



National Children's
Bureau

Ready to listen

Why, when and how to involve young children and their families in local decisions about health and wellbeing

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Future contributions

NCB may add further examples to *Ready to listen*, showing the full cycle of engagement with young children and their parents/carers (see example on p10). If you have applied, or are planning to apply, the principles in this resource within the specific context of local decision-making about health and wellbeing (as opposed to individual care or service evaluation), we would like to hear from you. Please contact ehamblin@ncb.org.uk.

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Introduction

This resource aims to support discussion with young children and their parents/carers about health and wellbeing and to facilitate their involvement in decision-making about local health structures, systems and practice.

It will help those interested in young children's health and wellbeing to think about:

- What role do services and agencies play in the lives of young children and how does this impact on their health and wellbeing?
- How can the views of young children and their families inform and influence local decision-making about health and wellbeing?

This resource aims to enhance consideration of factors influencing, and ways of improving, children's health and wellbeing, keeping the bigger picture of children's lives and their own priorities in mind. It does not focus on supporting consultation with individuals about their own care, or on inviting feedback on specific elements of services, although some of the ideas may be useful for those purposes.

While progress has been made in enabling children and young people's participation in local and national health decision-making, young children's voices are often still unheard and there are limited means through which to channel their views and experiences to influence change. This resource supports but also challenges professionals to advance young children's participation in their own areas of work, and to share experiences and practice examples.

This resource defines young children as aged 0-7, but some content is specifically related to early years (under 5) and some to children aged 5-7. We recognise the limitations of age boundaries and the imperative to consider the diversity of individual children.

Ready to listen is aimed at:

- Local Healthwatch
- Local authority public health teams
- Local authority participation teams
- Health services
- Practitioners and decision-makers working in areas that impact on young children's health and wellbeing e.g. housing; sports and leisure.

It will also have relevance for:

- Voluntary organisations
- Primary schools
- Early years settings
- Childminders / home based settings.

How to use this resource

- Draw on information to make the case for the importance of involving young children and their families in local health and care decision-making
- Get ideas and try out practical activities to gather young children's views about health and wellbeing
- Plan for longer term action to embed the voices of young children and their families into local decisions about health and care.

Why involve young children and their families in decisions about health and wellbeing?

Why is this important?

Listening to young children is important both for children themselves, and for adults listening to children, whether in the home, early years setting or school, or at local authority or national government level.

- Young children have the right, under the UN Convention on the Rights of the Child, to have their views and experiences taken seriously, and to have opportunities to express their opinion on issues important to them.
- Young children have rights as users of the National Health Service, of which patient and public involvement is a core element. The NHS Constitution states that everyone who uses the NHS has the right to be involved in the routine planning of health services, and to be given the information and support they need to scrutinise the planning and delivery of services.
- The Health and Social Care Act (2012) places statutory requirements on Clinical Commissioning Groups, Health and Wellbeing Boards, and Local HealthWatch, to involve patients and the public in planning and making decisions.
- Section 11 of the Children Act 2004 places duties on a range of agencies and individuals to have regard to the need to safeguard and promote the welfare of children. This applies to NHS organisations as well as local authorities and district councils that provide services including children's and adult social care services, public health, housing, sport, culture and leisure services, and licensing authorities. It includes a culture of listening to children and taking account of their wishes and feelings, both in individual decisions and the development of services.
- Section 3 of the Childcare Act 2006 requires local authorities to have regard to such information about the views of young children as is available and appears to them to be relevant to the discharge of duties, and to take into account the views of parents. Legislation also requires local authorities to identify the needs of young children, parents and prospective parents who attend, or are likely to attend, local children's centres. These needs should be addressed by early childhood services using evidence-based approaches and local authorities and providers must enable families to inform the operation of children's centres.
- The Children and Families Act (2014) promotes core principles in supporting children with special educational needs and disabilities including requiring local authorities to have regard to the views, wishes and feelings of the child and the child's parents, and the importance of the child and the child's parents participating as fully as possible in decisions.

Children and young people of all ages have the right to be listened to. There is a respected evidence base supporting children's involvement and well established theory about how this can be done (see Further information).

The Office of the Children's Commissioner for England (*We would like to make a change*, 2013) states:

There are many different ways children and young people can be involved in influencing thinking, including initiating their own ideas and projects, shaping policies and services, supporting commissioning of work, contributing to specific projects and evaluating and sharing ideas about their own experiences. How children and young people are involved can depend on many factors, such as the stage of a project that their views and experience can inform and influence; and/or the children and young people's readiness and ability to take part; and/or an organisation or adult's preparedness and ability to involve children and young people.

Considerable progress has been made in enabling older children and young people's participation in local and national health decision-making. Similarly, the development of 'listening cultures' within, for example, children's centres, pre-schools and day nurseries has advanced in the early years sector with support from national initiatives such as Young Children's Voices Network (see *Developing a listening culture* leaflet in the 'further information' section). However, young children's voices are still largely absent in terms of influencing decisions at a service level or wider, and often don't move beyond informing children's immediate experiences.

What are the benefits?

Besides supporting the realisation of young children's rights, listening to young children's views on health and wellbeing issues:

- Improves understanding of children's perspectives, priorities, interests and concerns
- Supports their safety, development and wellbeing
- Promotes confidence and skills in self-expression, listening, problem-solving and decision-making
- Enables them to make positive contributions to their communities
- Helps improve the effectiveness of provision, and increases children's stake in the services and settings they access
- Underpins the drive to give all children the best start in life.

In a health and care landscape marred by inequalities, listening to young children as patients and citizens can help to uncover the realities faced by individuals and families, and enable services and practitioners to reflect on how to address these differences experienced within local populations. The learning gained can contribute to quality improvement in health services and settings. Service planners and commissioners can be better informed to make decisions based on the needs of, and what works for, children and their families.

'Listening to young children can challenge assumptions and raise expectations'

Alison Clark, *Listening as a way of life: Why and how we listen to young children*, NCB, 2011

Following the transfer of accountability for public health services for 0-5 year olds from NHS England to local authorities (in October 2015), there is an opportunity to develop a more integrated approach to commissioning, underpinned by listening to the views of young children and their families, which will be central to the delivery of early interventions that meet the individual and varied needs of the more vulnerable and disadvantaged families in particular.

Engaging with young children on health and wellbeing also supports the new integrated review system, which recognises child development and health as intrinsically linked indicators. From September 2015 local areas have begun to integrate the health visitor check at age two with the Early Years Foundation Stage progress check carried out by early years staff. The aim is for professionals to share detailed knowledge of how each child is learning and developing and to discuss any concerns regarding progress and how these can be best addressed. The review is also intended to generate consistent child outcome data that can be used to commission services which can reduce inequalities in children's outcomes and support the whole family. NCB has published the *Integrated Review: Experiences of Practice* series of documents to support health and early years practitioners to put the child at the centre of the integrated review model. The *Involving the Child* paper in this series offers guidance on engaging the child with the review (see 'further information').

