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# Consultation and consequences: A view on the services experienced by some young people and six families

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This paper reports on the views of some young people and six families on services they received from social care professionals. There is a summary of the main themes that emerged and an emphasis on the issue of professional reliability as articulated in these two small, but in depth, studies of the views of two groups of service users. The views of both sets of interviewees contributed to the creation of a course for front line managers (Managing Care, The Open University 2004) which draws from user and worker consultations. In this paper the interviews are drawn on to shed light on various aspects of professional relationships with services users and what these individuals said they wanted. The discussion sets this in the context of policy agenda.

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**Consultation and Consequences: a view on the services experienced by some young people and six families.**

**Abstract**

This paper reports on the views of some young people and six families on services they received from social care professionals. There is a summary of the main themes that emerged and an emphasis on the issue of professional reliability as articulated in these two small, but in depth, studies of the views of two groups of service users. The views of both sets of interviewees contributed to the creation of a course for front line managers (Managing Care, The Open University 2004) which draws from user and worker consultations. In this paper the interviews are drawn on to shed light on various aspects of professional relationships with services users and what these individuals said they wanted. The discussion sets this in the context of policy agenda.

**Introduction**

*Why do you ask questions, if you don't listen to the answers?*
This question, posed by a service user, invited to take a role in an advisory group committee, encapsulates the dilemmas of service user consultation, involvement, participation and control of services (Sang and O' Neill 2003; Beresford and Croft 2003; Connelly and Seden 2003; Read 2003; Seden and Ross forthcoming).

Complex dilemmas exist when professionals try to create real partnership between people who are not equal because of social and role differences (Thoburn et al 1995). The interviews that are drawn from in this paper illustrate that service user expectations and needs were not always met sensitively in their interactions with professionals but that when practitioners were found to be reliable and sensitive in their responses this was appreciated and found to be helpful.

**The consultations**

In 2001 two sets of consultation with service users in children and families settings were undertaken. Firstly, five young women, with a parent/supporter in attendance if they wished, were interviewed by support workers from an agency where the young women had attended a therapeutic post abuse group. These five young women had disclosed sexual abuse to professionals and subsequently experienced a range of contacts with social workers, health, police and education personnel. This included attending the post abuse therapeutic group for young women in a voluntary sector agency.

By the time they were interviewed for the consultation it was 6 months from the ending of the group and all were living back with their families of origin. There were two parts to the interview. First they were asked their views about the services they had received from professionals (e.g. police, education, health and social workers) at the time they disclosed the abuse and during their subsequent contacts with the child protection

system. Secondly they were asked to evaluate the groupwork process in the voluntary agency. This paper only covers their views of the statutory workers but it is worth noting that the young women's evaluation of the therapeutic group was very positive and they also made suggestions for improvement:

'*they were really, really good' (YW3)*

'*I could talk and get it out of my system' YW1)*

'*the sessions could have been longer, by the time you got there it  very short and then you had to go home again…'I would have liked it longer – I miss it now'.(YW5).*

A second consultation was undertaken separately from another voluntary sector agency. The six families consulted were parents of pre – school children who had sought help at an early stage in their particular need, and at the time of the interviews had recently ended, or were about to end, receiving support from the agency which was set up to help the parents of preschool children. Again the interviews had two purposes, firstly to consult the families on their prior experience of statutory workers and secondly to evaluate the service from the voluntary agency. Again, these were families all satisfied with the level of support from the voluntary sector agency, because of its responsiveness and informality.

'*I think they are brilliant, they don't categorise… when you ring up you know your message is going to get through' (Family 3)*

*'they are accepting of the family and are not trying to find something wrong' (Family 4)*

*'It is a lot more personal, things seem to happen a lot quicker and it's much more efficient '(Family 5)*

*'I think they do an excellent job and should be give n as much funding and resources as possible '(Family 6)*

This level of satisfaction with the voluntary agency in both groups of respondents is not surprising, as the high value families put on non stigmatising and welcoming family support services has been noted frequently by researchers (Aldgate and Statham 2001).

