This would ensure that any indicators used are most relevant to those children. We know even across children in care there are differences in relation to what is reported as important to well-being e.g. those in kinship foster care reported worries over household overcrowding and worries about household income which didn't tend to feature in the experiences of children in other care settings.²²

For this insight paper, we have reviewed the way we present the Bright Spots indicators and created a new diagram to inform the Framework and Dashboard.

- We have one overarching domain, five further domains and just under 50 indicators.
- Some indicators are relevant to both children in care and care leavers and some are only for one group.

The overarching child/care leaver domain is Well-being: Children and young people (CYP) report that their lives are good²³ informed by five related domains:

²² <https://coramvoice.org.uk/for-professionals/bright-spots/resource-bank/the-views-of-children-and-young-people-in-kinship-foster-care-on-their-well-being/>

²³ ONS work with wider general child population on what makes a good life <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/childrenswellbeingindicatorreviewuk2020/2020-09->

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- 1) **Home:** children and young people live in safe, suitable and settled homes;
- 2) **Trusting relationships:** children and young people stay connected to the people they want in their lives and have access to emotional support;
- 3) **Rights and being in and leaving care:** children and young people have positive relationships with workers and their rights and identity are supported;
- 4) **Opportunities:** children and young people have positive opportunities in and outside of school / college;
- 5) **Feelings:** children and young people report optimism about the future and their self.

The Bright Spots survey questions (indicators) for both children in care and care leavers have been mapped across the domains. In addition, the proposed Dashboard indicators have been added along with examples of *possible* supplementary local sources of data (*in italics*) to provide ideas of how other evidence could be included at the local authority level. In theory, each local authority could create their own local Dashboard with a mix of national indicators, and locally identified and sourced information.²⁴

[02#:~:text=Broad%20areas%20covered%20by%20the,finance%3B%20and%20education%20and%20skills.](#)

²⁴ NB: further work could map what opportunities there are to compare to general population data <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/childrenswellbeingindicatorreviewuk2020/2020-09->

[02#:~:text=Broad%20areas%20covered%20by%20the,finance%3B%20and%20education%20and%20skills.](#)

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Trusting Relationships		
What matters to children	Child in care voice	Care leaver voice
See mum and dad as often as want	Age 8-17	
See brother(s) / sister(s) as often as want	Age 8-17	
Trust adults you live with	Age 4-17	
Have really good friend	All age	
Have pet	Age 8-17	
Have trusted person in your life	All age	
People to provide emotional support		
Get support with worries	Age 8-17	
Talk to adults live with about things that are important	Age 11-17	
Adults you live with notice feelings	Age 8-17	
Have someone who listens, encourages and believes in you		
Not lonely		

Rights and Being in and leaving care		
What matters to children	Child in care voice	Care leaver voice
Know social worker/ leaving care worker	All Age	
Trust social worker/ leaving care worker	All age	
Easy to contact social worker/ leaving care worker	Age 8-17	
Stability of social worker/ leaving care worker	Age 11-17	
Know can speak to social worker alone	Age 8-17	
Feel involved in decision social worker makes/ pathway planning	Age 8-17	
Not made to feel different	Age 11-17	
Reason for care fully explained	All age	

Capturing young voices - Bright Spots Well-being Framework:
 Children in care and care leavers' voices about what makes a good life
 (Coram Voice & Rees Centre, University of Oxford, September, 2023)



Good life / well-being		
What matters to children	Child in care voice	Care leaver voice
Satisfied with life as a whole	Age 11-17	
Happy yesterday	Age 11-17	
Things do in life are worthwhile	Age 11-17	
Anxious yesterday		

Home		
What matters to children	Child in care voice	Care leaver voice
Feel safe where you live	All age	
Feel safe in your neighbourhood		
Where you live right for you		
Like bedroom	Age 11-17	
Feel settled where you live	All age	
Stability where you live	Age 11-17	

Opportunities		
What matters to children	Child in care voice	Care leaver voice
Like school	All age	
Studying, working or training		
Adults interested in education	Age 11-17	
Supported and not afraid of bullying at school	Age 11-17	
Access to internet	Age 11-17	
Coping financially		
Chance to practice life skills	Age 11-17	
Do similar things to friend	Age 11-17	
Have fun / do hobbies	All age	
Access to nature	Age 11-17	

Feelings		
What matters to children	Child in care voice	Care leaver voice
Have goals and plans for the future	Age 11-17	
Life is getting better	Age 8-17	
Positive about future	Age 8-17	
No stress		
No worries about feelings/ behaviour	Age 8-17	
Positive feelings: proud, optimistic, full of energy		
Not angry or afraid		
Happy with how you look	Age 8-17	