Maximising the benefit of engaging with young children and their families

Involving young children and their families works best as a two-way process, providing opportunities to deliver health promotion messages whilst increasing understanding of local families' needs and experiences. At the same time, it can help early years practitioners and teachers to meet the requirements of the Early Years Foundation Stage (EYFS) and the Key Stage One (KS1) school curriculum.

Professionals who work with young children can help to design and deliver activities that elicit important and useful information. Working collaboratively with schools and early years settings is essential for facilitating effective engagement with young children; providing a strong foundation of relationships with families and a familiar environment that is relevant, comfortable and safe for children. The tables in Appendix 1 illustrate how such collaboration can be of mutual benefit.

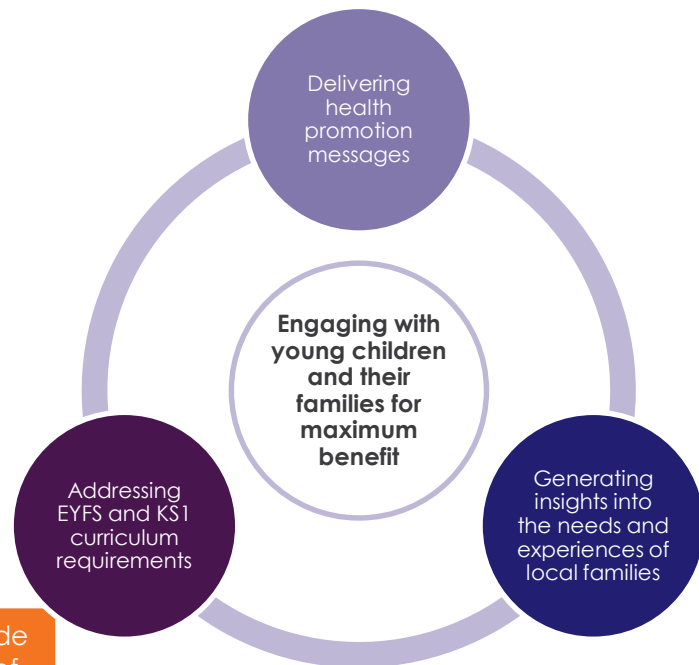


Figure 1: Engaging with young children and their families for maximum benefit

Consider the example below alongside the example on the following page, of engaging with young children and their families around a local Childhood Obesity Strategy. Together they show how the benefits of engagement can be maximised for children, families, agencies and organisations through collaboration between decision-makers, health providers and early years settings and schools.

Example: Young children and food

The Children's House Montessori Nursery

At The Children's House nursery in North East Lincolnshire, young children's views have shaped not only the role that food plays in the life of their nursery setting, contributing to nursery menu planning, but also what family activities, support and health promotion information is being offered on the topic.

An ethos of actively listening to children is intrinsic to the way The Children's House works so that children perceive themselves as, and are, playing a formative role in decision making. Staff and children have made displays of fruit and vegetables; run tasting sessions; visited local supermarkets and established a role play cafe which the children decorated and made imaginary meals in for their peers. Staff observed these role play sessions and engaged children in discussion about their food likes and dislikes, when, where and with whom children eat at home. (McAulifee and Lane, 2011).

Levels of young children's participation

Table 1 below shows how young children can be involved in a project, change or initiative in levels appropriate and responsive to individual children's needs and capabilities. It is informed by Phil Treseder's 1997 'Degrees of Participation model' and Roger Hart's 1994 'Ladder of Youth Voice' (see *Not just a phase*, RCPC 2010).

Table 1: Levels of engagement with young children and their participation in decision making

Levels of engagement and participation	Appropriate context	Ideas, planning and implementation	Consent/assent (involvement)	Consent/assent (activities)	Decision-making
Child centred engagement activities	Can be developed through partnership working between early years settings/schools and agencies wanting to listen to young children; appropriate for specific or time-limited projects	Adults decide on and provide age-appropriate information on a project, change or initiative and how it will be carried out; decision-making involves effective engagement with young children at appropriate stages	Young children are given information about the project or initiative, and who is involving them and why	Adults take into consideration what they know about children's preferences to inform child centred activities; young children have choices about whether to take part in activities or not	Young children's views are taken seriously and somewhat able to influence decision-making; age-appropriate feedback is provided
Child-led participation (within early years settings and schools)	Made possible within a culture of listening to which early years settings and schools should aspire; a part of everyday practice that can involve local partners for specific or time-limited purposes	Young children initiate ideas or are supported to generate ideas for the project, change or initiative, and make choices about how it will be carried out	Young children are supported to get involved in defining the terms of the project, change or initiative, so have a good understanding of it and what their involvement can achieve	Young children have choices about whether to take part in activities or not and about how they participate	Action is taken when necessary after listening and reflection on what young children have shared, by organisations committed to children's participation, using practical, appropriate mechanisms for influencing change and feeding back

What to avoid

It is important to avoid tokenism, manipulation or exclusion which occur when adults do not provide sufficient or appropriate information to children about the purpose of activities they are being asked to take part in; when adults restrict involvement to adult agendas and priorities, limiting children's scope for expressing their views and preferences; or when young children's views are either not obtained during the process or taken account of when decision-making.

Providing feedback directly to participants is an essential but sometimes neglected part of the process of listening to and involving young children and their families. See 'Taking action' on page 21 for more on why feedback should be built into planned engagement activity, and ways of doing this.

