LISTENING TO CHILDREN: The use of Viewpoint in the child protection process

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Summary

Involving and seeking the views of service users in decisions that affect their lives is central to Scottish Government policy. It is particularly relevant for the input of children and parents during the child protection process; children’s rights to participate fully, where appropriate, in decisions that affect their lives is enshrined in international conventions and national guidelines and legislation. To facilitate the participation of children in the child protection process, and to provide them with the opportunity to share their views Glasgow has introduced the Viewpoint interactive questionnaire into the child protection process, for children aged 5 and over.

The Viewpoint interactive system is a web-based application that incorporates audio computer assisted interviewing in a software package that allows children to listen to, or read questions and respond immediately on screen. Responses are encrypted and sent to a secure server managed by the Viewpoint organisation. Data is available for analysis with Viewpoint software, or other statistical packages, for authorised personnel, and reports can be prepared for meetings and conferences.

Following a successful pilot in two areas of Glasgow, Viewpoint questionnaires for obtaining the views of children subject to children protection and vulnerable young person procedures were rolled-out across the city in April 2009. Three separate questionnaires were designed for use, where appropriate, at child protection review conferences for children aged 5-7, 8-11 and 12-16 years old.

As part of the roll out, the views and perceptions of children about the child protection process and the Viewpoint questionnaire were collated by an additional questionnaire. Professionals also contributed their views about Viewpoint via a separate survey. 179 children completed at least one questionnaire as part of the child protection process and half of these continued with the additional questions to share their experiences of using the software package. Children were generally positive about Viewpoint and reported positive experiences of being listened to at meetings they attended, feeling that Viewpoint helped them to get their views across. However, nearly half of the children did not think they should be on the child protection register.

The perceptions of professionals about the use of Viewpoint were less positive, with the majority believing that Viewpoint responses did not help them in their preparation of meetings or influenced decisions. However, half of workers considered that its use influenced action plans. Children’s positive experiences of using Viewpoint suggests that it has potential in Glasgow to be one of a number of methods to facilitate children getting their views across.

Recommendations

1. Continue the roll out of Viewpoint for the child protection process across Glasgow – children do appear to have positive experiences of its use.
2. Broaden the participative methods available for child protection in Glasgow so that Viewpoint is not the sole avenue to hear children’s voices. Ensure that other methods are fully monitored and evaluated.
3. Consider revising and shortening questionnaires to be more focussed on child protection specific questions. If Viewpoint is only completed once by children during the child protection process, and professionals do not consider it influences reports and decisions, consideration should also be given to an ‘exit’ questionnaire that ascertains the views of children at the conclusion of the process.
4. In line with age and understanding, child protection decisions should be explained to children so they understand why they have been made. Ensure that children are fully aware and informed that sharing their views through Viewpoint does not necessarily mean they will be implemented.
5. Monitor those children who have completed Viewpoint, and those who have not, to ascertain if any differences in outcomes and/or processes are apparent.
6. Consider delivering a workshop on the use of Viewpoint to disseminate findings from this evaluation. The findings indicate that children have reasonably positive perceptions of the questionnaire, and this dissonance with professionals’ perception of Viewpoint requires further exploration.
1. Involving children in decisions

There is increasing recognition that children and young people should be involved in decisions that affect their lives, resulting in increased participation by children in all aspects of policy and practice. Sinclair (2004) identified three particular spheres of influence informing these developments – the growth of the ‘consumer’ influence, the international children’s rights agenda and increased understanding of the competence of children being able to take active roles in decisions.

Children’s rights to participate fully, where appropriate, in decisions that affect their lives is enshrined in international conventions and national guidelines and legislation. Article 12 of the United Nations Convention on the Rights of the Child states that children should contribute to decisions affecting them:

1. State Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.

2. For this purpose, the child shall in particular be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child, either directly, or through a representative or an appropriate body, in a manner consistent with the procedural rules of national law.

Article 13 of the UNCRC asserts the rights of children to express themselves in any format or media of their choice.

1.2 Scottish context

Involving and seeking the views of service users in decisions that affect their lives is central to Scottish Government policy and is particularly relevant for the input of children and parents during the child protection process. The rights of the child to participate in decisions that impact on their lives is recognised and incorporated into Scottish guidance and legislation (Scottish Executive 2001; 2004; Scottish Government 2010), reiterating the focus of the Children’s (Scotland) Act 1995 to involve children in decision making and placing an emphasis on involving children actively in ensuring their protection. Following feedback that children wanted workers to ‘speak with us’, ‘listen to us’, ‘take us seriously’ and ‘involve us’ the 2004 Framework for Standards recommended that ‘Professionals ensure children are listened to and respected’ as (Scottish Executive 2004). The recently published National Guidelines for Child Protection have reinforced the importance of listening to children.

“As with all activity with children and young people, children should be helped to understand how child protection procedures work, how they can be involved and how they can contribute to decisions about their future. Taking into account the age and maturity of the child or young person, they will often have a clear perception of what needs to be done to ensure their own safety and well-being. Children should be listened to at every stage of the child protection process and given appropriate information about the decisions being made. Where a child is deaf or hard of hearing, advice and support may be required to ensure that they are fully involved in what is happening.” (Scottish Government 2010: section 318)
GIRFEC policy developments have also continued the Kilbrandon principles of placing the child at the centre of decision making processes and contributing their views where appropriate (Scottish Government 2008). The child protection inspection regime also recognises the importance of hearing the voices of service users. The participation of children and families is a key performance indicator for HMIE inspections. - “Children and young people are listened to, understood and respected” (HMIE 2009a; quality indicator 1.1). The government and inspection practice and policy in Scotland is clearly centred on listening to children and involving them, where appropriate, in decisions that affect their lives, although implementing this in practice has been more problematic.

1.3 Practice experience

In all areas of social work it is recognised that for organisations working together for the benefit of a third party, interventions are less likely to be effective if service users are not involved (Loxley 1997; Payne 2000). Woolfson et al (2010) suggested that considering children’s views may possibly result in better outcomes for those involved in the CP process. While best practice policy and practice initiatives indicate the importance of gathering the views and experiences of young people, practice experience, reported through various audits, research reports, and inquiries, comment on the difficulties of this (see Scottish Executive 2002; HMSO 2003).

Varying levels of involvement of young people, and parents, have been identified in the decision-making processes (Spratt & Callan 2004), and children may be particularly reluctant to speak to adults about sensitive or stigmatising subjects (Morgan and Fraser 2010). A national audit of child protection found that “the views of children were often not fully considered at case conferences or were presented through third parties” (Scottish Executive 2002:12). Sanders and Mace (2006) found that children’s direct participation in the child protection process was not usual, although indirect methods of obtaining their views were apparent. However, Woolfson et al (2010) found that young people are willing to discuss their experiences of child protection and felt they had been given the opportunity to express their opinions.

