

Module 12 – How well are we meeting needs?

Content Overview

12.1 What did we do?

12.2 Limitation of findings

12.3 Services that responded

12.4 Services that did not respond

12.5 What did we find?

- 12.5.1 Data Collection
- 12.5.2 Data Analysis
- 12.5.3 Dissemination and Action

12.6 So What?

12.7 An example of practice: SEND Services

12.8 An example of practice: Health Visiting and School Nursing

12.9 Suggestions for future focus

- 12.9.1 Data Collection
- 12.9.2 Data Analysis
- 12.9.3 Dissemination and Action

12.1 What did we do? (1)

We **created a short questionnaire** and sent it to providers of health-related services for children and young people. **We asked professionals:**

- Do you **capture the views of children, young people and their families about their experience** of using your services?
 - If yes, **what methods** do you use to capture these views?
- Do you **analyse this data and present it**, for example in a report?
 - If yes, please can you say **how frequently** this is done and provide a copy of the most recent report?
- Do you **use the data collected to inform and develop improvements to services?**
 - If yes, please can you **give a couple of examples?**

What did we do? (2)

In order to **encourage a better response rate** from GP Practices, Practice Managers were **called individually and asked:**

1) Do you **have processes in place** for capturing the views of children, young people and their families?

2) What **sort of processes** do you use? (Y/N)

- Surveys
- Compliments/complaints
- Suggestion boxes
- Other (please specify)

3) If you have **any examples** of how you have used any of the above to make a service change, please specify.

12.2 Limitations of Findings

- This phase of the needs assessment was entirely **dependent** on the participation of services. The detail provided in individual responses to the questionnaire and the breadth of supplementary evidence provided by services was **highly variable and likely influenced** by service demand and other pressures.
- In light of this, the data gathered from this process **may not reflect the intricacies and totality** of how each service gathers and uses service user feedback.
- As an example, **none of the GP surgeries responded** to the optional question asking for examples of how feedback from CYP and their families has been used to make a service change.

12.3 Services that Responded

- NELC Youth Offending
- NELC Access and Inclusion
- NELC Health Visiting
- NELC School Nursing
- NELC Children's Complex Health
- NELC Children's Social Care
- NELC Throughcare
- NELC SEND Services
- NELC Prevention and Early Help (Family Hubs)
- NLaG CLA Health service
- NLaG Children's Services
- Child Development Centre
- LPFT Young Minds Matter
- NSPCC
- 26 GP Practices

12.4 Services that did not respond

- NLaG Midwifery*
- NELC CLA Education Services

*We asked for a **collective response** for Children's Nursing and Midwifery, but we **only received a partial response**, covering NLaG Children's Services,

12.5 What did we find?

12.5.1 Data Collection

Responses to the Phase 2 questionnaire **indicate that most services** are routinely seeking the views of children and young people and/or their families. However, whilst there are pockets of good practice:

- Services are **generally seeking feedback** about people's experiences of the service, as opposed to how well the service is meeting needs.
- Feedback is **predominantly sought from individuals**, largely through questionnaires, although response rates to surveys were sometimes low, which can bias results.
- Encouragingly, **many surveys incorporated qualitative options** (e.g. free text feedback).
- However, there was **limited evidence of use of qualitative methods** (such as focus groups or interviews) for seeking feedback from CYP and their families.

What did we find?

12.5.2 Data Analysis

- There are **varying degrees** of analysis undertaken, although some excellent examples were noted.
- However, there seems to be a **lack of consistent aggregate analysis** for both quantitative and qualitative feedback – **data collected from individuals is NOT always collectively considered or analysed at an aggregate /collective level.**
- The **reasons for this could include** resource constraints, lack of capacity for analysis, and knowledge and skill gaps, although one response to the questionnaire did indicate team depletion as the reason for not collating and analysing feedback.