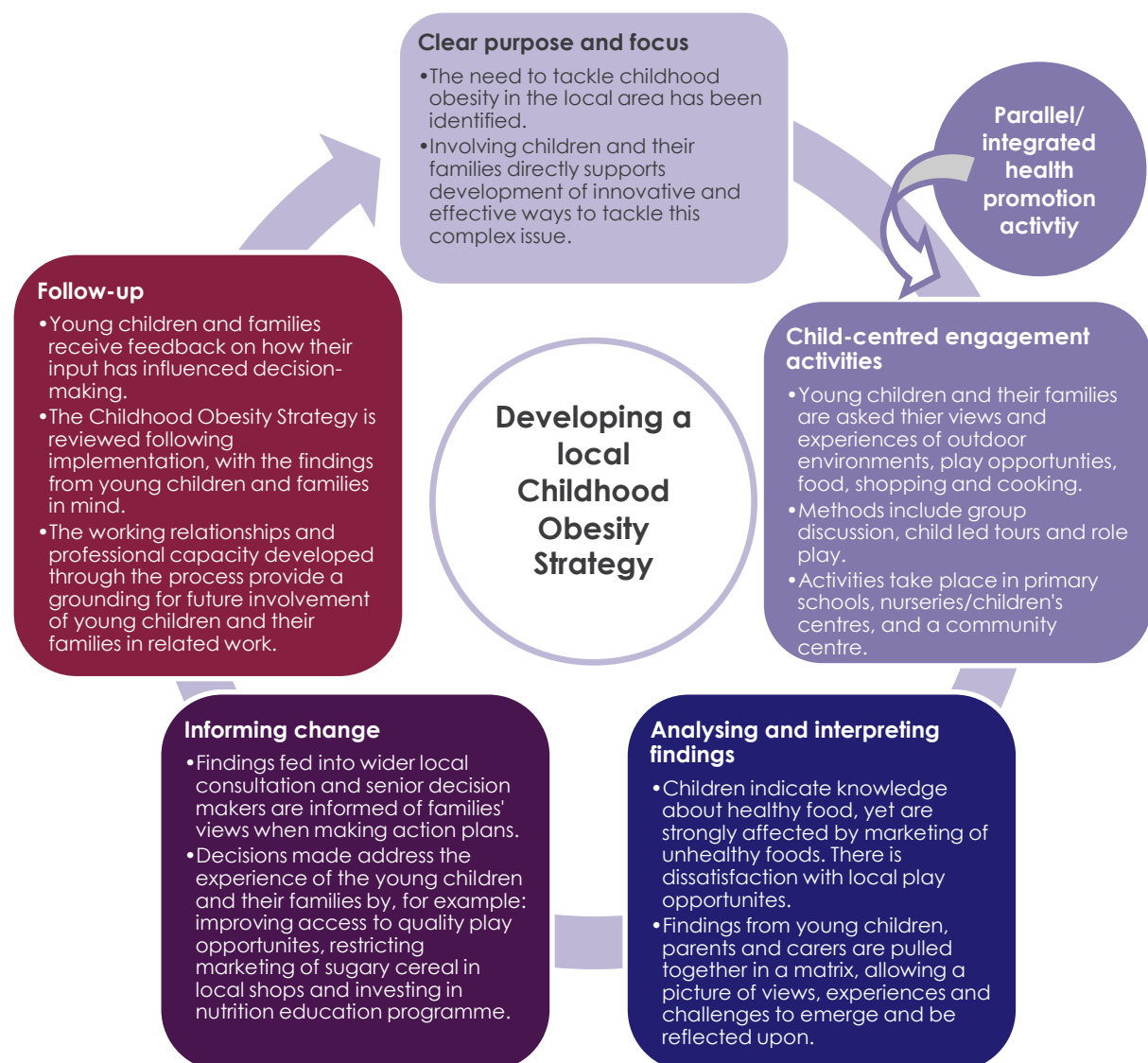
When and how to engage young children and their families

Opportunities for engaging with young children and their families can arise when planning and preparing to make decisions about the health and wellbeing of local communities. Meaningful and useful engagement with young children and their families:

1. Has a clear purpose and focus
2. Is supported by practitioners with appropriate experience and expertise
3. Uses a child centred approach
4. Informs actual change when needed.

Figure 2: Identifying and acting upon a need to engage young children and their families to inform local decision-making

In the example below, identification of a need to develop a Childhood Obesity Strategy triggers steps to involve young children and their families in local decision-making.



Engagement with young children and/or parents need not always be initiated in response to a specific need or development, as in the Childhood Obesity Strategy example above (Figure 2). Ongoing practice by those who work with young children and their families on a daily basis is also extremely valuable to draw upon to contribute to local decisions. It is useful to encourage early years settings and schools to gather and share children's and families' views about health and wellbeing during activities they may already be running – such as healthy eating events, visits from the dentist about healthy teeth, or forest school activities where children's views about their relationship with nature and the outdoors might be explored.

Prerequisites for meaningful and useful engagement with young children and their families are explored below. Activities that can be used to engage with young children about health and wellbeing are presented in the next chapter.

1. Clear purpose and focus

Having a clear focus for engagement with young children and/or their parents/carers will ensure that individuals understand what is being asked of them; allow relevant, useful findings to be gathered; and support effective working between health agencies, early years settings and schools. Taking account of the diverse perspectives, needs and motivations of health agencies, early years settings and schools, parents, and children themselves will support the delivery of clear, engaging activities that meet the needs of all involved. Drawing up a participation policy may be beneficial for health bodies intending to make young children's engagement an ongoing element of their work. *Never Too Young* (Miller, 2003) provides guidance on developing, implementing and reviewing participation policies.

2. Support from practitioners with appropriate experience and expertise

Statutory health bodies have responsibilities to consider the impact of their decision-making upon local populations, including young children and their parents/carers. Meaningful participation with these groups and the services they access requires careful planning and the involvement of settings and services which have established relationships with children and families and knowledge of their needs. It is important to anticipate the need for engagement as early, and to establish working relationships between agencies. Positive relationships between different agencies and familiarity with commonly agreed processes through collaboration over time will:

- bring to attention opportunities for engagement that will have mutual benefits for agencies and improve outcomes for children and families
- provide the necessarily grounding for successful and timely engagement work
- allow opportunities to develop professionals' practice
- allow children time to build confidence, skills and experience in being listened to and participating in decisions that affect their lives and the communities they live in.

Practitioners from early years settings and schools should be involved in planning engagement from the outset. Time and resource considerations factored in, including:

- the need for the process to be facilitated, and activities led or supported by trusted professionals who work regularly with the children in a familiar setting
- the need to account for early years settings' and schools' existing schedules
- requirements for staff training or support
- requirements for obtaining consent from parents/carers in advance
- requirements for making activities accessible and inclusive
- any costs associated with transporting and escorting children.

NCB carried out a small scale survey with local Healthwatch organisations as part of the development of this resource. A lack of connections between health agencies and schools and early years provision was highlighted as a barrier to involving young children in health and wellbeing decisions, as well as a lack of training and support.

3. Child centred approach: centred around the child, giving priority to their interests and needs

Involving young children in local health decision-making will be much more child centred and effective if it can be approached as a long-term process rather than a one-off or occasional event. Building familiarity with the concepts, activities and visiting individuals involved in engagement activity will aid children's self-expression.

It is important that everyone involved in or calling for young children's participation is mindful of the need to avoid pursuing adult agendas at the expense of children. Benefits of participating should be apparent to children, through enjoyable activities and recognition of their efforts. Children, like adults, should be able to expect respect, as well as honesty about mistakes or unknowns. It is particularly important to be aware of the need to avoid patronising or interrupting children when they may need time, support or encouragement to convey what they want to express. Individuals' perspectives are informed by what they have direct and indirect exposure to over time. Interactions with children should be rooted in what they understand, building on their life experiences. Statements children make reflect their understanding of what they have encountered so far, which spans far less time than for adults and is broadening rapidly. They may reflect messages received from adults, or focus on topics, situations or preferences that have held their attention most recently.

If, during the course of engagement activities, a child expresses uncomfortable feelings or draws on negative experiences relating to the health and wellbeing of family members for example, this should not be seen as a problem to be resolved. By echoing a child's words, and the emotion underpinning them, an adult can encourage the child to trust them and to be assured that the emotion is safe to experience when the adult 'holds' and acknowledges it.

Practical ways of making activities child centred include:

- Setting out materials in an accessible way so that children can help themselves to what they need.
- Adults sitting on small chairs or on the floor so that children feel comfortable and can be clearly heard.
- Adults demonstrating active listening, for example repeating a child's words back to them.

'Though they do not know as much about the world as most adults, children do know how *they feel* and what is important to *them*.'