Taking into account national and international guidelines, findings of previous research and the complex nature of child protection work, it is recognised that “Putting children and young people’s rights to participation into practice in child protection is complex” (Sanders and Mace 2006:93). There has to be a balance between children’s rights and other factors, not least the duty on the state to protect the child from significant harm, ensuring that the right to participation is dependent on appropriate age and understanding (Sanders and Mace 2006). They also noted that participation does not need to automatically involve children being present at case conferences, especially as, in many cases, children should not be exposed to inappropriate information and responsibilities.
2. Computer assisted self-interviewing (CASI)

Recognising the difficulties that children and young people may face in discussing sensitive topics in face-to-face interviews, and that children do not have to be actually present to give their views, in recent years there have been developments to facilitate the collection of their views and experiences via computer assisted self-interviewing methods. Overviews of the use of CASI methodology have indicated that its use can facilitate consultation and increase effective participation for children, especially where issues being discussed may be sensitive or embarrassing (Davies and Morgan 2005; Morgan 2006). However, while the use of audio (A-CASI) techniques has developed in recent years, empirical evidence about its use with children and young people in need of care and protection is limited (Morgan and Fraser 2010).

While welcoming the introduction of A-CASI techniques as a useful method of obtaining the views and experiences of children Morgan and Fraser (2010), sounded a few notes of caution relating to the priorities given to the data generated, especially in relation to organisational constraints and a possible managerial agenda underpinning the presentation and use of information. Reporting on previous work by Cortis (2007), Morgan and Fraser cautioned that easily generated quantitative and qualitative data should not be used by authorities to meet superficial performance targets.

2.1 A-CASI in Glasgow

The CASI application adopted in Glasgow is that developed by the Viewpoint organisation – Viewpoint Interactive. The Viewpoint system is a web-based application that adapts the A-CASI principles into different formats suitable for use by children, young people and adults. It makes use of multimedia techniques to incorporate graphics, speech, interactivity and animated assistants to make it easily accessible to children – it can be adapted to accommodate children within a wide age range and abilities. Respondents listen to, or read questions and can respond immediately on screen. Responses are encrypted by Secure Sockets Layer (SSL) and sent to a secure server. Data is available for analysis with Viewpoint software or other statistical packages.

Use of Viewpoint in Glasgow is one method of ensuring that agencies and professionals can demonstrate that children are listened to, taken account of and involved in decision making where appropriate. The questionnaire responses also allow workers to identify issues and where appropriate to explain decisions and actions to children, with possible implications, important where children indicate a lack of clarity or understanding about proceedings (Scottish Executive 2004; standard 3.2).

Viewpoint is presently used by about 130 local authorities across the UK. In Glasgow a pilot project in East and South East CHCPs in 2007 looked at the use of Viewpoint in engaging children and young people in the child protection / vulnerability process. A questionnaire was used to gather and analyse the views of children (aged 5 and over) who were on the child protection register or subject to vulnerable young people procedures. The questionnaire was designed to look at present circumstances and views on safety and child protection plans in general, and their experiences of being listened to.

An evaluation of the pilot concluded that children and young people found its use to be a positive experience. Viewpoint was also assessed fairly positively by social workers and
managers, who believed that it assisted them in preparing for child protection meetings and reviews (Glasgow 2007). The recommendations of this pilot evaluation included, with a few amendments, rolling out the use of the Viewpoint software to all CHCPs in Glasgow, to be adopted as a consultation tool for children subject to child protection and vulnerability procedures.

The last HMIE child protection inspection highlighted the application of Viewpoint in Glasgow, although the comments reflected its use at that time in the two pilot CHCPs.

“The views of a few children had been gathered using Viewpoint, an enjoyable interactive computer programme. This was helpful in making sure that their views were heard at case conferences. However, it was available in only a limited number of areas.” (HMIE 2009b: 8).

The use of Viewpoint in child protection has now been rolled out across Glasgow, accompanied by the publication of guidance on its use – primarily for review case conferences in child protection and vulnerable young people processes. Training was provided for service support staff, who are crucial to the effective management of the technology and process across the city. An ongoing monitoring and evaluation framework accompanied the rollout – this report is the first evaluation of the use of Viewpoint across Glasgow in relation to the child protection aspects of the questionnaires and children’s and professionals’ views of it.
3. Methods

Adapting the recommendations of the pilot evaluation the questionnaires for Viewpoint were amended after consultation with practitioners and managers and published on the Viewpoint website for three age groups 5-7, 8-11 and 12-16 year olds. The amended questionnaires also included an ‘evaluation’ component that children could opt out of if they did not want to comment further on how they found the use of Viewpoint.

In terms of ethical considerations and consent the child protection team consulted within social work services, recognising that the Viewpoint questionnaire and linked evaluation were an integral part of developing effective responses for engaging with children in Glasgow. Advice was sought regarding the security of all Glasgow’s data on the Viewpoint website and there was agreement from senior management about the methods employed for the introduction of Viewpoint and the evaluation.

A paper copy consent form was designed for parents to sign following the decision at a child protection case conference to use Viewpoint, before a child completed any part of the web questionnaire. The consent form provided details of how the information would be used to help social work to improve services for children and young people in Glasgow, including the publication of anonymous data from either the full questionnaire, or the evaluation component. Details of the evaluation were included on the consent form and parents had the opportunity to consent to their children completing either, or both parts, of the questionnaires (appendix 2). Accompanying guidance for practitioners details the need to obtain parental consent before the use of Viewpoint (appendix 3). At the beginning of the web based questionnaire a brief electronic consent was also included to inform the children about the evaluation phase of the questionnaire (appendix 2a). Nearly half of the children chose not to continue with the evaluation questions and exited the questionnaire at this point.

Professional questionnaires were also incorporated onto the Viewpoint website and social workers, team leaders and conference chairs were contacted with a request to complete an evaluation. The names of social workers and team leaders who had appropriate experience of Viewpoint were e-mailed to the researcher who then sent a link to the appropriate professional questionnaire via e-mail for practitioners to complete. 32 practitioners and managers were e-mailed the link. All responses to the questionnaire and evaluation are securely stored on the Viewpoint website with various access levels restricted to appropriate staff.

To accompany the roll out of Viewpoint the guidance document for practitioners and managers was published internally and followed up with training for the administrative support staff, who were supporting the roll out. Social workers using the questionnaire with children were, on the whole, supported by service support staff if they encountered any problems with the technology.

After a number of technical difficulties, the citywide Viewpoint questionnaire went live in April 2009 and this report analyses the views of children who completed a questionnaire between 6 April 2009 and 1 December 2010. The findings reported relate to the views of children about their experiences of the child protection process in Glasgow, and in the second part to children’s and workers’ experiences of using the Viewpoint questionnaire. Analysis of the data was via simple descriptive statistics, obtained via the propriety statistical software on the Viewpoint website.
4. Findings

4.1 Demographics & baseline data

There were differences between the CHCPs in the completion of Viewpoint questionnaires. Further investigation would be required to elicit reasons for this difference, as rates of child protection registration alone would not explain the divergence.