It is important to record that in both situations the interviews were given voluntarily in response to an invitation. The respondents consented to material being used to inform agency services, course development and academic papers. There was no link between the services offered and participation in the consultation. All the participants had stopped or were about to stop receiving any kind of service when interviewed. However the interviewers were employees of the voluntary agencies and this may have impacted on the outcome of the agency evaluation, even though the researchers were not involved in the original service delivery but employed by the agency on behalf of the university to undertake the consultation. They had no link at all with the other agencies that the participants experienced, the views on which are the focus of this paper.

This paper makes no claim of universality from the respondent's views, they are simply reported. However they come from real, lived, felt experience which sheds light on what people want from services and how they perceived some of the responses they experienced from professionals. The discussion will situate their views in the context of policy developments to make service user views more central to the way service are organised and research findings on what people want from services for children and their families.

We also evaluate the particular emphases stressed by these two groups of people. While several individuals were willing to be identified by name in reports and papers, others preferred to remain anonymous. Therefore for the purposes of this paper and confidentiality the following convention is used. The two groups of respondents are differentiated by being termed called the 'post abuse group respondents' or 'the family support project respondents'. The individuals within each are identified as either Young Woman (YW1 - 5) or Family 1-6 depending on the order of the interview. This sounds impersonal but is simply shorthand to enable the proper attribution of views.

There is no attempt to analyse the socio-economic or personal characteristics of respondents as the focus is on perspectives on professionals. The key aspect of the interviewees is that they all sought a service from statutory agencies in a crisis situation, received responses to some extent, and were later provided by services in the voluntary sector with which they were satisfied. They were asked to reflect on these experiences at a point where their lives were more stable again.

Both sets of consultations were undertaken as face to face interviews, transcribed and written up. A summary of some key themes from the consultations have already been published in a paper which drew together the outcomes of a series of consultations with people who had used both adults and children's services (Henderson and Seden 2003, 2003a). This new paper develops the views from the users of services for children and their families in more detailed and provides a discussion set in policy contexts and makes some comparisons to other research findings. It is salutary to note that some very basic and easily remedied issues were of great concern to the people interviewed.

Home visits were agreed as the way to hold the interviews. The post abuse group consultation took longer to set up and complete, because the group the young women had attended together was finished and had been immediately evaluated. This consultation was a new task and the respondents had to be re-contacted and fresh agreements for the

research established. The researchers also needed to engage in discussions about where the interviews would happen and whether parents or carers would be present. In the two consultations all the respondents were paid a small fee to acknowledge the time spent, the value of the work and to cover expenses incurred, although a primary motivation, stated by participants, was that they would like to influence services for others. Consents to the use of material for the course and in published form were discussed and agreed. The decision to use pseudonyms has been owned throughout.

**The family support project consultation**

A specially recruited staff member interviewed five families, with children under 5, who were towards the end of or just finished receiving services from a voluntary befriending agency, accessed by referral from commissioning agencies. The families had all experienced a crisis in their family life that had led to them asking for help. The agencies they had already experienced included social services, community health and hospital services, education, housing, police and the benefits agency. The families' experiences of the statutory agencies are mixed ranging from the helpful (sensitive responses) to the incompetent (e.g. initial telephone calls not returned). They were unanimous in valuing responsive, respectful encounters with professionals and highly valued the peer support of the befriending agency.

The agency supports families by linking them to volunteers who they recruit and train themselves and aims to give families peer support for the task of parenting in a way that builds on strengths and doesn't create stigma. The agency agreed to interview families about their experiences of services, they had experienced from the point at which they had asked for help to the present, recorded for our purpose. They were simply asked their views in a fairly informal interview, although notes were taken.

The families asked to participate were at the point where they would be asked to evaluate their experience of the project, as part of the usual evaluation process in the agency. They agreed to be interviewed additionally about their experiences of any other agency they knew first hand as users of services. The same open-ended questions were asked of each family and all the families were asked for additional or other comments. In both consultations the respondents have a rich experience of very recent meetings with a range of professionals from a range of agencies which made their valuable views and insights both genuinely felt and grounded in real and felt experience. Again free narrative was encouraged.