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Trusting relationships: CYP stay connected to the people they want in their lives and have access to emotional support					
Domain	Outcome	Indicator	Source	Voice or admin data	Update
Trusting Relationships	CYP feel satisfied with how often see family	% of children in care aged 8-17 who are satisfied with how often see mum	Bright Spots: Your life, your care	Voice	Biennial
		% of children in care aged 8-17 who are satisfied with how often see dad	Bright Spots: Your life, your care	Voice	Biennial
		% of children in care aged 8-17 who are satisfied with how often see brother(s) / sister(s)	Bright Spots: Your life, your care	Voice	Biennial
		<i>e.g. Bright Spots question incorporated into practice – child satisfied with how often they see family member(s)</i>	<i>IRO / care / pathway plan review</i>	<i>Voice</i>	<i>Quarterly</i>
		<i>e.g. Young inspector work looking at family time centres</i>	<i>Children in care ‘deep dive’ report</i>	<i>Voice</i>	<i>Annual</i>
	CYP feel connected to important people in their lives	% children aged 4-17 who have a <u>really good</u> friend	Bright Spots: Your Life, Your Care / Dashboard proposal	Voice	Biennial
		% care leavers who have a <u>really good</u> friend	Bright Spots: Your Life Beyond Care / Dashboard proposal	Voice	Biennial
		% children <u>age</u> 8-17 who have a pet	Bright Spots: Your Life, Your Care	Voice	Biennial
		% care leavers who have a pet	Bright Spots: Your Life Beyond Care	Voice	Biennial
		% children in care aged 4-17 who have a trusted adult	Bright Spots: Your Life, Your Care / Dashboard proposal	Voice	Biennial
		% care leavers who have a trusted person	Bright Spots: Your Life Beyond Care / Dashboard proposal	Voice	Biennial
		% children in care age 4-17 who trust adult they live with	Bright Spots: Your Life, Your Care	Voice	Biennial

Exploratory work: embedding Bright Spots indicators in day-to-day practice

A very important way to hear and respond to the voice of children is through the one-to-one conversations children have with the trusted adults and workers in their life. There needs to be space for voice expressed both formally (e.g. through care plan reviews or systematic surveys) and integrated informally in everyday interactions (e.g. conversations whilst driving together). This could help children and young people have a voice at the personal level (see earlier figure) informing decisions about their individual care.

What the Bright Spots programme has identified matters to children could be more embedded in day-to-day practice. Not all of the Bright Spots indicators would be appropriate to collect via individual conversations (e.g. not appropriate for social workers to ask their children if they trusted them, as challenging to answer honestly). However, others, such as understanding whether children have a good friend or understand why they are in care, could fit well listening and responding to children in practice.

We have seen some small-scale work in this area already, examples of local authorities embedding questions from the Bright Spots survey in day-to-day practices:

PRACTICE EXAMPLE

East Riding²⁵ pathway planning has a prompt for Personal Advisers to check in with young people whether they have outstanding questions in relation to why they were in care.

PRACTICE EXAMPLE

East Sussex have incorporated key Bright Spots questions (e.g. how are you coping financially? Do you have any questions about your time in care?) into their Pathway Plan to allow workers to discuss issues with their young people. The new items will be uploaded to the case management system allowing more in real-time feedback.

²⁵ https://coramvoice.org.uk/wp-content/uploads/2019/10/Bright-Spots-insight-paper-Understanding-why-you-are-in-care_compressed-1.pdf

How children's voices are heard and acted upon

Local authorities, their practitioners and wider policy-makers can learn much from children's views and ideas on how to improve the system. Delivering high quality services rests on having a culture that both values and amplifies children's voices and uses a range of ways to listen and respond in partnership with children and care leavers. Our experience of delivering the Bright Spots Programme is that simply publishing the Bright Spots local authority findings report is not enough to secure learning and change.

Some of the things we have learnt from the Bright Spots Programme about **taking action to make improvements and supporting children to get involved in influencing policy, practice and service delivery:**

- **Time, support and transparent processes** – ask young people what works best for them and if (how) they would like to get involved.
- **Fun and skills development** – make sure what you are offering fits with what young people want – a mix of **fun**, the chance to gain **skills** from being involved and **a progression route** for those interested in getting more involved
- **Co-design** – create space and different types of **opportunities for children to get involved in co-designing solutions**
- **Joint working between young people and decision-makers** – Look for opportunities for **young people and decision-makers to meet and work together**
- **Scrutiny and accountability** – create **accountability structures that involve children and young people**
- **Remuneration** – Invest in **paid opportunities for children / young people** to get involved in change and influence work.
- **Involve children and young people in reviewing and interpreting feedback** – Whilst metrics can helpfully point leaders or services in the direction of things to explore further and respond to, without further information from children and young people they do not tell us how to respond or give the full picture.

Voice & Influence workers (V&I)²⁶ – Sheffield have recruited new roles – care experienced Voice and Influence workers – these posts are salaried and there is a minimum number of hours per month agreed. The roles support the wide range of voice and influence activities e.g. supporting Scrutiny Panel, outreach work, leading on projects and V&I workers are commissioned to be consultants in other settings such as health, the Virtual School and Universities. Each post is shaped around the individual and their availability, skills and interests.

Stockport²⁷ undertook ‘deep dive’ with their care leavers to understand more about why some did not feel safe in their homes. As part of the work young people came up with the idea of piloting ‘video ring door bells’ as they felt this could help. The local authority responded and trialled the idea – it was a success and is now rolled out to young people moving into their own homes. The scheme costs about £100. Young people felt their voice had been listened and responded to. The work had a ‘ripple effect’ as partners asked more about why young people were being placed where they felt unsafe and led to investment in new purpose built accommodation for care leavers.

Sharing learning: examples of youth voice

Acting on children’s voice can lead to all sort of positive developments in local authorities. But, we do not always hear about this work²⁸. Many initiatives actively work alongside children and young people to develop solutions not just identify problems.