During the period of monitoring 825 individual children were on the child protection register; 431 aged 0-4; 388 aged 5-16 (plus 6 age not known). 172 children subject to child protection proceedings completed at least one Viewpoint questionnaire, representing 44% of the 5-16 year olds on the register. 7 children completed a Viewpoint questionnaire for VYP, completed for approximately 5% of the 153 VYP reviews held. It is not known what other methods were employed by workers to obtain the views of children, although guidance is clear that Viewpoint was not designed to be the sole method of participation for children in the child protection process.

<table>
<thead>
<tr>
<th>Age group</th>
<th>No of reviews</th>
<th>Child protection</th>
<th>Vulnerable young person</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-7</td>
<td>280</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>8-11</td>
<td>304</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>12-16</td>
<td>246</td>
<td>149</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>830</td>
<td>153</td>
<td></td>
</tr>
</tbody>
</table>

Total number of reviews between 6/4/09 and 1/12/10
The Glasgow guidance suggests that Viewpoint should be used for child protection and vulnerable young persons review conferences. 983 reviews were held across Glasgow during the period 6/4/09 to 1/12/10, for which 193 questionnaires were at least partially completed by 179 children. Therefore, Viewpoint questionnaires were completed for 20% of CP and VYP reviews of 5-16 year olds. It is not known for how many of the 983 reviews held that completing a Viewpoint would have not been appropriate, or children refused to complete one.

4.2 Questionnaire areas

In Glasgow the Viewpoint questionnaire was designed to elicit children’s views in relation to child protection, health, schooling and social life. Detailed data is presented below by age group, in relation to specific child protection focussed questions. The section concludes with aggregate data across the 8-16 year old age groups, as their questions sets were similar and comparison across age groups is possible. It is important to note that the number of responses recorded by the system software varies for each question and figures are included below where necessary.

Child Protection

5-7 year olds

Due to the young age of this group, and following consultation, the questions for the 5-7 year olds were generally designed to elicit closed responses, although there were limited opportunities for open responses to some questions.

52% of 5-7 year olds reported that they understood why professionals were helping their family, although there were few follow up responses to indicate if most children had a full grasp of the reasons. 29% were not sure and 19% did not know why. When children saw their social worker 79% reported the worker talked to them about what agencies were doing to help them and their families, 12% reported they were sometimes told, and 10% indicated workers did not talk to them about what they were doing. Two thirds of children felt they saw

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1 Health, school and social data is presented in the appendix
their social worker as often as they liked to, although 26% considered they did not see their social worker when they wanted to.

Due to the young age of these children, the closed nature of the questions and concerns expressed by workers about children’s comprehension of what was being asked further work may be required with this age group to understand better their perceptions of the child protection process. While Viewpoint may be useful, it is likely that individual interviews with children would best elucidate their understanding of the child protection process and their perceptions of their lives. Simplifying the questionnaire further, while recognising its limitations with younger children, may also generate responses that are considered to be a more accurate reflection of children's thoughts.

**8-11 year olds**

69% of 8-11 year olds were aware that their name is on the child protection register; 23% were not aware and another 8% were not sure. Of the 49 children who were aware their name was on the register 59% knew why they were on it, 14% did not know why and 27% were not sure. When asked did they think they should be on the register 20% agreed they should be; 46% were unsure and 34% felt they should not be on the register, although 97% were aware that professionals were involved with them and their families to ensure they were safe.

In respect of seeing their social worker as often as they would like to 59% indicated no problems and another 25% suggested they ‘mostly’ saw their social worker when requested. 73% of children felt their social worker was someone they could talk to completely, or ‘mostly’ (20%), although 7% of children in this age group considered they could ‘not really’ or ‘not at all’ speak to their social worker.

61% of children indicated they had been to child protection meetings before, 35% of whom reported they found the meeting ‘very helpful’; 35% found it ‘helpful’ and 30% found it either ‘not very’ or ‘not at all’ helpful. At previous meetings 86% of the children considered that adults had listened to them.

These responses suggest children in the 8-11 year age group feel reasonably engaged with, and aware of, the child protection process, even if they do not agree with professional decisions that they should be on the register. They appear to have some understanding about the register and that they are subject to child protection procedures, although there is a substantial proportion who are unclear. A majority felt they should not be on the register or are unsure whether they should be. For the 80% of children who were unsure, or certain, they should not be on the register further work with them may be required to explain the procedures and decision making of case conferences. Additional questions on Viewpoint, similar to the older age group asking ‘why’ they do not think they should be registered, may also be appropriate, as the numbers who express their views on this matter are high, suggesting they have strong feelings about it.

**12-16 year olds**

67% of the older age group were aware why their names were on the child protection register and clearly stated the reasons in their responses. 18% were not sure and 14% reported they did not know why they were registered. While they were clearly able to say why their names were on the register, the majority (59%) believed they should not be on it, with a further 32%
not being sure if they should be registered or not. 9% agreed they should be on the register. Woolfson et al (2010) indicated that children wanted to be consulted when the decision is made to put their names on the register. This may be an additional question to consider including on future questionnaires, especially as the majority of children in this age group did not think they should be registered (it is not known if they were consulted about the decisions to register).

When asked why they thought they should / should not be on the register, the majority who responded considered their situations to be stable at home. Children’s views on their own safety were further exemplified by responses to the direct question asking ‘did they feel safe at home’ where 82% indicated they did all of the time, and a further 13% most of the time. 87% of this age group also indicated they had good relationships with their parents or carers.

These responses clearly indicate a dissonance between children’s views about their safety and that of a multi-agency assessment of their situations, and the dilemmas of obtaining children’s views when, in many cases, different professional decisions are made re safeguarding. While it is not possible to comment on individual circumstances it is perhaps worth considering the implications of obtaining children’s views on child protection issues via Viewpoint, without clearly explaining to them that it is unlikely they will be de-registered, or subject to less professional involvement, because they do not agree with decisions.

84% indicated they knew who was responsible for their safety although it is not known who they thought this was, a question that should be included in any future amendments to the questionnaire. 16% did not really know who was responsible for their safety.

When asked who they would go to if they needed general help and support mother’s were the most likely to be approached for nearly two thirds of the children (63%). Beyond approaching friends and relatives, social workers were the most likely professional to be approached, by 32% of children, followed by teachers (24%); health workers (8%) and advice workers (4%). The majority (94%) of children in the 12-16 age group reporting seeing their social worker as often as they liked to, although the questionnaire does not indicate how often this was.