**The families and their views**

**Family 1** is a single parent whose daughter was allegedly abused by her father, both before and the parents separated. Her concerns about her contact with social services were that *'it took a long time'* (a year) before

the abuse was finally acknowledged and the mother felt that she was being labelled as 'anxious'. She was also very concerned that phone calls were not always returned. She said '*they say they'll keep me in touch but never do'.* She felt strongly that 'if they had worked faster then maybe we could have had the evidence there to prove what happened' *..' the fear is that if he gets away with it he's going to do it again'.*

**Family 2** is a father bringing up two children, aged two and five months while still working full-time. His wife experienced severe post-natal depression and tried to take her life three times. The children were with their grandparents much of the time and their mother was in hospital. The father described himself as *'at his wits end'* trying to keep everything going'. He also met a negative response from service providers, '*They are so far removed from reality. I don't know where to start […] all I meet with are blocks […] so I am left with two children, a small baby who cries incessantly and a two year old who won't eat. I ended up putting my wife in a private hospital'.* This father apparently didn't qualify for help because he had private resources, but identified the biggest problem as *'demoralisation'.* He found his health visitor *'friendly and helpful with a positive attitude. She was just there for me and the GP 'generally very helpful'.* However the father's difficulty problem was meeting *'a generally uncoordinated approach to family life with this kind of problem. It's probably the system rather than the people'.* However he said of professionals *'They need to start listening to the people around them'.*

**Family 3** are a couple with a son of three and a half. The father works full time; the mother has a long term respiratory illness and needs 5 hours of self-treatment every day, including nebulisers and physio-therapy. She gets easily breathless and can't play actively with her little boy and needs help to spend time in activities with him. She is very concerned for the future as her condition will deteriorate. She felt she needed a longer visit from social services and that: *'I felt that I don't come in a nice little box … because I'm not old and my son isn't on the child protection register, they couldn't help […] they should try and make the service client/problem led and then it would be more flexible'.*

**Family 4** are a couple with two children, a boy and a girl. The boy has been 'difficult' since birth and has been diagnosed as having attention deficit disorder. The mother had experienced difficulty in getting her concerns about her son across, *'the health visitor just told me babies are like that. Really she needed to stay and see what was happening'. When she finally was referred to an educational psychologist 'it was brilliant.'* However speech therapy was not available and a parent's group was unhelpful, it *'didn't seem to be in the real world'.* Eventually, *'when he was four a very good play group picked up on him and applied for a statement for a special school. Luckily we got this early on due to the playgroup speech therapist […] it was hell for three years'.*

**Family 5** are a couple with two small boys. The youngest boy has hearing difficulties. This has affected his speech and delayed his

language development. As a result he has temper tantrums. This family's concerns were with delays in health service provision and short appointments, *'better organisation would be better'.* The mother felt *'more attention could be paid to people's circumstances […] in the end they listened and acted on it'.* This was after many time consuming struggles to have the situation recognised.

**Family 6** are parents with twin boys of 20 months. The mother had severe post natal depression and was admitted to hospital. The mother found her health visitor very helpful to herself and husband, *'helping him look for nurseries, they gave him numbers to try and even made follow up phone calls'.* Her GP and Community Psychiatric nurse both responded quickly to a crisis, *'they couldn't have done more'* but the hospital experience was *'frightening […] it didn't feel the right place for me'.* This was because as a voluntary patient she was with people sectioned under the Mental Health Act and alarms were ringing and her panic attacks were heightened. She comments *'I get the impression that these days they have to deal with paperwork […] rather than be fully involved with patient care. I feel that when I am ill I want care and attention. I certainly did get it, but you hear a lot of people say I felt like a piece of baggage'.*

**Comment**

What I noticed in the families accounts were: issues about slow and inappropriate responses, delays exacerbated the parents stress and had

consequences for the children. Some really poor practice is recorded where families remain unheard, or dismissed and make several telephone calls before they are taken seriously as needing help. There is appreciation of prompt and thoughtful responses, especially practical help in response to clearly identified problems. It is also noticeable that these adult service users could appreciate the pressures on the professionals and actually tolerated some delays in obtaining the best services for their children.