- 1) Our full Coram Voice insight briefing contains around 50 examples of how actively listening and responding to what children in care and care leavers

²⁶ <https://coramvoice.org.uk/for-professionals/bright-spots/resource-bank/voice-influence-worker/>

²⁷ <https://coramvoice.org.uk/for-professionals/bright-spots/resource-bank/ring-doorbell-scheme/>

²⁸ The Bright Spots Resource Bank showcases some of the ways different local authorities have adapted their policies and practices after taking part in the Programme <https://coramvoice.org.uk/for-professionals/bright-spots/resource-bank/>

say matters has influenced Children's Social Care service development and practice in relation to:

- 2) Children's Voice influencing policy change
- 3) Children's Voice incorporated to strategic plans and policies
- 4) Children's Voice raising greater awareness of issues that are important to children and gaps in service provision
- 5) Children's Voice influencing practice change
- 6) Children's Voice leading to creation of new resources for practitioners / services
- 7) Children's Voice incorporated into Quality Assurance of services
- 8) Developing the insight paper has led to a set of recommendations (these can be found at the end of this report).

Chapter Six: Conclusion and Recommendations

The Department for Education brief for this research included the goals of providing clear proposals on how and when to collect data from children and families and a clear plan for how this data could be collected nationally.

Collecting data is not an end in itself. Before deciding what to collect, there needs to be clarity about its purpose. Data only becomes information when someone looks at it and makes sense of it. Making sense of it requires some understanding of how it was collected, for what purpose, by whom and whether these details provide some confidence in its accuracy. Answers to these questions will also shed light on whether the data can be stripped of its context and transferred as just data without losing accuracy.

This sense-making is particularly challenging in CSC because of the dual nature of its remit: providing welfare support and investigating and responding to the crime of child maltreatment. Adults and children can have reasons to conceal information or lie. Children can fear being taken away if they report the harm they experience; abusers generally want to avoid detection. And some of the problems families are experiencing are very painful and difficult to discuss. It is often only after building a strong relationship with a child that a practitioner may be able to get a deeper understanding of what is good or bad in their lives. Taking such feedback out of context risks attributing false meaning to it. A national measure that cannot differentiate a positive response given by an abusive father relieved to have avoided detection from a positive response from a father deeply grateful for the help he and his family have received is clearly defective.

The four studies in this project illustrate different purposes and methods for collecting information from children and families. They also demonstrate the different levels at which information is sought and used.

The first two studies relate to collecting and using information at the level of individual families and family members.

The impetus to trialling the use of feedback forms at the end of sessions with family members comes from the evidence in psychotherapy of its effectiveness in speeding up progress. The forms formalise what is often done in an informal way at present. The process gathers data that directly relates to the quality of the worker/family engagement and indirectly to the likely success of the help given.

This study highlights how collecting the voice of any service user is only the first step: how it is then used is crucial in making the task have practical value. In this instance, the purpose of collecting the data is to discuss it with the respondent to strengthen the working alliance and thereby increase the chances of making progress in resolving family problems. If this data were removed from its context and collected nationally, it would become meaningless – or, more problematically, give an inaccurate meaning. Moreover the data only covers half the task; the subsequent discussion of the scores is an essential component. Therefore, in our recommendations, we propose that data should be collected recording whether the practitioner sought feedback AND had a conversation with the service user about it.

The forms were used across the continuum of service provision from Early Help to child protection. Reports from practitioners illustrated how they triggered useful and often surprising conversations and, over time, seemed to increase family members' confidence in expressing doubts or asking questions.

Detaching this feedback from its context of an on-going relationship makes it uninterpretable. The feedback is sought at stages through the process of engaging, assessing and working with families and one would expect ratings to vary as this dynamic relationship evolved. Therefore the point in the relationship when an answer is given is significant.

Also, a managerial or national focus solely on collating the numbers on the forms risks undervaluing the second stage of the process – the subsequent discussion of the feedback. Yet, this is a crucial but not easily measured component.

Families involved in CSC are not simply 'customers' who can take their business elsewhere if they are unhappy with the service. They are relatively powerless compared with the practitioner who may be seen as a gatekeeper for access to a needed service or to a child protection investigation so families may be anxious to please. Low-income families are over-represented among service recipients, and they can feel powerless because of their social status. As reported earlier when discussing the project on using feedback forms, practitioners sometimes doubted the accuracy of the positive feedback. Indeed, unlike most feedback situations, it can be a positive outcome if a family member gives a poor rating since it can indicate a degree of trust that the worker will respond constructively. Emerging evidence from the application of feedback informed therapy in psychotherapy shows that the earlier a client feels able to communicate low ratings to the therapist and that this is listened and responded to by the professional, this early exchange of

feedback and response is predictive of client progress through the treatment. (Miller, et.al., 2015).

Families may also give poor ratings on their worker's performance because the worker has become concerned that there are indications of maltreatment and asked questions that families find intrusive and frightening. Yet following up such concerns is to be encouraged since it plays a crucial part in identifying those children who are suffering or likely to suffer significant harm. Any feedback process that discouraged practitioners from asking questions that are likely to upset families would be dangerous.

Poor ratings can also reflect families' dissatisfaction with the lack of help available or insufficient time with their practitioners, factors that the practitioners cannot remedy.