12.5.3 Dissemination and Action

- Feedback from children and young people and their families **is reported to several** different boards/strategic groups locally.
- There are **some good examples** of how feedback from CYP has helped to shape service delivery. However, it was **not always clear** how insight from CYP and their families was **applied for service improvement or whether this was fed into commissioning cycles.**

12.6 So What?

Data Collection

- In some parts of the system, there is an **overreliance** on questionnaires, and **limited or no use** of other methods. Whilst recognising resource pressures, this means that we **miss out on the rich insight** that can be gained from qualitative methods, which can **provide detail and explanation** of people's experiences.
- Although there were **some examples** of co-production (such as with SEND services), participatory methods could be used more often. This may help to **empower** CYP and their families, ensuring that feedback is **not only sought** on the terms of services. Participatory methods **may also draw out possibilities** for service change, instead of focusing on current experiences of services.
- We **may not be maximising opportunities** for empowerment. For example, a participatory approach can be used in the **design of data collection** so that children and young people and their families **are equal partners** throughout the entire process of seeking feedback.

So What?

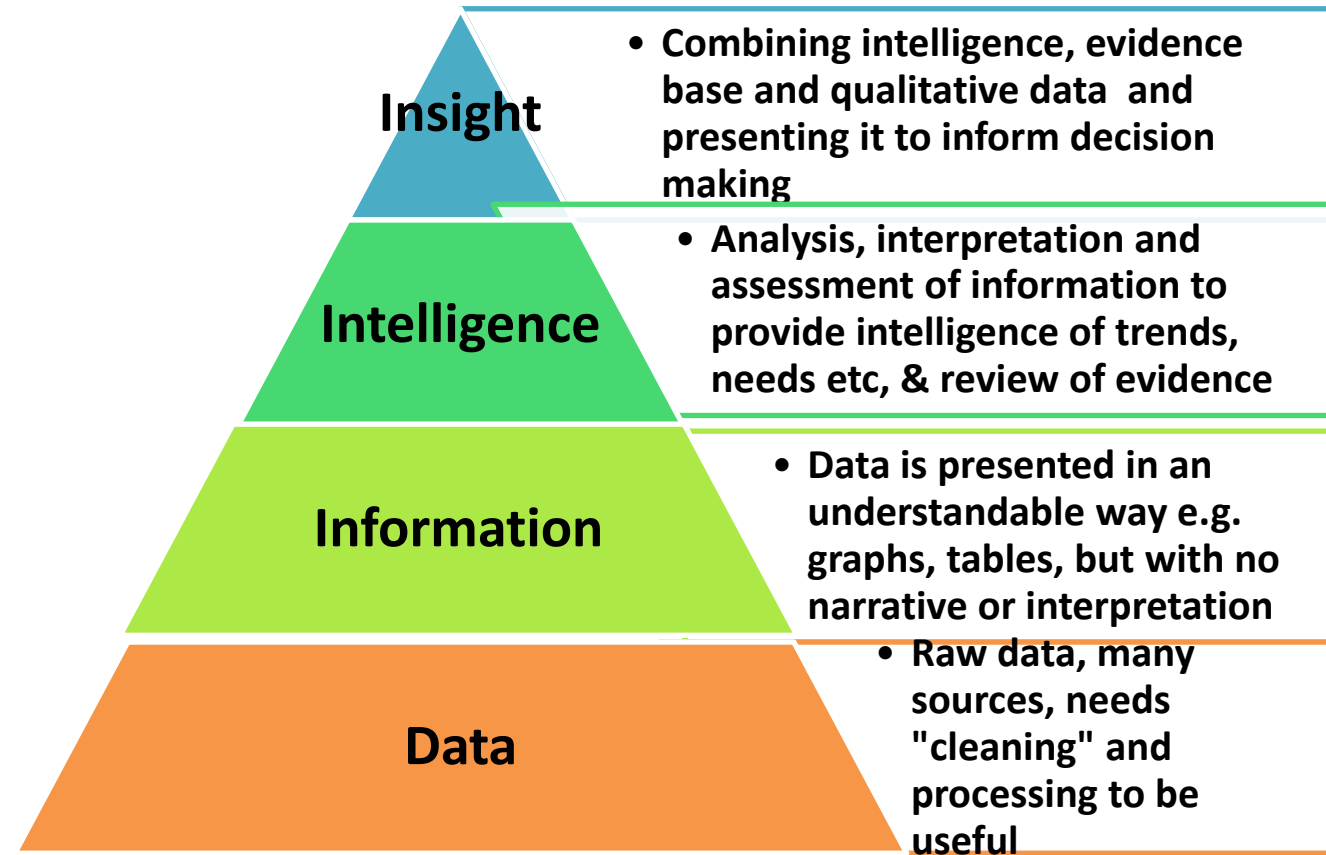
Data Analysis

- We **do not always capitalise** on opportunities to conduct aggregate analysis (e.g. calculate rates and trends), so we collect data but we do not always generate intelligence from it. See Figure 1.

Dissemination and Action

- We **do not appear** to have a shared understanding of data and intelligence assets and there is **no central point** where all intelligence is held, which is problematic if we want to maximise capacity, reduce duplication, and understand children and young people's experience across the system.
- Whilst there was **a lot of evidence** that the voices of CYP and their families **are collected**, it was **not always clear** how these voices **influenced** service delivery, policy **and commissioning**. More could be done therefore to **pull through insights** into achievable action.

Figure 1: The Journey from Data to Decisions (Insight)



Source: PHE: From data to decisions: Building blocks for population health intelligence systems

<https://publichealthmatters.blog.gov.uk/2018/12/05/from-data-to-decisions-building-blocks-for-population-health-intelligence-systems/>

12.7 An example of practice: SEND services

- Participatory methods (e.g. co-production) as well as surveys **are used** to capture the views of CYP with **SEND and their families**.
- Feedback on the **current Local Offer** and also views on what the Local Offer **could and should look like** were obtained through **listening and co-production events and by speaking** to a young persons group.