Judy Miller, *Never Too Young, Save the Children*, 2003

'Active and empathetic listening enables children to be open about feelings of inequality or isolation. Practitioners who are aware of children whose voice may be unheard, are more able to support all children's rights.'

Lucy Williams and Dr. Cathy Hamer, *Let's Listen*, NCB, 2010

4. Informing change

It is important to consider what bearing children and parents/carers' views can have on decision-making. Children need information about the engagement activities in which they are taking part, and what they are being invited to influence. This needs to be provided in concrete ways that make sense to them, that allow for demonstration and first-hand

experience. Consider how to show children:

- That decisions are made, and the nature of the decisions in question – how, when and by whom they are being made
- The nature and limits of children's influence in the context of other considerations
- The roles of the adults involved
- What will happen after the children participate.

Being clear about what potential influence children and parents/carers' input has will influence the focus and nature of activities. Caution should be taken around asking children what changes they would like to see unless there is the possibility to implement these. It is often more realistic to focus on what children like or dislike and what is important to them. These are easier concepts for young children to understand and mitigate the risk of confusion or disappointment if ideas cannot be acted on. Analysing and interpreting the views of young children and their families about what is important to them can provide valuable insight to inform action planning.

When ideas for specific improvements are being sought, asking children to describe/make/draw their ideal version of a particular situation, setting, or health professional can be an illustrative way to gain insights. Encouraging children and parents to reflect on recent experiences of health services and to consider what would be 'even better if...' will also help professionals to identify what enhancements they can make to existing provision. Often, for young children it is small changes that can make a really big difference: for example, having access to toys while sitting for a long time in the waiting room. Part of the activity, when appropriate, can include talking with children about what may or may not be feasible to act upon and why.

What are the barriers to participation?

In *Never Too Young* (Miller, 2003) Judy Miller highlights barriers that prevent young children from being given the opportunity to be involved in decision-making:

- **Attitudes:** belief that children are not capable of making informed decisions; low expectations of children based on unhelpful stereotypes of young children as irrational, irresponsible and selfish; and a lack of understanding about children's feelings and preferences
- **Information:** a lack of understanding about what information children need in order to be involved, and how this can be presented in engaging and meaningful ways
- **Access:** difficulties working in environments where many things are physically out of reach for children, and where methods other than speech need to be used to find out children's views
- **Resources:** financial cost and staff time involved in planning, delivering and interpreting findings from activities, if participation is to be meaningful and useful.

Never Too Young also provides practical suggestions for overcoming such barriers. Making connections with, and involving, children's practitioners can also help professionals with limited experience of children's participation to avoid or overcome these barriers.

'Children need to know that their views and experiences are valued and not ridiculed or ignored. This involves demonstrating that we take them seriously. When it is not possible to act upon their ideas, then we need to explain this to children.'

Alison Clark, Listening as a way of life: Why and how we listen to young children, NCB, 2011

Example: Explaining to young children what they can influence

NHS England Specialist Paediatric Dentistry Commissioning Guidance

NCB and Young People's Health Partnership worked with NHS England to consult children, young people and their families in order to inform new NHS England Specialist Paediatric Dentistry Commissioning Guidance. Part of this engagement activity included a focus group with children aged 3-8 years who had experience of these services. At the beginning of the session staff explained to the children why they were there, what activities the groups would do, and how the information would be used. This was framed in language like: "we would like to know what you like and don't like about going to your dentist. For the next little while we will be talking, reading stories, playing and making crafts about going to the dentist. Some of the people here today are writing some rules about what a visit to the dentist should be like for children. We will share what you tell us with the people in charge to help them when they write these. We hope this will make visits to the dentist better for children."

The session

Staff used pictures from story books about a trip to the dentist. The group talked about the pictures and the children shouted out if they recognised things that they experience when they go to the dentist, or if they understood how the characters were feeling.

The group then used craft materials to build the best trip to the dentist that they could imagine. Children freely added features to the outside of the 'building' like a wide open door and places for trains, buses and cars to stop so that people could get there easily. Inside the 'building' children identified features important to them including separate rooms with walls, not curtains; colourfully decorated walls; lots of chairs in the waiting room, not in a line, so that all the family could sit together; information posters; and the name of the dentist on the door to their room. The children also added specific features to the room where they see the dentist, such as nice pictures or lights on the ceiling to look at when lying down on the bed or dentist's chair.

Children also made figures of dentists, nurses, receptionists and patients, which they used to enact a visit to the dentist. This gave insight into what children felt it was important for professionals to say or do.

Findings

It was clear that the children did not just conceive of a visit to the dentist in terms of being in the dentist room with a single clinician. They freely expressed a very holistic view of the experience including what happens beforehand to prepare them; their journey to the building; all the other people they might meet there; and how they might interact with them. They offered some very clear, practical ideas for how the experience might be improved from their perspective.

<https://www.england.nhs.uk/commissioning/primary-care-comm/dental/dental-specialities/>

This example relates to commissioning decisions at a national level. How could similar ideas and activities be used to inform local commissioning?

Activities to engage young children in sharing their views on health and wellbeing

This section illustrates possible ways to communicate with young children about health and wellbeing that can be discussed with practitioners working with children in early years settings and schools supporting engagement work. There are a number of ways to listen to young children's views and experiences, including the use of observation, interviews, still and moving film, performing arts, and role play and visual arts. Each has its strengths and limitations. Regardless of the methods used there are some established principles that underpin listening. They include respect for the children we're listening to; openness and collaboration; honesty; patience; and being sensitive to timing. Imagination can also be needed to design appropriate listening activities as well as to act upon the views expressed by young children. (*Listening as a way of life: An introduction to why and how we listen to very young children*, Alison Clark for NCB).

The RAMPS framework developed by Y. Penny Lancaster (see Figure 3) is a way of thinking about how children can be helped to express themselves. It enables professionals to rethink their attitudes and ways of relating to young children.

Using a variety of types of activities is preferable to simply asking young children for their views. This avoids verbal expression being a prerequisite for children's engagement; it also means children are less likely to try to guess the response they think will please adults. Whilst activities need to be engaging, they also need to garner meaningful responses from children and take account of children's priorities.

Table 2 below lists some example activities that are drawn from a variety of established approaches to listening to young children. More detail about these can be found through the 'further information' section. Appendix 2 includes children's developmental capacities charts drawn from 'Never Too Young: How Young Children Can Take Responsibility and Make Decisions' by Judy Miller (2003) and gives a guide to what can broadly be expected of children at different ages.

RAMPS framework

Recognising children's many languages:

Using as many ways of listening as possible, and perhaps more than one way at a time.

Allocating communication spaces:

Creating an environment which allows children spaces to communicate in as many ways as possible, including emotional warmth to support children in expressing their feelings.

Making time:

Making time for talking and listening, and for children to explore their thoughts and to explore and become absorbed in their play.

Providing choice:

Through the resources, opportunities, daily routines, and choices about whether to participate.

Subscribing to a reflective practice:

Reflecting, and sharing reflections, on what children have expressed and the potential impact of what they have expressed on their lives.

Adapted from Lancaster, YP and Broadbent, V (2003) *Listening to Young Children*. Buckingham: Open University Press.