Good ratings can also be given for poor practice when the practitioner has failed to investigate well and evidence maltreatment. The abusive father who has been investigated and inaccurately exonerated will not complain about the practitioner's failure.

The feedback directly collected from the family within the working relationship is primarily for use in the subsequent work but also of value to supervisors in supporting the practitioner. If a practitioner reported a pattern of poor feedback with many families, it might trigger the need to check their expertise and training needs.

This study has shown the feasibility of using the 'feedback informed therapy' approach in CSC and its compatibility with the values of practice approaches of staff. Further, more extensive research is needed to find out whether it contributes to faster and/or improved outcomes for children.

The second study trialling mobile software was closely linked in that it provided the technical platform for administering the feedback forms as well as other tools. This project showed the huge potential of mobile software in enabling recording to be carried out *with* family members in their home, not remotely when the practitioner is alone in an office. This will encourage families to feel more like partners in the work – working *with* rather than being done *to* – and contribute to achieving the respectful engagement aspired to in the Independent Review of Children's Social Care.

The second major value of mobile software is the time it saves. Much of the recording can be done with the family rather than as a separate exercise but the voice recognition software also saves substantial time by allowing the practitioner to

spend a few minutes after leaving a home visit dictating some notes immediately and the transcription being added to the case file.

The third study provided a detailed survey of what local authorities are currently doing to both collect and use feedback from children and their families. It is clear there is a lot of input from children and young people through many different methods including surveys, direct discussions, audits, councils, panels, meetings and a variety of digital tools.

With so much feedback being currently sought, we concluded that it would be unnecessarily disruptive to ask them to adopt some nationally-prescribed set of methods. However, we did consider that it would be helpful, both at local and national level, if local authorities provided a systematic outline of what information they were collecting, with reflection on how it had been used. It may be that taking an overall look at the feedback methods might identify duplications and lead to some reductions. If anything, the survey responses made us wonder whether children and young people are being surveyed excessively.

The survey reinforced the point made about using feedback forms that the topic of practical importance is not simply 'what information is gathered?' but 'how is it used?'

The fourth study of work provided an opportunity to reflect on learning from the Bright Spots Programme in relation to: (1) how local authorities listen and respond to children's voice (the different processes and practices at both the collective and individual level); (2) what is collected from children (with an emphasis on focusing on well-being / what children say makes life good and not just children's views on the services they receive and (3) showcasing examples of listening and responding to children's voice and the impact that has had in local authorities on local policy and practice.

The variety of ways in which information is collected locally and the diversity of information sought and used makes it problematic to scale up to a national level. Recognising this starting base, we propose the following data set and collection methodology around the voice of children and young people involved in children's services. The changes this requires in the PN codes are listed in Appendix C.

Recommendations

This is a proposal for a data set and collection methodology around the voice of children and young people involved in children's social care and Early Help.

Data set: 1a. High Level



- The plan/statement, activity generated by this statement and the impact of it can form part of the Ofsted Annual Conversation as well as underpinning other work, staff training, appraisals, case file audits and self-assessment work.

Each local authority, on an annual basis, should publish a plan of how they will listen and respond to the voices of children and young people who are involved with children's services.

This statement should include:

A. how the organisation will monitor that they include the voice of children and young people in the individual work practitioners are doing with them and how they will seek feedback from children and young people about this work

B. the involvement of children and young people in council related activity such as service planning and evaluation and recruitment.

From year two onwards, the plan should also include a statement of what the actions taken in the previous year, what has been learnt and the impact of the actions at an organisational level. A child friendly version should be made available. The plan/statement should be understandable and accessible for all members of the community that the council serves.



Data set: 2a. Child Level

- We want to be confident that the case record evidences that practitioners have actively sought out the experiences, views and wishes of the children and young people they are working with. This could include records of conversations, drawings, worksheets or other direct work activity.
- This should be evidenced throughout the record, but we recommend this is formally measured at two points in the workflow and that the allocated worker's manager has the task of assessing if this has been done.
- Typically this data is captured by the manager directly into the case management system.

Evidence, at the point of Assessment and Case Closure:

- At the point of Assessment and Case Closure, the allocated worker's manager must confirm if there is evidence to show that the child's voice, including their wishes and feelings, has been heard and responded to in the work that has been done. On a family form, this question should be answered for each child.

Possible Answers:

- **Yes**
- **No**
- **Not appropriate** (*any factor which team manager agrees makes it inappropriate to seek feedback*)

Data Return:

Out of the yes/no responses, **return the %** of children where the manager has confirmed there is evidence that the child's voice has been heard and responded to in the work



Data set: 2b. Child Level

- Building on the existing mechanism for measuring the participation of children and young people in Looked After Reviews, we recommend that we formally measure the involvement of children and young people at the points in the workflow that the plan is being reviewed.
- Typically, this data is captured by the meeting chair directly into the case management system.

In every review of the plan (Early Help/Child in Need/Child Protection/Child Looked After/Pathway) there is a list of codes that captures the participation of the child/young person in their review. This must be completed by the person chairing the review. We are recommending that a revised set of PN codes be used including for children/young person who are in care.

Data Return:

Return the % of each PN code for all reviews that have taken place in the reporting year.