The strongest message seemed to be about listening to what was being said, giving people prompt and timely attention, being well organised and keeping families informed. Another concern was that 'needs' didn't always fit into the agency 'boxes' for giving help and this often meant receiving no service in a serious family crisis. It is also fair to say that the family's referral to the support agency which they found responsive and supportive was finally usually made by the statutory agencies as a way of finding support for families.

**The post abuse group respondents and their views**

Two researchers, assisted by a consultant, interviewed five young women who had attended a group for teenagers who had experienced sexual abuse. The therapeutic group had now ended and been evaluated, and it was thought these young women, who had attended a group and also experienced a range of other intervention in their lives

would be able to tell the researchers what they thought about the services and professionals they knew about.

The researchers prepared questions around the areas of: benefits received from services; the positives and negatives of the experience; the young women's feelings about the services they received; improvements they might like to suggest. They found in practice that they adjusted the language of the questionnaire to accommodate the young women's responses making space for the respondents' own areas of concern as they went along, and to enable free narrative

The group of young women interviewed had experienced using services such social services, education authorities and the health authorities. They were asked their opinions on the services that they had used. The researchers, when they compiled their report, found that some common themes emerged from the interviews. They described these common issues that were highlighted as important by the young women.

***Need For Stability and Consistency:***

The young women wanted consistency from the professionals and did not want to be passed from one worker to the other, particularly without being given any explanation for the change. A suggestion was made by YW4 that two social workers be allocated who both know the case, one for the day and one for the evening. This should prevent the young women, or any young person, from having to explain their whole case

and particular situation to an emergency worker before they can even begin to ask for the help they are in need of at a particular moment in their situation. Her experience of social services was very fragmented:

*'they spoke to us and then left us for a while and then we didn't hear from them for a while… they lost the files.. No-one's told us what happened to him (the abuser) we don't know anything.'*

Another said:

*'they could have been there for me when I needed to speak to them or given me a decent contact number cos you ring it, it was just ringing out or somebody was not there and up to tell me what's going on and show up more' (YW5)*

When more consistency and support was offered it was appreciated:

*'They (social services) were really supportive, I mean I had to go to court and everything and my social worker came with… and stuff… and supported me through 'and 'the school nurse was very useful. I mean, because I was having problems at home as well. She was supporting me with everything, school work, everything' (YW2)*

Several of the young women experienced delay and being let down, especially in the court system:

*'when mmm I first got to the courts they separated me from my mum .*
*They wouldn't let me see my mum until the end of the trial. I was scared*
*at first. It was a court and I had never been there before. I was*
*completely terrified and they just left me with two women I had never*
*seen before' (YW2).*

Better practice is described by YW 3:

*'I actually went round to look at the magistrates to look around the courts*
*because I was going to give evidence. It was just a little walk round that's*
*all. Just to see what would happen and how it would happen'.*

### Need For Clear Communication:

The young women often experienced the feeling that they had to keep
*'doing the running around'* and to require  whoever was working on their
case to keep them informed and up to date with what was happening
with verbal and written correspondence. For example court dates were a
problem:

*'it was almost like you don't count, but we can't be bothered to get you in.*
*If they had said 'another case has run late so we can't get you in' then*
*fair enough, that's understandable, everybody knows that some cases*
*last longer, but they just said are you alright love?' (YW1)*
and

*'They could have kept me more informed, they didn't really keep me informed very much of what was going on. I didn't know when the court date was or anything. I only knew a week before. They could have kept me more informed in advance'. (YW3)*

Another wanted to be kept more in touch. *'To tell me more of what's going on because it's like they just disappeared and I didn't know anything'. (YW5).*

Given the sensitivity of the young women's experience and their willingness to co-operate with delays, it seems reasonable to suggest from what they said that some basic attention to clear communication would have given then a sense of self respect and they would have felt more empowered. They also could have been given much clearer knowledge about the boundaries of confidentiality between themselves, other individuals and between the relevant agencies they were involved with.