Figure 3: RAMPS framework

Table 2: Example engagement methods

Method	Use	Key consideration
Observation	Contributes to building an understanding about children's lives, their likes and dislikes and what is important to them. Particularly useful for very young children and those who do not use verbal language to communicate. Observation can compliment other methods to build up a narrative and context for children's voices.	Gives an adult perspective on children's lives rather than actively engaging children in the participation process.
Talking and listening	Enables children to take the lead in discussions around content that is meaningful to them and within the scope of their understanding.	Children need to feel comfortable and at ease in a relevant and familiar environment and/or with known adults present or close at hand. Practitioners should take time to listen and be sensitive and responsive to children's cues. A flexible approach is required, for example if children prefer to be on the move as they talk.
Group discussion	Sharing experiences, generating ideas, collecting information, solving problems, and for planning.	A 10-15 min discussion is appropriate for young children's concentration span. Maximum group sizes of 8-10 are suitable.
Stories	Allows ideas and topics to be introduced in engaging and age-appropriate ways; allows children to explore and express their feelings and experiences at one remove.	Adults can either use stories (with spaces for children to interject, or act them out) or have children make and tell stories to them.
Role play	Children can express their views on particular experiences via the use of a puppet/doll/toy or use these intermediaries as prompts for acting out scenarios and what they might do/say/expect. This can reveal children's perspectives on an issue, e.g. how they have made sense of an experience.	Can be structured (children are asked what 'teddy' would do, say or feel in a particular scenario and how they might also feel) or open (children are free to act out their experiences of a particular scenario) using props to support their play.
Painting and drawing	Allows for visual rather than verbal expression. Options include inviting the child to tell an adult what to draw, or to invite the child to draw a setting or themselves in a situation/environment.	This generates most meaningful insights when supported by observation and/or discussion, with adults listening carefully.

Method	Use	Key consideration
Scrapbooks and maps	Builds a picture of a child's experience, or how they feel about something that can then be talked through. Could include drawings, cut-outs, photos, stickers, dictation, likes, dislikes, favourites, things that make them feel certain ways.	Can be particularly effective in gaining a child's perspective on a particular environment or setting, revealing the importance of people and spaces. These can take time to develop through more than one session.
Photography and film	Adults using photographs as the basis of conversations with children or children using cameras to take their own images demonstrating what is important to them.	Images from camera work always serve as a basis of further discussion and consideration.
Tours	Exploring children's perspectives of a particular area, environment or setting. Tours can be led by children who want to take part; for many this will be a new experience and preparatory sessions prior to doing a tour is recommend – if for example cameras will be used, children will need time to familiarise themselves with the equipment over time.	Adults can observe, question, listen and discuss during a tour led by one or more children.
Games, music and movement	Allows children to express feelings and opinions. Using music and physical activity increases enjoyment for many children.	Sounds, spaces and movements can stimulate discussion about particular situations and evoke feelings and responses to issues such as physical wellbeing.. Activities should be kept simple, with a clear purpose.

Engaging parents and carers

Parent/carer perspectives on children's experiences are an important piece of the picture of children's lives. Parents/carers can give a unique interpretation of their children's feelings, needs and capabilities. Their views may be sought in a variety of ways including interviews, surveys and focus groups.

When discussing health and wellbeing issues with parents and carers, it is likely that potentially sensitive topics relating to social determinants of health may arise. These may include things like quality of housing, relationships, money worries, mental health, health literacy and skills (around cooking for example).

Professionals initiating collaborations with early years settings and schools should be aware that the Early Years Foundation Stage encourages early years practitioners to work in partnership and build respectful relationships with parents and carers of children. There is also a significant body of evidence which shows the long term positive effects of parental involvement into primary school and beyond the age of seven (Sammons et al, EPPE study, 2008). The Parents, Early Years and Learning (PEAL) Programme run by NCB has produced a number of resources and practice examples for children's sector professionals around engaging with parents and building such respectful relationships where sensitive topics may be handled appropriately and constructively: www.peal.org.uk.

Example: Engaging parents and carers

NCB project on the health of refugee and migrant children and families

In 2016, NCB held a focus group with eight parents of children under 5 years old at The Children's Society in London Family Voice Project. The session aimed to gather refugee and migrant parents' views on what is important in keeping young children healthy, what services help with this, and what makes it easier or harder. This was part of wider work exploring what helps refugee and migrant families promote the health of their young children, and how local authorities had been taking account of these families' needs when shaping their Healthy Child programme (HCP) 0-5.

Collaboration between NCB and the service hosting the focus group was essential to the smooth running of the session. NCB staff, who had subject knowledge and experience of engaging children and parents, sought some information about the service's client group and key considerations for planning a session with them. A thorough plan was developed, incorporating visual images into activities and including suggested phrasing for explanations. Whilst this was partly done to overcome potential language barriers, both steps can be helpful in ensuring that activities with any group are engaging and accessible.

Staff at the host service agreed the plan and joined the session, which NCB delivered. A flexible approach was needed to accommodate late arrivals and allow participants to talk about what mattered to them. Several young children were present; staff from the service provided toys and interacted with them. Participants received refreshments, travel expenses and shopping vouchers. They were also given printed information about accessing the health services discussed in the focus group.

Findings from the session fed into an invited seminar supporting discussion about how local authorities can effectively deliver the Healthy Child programme for refugee and migrant children and their families. A forthcoming report will bring together key messages and findings from the available literature, NCB's exploration of several local authorities' strategic documents relevant to HCP delivery, the focus group with parents, and the seminar. The report, which will include practice examples and recommendations, will be promoted via NCB's children's sector networks and the Health and Care Strategic Partnership: www.voluntarysectorhealthcare.org.uk

Acting on findings from young children and their families

Analysing and interpreting

Information gleaned from engagement activities with young children and parents/carers will need to be pulled together and interpreted to provide findings which show a snapshot of views, experiences and insights that can be then used to inform review and change.

Example: Interpreting findings from young children, parents and carers

NCB research for the Office of the Children's Commissioner

In 2014, NCB was commissioned by the Office of the Children's Commissioner to do some participation work with children under five years, and their parents, about services important for reducing the impact of low-income. This was part of a research programme to help understand whether the legal and policy framework for the provision of housing, health and early years provision for children aged 0-5 years living in low income households can be improved.