Possible answers:

- PN1** - Child/young person attends their review and gives their views verbally
- PN2** - Child/young person attends their review and gives their views in a non-verbal way
- PN3** - Child/young person attends their review and an advocate speaks on their behalf
- PN4** - Child/young person does not attend their review but shares their views with an advocate who attends and speaks for them
- PN5** - Child/young person does not attend but gives their views in a different way e.g. written format, audio or video recording, use of participation software, a trusted person
- PN6** - Child/young person attends their review and does not give their views and does not have an advocate to give their views
- PN7** - Child/young person chooses not to participate in their review in any way
- PN8** - The chair of the review decides there is valid reason why the child/young person cannot participate in their review

Data set: 2c. Child Level



- The research has told us that organisations want to understand from children and young people what the impact of children's services involvement in their lives is. The use of feedback, directly gained and received by the allocated worker on a regular basis has the potential to improve and develop the working relationship and increase the positive benefits of the work.
- We recommend that each local authority designs how they will obtain this feedback which is best gained via a few questions captured directly by the child/young person.

At intervals of a minimum of 3 calendar months the allocated worker has sought feedback from the child/young person about their experience of the work they are doing together.

This feedback should always be sought, discussed and recorded as part of a conversation between the child/young person and their allocated worker. The recording should include the child/young person's responses and any significant issues.

Data Return:

Out of the yes/no responses, the % of children who have been asked for feedback by their allocated worker.

NB Where a child/young person is being seen at intervals greater than 3 months (for example a child receiving short break care service), the service provider should be asked to gather and provide feedback from the child/young person

Possible answers:

Yes

No

Not Appropriate (any factor which team manager agrees makes it inappropriate to seek feedback)

Coram Voice Recommendations

Youth Voice must be placed Centre stage in Government strategy. Our recommendations include actions for the Department for Education (DfE), Local Authorities (LAs) and other public bodies.

- **Recommendation for the DfE: Embed youth voice as a key ‘Enabler’ in the Children’s Social Care National Framework**

Youth Voice should also be embedded in the Children’s Social Care National Framework. It should be identified as a key ‘Enabler’ to help children’s services achieve the outcomes in the Framework. The Framework should set out what would be expected of leaders and practitioners to make listening to and acting on children’s views a reality.

The Department should work with sector experts to produce practice guidance to help local authorities realise this. It should be part of local authority leadership responsibilities to make sure that they have the structures, resources and tools needed to listen and respond to voice effectively.

- **Recommendation for the DfE: Make listening and responding to children a new (distinct) mission in *Stable Homes Built on Love***

To ensure youth voice is prioritised and the structures needed to listen and respond to youth voice effectively are in place in all local authorities, we recommend the introduction of a new distinct ‘Mission’ focused on consistently giving children and young people a voice in their own care and in the development of Children’s Social Care (in addition to the missions identified to support children in care and care leavers in *Stable Homes Built on Love*)

Mission 7 – Voice

Mission 7: By 2027, all children and young people consistently report having a voice in their care, and there are structures to embed their right to be heard and enable their participation at all levels of decision making.

This should include:

- A range of opportunities for children and young people to have their voices heard at the individual, local authority and national level.
- Staff with the skills to communicate with and listen to children and young people and act on what they say or escalate issues to others who can.
- Individual planning processes (such as care or pathway planning) guided by children and young people such as child-friendly plans or apps, supporting them to chair their reviews, decide where and when meetings take place etc.
- Mechanisms to ensure children are routinely informed about rights and have child-friendly accessible sources of information about what support they are entitled to.
- Responsive systems where all children involved with children's social care (including those in care and care leavers) are able to get hold of workers to discuss concerns and ask for help when needed and access independent advocacy to support them to have their voices heard.
- Systems to collate and aggregate issues that young people repeatedly raise in individual case work and are proving problematic in more than one local authority.
- Fun and engaging resources to encourage children and young people to participate and share their views.
- Child-friendly complaints processes when things go wrong and cannot be resolved by workers directly.
- Participation structures, such as Children in Care Councils, with opportunities for children and young people in children's social care to meet with senior leaders and share their views directly.
- Opportunities for children and young people to coproduce new projects and service developments.
- Senior leaders committed to listen to children and young people and embed coproduction and communicate how they are responding to children and young people's views in an accessible format.
- Regular scrutiny of the quality of participation with data collected on the effectiveness of participation and engagement.

- **Recommendation for LAs: Create a range of structures that provide a menu of options for children and young people to be heard.**

There is no one specific activity that can embed children's voice in local authority work. All local authorities should ensure they have a range of structures and processes to listen and respond to how children in children's social care (including those in care and care leavers) feel about their lives in the areas that are important to them at both the individual level and collective level. For example, they may be captured through the day-to-day conversations workers have with children they support, through effective participation groups or through gathering the views of children in care through local authority wide surveys. Whatever structures are in place must enable all children to share their views including disabled children.

- **Recommendation for all intending to capture youth voice data: Do not collect children and young people's views unless you intend to take action on what they say.**

Data on children's voice must not simply be collected to populate a Dashboard – it must be accompanied by action. It is deeply unethical to ask children and young people about their views and experiences if you do not intend to ensure their views are heard. This does not mean that children and young people always get what they are asking for, but that their views are considered and feedback is shared on what can and cannot be done as a result.

Youth voice outcomes measures in the Dashboard should not be treated as a measure of good or bad performance – rather they should help steer staff and leaders to areas that need to be explored further and where solutions can be developed in partnership with children and young people. The important thing is to interrogate, reflect and respond to any data collected – ensuring that outcome measures are for learning rather than outcome measures simply for reporting.