- The SEND communication strategy **was developed and co-produced** with children and young people with SEND and their families.

12.8 An example of practice: Health Visiting and School Nursing

- **Online survey** after brief interventions, **reviewed quarterly and included in service scorecard.**
- **Comment cards** in clinics and other settings.
- **Consultations** take place on a **three-yearly cycle** – staff, stakeholders, service users.
- **2019 Health Visiting Service parent consultation** has taken place, with results to be presented for parents as a **‘you said – we did’ poster.**
- Example of how **immunisations sessions survey** resulted in **young people being able to directly influence the delivery of service.**
- **Insight from CYP and their families** can be traced into **policy/practice**, i.e. the golden thread.

12.9 Suggestions for future focus

12.9.1 Data Collection

- **Robust requirements for obtaining feedback** and using this to inform service improvement **could be embedded** into commissioning plans. This **could be monitored** through contract monitoring arrangements **and** through relevant staff appraisals as appropriate.
- The Engagement Strategy Steering Group **could pull together a resource guide** detailing the different methods for **obtaining feedback** from CYP and their families, including participatory methods.
- The Engagement Strategy Steering Group **could agree an approach** by which the Union can understand what consultation and engagement events **are occurring within different organisations in NEL**, including when data is routinely collected. **This will aid coordination, reduce the risk of duplication, help to join up insight/intelligence, and enable services to plan capacity in terms of data analysis.**

12.9.2 Data Analysis

There is a need to **develop workforce capacity** for analysing quantitative and qualitative data. Public Health, in collaboration with the Engagement Strategy Steering Group, **could produce an e-learning package** to enhance the local skill set for both quantitative and qualitative analysis. Public Health/the Engagement Strategy Steering Group **could also consider conducting a skills audit of the Union and its partners**, in order to inform the production of this e-learning.

Suggestions for future focus

12.9.3 Dissemination and Action

The Engagement Strategy Steering Group **could investigate** having one central place locally where quantitative and qualitative findings from engagement activities (such as survey findings and themes from focus groups/interviews) can be accessed.

In order to **ensure that feedback** from children and young people and their families **informs policy, strategy and/or practice**, the Engagement Strategy Steering Group **could conduct a mapping exercise** to understand which boards have oversight of feedback/insights from CYP and their families.