**Children’s views on child protection overall**
(8-16 year olds; n=147 unless otherwise indicated)

Aggregating the responses of similar questions for 8-16 year olds provides an overview of those older children’s experiences of the child protection process. The majority (68%) of 8-16 year olds knew their names were on the child protection register, although nearly a third (32%) were not sure or did not know. However, despite most children knowing they were on the register, nearly half (47%) did not think they should be, and over a third (39%) were not sure. 14% did agree they should be on the register.
Across the 8-16 year old age group most children reported that, apart from mothers, their social worker, fathers and siblings, were the people they would most likely approach for general help and support. 84% in this age group also felt that their social workers were someone they could talk to, supporting the finding that children would approach their social worker. Given these findings it would appear that, in most cases, children should be able to talk to their social workers about being on the register, reasons why and to talk through any disagreements about the child protection process.

In terms of upcoming child protection reviews children indicated they were reasonably well informed one was approaching, with 78% stating they were aware of the meeting, (presumably because they had been requested to complete a Viewpoint questionnaire they were aware why they had been asked). However, 12% were not sure a meeting was coming up and 11% reported they did not know about it.

Nearly two thirds of children indicated they had been to meetings before and the majority (62%) who had been to meetings also found them helpful. Reasons children found the meetings helpful included:

“The meetings do tell us everything we need to know and what’s going to happen and how we can move forward”
“Got to know what everyone was talking about”

“Because the people at the meeting were giving my mum and xxxx helpful information and tasks to make the family better and happier”

“Because my social worker listened to me and said the words that I said”

Over three quarters of children who had attended previous meetings reported feeling they had been listened to. However, nearly a quarter felt they had ‘not really’ (11%) or ‘not at all’ (12%) been listened to and 38% did not find them helpful:

“Because I don’t have any control over the decisions”

“Because although I am just 15 I am mature and I dislike being treated like a child, and I felt that what I was saying was being dismissed, as if I was lieing about what I was saying when I have no reason to. After all it is my living conditions, I have no reason to lie, it was very frustrating”

“Because nothing has changed”

“Because nothing changes and they didn’t help us that much”

Overall, the responses suggest that most children have been involved in previous meetings with professionals regarding their safety, found them helpful and felt they were listened to, even if they do not always agree with the decisions. This concurs with a recent Scottish study, which found that children felt they had been given the opportunity to contribute and were listened to (Woolfson et al 2010). However, from Viewpoint it is unclear the type of meetings attended - ie case conferences, reviews, or general meetings (figures from Carefirst would suggest the meetings have not been conferences). Despite these overall positive findings it is important that for those children who feel they have not been listened this is addressed on an individual basis.

The overall perceptions of the child protection process, for those children in the older age groups, are reasonably positive, beyond the fact nearly half do not consider they should be on the register, and over half are not sure. As these older children are more likely to have an understanding of the process, and why they are on the register, their responses indicate the need for further discussion with children about registration and acknowledging their disagreement. As with the 12-16 year olds, the dissonance between children’s and professionals’ perceptions of safety requires explanations by workers as it is clear children are willing to register their concerns and disagreements. Meeting both sets of government guidance to protect children and give them a voice in decision making is complex (Sanders and Mace 2006), especially when given a voice nearly half of children do not want to be registered. How will children ultimately perceive the participative process via Viewpoint if when asked their views about registration they disagree, but then find registration is continued anyway because of professional concerns? Such questions are part of the participation – protection complexity.
4.3 Children’s experiences of Viewpoint

5-7 year olds

13 children in this age group chose to continue the questionnaire and provide comment on the use of Viewpoint. 85% indicated they enjoyed using it; 62% indicated they found it easy to use, 23% okay and 15% difficult. While all these children had somebody to help them complete the questionnaire, a third still found it reasonably difficult to use. The comments of workers about the questionnaire for younger children suggest they also believe it can be too long or complicated for children. This indicates that workers may have to provide additional support for younger children, or that the questionnaire for this age group requires further amendment to make it easier for more children to complete.

Despite some problems about its ease of use 69% indicated a willingness to use it again in the future.

8-11 year olds

38 children in this age group chose to continue and complete the evaluation component of the questionnaire. In respect of using Viewpoint 95% reported they enjoyed completing it, with 97% of them finding it ‘very easy’ or ‘easy’ to complete. 66% completed it with their social worker, the remainder on their own. In terms of the length of the questionnaire 61% of the children indicated it was ‘just right’.

86% of 8-11 year olds considered that the Viewpoint questionnaire helped them to get their views across. 70% felt that using Viewpoint helped them to feel more confident about the forthcoming meeting, with 70% also indicating using it helped them to get ready for the meeting. This largely positive view of using the software is reflected by the fact that 66% suggesting they would use Viewpoint again in the future, with a further 31% indicating they may use it again.

12-16 year olds

Up to 43 children in this age group chose to continue and answer questions about the use of Viewpoint. Nearly two thirds of children (63%) indicated they enjoyed using the questionnaire ‘a lot’ or ‘quite a lot’ and 93% found it ‘easy’ to use.
86% of 12-16 year olds considered that Viewpoint helped them to get their views across either ‘a lot’ or ‘quite a lot’. 73% in this age group also reported that using Viewpoint helped them to feel more confident about upcoming meetings, with 59% considered it helped them to get ready for the meeting (a lot or quite a lot).

28/43 (65%) of the 12-16 year olds thought that the questionnaire had ‘just right’ the number of questions; 12/43 (28%) thought there were too many questions and 3/43 (7%) did not think there were enough. Despite being positive about how it helped them and the number of questions the 12-16 year olds were less sure if they would be willing to use Viewpoint again in the future; less than half (17/36-47%) indicated they would maybe use it again, and 13/36 (36%) stated they would do so.

Children in this age group were the least likely to say they would use it again, despite the fact that the majority enjoyed completing it and found it easy, with it also helping them to get their views across and feel more confident about the meeting. Further investigation would be useful to ascertain why only a third would definitely use it again despite high levels of satisfaction.

**Children’s overall experiences of Viewpoint**

(8-16 year olds unless otherwise indicated)

Across all age groups 90% of children found Viewpoint easy to use and 81% enjoyed using it. 52% indicated they would use it again in the future and 36% suggested they would maybe complete further Viewpoints. The small number of children that have completed more than one questionnaire suggests that either children have not been asked to complete one more than once, or perhaps changed their minds when asked.
86% of 8-16 year olds considered that using Viewpoint helped them to get their views across. In respect of upcoming meetings 66% of children considered that Viewpoint helped them to get ready for the meeting and 72% believed it helped them to feel more confident about the meeting.