- **Recommendations for LAs, the DfE & other public bodies: Use the Lundy model of participation to assess how well they are enabling children and young people to be heard.**

As part of reviewing annual plans, local authorities should appraise how Lundy's participation model is going in practice in their organisation. The Lundy Model should also inform youth engagement at the national level in terms of how young people are heard by Government and other public bodies with extended corporate parenting responsibilities.

Questions for local authorities, DFE and other public bodies to ask themselves include:

Space: providing a safe and inclusive space for children and young people to express their views.

- Is youth engagement prioritised and resourced?
- Have young people been asked for their views?
- How many opportunities have there been?
- Is the venue/online space accessible, friendly and safe?
- Do young people feel that they can be open and honest about how they feel (how, when and by whom are young people asked to share their views)?
- Are the staff team trained and supported appropriately?
- Have young people been proactively recruited to take part from a variety of backgrounds?

Voice: providing information and support for children and young people to express their views.

- Are young people asked about things that feel relevant to them?
- Have young people been provided with the information they need to form a view?
- Do young people know their participation is voluntary?
- Are creative and fun activities being used to support young people to express their view on topics?
- Do young people have opportunities to set the agenda and define what is discussed? Is there enough time scheduled to delve into the topics?
- Are workshop resources accessible to young people; youth proofed; and youth friendly?

Audience: making sure children and young people's views are communicated to the right people.

- Are appropriate decision-makers involved and engaged?
- Is there a clear and agreed process for communicating back young people's voices and views to decision-makers?
- Do young people know who their views are being shared with and what will happen to them afterwards?
- Do decision-makers know how young people's views will feed into their decision-making processes?
- Is the person 'receiving' young people's views the person with the power to make (or influence) decisions?

Influence: ensuring children and young people's views are taken seriously and acted upon wherever possible.

- Were young people's views considered in the decision-making process, and how is it recorded?
- Have young people been told about how their views have impacted a decision – and if not, why?
- Are there procedures in place for young people to hold decision-makers to account for their decisions?
- When and how will young people know or see the impact of their participation?
- **Recommendation for the DfE: Develop youth voice indicator(s) to measure whether children and young people feel included in decisions and local authorities have structures to capture voice.**

As part of work on the Government's Dashboard the DfE should work with children and local authorities to develop metric(s) to understand the way(s) children's voice is heard and acted upon in local authorities, e.g.:

- (1) an indicator to understand the degree to which LA has structures in place, such as % of children engaged in participation activities over the year and

- (2) an indicator around the degree to which children themselves feel included by asking children directly, such as through the anonymous Bright Spots survey, the degree to which they feel involved in decisions social workers make about their life.
- **Recommendation for the DfE: Ensure any Dashboard indicators designed to reflect young voices have been developed with the children and young people whose voices they intend to capture.**

The way any outcome measures are designed is important. It is essential that ongoing consultation with children and young people is central to any Framework and Dashboard. Learning from the Bright Spots Programme is focused only on children in care and care leavers – not other groups of children in Children’s Social Care. Further development work is needed to ensure outcomes in the Framework and indicators in the Dashboard incorporate these children’s voices. This work needs to be funded and involve children from the start. Sector opinion on data/voice of the child emphasizes that work on data/voice of the child is difficult and underdeveloped. It is not an area that can be addressed quickly or where there are quick wins available.

- **Recommendation for LAs: Produce an annual plan and report on progress on how they are listening and responding to young voices.**

Local authorities should be required to produce an annual plan of how they will listen to and respond to children and young people’s views. The plan should include detail on the changes they will make to ensure the structures, resources and tools are available to ensure that children and young people are heard. The plan should be updated, and progress reported on annually with case examples of the impact of children’s voice on practice and policy. It should be produced in a format accessible to children and young people. A process to allow children and young people to scrutinize plans and progress should be included in this work.

- **Recommendation for Ofsted – Include the annual plan in inspection evidence and report progress on youth voice in Annex A and continue to scrutinise the quality of youth voice in local authorities.**

Ofsted should continue to scrutinise and report on the degree to which local authorities have the structures and effective practice in place to listen and respond to children’s voice and report on the evidence of children’s voice leading to change.

The LA indicators on voice, annual plan and report on progress on youth voice should form part of the Ofsted self-evaluation and Annex A data requirements.

- **Recommendation for the DfE: Make improving well-being, as defined by children and young people themselves should be made a key pillar for Children's Social Care**

An overarching goal of the Government's strategy for children's social care should be to make life better for children and young people in the social care system by making well-being, as defined by children themselves, a key pillar for Children's Social Care. Doing so would align with the Framework and Dashboard where the purpose of Children's Social Care is described as ensuring children and care leavers thrive. Additionally, it would align with corporate parenting principles²⁹ including to act in the child's best interests and promote their physical and mental health and well-being.

- **Recommendation for LAs, the DfE & other public bodies: Do not just measure children's views on services – measure how they feel about their lives (subjective well-being)**

In seeking to understand children and young people's lives and their experiences of the Children's social care system Local Authorities, the Department for Education and other public bodies working with children and young people should focus on capturing children's own evaluations of their lives (subjective well-being) in the areas that matter to them, not just children's evaluation(s) of the services and support they receive. Focusing on well-being (as defined by children, not adults) offers an opportunity to appraise whether children themselves feel their lives are improving in the areas that matter to them (which may well be different from an adult-led perspective).