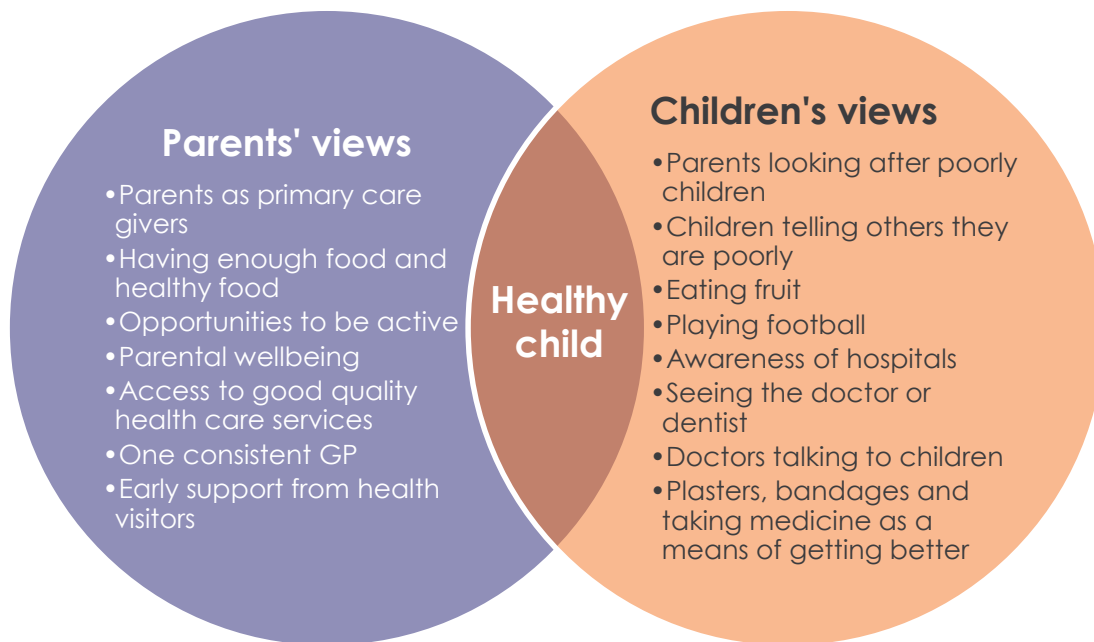
NCB used two methods to explore the views and experiences of children and parents/carers:

- family participation events with parents and their children aged 3-4 in early years settings
- in-depth interviews with parents of 0-4 year olds in families' homes.

Insights were generated through conversations with children; play based activities; short observations by fieldworkers; and parents' reported observation of children's preferences and experiences and the context of home and family circumstances; one-to-one and group discussion of parents' own views and experiences.

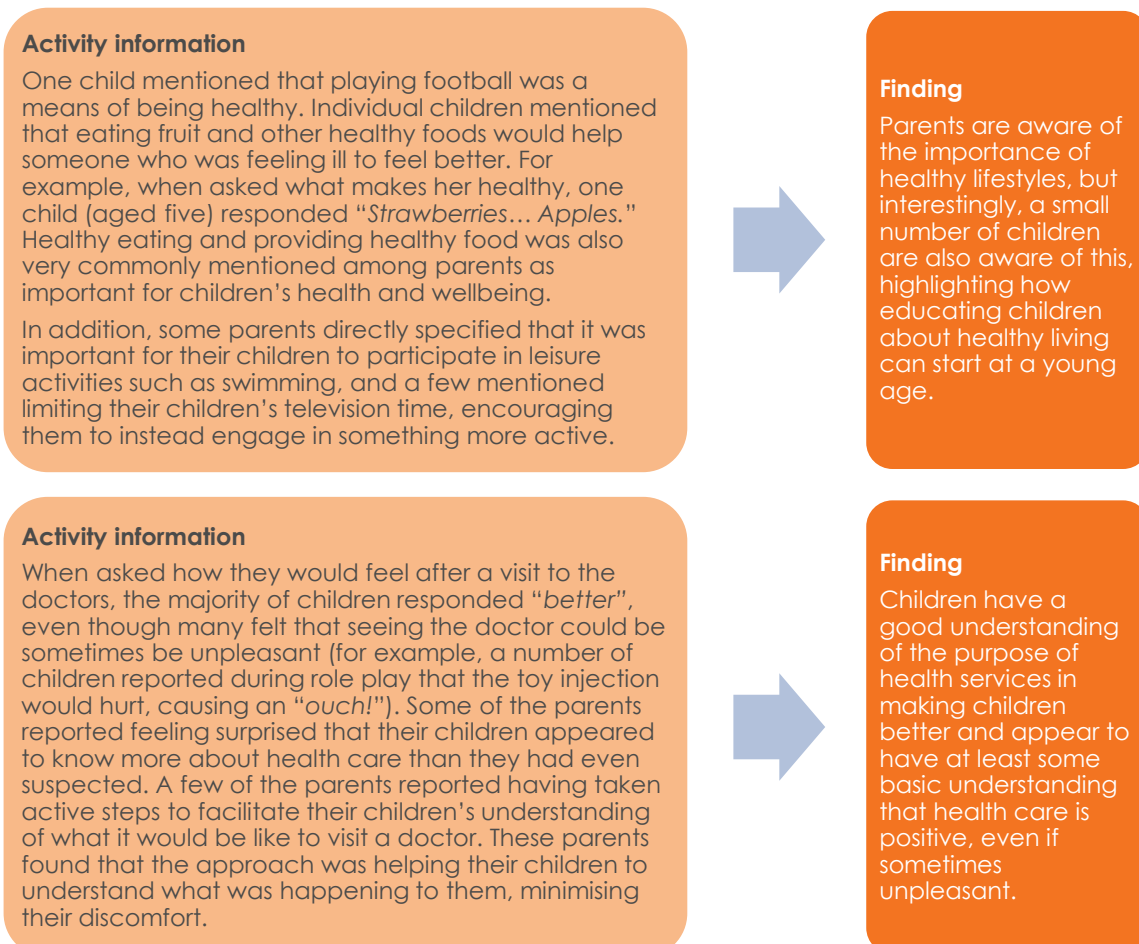
Figure 4 illustrates the key aspects of salience for children and their parents with regards to children's health and health services, as identified by NCB's research for the Office of the Children's Commissioner; *Young children and families' experiences of services aimed at reducing the impact of low-income: Participation work with families*. (See purple box above for details of the project). The diagram is based on a similar one in the 2015 report from this research, and shows how information from activities with young children and their parents can be collated and compared to gain a rich and useful picture of their perspectives and relationships between these.

Figure 4: Interpreting children's and families' experiences of health and health care



The research report also provides examples of the interpretation of information gained through participation activities with young children and their parents.

Figure 5: Examples of how conclusions can be informed by engagement activities



Taking action

Adults listening to young children and their families need to be prepared to act upon findings. Taking action influenced by the voices of young children is fundamental to gaining trust, and has benefits not only for the quality of the health structures, systems and practice, but also for the social inclusion and development of the children involved.

Support from senior decision-makers, who value input from young children, is an important enabler in ensuring that children's views are heard and can have a real influence over decisions. Developing a culture of participation within an organisation means "the involvement of children and young people is an integral part of the way in which it operates and where the meaningful participation of children and young people is everyone's responsibility rather than residing in an individual or department." (*Not Just a Phase*, RCPCH 2010)

Appropriate mechanisms for feeding back on how information is used and informs change should be deployed. Feedback is "the difference between being listened to and feeling listened to – even if the children's wishes cannot be met, honest feedback and discussions about why not are essential" (*Involving Children and Young People in Policy, Practice and Research*, Sue Owen and Lucy Williams, NCB)

The need to manage expectations about what young children and their families can influence is explored on pages 12-13. Being clear about restrictions to acting on findings is also important when providing feedback. This might mean explaining to children that there is a restricted budget, or that their views have been balanced with the views of others in a community to reach the best decision for everyone.