The consensus amongst the 94 children across all age groups who chose to comment on the use of Viewpoint would appear to indicate that it has been a useful method of allowing them to prepare for meetings and get their views across, and was something they would probably be prepared to use again in the future. These overall findings would suggest that children using Viewpoint have seen it as beneficial as a participatory method. In the absence of any other cross city method that has been monitored and evaluated, not least from the perspective of the child, it seems logical to continue offering children the opportunity to complete Viewpoint during the child protection process.

4.4 Professionals’ views of Viewpoint

32 workers commenced the professionals’ evaluation, although only half of these completed the full questionnaire. The professional questionnaires were designed individually for Chairs, Team Leaders and Social Workers; however, due to the relatively small number of responses they are reported here in aggregate, where this was possible when questions were similar.

**Content and style of questionnaires**

When all the questionnaires are considered together, in just over half of all responses the professionals reported that the content of the questionnaires was good or very good. However, nearly a quarter also reported them as being poor or very poor. The style of the questionnaire was rated as very good by 17%; good by 61%; poor by 22%.

“The style of the report is fine but some of the questions are difficult for younger children to understand”

Additional comments provided by some of the respondents helped to identify areas where there may be scope for improvement in both the style and content of the questionnaires. These predominantly related to the questionnaire for the youngest age group and included:

“Some of the questions were too prescriptive and too long for young children”

“It can be a bit long for some children and at times possibly a bit repetitive”
“When completing previous questionnaires have felt that some of the questions have been difficult for younger children to understand”

“The 5-7 age range can be difficult to engage and more visual aspects of Viewpoint would be good”

While the professionals appear to consider that the questionnaires may be too long and difficult for the younger age group, two thirds of the 5-7 year olds found them easy to use. However it is worth noting the comments of two professionals who felt that children sometimes respond with anything:

“I’ve found, on several occasions, that they either refuse or put ok-type answers to everything”

“I completed with two children of different ages and found it very difficult to keep both children interested to the extent that at the end they just wanted to give any answer and this then distorts what their report actually says”

One comment by a team leader is also important given the rationale behind the use of Viewpoint in Glasgow:

“Well staff are too reliant on Viewpoint, or have their creativity in engaging with children taken away from them”

While it is not clear if this concern is valid, it echoes a note off caution indicated by Morgan and Fraser (2010), that A-CASI methods (or any other IT solution to listening to children), should not be a substitute for a child’s relationship with their social worker. Viewpoint is designed to be one tool in the toolkit for engaging with and listening to children, it should not be the only method of engagement and if used appropriately should encourage creativity.

Given the concerns of workers about the difficulty of some questions, and length of the questionnaire, especially for young children it may be prudent to revisit the questionnaire and consider amendments. If professionals are not keen on the questionnaire, they are unlikely to use it.

Use of information from questionnaire responses

While the majority of the professionals considered the style and content of the questionnaires to be reasonable, there were less positive comments relating to using content to inform written reports for meetings and professionals’ preparation for the meeting. 69% of workers indicated that the use of Viewpoint did not help them to improve the writing of their reports prior to the meeting. 69% also suggested that the use of Viewpoint with children did not help them in their preparations for the meeting.

Professionals were more equally divided as to whether they believed that the contents of the child’s report generated by the questionnaire responses influenced the content of action plans. 50% considered it did and 50% believed it was not much use for influencing action plans. 57% also considered that the child’s responses did ‘not much’ influence the decision of the conference, although 43% of respondents felt that the Viewpoint questionnaire was useful ‘a lot’ or ‘quite a lot’ in influencing the decisions of meetings.
While small in numbers professional responses appear to indicate that for the majority of workers the views of children contained in the questionnaire responses do not improve professionals’ preparation for the meeting or the writing of reports. They also suggest that in at least half of review conferences the views of children contained in the questionnaires do not influence the decisions of meetings and subsequent action plans. Further investigation is required to ensure that professionals’ decisions not to use children’s responses is an informed decision made after due consideration of the information, shared with the child and demonstrating to children they were listened to and their views have been considered and taken account of, even if these were not implemented (eg do not want to be on the register). Unfortunately, it is not known if the views of children gained through other means (if at all) has any greater influence on meetings or helping workers to prepare for the meetings.

Woolfson et al (2010) found that children in the child protection system need to feel involved and that their contributions are listened to, a difficult undertaking if subsequently their contributions have relatively little influence. If the majority of the 12-16 year olds consider themselves to be safe at home, with no need to be on the child protection register, they may conclude they are not being believed if they remain on the register. This again raises the protection-participation complexity.

**Children attending meetings**

63% of workers believe that the use of Viewpoint does not encourage children to attend meetings. 75% of professionals also believe that the use of Viewpoint does not encourage children to contribute verbally at conferences. Low rates of attendance by children at case conferences have previously been noted by social workers (Sanders & Mace 2006) and in Glasgow Carefirst figures indicate attendance across the age groups at review case conferences (corresponding to where Viewpoint is meant to be used and the time period of this study) is 3%. Attendance at VYP case discussions by children in the 12-16 age group is 17%.

While participation does not necessarily mean attendance at child protection meetings (Sanders and Mace 2006), care is required to ensure that using Viewpoint with children does not become a substitute for children to be involved directly in the decision making process (Hill et al 2004), ie attending case conferences. This is especially important when professionals indicate the content of the questionnaires does not have a substantial influence on decisions. If children are not attending meetings, and their questionnaire responses do not have much influence, how do they get their views are heard and believed?

88% of respondents felt that any future amendments to the Viewpoint questionnaire for children should concentrate more on identifying child protection issues from the viewpoint of the child; 69% considered that amendments should also focus more on the experiences of the child in the child protection/vulnerable young person process; and 75% focus more on encouraging children’s contributions at meetings. These responses may explain why professionals were reluctant to use responses to inform report writing and in preparing for meetings – they did not consider the questionnaires adequately covered these areas. At this stage of the citywide use of Viewpoint the questionnaires require revisiting to address some of these comments.

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2 There may be some discrepancy in these statistics as children themselves indicated they have attended meetings before, although the questionnaire does not stipulate ‘conferences’.
As noted, the numbers of responses to the professional questionnaire were limited, making it difficult to report any definitive views or conclusions from professionals’ perceptions. However, the responses provide some indications that workers have a less than positive view of Viewpoint. In many respects professionals appear to have divergent opinions to children about the usefulness of the software for engaging and supporting children to have their views heard and while professionals do not believe that Viewpoint helps in their preparation, for children it appears helpful and also increases confidence to contribute if attending.

4.5 Limitations of the study

This report has indicated the initial findings of the monitoring of the use of Viewpoint in the child protection process across Glasgow. As a work in progress, both in terms of practice and evaluation, there are limitations in generalising the findings. The varying age groups, stage and comprehension of the children make a single definitive conclusion difficult. A major limitation regarding this is that the questionnaire has yet to be developed to take account of differing abilities and understanding.