The Bright Spots indicators have already been developed to capture children in care and care leavers well-being; further work is needed to adapt this framework for other groups (e.g., children in need) to ensure that what is measured reflects what is important to them.

²⁹https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/683698/Applying_corporate_parenting_principles_to_looked-after_children_and_care_leavers.pdf

- **Recommendation for the DfE: Review the Brights Spots Well-being Framework and potential application to the DfE Dashboard**

The Bright Spots Well-being Framework provides an overview of the domains and indicators that children in care and care leavers told us made their lives good. The Government should review the Bright Spots framework and map to the Children's Social Care Framework.

- **Recommendation for the DfE and Coram Voice: Develop a dedicated project to explore how Bright Spots indicators can be embedded in day-to-day practice.**

A focus on the Bright Spots indicators could help practitioners to ensure that Children's Social Care supports children and young people's well-being and what is important to them. A dedicated project should be set up with a small number of local authorities and partners (including young people) to explore how and which Bright Spots questions could be embedded in day-to-day practice e.g., care planning and case management recording. Children and young people must be central to any project and should be involved in co-producing this work.

- **Recommendation for the DfE: Promote and develop shared learning around youth voice.**

Local authorities (and other partner agencies) would benefit from opportunities to share practice on ways of seeking, recording and analysing children's views and experiences. The Framework could be an opportunity to consolidate and promote learning in this area. To support the Children's Social Care system to continue to share and apply best practice there should be a range of opportunities for local authorities to come together to share ideas and discuss how to overcome challenges they experience. Equivalent opportunities need to be available for young people's participation groups too.

- **Recommendation for the DfE: Use the Bright Spots data already available to understand more about what matters to children and young people's lives and well-being and inform decision-making.**

We urge the Government (and others) to make use of the insights already gathered from the Bright Spots Programme to make sense of children in care and care leavers' lives. Coram Voice would welcome opportunities to work together to analyse and

explore the Bright Spots data collated to date (24,000 voices) and in the future to understand more about what matters to children's lives and well-being.

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Appendix A – Feedback Forms:

Child feedback form:



Children's Voices

Date:

Worker:

Type of Meeting:

Child:

Questions for Children

This question has two options. You must choose which of the 'a' and 'b' versions are most appropriate for this particular family situation. The 'a' question is designed to be used in situations with higher levels of concern such as Children in Need/Child Protection/Children in Care and the 'b' question for Family Support/Early Intervention situations.

1a. How well do you understand why I am worried about you and your family?



1b. How well do you understand why I am working with you and your family?



2. How well do you feel like I listened to you and understand what you want to happen?



This question has two options. You must choose which of the 'a' and 'b' versions are most appropriate for this particular family situation. The 'a' question is designed to be used in situations with higher levels of concern such as Children in Need/Child Protection/Children in Care and the 'b' question for Family Support/Early Intervention situations.

3a. How much do you agree with the plans we've talked about to make sure you are safe and looked after well?



3b. How much do you agree with the plans we are making for helping your family?



4. How much do you feel that I am helping you and your family to make things better?



Parent or Network member feedback form:



Children's Voices

Date:

Worker:

Type of Meeting:

Completed By:

Questions for Parents/Carers/Family and Friends

This question has two options. You must choose which of the 'a' and 'b' versions are most appropriate for this particular family situation. The 'a' question is designed to be used in situations with higher levels of concern such as Children in Need/Child Protection/Children in Care and the 'b' question for Family Support/Early Intervention situations.

On a scale of 1 – 5 with 5 being very well and 1 being not well at all:

1a. How well do you understand why I am worried about you and your family?

1 2 3 4 5

1b. How well do you understand why I am working with you and your family?

1 2 3 4 5

On a scale of 1 – 5, with 5 being very well and 1 being not well at all:

2. How well do you feel like I listened to you and understand what you want to happen?

1 2 3 4 5

This question has two options. You must choose which of the 'a' and 'b' versions are most appropriate for this particular family situation. The 'a' question is designed to be used in situations with higher levels of concern such as Children in Need/Child Protection/Children in Care and the 'b' question for Family Support/Early Intervention situations.

On a scale of 1 – 5, with 5 being very much and 1 being not much at all:

3a. How much do you agree that the plans we've talked about will help make sure your/the children are safe and get looked after?

1 2 3 4 5

3b. How much do you agree that the plans we've talked about will help you look after your/the children well?

1 2 3 4 5

On a scale of 1 – 5, with 5 being very much and 1 being not much at all:

4. How much do you feel that I am wanting and helping make things better for you and your family?

1 2 3 4 5

Young Person feedback form:



Children's Voices

Date:

Worker:

Type of Meeting:

Completed By:

Questions for Young People

This question has two options. You must choose which of the 'a' and 'b' versions are most appropriate for this particular family situation. The 'a' question is designed to be used in situations with higher levels of concern such as Children in Need/Child Protection/Children in Care and the 'b' question for Family Support/Early Intervention situations.

On a scale of 1 – 5 with 5 being very well and 1 being not well at all:

1a. How well do you understand why I am worried about you and your family?