### Need For Trust:

This all links to the expressed need to be able to trust professionals. It was important that the people who were working with the young women were approachable and that they had been able to build up a relationship of trust. It was very difficult for the young woman in court without her mother (who she said was not allowed to attend) left, for the whole day, in the care of a person she had never met before. It was much better for

the young woman shown round court in advance. YW5 said that she wanted some-one who knew her situation and her mother commented that it was good when *'she asked for a female doctor and they went out of their way to get her a female doctor'*. Unfortunately such attention to detail in a respectful way is outweighed by a lack of responsiveness and inattention to the person much of the time in these accounts.

### Need To Be Listened To:

The young women identified that it was Important that they felt that the workers' agenda didn't overshadow the priority of them being listened to and that they could be heard. One young woman's request was simply ignored when she clearly asked for a female police officer.

*'I needed more support from the police. After everything happened and stuff I was basically terrified of males and they sent a male and a female out, and I was sort of terrified. And it was the male that first started to talk to me and I tried to explain to him that it wasn't him I wanted to talk to and he wouldn't listen'* (YW3).

Another said, *'there should have been a counsellor at the school you could actually sit and talk to (YW2).* And another young woman was promised counselling which never materialised *'they let us down a bit because they were arranging counselling for C which she never got'* (YW5's parent).

It is of concern reading the transcripts that retrospectively the young women were showing that they needed to be empowered to maintain control of what was happening and had not wanted to feel that the control was being taken from them by workers/agencies. The actual experience was often fragmented and characterised by a lack of respectful listening and failure to give relevant information and/or sensitive service provision.

### *Need For Confidentiality:*

It was important to the young women that they experienced and had explained to them a confidentiality policy in all agencies that work with them and covering all workers. For example, one young woman wanted to talk with a particular school worker whom she trusted, but didn't want what she had said to go back to the mother. In this situation the young women was told that whatever she said would have to be passed on to her mother. A suggestion of youth counsellors being available in all schools was made. The young women felt more vulnerable when they were unsure about what use would be made of what they confided to professionals.

## Comment

The interviews were all very different, although all the young women had been victims of abuse – they dealt with their abuse in very different ways. It is interesting to note that the young women interviewed were treated differently in terms of the services that were available to them and the

help they received, yet they had been through similar traumas. However there were common themes that were apparent. The researchers thought with hindsight that it might have been beneficial to have explored issues further by arranging a voluntary follow up group session as a process to complete the discussion of shared issues.

**Discussion**

The ideological basis for health and social care services was changed by significant policy shifts in the late 1990s and early 2000s. There has been a move from the paternalism that was inherent in way welfare services were set up after the second war and conceptualised in the 1950 – 1980s. Post war welfare services in Britain provided a service from the 'haves' to the 'have nots' based on the idea that care services were only for the poor and disadvantaged.

The four governments led by Margaret Thatcher and then John Major between 1979 and 1997 introduced significant changes to the way services were provided, changing public sector provision to a 'mixed economy of welfare'. This was based on purchasing and providing arrangements and changing the language and thinking about welfare (Page and Silburn 1998, Waine and Henderson 2003). When the first Labour government under Tony Blair took office in 1997 the changes of the Thatcher years were already established in practice.

The then new government issued a range of papers aimed at modernising health and social services (Department of Health 1998 and 2000) to regulate the market and move from notions of consumerism to an emphasis on social inclusion, participation, citizenship and partnerships between agencies, workers and users of services. Such developments have continued through the second term of office and may continue through a third new Labour government. In children's services the development of Children's Trusts includes rhetoric of listening to the views of children and seeing them and their families as actors in the delivery of services in communities (DfEs 2003a, 2003b, 2004)

There is also an increased awareness that most people at some time in their lives will be users of some kind of service, and that we ourselves and others will, when that time comes, expect to have a 'voice' about what we receive and how we receive it. Alongside that runs the concept that all service users are actors in their own lives, whether or not social disadvantage or exclusion leads them to be people needing support to achieve their full potential, and that their contact with care professionals is only part of their lives (Connelly and Seden 2003). Services are viewed as not just the way that powerful people help poor ones but as a powerful force for combating disadvantage and promoting citizenship and social inclusion (Department of Social Security 1998). People are seen as citizens who have rights and entitlements.