Within the present sample it is unclear if the children who did not complete a Viewpoint questionnaire were those offered the opportunity to do so and refused, or were not provided with the opportunity. Similarly, it is not known if those children who continued with the evaluation part of the questionnaire are representative of those who completed the main part of the questionnaire. The findings of this evaluation may be limited to those children who like completing questionnaires and / or using computers, and who were actually given the opportunity to complete Viewpoint.

While the views of professionals about Viewpoint are limited, due to the relatively low response rate to the questionnaire, there are clear differences in its use across the city, which may represent a differential attitude to the use of Viewpoint across CHCPs and / or professionals. The experiences of practitioners and managers are particularly important to ascertain if Viewpoint is likely to be requested at conferences, as they are the gatekeepers for its use - if professionals are not impressed with the questionnaires and / or the software they are unlikely to be requested. Further detailed monitoring of the use of Viewpoint and / or decisions for completion is required to obtain a clearer understanding of reasons for requesting or not requesting its use at conferences and subsequent completion.

Despite the limitations the evidence indicates that children have positive experiences of Viewpoint in the child protection process – further development of the tool and evaluation methods will allow more reliable comment as time progresses. At the moment it is the only participatory method that is being systematically monitored which means comparisons with other methods are not possible. While the questionnaire and monitoring is designed to be used as part of the child protection process - development of the evaluation methods could also include elements that could begin to get in depth views of children about the child protection system that could inform further strategic developments.
5. Conclusions

The use of Viewpoint questionnaires in obtaining the views of children in the child protection process has increased in Glasgow over the last couple of years to the extent that nearly half of all children subject to recent child protection procedures have completed at least one questionnaire. Viewpoint is one method employed in Glasgow to increase the participation of children in the decision-making process and to ensure that their views are heard – it is the only one that has been monitored and evaluated citywide.

The findings indicate that the majority of children who completed a questionnaire do feel listened to at meetings and that the use of Viewpoint has been useful and helpful in contributing their views. The perceptions of professionals about the use of Viewpoint are less positive; the majority indicating that children’s responses in Viewpoint did not really influence reports for conferences, and suggesting it does not influence decisions of meetings or action plans.

The responses of older children (for whom questionnaires were more in depth) to the child protection questions highlights some dissonance between professional assessments and children’s understanding of their situations. These findings indicate the complexities of the participative agenda in child protection, where the rights of children to have a say in the decision making process may be at odds with the duty of the state to protect children (Sanders and Mace 2006; Woolfson et al 2010). How much weight to place on children’s views and expectations in these situations remains a matter of debate and subject to individual circumstances. The views of children alone as to their perception of safety and the need to be registered cannot be the deciding factor in decision-making – the state has a duty to protect children, which may override their perceptions of being safe, and what they desire.

Such dilemmas may help to explain why professionals think the questionnaire responses do not influence the content of action plans and decision making at conferences; there may also be an imbalance of power that may reduce the impact of children’s voices (Willumsen & Skivenes 2005). What this monitoring has not identified is why children’s views do not influence proceedings in many cases. In this respect Viewpoint is a relatively blunt instrument for exploring the complexities of the protection – participative debate, although it can highlight the dilemmas.

The Viewpoint questionnaire is also limited (if used in isolation) in ascertaining a clear and coherent picture of a child’s understanding of their situation – as one professional indicated it is “quite basic on gathering information but is a focus for discussion.” The use of the software in Glasgow was not designed to gather all the information to inform conferences from a child’s perspective, its purpose is to complement the relationship between social workers and children and aid a child’s participation in the process.

Whatever the perceptions of Viewpoint, when children only complete one during their period of registration, as the majority of children do, their responses are a snapshot on one day. As such they may not be indicative of the overall picture of their experiences and could be influenced by recent specific events. A final questionnaire at the conclusion of the registration period may be a positive development to ascertain their overall experiences, perhaps coupled with follow up in-depth interviews.
Without comparison with other participative methods it is not possible to ascertain if Viewpoint is the most effective and useful method for obtaining children’s views across Glasgow. What is known is that of those children who were asked, or chose, to comment on the use of the software the majority were positive about its use. Further monitoring and evaluation will identify if these initially positive experiences translate to better outcomes for children who have participated in the decision making process.

**Implications and future use of Viewpoint**

It is becoming apparent that in Glasgow there is some dissonance between children’s satisfaction with the use of Viewpoint and professionals’ perception of its usefulness. This has potential implications for its use, as without support from chairs, team leaders and social workers it is unlikely that a participatory method, that children are reasonably positive about, will be used comprehensively across the city.

As the information available from completion of further Viewpoint questionnaires increases there is potential for the aggregate data from the questionnaires, and increased dialogue with children, to be used to inform services across Glasgow from the perspective of children as “It is a system that can provide useful structured base-line and historical data for service delivery”. (Morgan and Fraser 2010: 458). Such developments would be the beginnings of a move to develop the participative agenda from that of being passive and listening to children, to active participation with the purpose of enabling children to influence decision-making (Sinclair 2004). While this is always difficult with involuntary clients and within the complexities of child protection (Trotter 2008; Sanders and Mace 2006), the responses of children highlighted in this report indicate they are able to verbalise strong opinions that are important if the child protection system is to prove effective in the long term.

Increased usage will allow for the identification of trends in children’s experiences of the child protection process. It may be possible, when additional data is available, to comment on potential differential effects and outcomes. For example how do children’s perceptions of their safety and wellbeing equate to that of professionals and how is this reflected in longer term outcomes? Are there differential outcomes for children who use Viewpoint and view it positively when compared to those who have not used it, or who do not view it positively?

For those children who have used Viewpoint their experiences have been reasonably positive, although how its use complements the wider participative process is not known. Positive experiences and client satisfaction have been associated with more positive outcomes (Trotter 2008; Woolfson et al 2010). Data collated in Glasgow through the use of Viewpoint, or other methods, has the potential to identify practice which children view positively and that may contribute to improved outcomes.

However, before aggregate managerial data is fully exploited, the use of Viewpoint with individuals should be maximised. Care is required to ensure that the use of Viewpoint does not become a tick box, managerial exercise (Treceagle and Darcy 2008), but is used at an individual level. It is not known how information is used by social workers to inform interventions and progress action plans, although initial indications suggest workers have mixed views of its use in developing plans and informing decisions. Presently, it is only assumed that professionals act on any concerning information contained in Viewpoint responses - what action is taken about the 5% of 12-16 year olds who indicate they do not feel safe at home? Further development of the evaluation and monitoring framework is
required before such questions can be answered, and the full potential of Viewpoint within the participative agenda explored.