1 2 3 4 5

1b. How well do you understand why I am working with you and your family?

1 2 3 4 5

On a scale of 1 – 5, with 5 being very well and 1 being not well at all:

2. How well do you feel like I listened to you and understand what you want to happen?

1 2 3 4 5

This question has two options. You must choose which of the 'a' and 'b' versions are most appropriate for this particular family situation. The 'a' question is designed to be used in situations with higher levels of concern such as Children in Need/Child Protection/Children in Care and the 'b' question for Family Support/Early Intervention situations.

On a scale of 1 – 5, with 5 being very much and 1 being not much at all:

3a. How much do you agree with the plans we've talked about to make sure you are safe and looked after well?

1 2 3 4 5

3b. How much do you agree with the plans we are making for helping your family?

1 2 3 4 5

On a scale of 1 – 5, with 5 being very much and 1 being not much at all:

4. How much do you feel that I am helping you and your family to make things better?

1 2 3 4 5

Appendix B – Questionnaire sent to Local Authorities

Children’s Voices – How and what do you record?

A questionnaire for local authorities

North Tyneside are leading a Data and Digital Solutions project funded by the Department for Education which will put forward a suggested data set relating to the voices of children and young people to contribute to the National Framework. The project includes researching what local authorities are already capturing and the systems they are using to do this. We want to understand what is working well that can be developed further and how systems can be used to best effect.

Note: All responses are confidential and no responses will be attributed to any local authority without your express permission. Responses to be submitted by 30th June 2023.

This questionnaire should take around 30 minutes to complete.

Many thanks for taking the time to contribute to this important project.

Julie Firth

Director of Children’s Services North Tyneside Council

* Required

1. Name of your local authority *

2. Your role in the authority *

3. Which case management system do you use in Children's Social Care?*

- Liquidlogic - LCS/EHM
- Access - Mosaic
- OLM - CareFirst/Eclipse
- Advanced - CareDirector
- Azeus - AzeusCare
- Other

4. Do practitioners have access to any additional software or digital tools to engage with children and young people? *

- Yes
- No

5. Please tell us what they can use

6. On a scale of 0-10 where 10 is, this solution is great for our staff, a good percentage of the workforce use it regularly and it is really helping to ensure we are seeking out children's views and it makes a real difference to planning and decision making in our direct work with children in ways we can describe and 0 is the software may look great and promise the world but in reality it isn't used very much and it hasn't done anything tangible to improve the way we hear and respond to the views of children. Where would you rate it?

0

1

2

3

4

5

6

7

8

9

10

7. What would be one or two examples of how practitioners would describe how those tools have helped make a difference in specific casework with specific children? *

8. What if it happened, would take you and your practitioners one point higher on the scale in the usefulness of the software? *

9. Do children and young people have access to any additional software or digital tools to record their wishes and feelings independently? *

Yes

No

10. If so, please tell us what they can use? *

11. On a scale of 0–10, where 10 is, this solution is great for children and young people; they use it regularly and it is really helping to ensure we are listening to their views and it makes a real difference to planning and decision making in our direct work with children in ways the children can describe and 0 is the software may look great and promise the world but in reality children and young people don't use it much and it hasn't done anything tangible to improve the way we hear and respond to the views of children, where would you rate it? *

0

1

2

3

4

5

6

7

8

9

10

12. What would be one or two examples of how children would describe how those tools have helped make a difference in their specific experience? *

13. What, if it happened, do you think it would take for children to rate their experience of the software one point higher? *

14. Thinking about the data you collect about children’s voices/views/wishes can you give us as many examples as possible of the kinds of data you are regularly collecting (outside of any statutory returns) and how you use this data. *

15. Is there data you would like to collect, but the systems you use don’t seem able to help you with this? Again, please give us as many examples as possible. *

16. When you think about creating a data set around the voices of children, what do you think is the most important data to capture

(please provide up to 3 data items) *

17. Anything else on this topic that you’d like to share with us?

End of questionnaire

Many thanks for taking the time to contribute to this important project.

Appendix C – PN Codes

Current code	Recommended replacement
PN0 Child aged under 4 at the time of the review	PN0 should no longer be used ALL children should have the opportunity to participate in their review
PN1 Child physically attends and speaks for him or herself	PN1 - Child/young person attends their review and gives their views verbally
PN2 Child physically attends and an advocate speaks on his or her behalf.	PN2 - Child/young person attends their review and gives their views in a non-verbal way
PN3 Child attends and conveys his or her view symbolically (non-verbal)	PN3 - Child/young person attends their review and an advocate speaks on their behalf
PN4 Child physically attends but does not speak for him or herself, does not convey his or her view symbolically (no-verbally) and does not ask an advocate to speak for them	PN4 - Child/young person does not attend their review but shares their views with an advocate who attends and speaks for them
PN5 Child does not attend physically but briefs an advocate to speak for them	PN5 - Child/young person does not attend but gives their views in a different way e.g. written format, audio or video recording, use of participation software, a trusted person
PN6 Child does not attend but conveys their feelings to the review via a facilitative medium (Texting the chair, written format, phone, audio/video, viewpoint)	PN6 - Child/young person attends their review and does not give their views and does not have an advocate to give their views
	PN7 - Child/young person chooses not to participate in their review in any way
	PN8 - The chair of the review decides there is valid reason why the child/young person cannot participate in their review