Listening to what people say about services has become a key feature of

public policy (Connelly and Seden 2003) as service user views are seen

by government as a powerful component of shaping and evaluating what

services should be in place (Scottish Office 1999, Department of Health

2000a). *A Quality Strategy for Social Care* asserts, 'We must focus on

what people want from services'. However, as this study shows, the

'devil is in the detail'. The rhetoric of policy will only be effective where

skilled practitioners take the time to use listening skills to understand the

needs of service users and can demonstrate that they are reliable and

trustworthy in practice. The evidence so far is that often basic respect is

often lacking and that service users will continue to need advocates to

achieve adequate representation of their views (Forbat and Atkinson

2005).

There is now a strong body of evidence pointing to the qualities people

value in social services (Department of Health 2000a, p.6). There are

many examples in health and social care of consultation and research

into user views of services (Henderson and Atkinson 2003). Key words in

the rhetoric which characterise health and social care's relationships with

service users and patients are – information, consultation, involvement,

partnership, participation, ownership and control. However talking to or

becoming a service user is always a salutary reminder of how far there is

to go to put the basics of respect, attention and care in place in reality

(Seden 2005). If children and their families are to be active agents in

their own lives this has profound consequences for all those

professionals and others who provide care and services for children. They have a responsibility to seek out children's views, to understand their perspectives and to take these fully into account (Aldgate and Seden 2005).

If the views of the service users in these two consultations were taken fully on board the practice of professionals around people like them would be more thoughtful, responsive and far more attentive to the details that the service users consider important. It would also require a fundamental change of ethos and culture in allocating workers, with the emphasis being on providing continuity and backup for young people. There would need to be more effort to share of power and control with children and young people. In particular information about court processes and good arrangements for children and young people attending court still seem to need attention.

Rose (2005) suggests that:

*There is an increasingly rich source of children's perspectives as researchers have become more interested in finding out and recording children's views and opinions.*

As she says, one such resource is the twenty-four studies evaluating the implementation of the Children Act 1989 where:

*There is a strong focus on the views of the children in need and their families whose lives have been affected by the Children Act 1989. This is appropriate in view of the Act's intentions to listen to children and work with parents to safeguard and promote children's welfare.*

*(Department of Health 2001, p.19)*

Rose also points out that:

*Children's opinions are now being recorded in critical circumstances such as divorce (Butler et al. 2003), living in step-families, being adopted, or as young carers as well as being consulted as part of developing new policy, such as on safeguarding children (Children's Rights Alliance for England 2004). Perhaps most powerful is the autobiographical material children have produced or which has been compiled by organizations such as Voice for the Child in Care or the Who Cares? Trust*

**Conclusion**

Aldgate and Statham (2001) writing at the same time as our interviews were taking place identified from the 24 studies qualities that were important to children in professionals as:

- reliability - keeping promises

- practical help

- the ability to give support

- time to listen and reason, and

- seeing children's lives in the round, not just the problems.

<div align="center">Department of Health 2001, p.93.</div>

Other work which represents the views of children on the way a range services are delivered includes: Shaw 1998, Bibby and Becker 2000, Butler et al 2003, Brannen 2003, Oliver and Candappa 2003, Children's Rights Alliance 2003, Gorin 2004, amongst others (Rose 2005). The two consultations discussed in this paper add to this established work and show a group of parents and young women giving very similar messages, perhaps with more emphasis on the need for reliability from professionals and offering some detail on some of the responses they found unhelpful. In summary, like many others, they wanted services and professionals that:

- Are available at the point of need
- Are timely and sensitively given
- See the service user as a person to be treated with respect
- Treat service users as actors in their own lives and acknowledge that people using services service understand the pressures on professionals, are prepared to give views and to work as partners in problem solving

- Avoid bureaucratic responses such as labeling, dismissive responses, leaving the person feeling a loss of control and helpless

- Offer time. Listening, giving attention to need and offering emotional support is of value.

- Understand that not fitting the 'box' doesn't mean you don't need a service

- Attend to the basics such as listening, acting in response to what is heard, giving basic information and returning phone calls.

## Acknowledgements

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