**Concluding comments**

If Viewpoint is continued to be promoted in Glasgow it is crucial that it is used efficiently and effectively to improve outcomes for children involved in the child protection process, rather than as a bureaucratic exercise to evidence that children have been asked their views. While the numbers of children completing at least one Viewpoint questionnaire has increased, the relatively low usage compared to the number of case conferences indicates its full potential as a continuous process of listening to children is not being achieved. Patchy and inconsistent use of any aggregated data resulting from the present limited use will diminish the efficacy of the available information and not allow the full potential of Viewpoint to be achieved at an individual or systems level. It is clear that not all children, who are eligible, are using Viewpoint and no other method of engagement is evidenced across the city. Until participation by children is more widespread and evidenced, alternative methods of obtaining children’s views should be explored and promoted. Until such a time, and in the absence of alternatives, the value of Viewpoint and the ongoing monitoring process is important to develop understanding and provide further insights to children’s experiences of the child protection system.
6. Recommendations

1. Continue the roll out of Viewpoint for the child protection process across Glasgow – children do appear to have positive experiences of its use.

2. Broaden the participative methods available for child protection in Glasgow so that Viewpoint is not the sole avenue to hear children’s voices. Ensure that other methods are fully monitored and evaluated.

3. Consider revising and shortening questionnaires to be more focussed on child protection specific questions. If Viewpoint is only completed once by children during the child protection process, and professionals do not consider it influences reports and decisions, consideration should also be given to an ‘exit’ questionnaire that ascertains the views of children at the conclusion of the process.

4. In line with age and understanding, child protection decisions should be explained to children so they understand why they have been made. Ensure that children are fully aware and informed that sharing their views through Viewpoint does not necessarily mean they will be implemented.

5. Monitor those children who have completed Viewpoint, and those who have not, to ascertain if any differences in outcomes and/or processes are apparent.

6. Consider delivering a workshop on the use of Viewpoint to disseminate findings from this evaluation. The findings indicate that children have reasonably positive perceptions of the questionnaire, and this dissonance with professionals’ perception of Viewpoint requires further exploration.
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Appendix 1

School questions responses

5-7 year olds
Attend school most days n=45

5-7 year olds
Happy at school n=45

8-16 year olds
Enjoying school n=149

8-16 year olds
Avoiding school n=149
Health questions responses

5-7 year olds tired a lot during the day n=44

8-16 year olds worried or concerned about health n = 147

8-16 year olds sleeping well n=147
Social questions responses
5 – 7 year olds

feel happy n=44

easy to talk with parent/carer n=43

see friends when want to n=44

feel safe when out with friends n=44
Social 8-16 year olds

- **feel happy n=147**
- **see friends when want to n=147**
- **relationship with parent / carer n=147**
- **have a say in their lives n=147**
- **feel safe at home n=147**
Appendix 2

PARENTAL CONSENT FORM

Viewpoint

As part of the child protection / vulnerable young person process your child will be asked to complete a computer questionnaire, designed to help them express their views and participate in the decision making process.

Glasgow social work services will keep the answers secure and will use them at the review meeting to help people make the best decisions for your child.

Without identifying your child, the information will also be used to help social work to improve services for children and young people in Glasgow, this may include publishing aggregated data.

I agree for my child to complete the Viewpoint questionnaire.

Evaluation

At the conclusion of the questionnaire your child will be asked if they would like to answer some additional questions as part of a research project evaluating the use of Viewpoint. The evaluation will also be published to inform future service delivery.

You can withdraw your permission at any time, prior to publication.

I agree for my child’s views about their experiences of Viewpoint to be gathered via an additional evaluation questionnaire, and understand that the results will be published.

Refusal for any part of the process will not affect the level of service your child, or you, will receive.

All responses will be treated in the strictest confidence, unless any indication of harm to themselves, or anybody else comes to light, when the appropriate persons will have to be informed in line with Glasgow’s child protection and vulnerable persons procedures.

Your child will not be identified in any of the published material.

If you have any further questions please discuss with your child’s social worker.

Child’s name

Signatures:  Parent / carer  Social Worker

Date:
Appendix 2a

ELECTRONIC CONSENT

As part of the child protection / vulnerable young person process you are being asked to complete a computer questionnaire, designed to help you express your views and participate in the decision making process.

Glasgow social work services will keep the answers you give to Viewpoint secure and will use them at your review meeting to help people make the best decisions with and for you. If you would like to restrict who sees your Viewpoint report please discuss this with your social worker.

Without identifying you, the information will also be used to help social work to improve services for children and young people in Glasgow, which may include publishing aggregated data.

If you tell us anything which concerns us about your safety, or the safety of others, this will have to be followed up and reported to the appropriate people.

Your social worker will discuss all aspects of the Viewpoint questionnaire with you.

(your parent’s or guardian’s consent should also have been sought for you to complete this questionnaire)

If you agree to continue please click on ACCEPT

ACCEPT           DECLINE
Appendix 3 (latest 2010 guidance)

VIEWPOINT IN CHILD PROTECTION

PRACTICE GUIDANCE

Introduction

Gathering the views of children prior to, and during the decision making process is no longer an option, and their views should always be sought where decisions will affect them. The importance of obtaining children’s views is now part of national and international legislation and procedures and is integral to the social work task.

Viewpoint is an interactive software package, designed to aid children to express their views and encourage their participation. Although it has been endorsed as a useful way of gathering the views of children in Glasgow, it is not designed to be the only method of engaging children and obtaining their views.

Involvement of children and young people

All children aged 5 years or older whose names are on the CP Register and those young people involved with the Vulnerable Young Person process should be given the opportunity to use Viewpoint. If social workers do not use Viewpoint with a particular child the reasons should be clearly recorded in the case file and also passed to the appropriate admin worker for recording on their datasheet.

Alternative methods of consultation with the child should be considered where Viewpoint use is declined or not suitable. These will include discussion between the child and social worker, which can be used in verbal reporting to the relevant meeting.

Children should be given the opportunity to complete the questionnaire once in a 3 month period to inform Core Groups and CP Review Conferences. Vulnerable young people should also be given the opportunity to complete Viewpoint on a three monthly basis.

Children should be encouraged to attend case conferences, where appropriate, in accordance with Child Protection Procedures³.

Consent and Confidentiality

The consent of the child/young person and their parent/guardian must be sought and recorded. For those children aged 12 and over it is desirable, but not necessary, to have the consent of the parents/guardians providing the social worker believes the child is able to understand what they are consenting to. A blank parental consent form is attached at Appendix 1.

The signed consent forms of the parent/guardian should be gathered beforehand and stored in the child’s file, and a copy sent to the admin workers who will enter receipt of it on their

database. Children clicking on the ‘accept’ button on the electronic consent form at the beginning of the questionnaire will be the child’s informed consent. It is important that, especially for younger children, the social worker is satisfied that the child understands what they are signing / agreeing to.