It is important to feed back to the young children and families involved as quickly as possible following participation activities. Feedback is likely to need to be ongoing or given at intervals as progress is made. Mechanisms for feeding back may be informal (e.g. a return visit to the setting in which the engagement activities took place) or more formal (e.g. a written report to the setting in a 'you said, we did' format that staff can use to feed back to the children). Where relevant and possible, visual images can help to demonstrate action taken, e.g. pictures of any changes made to facilities, settings or services

Figure 2: *Identifying and acting upon a need to engage young children and their families to inform local decision-making* on page 10 includes examples of the kind of actions that can be taken to utilise findings from young children and their families to drive actual change in local decision-making and to feed back to those involved.

Reflection space

This document has hopefully demonstrated how young children's participation in local decisions about health and wellbeing is possible. These pages are provided for you to note ideas for creating and maximising opportunities to engage with young children, and their families.

How are young children currently involved in sharing their views on health and wellbeing? Are children's views informing decisions about health structures, systems and practice via their early years setting, school, or local community?

How would you like to engage with young children on health and wellbeing topics?

What steps do you need to take to achieve this?

How will you involve families?

How will you collaborate with other agencies? Can ongoing working relationships be (further) developed?

Initial action points:

- 1.
- 2.
- 3.

Notes:

NCB may add further examples to *Ready to listen*, showing the full cycle of engagement with young children and their parents/carers (see example on p10). If you have applied, or are planning to apply, the principles in this resource within the specific context of local decision-making about health and wellbeing (as opposed to individual care or service evaluation), we would like to hear from you. Please contact ehamblin@ncb.org.uk.

Further information

Children's Partnership (2015). **[Integrated Review: Experiences of Practice – Involving the Child](#)**: The Children's Partnership

Blades, R. et al. (2013). **[We would like to make a change: Children and young people's participation in strategic health decision-making](#)**: Office of the Children's Commissioner for England and NCB

Clark, A. and Moss, P. (2011). *Listening to Young Children: The Mosaic approach*. 2nd ed: NCB

Davey, C. (2010). **[Children's participation in decision-making: A Summary Report on progress made up to 2010](#)**: CRAE and NCB

Hamer, C. and Williams, L. (2010). **[Let's Listen. Young children's voices – profiling and planning to enable their participation in children's services](#)**: Young Children's Voices Network (YCVN) at NCB

Joshi, P., Wallace, E. and Williams, L. (2015). **[Young children and families experiences of services aimed at reducing the impact of low income](#)**: NCB

Lancaster, Y. Penny. and Kirby, P. (2010). *Listening to Young Children: The Reader*: Coram

Miller, J. (2003). *Never Too Young: How Young Children Can Take Responsibility and Make Decisions: Save the Children*

Owen, S. and Williams, L. (2015). **[Young Children's Voices Network: A project to embed listening into everyday practice](#)**. In: McLaughlin, H. ed., *Involving Children and Young People in Policy, Practice and Research*: NCB

Wood, D., Turner, G. and Straw, F. (2010). **[Not just a phase, a guide to the participation of children and young people in health services](#)**: Royal College of Paediatrics and Child Health

Young Children's Voices Network (2011). *Listening as a way of life*. NCB

A set of eight leaflets on a range of topics which contain details of research, practice and methods that work with young children from birth to eight:

- Clark, A. **[An introduction to why and how we listen to very young children](#)**
- Dickins, M. **[Listening to young disabled children](#)**
- Dickins, M. **[Leadership for listening](#)**
- McAuliffe, A. and Lane, J. **[Listening and responding to young children's views on food](#)**
- McLarnon, J. **[Supporting parents and carers to listen](#)**
- Rich, D. **[Listening to babies](#)**
- Road, N. **[Are equalities an issue?](#)**
- Williams, L. **[Developing a listening culture](#)**

Parents, Early Years and Learning (PEAL) training and resource materials
<http://www.peal.org.uk>

Me First: Children and young people centered communication – education and training resource for healthcare professionals and front-line staff
<http://www.mefirst.org.uk/>

Appendix 1

How involving young children in health and wellbeing decision-making can support Early Years Foundation Stage principles, Early Years Outcomes, and elements of the Key Stage 1 National School Curriculum in England

Early Years Foundation Stage (EYFS) sets the standards that all early years providers must meet to ensure that children learn and develop well and are kept healthy and safe. Early Years Outcomes is a non-statutory guide for practitioners to help understanding of child development through the early years. It is a guide to typical development while recognising that children develop at their own rates and in their own ways.

Talking to young children about... Supports EYFS principles and Early learning goals...

Good physical and mental health

1. A Unique Child – Every child is a competent learner from birth who can be resilient, capable, confident and self-assured.

1.4 Health and Wellbeing including physical and emotional wellbeing

Early learning goal - managing feelings and behaviour: Children talk about how they and others show feelings, talk about their own and others' behaviour, and its consequences, and know that some behaviour is unacceptable.

Being active

1. A Unique Child – Every child is a competent learner from birth who can be resilient, capable, confident and self-assured.

1.4 Health and Wellbeing including physical and emotional wellbeing

4. Learning and Development – Children develop and learn in different ways and at different rates.

4.4 Areas include Personal, Social and Emotional Development

Early learning goal - moving and handling: Children show good control and co-ordination in large and small movements. They move confidently in a range of ways, safely negotiating space. They handle equipment and tools effectively, including pencils for writing.

Talking to young children about...	Supports EYFS principles and Early learning goals...
Eating well	<p><u>1. A Unique Child</u> – Every child is a competent learner from birth who can be resilient, capable, confident and self-assured.</p> <p>1.4 Health and Wellbeing including physical and emotional wellbeing</p> <p><u>4. Learning and Development</u> – Children develop and learn in different ways and at different rates.</p> <p>4.4 Areas include Personal, Social and Emotional Development</p> <p><u>Early learning goal - health and self-care:</u> Children know the importance of good health, of physical exercise, and a healthy diet, and talk about ways to keep healthy and safe. They manage their own basic hygiene and personal needs successfully, including dressing and going to the toilet independently.</p>
Having good relationships	<p><u>2. Positive Relationships</u> – Children learn to be strong and independent from a base of loving and secure relationships with parents and/or a key person.</p> <p>2.1 Respecting each other including understanding feelings and friendships</p> <p><u>4. Learning and Development</u> – Children develop and learn in different ways and at different rates.</p> <p>4.4 Areas include Personal, Social and Emotional Development</p> <p><u>Early learning goal - making relationships:</u> Children play co-operatively, taking turns with others. They take account of one another's ideas about how to organise their activity. They show sensitivity to other's needs and feelings, and form positive relationships with adults and other children.</p>
Where they live	<p><u>3. Enabling environments</u> – The environment plays a key role in supporting and extending children's development and learning.</p> <p>3.4 The wider context including the community</p> <p><u>4. Learning and Development</u> – Children develop and learn in different ways and at different rates.</p> <p>4.4 Areas include Knowledge and Understanding of the World</p> <p><u>Early learning goal - the world:</u> Children know about similarities and differences in relation to places, objects, materials and living things. They talk about the features of their own immediate environment and how environments might vary from one another. They make observations of animals and plants and explain why some things occur, and talk about changes.</p>

Key Stage One (KS1) National School Curriculum in England is issued by law and must be followed by all local-authority-maintained schools in England. The curriculum framework includes the programmes of study for all subjects for key stages 1 to 4 (Year 1 up to GCSE).