Where consent is withheld from either parent or child this should be recorded in the file and the reason passed to admin staff. Any decision to continue with the questionnaire in the absence of informed consent from the parent should be discussed with Team Leaders and clearly recorded in the child’s file.

Prior to the signing of consent forms social workers should discuss the purpose of the Viewpoint questionnaire and how they are planning to use this. The limits of confidentiality should be clearly discussed with parents and children.

The child should be given the opportunity to discuss how they wish the questionnaires to be used. Generally the report generated from the questionnaire should be sent to the Chair prior to the meeting and its content discussed at the meeting as appropriate (possibly subject to restrictions depending on the wishes of the child). Alternatively, the child may only agree to the social worker sharing particular information from their responses. It is important that these issues are discussed with the child fully prior to the meeting and clearly recorded.

The child should be given a copy of the completed questionnaire, if they would like this and where it is appropriate. If the child has no objections the report can be shared with parents, although again this should be discussed and agreed with the child, rather than sharing it automatically.

The completed questionnaires should be located in the child’s orange file and should be the only retained paper copy, complementing the one stored on the Viewpoint system.

In the interest of security, social workers will be given the relevant log in details for each child by their admin link and should enter these on behalf of the child prior to the child then completing the questionnaire.

**Data use**

While the use of Viewpoint is to enable participation of children in the decision making process, the use of aggregated data from their responses will be important to the development of future services and identifying particular risks and needs.

Social workers should make clear to children and parents that children will not be identified in any written material published using the aggregated responses to the questionnaire.

The database of responses is stored on the Viewpoint website that is accessed through password protection to level 1 security government guidelines. Full access to all Glasgow responses will be restricted to child protection and research centre staff to facilitate generation of aggregated reports across the city. Children will have their first names recorded (to facilitate the computer speaking to them) and their Carefirst ID, which will also serve as their Viewpoint login. Secure passwords will be used for children and young people using Viewpoint online, in order to protect access to their questionnaires/responses, whilst those using Viewpoint offline will gain this protection from the use of only encrypted laptops and
memory sticks. Admin staff and Service Managers will also have access to their full CHCP database to facilitate local reports to be generated.

Roles and Responsibilities

Admin link worker

The admin workers are central in co-ordinating the preparation and completion of the Viewpoint questionnaire. They will inform the social workers 20 days in advance of a meeting that a questionnaire needs to be completed and prepare log in IDs where required.

The admin workers will be responsible for up and down loading the questionnaires from the internet. Together with the Service Managers they will have access permissions for children in their CHCP. The admin workers will be keeping a small password protected database of all children where a questionnaire should be completed, detailing child’s name and date of birth, CP or VYP, CHCP, social worker, TL, date of registration, date of meeting, date questionnaire completed and reasons for non completion. A print of the fields contained in this database is attached at Appendix 2.

Further guidance and procedures for admin workers are available via “Glasgow Children’s Services Guide to Using Viewpoint”.

Social Worker

It will be the responsibility of the social worker to facilitate the completion of the questionnaire. This may involve ensuring the technology is available for the young person to complete the questionnaire on their own where their age and ability allows. Usually the social worker will complete the questionnaire with the child, although if a support worker is involved it may be preferable for them to help in completing the questionnaire.

Whether or not the social worker is directly involved with the completion of the questionnaire, they should be aware of the content of the child’s response in order to raise any areas of concern with parents or with their Team Leader as appropriate.

The social worker should ensure that parents have signed the required consent forms before the completion of the questionnaire and that they are clear that any concerns that emerge will be followed up appropriately. It is also the responsibility of the social worker to explain clearly to the child why the questionnaire is being completed and to discuss how the questionnaire will be used and to explore if there are any problems with sharing the report and / or its contents at the subsequent meeting.

If an offline laptop is being used the social worker should inform the Viewpoint admin link at least a week prior to the date the laptop is required to ensure that the appropriate arrangements are made. It is recognised that there may be difficulties in completing the questionnaire in the child’s home and it may be more appropriate to complete in their school or in the social work base. Wherever it is completed the social worker should make arrangements with the Viewpoint admin link to arrange a login ID for the child/young person.
**Team Leaders**

The Team Leader will support the social worker in facilitating the completion of the questionnaire.

When chairing core groups the Team Leader should ensure that parents and children have consented to their participation via Viewpoint. This will also involve ensuring that the child’s/young person’s views are sought and shared where appropriate within the core group, with their permission.

If concerns arise from the questionnaire completed by children/young people the Team Leader may be required to initiate any action necessary through CP procedures or any relevant support to the family.

Through supervision and workload management with social workers Team Leaders should ensure time is allowed for social workers to complete the Viewpoint questionnaire with children and young people.

**Assistant Service Managers**

In chairing child protection case conferences and vulnerable young persons meetings the Assistant Service Manager should inform children and young people and parents of the use of Viewpoint and request their co-operation and agreement to participate. Consent obtained in this way should be recorded in the minutes of the meeting, although this should not replace written consent being obtained.

Assistant Service Managers should read the completed questionnaire in advance of the meeting, and should take responsibility for addressing any immediate issues raised, talking with the social worker, Team Leader and/or child as required, prior to the meeting if possible.

Assistant Service Managers should ensure that the questionnaire is referred to within the meeting, and that the child or young person, if attending, is enabled to participate fully in the meeting.

If the child or young person has not completed the questionnaire, Assistant Service Managers should find out why this is - from the child or young person if they are attending the meeting, and from their social worker if they are not attending. The child/young person should be encouraged to complete Viewpoint for the next meeting and also to attend this, where appropriate. This should be recorded within the minutes.

**Monitoring and evaluation**

The initial city wide Viewpoint evaluation has been completed and there will now commence ongoing monitoring of its use by the child protection team and centre research staff. Evaluation questions have been included at the end of the questionnaire. It would be helpful if children/young people were encouraged to answer these questions, as their responses will form a major part of the overall evaluation to continually monitor whether Viewpoint is the best way of obtaining their views.
The parental consent form contains a section for the evaluation consent. This must be completed if the child is asked to complete the evaluation questionnaire. It should be explained to them that while their responses and comments in the evaluation questionnaire may be published in the research report, they will not be identified.

Children should be informed that failure to complete the evaluation questionnaire does not affect their responses to the main Viewpoint questions.

The role of “professional” staff in the ongoing monitoring of Viewpoint is crucial and all relevant workers are expected to contribute their views. Social workers will be forwarded a short questionnaire about their experiences of Viewpoint by the researcher in the child protection team; it should take about 10 minutes to complete. Completion of these questionnaires and the experiences of social workers are crucial in influencing the future use of Viewpoint.

Assistant Service Managers and Team Leaders will also be emailed a short questionnaire to complete. This will explore their views on how they believe Viewpoint has impacted on the child/young person’s involvement in Review Case Conferences and Core Groups.

Child Protection Team
August 2010