Talking to young children about...	Supports KS1 elements...
Good Physical And Mental Health	<p><u>Non Statutory PSHE:</u> How to make simple choices that improve their health and wellbeing. Maintain personal hygiene. To recognise what they like and dislike, what is fair and unfair, and what is right and wrong. Feel positive about themselves</p> <p><u>Science:</u> describe the importance for humans of exercise, eating the right amount of different types of food and hygiene</p> <p><u>Physical Education:</u> Lead healthy and active lives</p>
Being Active	<p><u>Physical Education:</u> Develop fundamental movement skills, become increasingly competent and confident and access a broad range of opportunities to extend their agility, balance and coordination, individually and with others. They should be able to engage in competitive (both against self and against others) and co-operative physical activities, in a range of increasingly challenging situations</p>
Eating Well	<p><u>Non Statutory PSHE:</u> How to make simple choices that improve their health and wellbeing</p> <p><u>Design and technology:</u> prepare food and understand where it comes from</p>
Having Good Relationships	<p><u>Non Statutory PSHE:</u> To listen to other people, and play and work cooperatively. That family and friends should care for each other</p>
Where they live	<p><u>Non Statutory PSHE:</u> What improves and harms their local, natural and built environments and about some of the ways people look after them</p>

Appendix 2

Methods of engagement: Children's developmental capacities

The following charts are drawn from *Never Too Young: How Young Children Can Take Responsibility and Make Decisions* by Judy Miller (Save the Children, 2003) and give a guide to what can be expected of children at different ages. They may help to inform planning of appropriate engagement activities. It is important to emphasise that these capacities relate to developmental norms and cannot be assumed to apply to individual children, who vary enormously.

0–18 months

Children of this age range will be dependent on adults to ask the 'right' questions, to interpret their responses, and to take these into account in any decisions that affect the child.

Developmental capacity	Can participate in decisions about	Methods of participation
<ul style="list-style-type: none"> • Have limited mobility and control over their bodies • Experience the world through their senses • Are wholly dependent on others for provision of their basic needs • Use facial expressions, body language and gesture, and pre-linguistic verbalisation to express feelings and needs and to indicate preferences • Have limited memory span • Are largely egocentric – concerned with own needs and operate on an individual basis • Can respond only to things in the immediate present that they can see, touch, hear, taste and smell • Have limited experience and understanding of danger 	<ul style="list-style-type: none"> • Food • Clothing • Who they want to be with and how they are handled • What they play with 	<ul style="list-style-type: none"> • Accepting or refusing things offered • Indicating what interests them through gazing intently, turning towards or reaching out for objects or people • Indicating how they are feeling through facial expressions, body movements and responses such as tears and laughter • Indicating preferences between given options (the child chooses from options selected by the adult, which take into account the safety, health and welfare of the child) <ul style="list-style-type: none"> - Reaching out, grasping or pointing - Nodding or shaking their heads as options are shown to them - Nodding or shaking their heads in response to questions with yes/no answers such as 'Do you want milk?'

1½–3½ years

Developmental capacity	Can participate in decisions about	Methods of participation
<ul style="list-style-type: none">• Have increased mobility and control over their bodies• Still express many feelings and indicate preferences physically, but are also beginning to use language for these purposes• Increased memory span and ways of expressing themselves enable them to consider options beyond the immediate present; e.g. child indicates he wants to go on an outing by walking to the front door and saying 'coat on'• Are able to wait and defer wishes for short periods of time• Older children within the age range will play/work in pairs or small groups• Beginning to use language to co-operate and negotiate with others – some sharing and turn-taking possible• Will take part in small-group work provided they can participate actively; e.g. singing, movement	<ul style="list-style-type: none">• Food that they eat and how much• What they wear• Activities they engage in• Who they play/spend time with• Routines of the day and some personal care topics such as bath time, tooth brushing• Which, if any, early years group they attend and when	<ul style="list-style-type: none">• Choosing between given options as before, plus verbal communication, pointing to pictures, using movement• Suggesting additional options, using language, mime, movement• Express feelings, as before plus using language, mime, movement, painting, music

3½–5 years

Developmental capacity	Can participate in decisions about	Methods of participation
<ul style="list-style-type: none"> • Can empathise with the feelings of others and consider their needs • Use language to express feelings and ideas, to influence the behaviour of others and to explore more abstract ideas • Use their imagination to explore situations and roles beyond their immediate experience – can explore ‘What if...?’ • Can co-operate with others, share, take turns, and follow rules – especially those mutually agreed in the course of imaginative play • Spend more time in group activities – interaction with others becoming more important than interaction with objects • Talk about past experience and can look to the future • Have a growing understanding of cause and effect and can begin to consider the effects of their actions on themselves, on others and on their surroundings • Use logic and reason to explain and make sense of the world • Are physically adept at most self-help skills such as dressing, pouring drinks, toileting 	<ul style="list-style-type: none"> • Food, clothes, activities, people, group they attend – as before • Their immediate environment • Buying new equipment • Menus • Routines of the day • Solving problems and conflict resolution • Caring for themselves and others • Rules and boundaries 	<p>As before</p> <ul style="list-style-type: none"> • Choosing between given options • Suggesting additional options • Expressing feelings and preferences <p>Plus</p> <ul style="list-style-type: none"> • Compiling scrapbooks/books about themselves • Making representational drawings and models • Discussing issues raised in books • Making up and acting out stories personally or using puppets • Taking part in group activities and discussions in a forum such as Circle Time

6–7 years

Developmental capacity	Can participate in decisions about	Methods of participation
<ul style="list-style-type: none"> • Can think in more abstract terms • Can consider several aspects of a situation at a time • Can organise own thoughts and plan and carry out schemes individually and in groups • Can problem-solve in groups • Have growing understanding of number, size, space and time • Are able to work with written symbols – words and numerals • Have clear ideas of what is fair and react strongly to injustice • Increasingly aware of 'world' issues, e.g. poverty, disease, environmental damage, and want to do something about them 	<p>As before, plus</p> <ul style="list-style-type: none"> • How they will spend their time • What they learn and how • Setting and maintaining rules • The wider environment, e.g. housing, play areas • Buying equipment – considering factors such as cost, space, quantity, durability • Planning menus • Their health needs, medical treatment • Who they live with and where 	<p>As before, plus</p> <ul style="list-style-type: none"> • Group discussions, brainstorms, examining pros and cons, prioritising • Drama, music and movement • Writing stories, letters, plans • Making maps, posters, books, models • Using cameras and audio/video recorders • Attending/speaking at meetings, workshops, demonstrations

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