

Evaluating the effectiveness of OAWY consultations; with a focus on staff's understanding, confidence, and practice

**Exploring the effectiveness of One Adoption West Yorkshire's
consultation service; with a focus on staff's understanding, confidence,
and practice**

Rebecca Day

Commissioned by One Adoption West Yorkshire

Dr Victoria O'Key, Clinical Psychologist and Mr Antoine Agricole

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Introduction

Adoption is a legal procedure by which parentage is transferred from a child's birth parents to adoptive parents who will provide a permanent family for that child (Balen, 2013). With more families adopting (Department for Education, 2013), services must provide a range of care to support families along the adoption journey. One Adoption West Yorkshire (OAWY) is a regional adoption agency providing this care and support for councils within West Yorkshire. It is one of the largest adoption agencies in England, with services stretching across Bradford, Calderdale, Kirklees, Leeds and Wakefield. The organisation offers a range of services, such as specialist assessments, adopter recruitment, peer mentoring schemes, family support groups and training, to provide long-term support for adopters and families. The organisation is grouped into three primary services: recruitment and assessment, adoption support and family finding.

Since April 2019, OAWY has also offered multidisciplinary consultations to OAWY workers. These consultations give OAWY staff opportunities to hold informal discussions with two or three wider team members, such as the Speech and Language and Psychology teams. Initially, 90-minute consultations were offered only to workers involved with matching complex children to prospective adopters to ascertain the strengths and risks of such matches. Later, more informal 60-minute 'drop-in' consultations were developed, and the organisation now offers both types of consultation to OAWY workers, external partner professionals and family members. Since 2019, both types of consultation meetings have evolved to be more flexible in their aims but generally seek to support staff's understanding of a case, add to staff's confidence and skills, and influence staff's practice and have been facilitated online since the COVID-19 pandemic. Thus, this service evaluation is focused on assessing the effectiveness of both types of consultation, with particular emphasis on the influence of consultation meetings on staff's understanding, confidence, and practice.

Background

Adopted children often face adversity early in life (Anthony et al., 2019; Wijedasa & Selwyn, 2014), with many experiencing feelings of loss, sadness and

Evaluating the effectiveness of OAWY consultations; with a focus on staff's understanding, confidence, and practice rejection (Neil, 2012), which can lead to complex attachment and trauma-related difficulties (Hiller et al., 2019). This can impact family bonds, with adoptive parents reporting higher stress levels than non-adoptive parents (Harris-Waller et al., 2016). Consequently, it is unsurprising that multidisciplinary support is essential when supporting adoptive families (Dann, 2011).

With adoption services expanding, consultation interventions are used as a way for families and staff to receive MDT input in light of services often having limited resources (Golding et al., 2006). Indeed, consultations have expanded families' access to multidisciplinary support and resources and have improved general outcomes for service users (Jones et al., 2019). Additionally, multidisciplinary consultations are arguably even more critical for children's services, as many systems (such as healthcare, education, family etc.) are involved in their care (Dent & Golding, 2006).

Although much research has focused on the benefits of consultation for families (Callaghan et al., 2003; Golding, 2004), consultations have also been shown to change staff perceptions and create a more positive working environment for staff (Weir et al., 1997). However, there is currently limited research evaluating the impact of MDT consultations on staff. Social workers make up most staff in OAWY, and in turn the majority of staff attending their consultation meetings; thus, this is where I have focused the literature review.

Evidence suggests that social workers commonly suffer from burnout and secondary traumatic stress (Wagaman et al., 2015) due to the high demands of the job. Thus, MDT consultations could provide valuable support for social workers. However, there is currently minimal research exploring why consultations improve staff's understanding and practice and what aspects of the consultation social workers would value (Dimaro et al., 2014). Draper et al. (2022) identified this gap and explored the benefits and challenges of psychological consultation for social workers within adoption services. Using interviews and thematic analysis, which they completed prior to a full literature review to help reduce bias, they found that consultations were considered valuable by social workers. Themes included appreciating the expertise of other professionals, such as psychologists. Social

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workers also reported that the consultations provided them with 'time to think'.
Similarly, Swann and York (2011) evaluated a consultation group for social workers working with looked-after children. They found that the group created a shared understanding of the child's needs and helped contain anxiety about a case.
Likewise, Dimaro et al. (2014) found that social workers working with looked-after children expressed that consultations offered a space to receive support from other professionals, which they found highly valuable. However, the authors also found that consultations had a limited influence on direct practice. Thus, further research is needed to explore whether consultations influence staff practice.

Aims:

This evaluation aims to evaluate the effectiveness of consultations offered by OAWY. It aimed to explore:

- Do consultations increase staff's understanding of cases?
- Do consultations increase staff's confidence with cases?
- Do consultation influence staff's practice?

Method

I chose mixed methods. Quantitative questions on a questionnaire were used to explore *if/to what extent* the aims had been achieved, with the option for participants to give qualitative information on the questionnaire, or later join a focus group, to focus on *how* these aims had been achieved. Any staff member who had attended a consultation meeting between March 2022 and September 2022 was invited to take part in the questionnaire and later take part in a focus group.

Questionnaires

The commissioners developed an online questionnaire containing likert scales and open and closed-text questions to explore different aspects of the consultation meetings. These questions targeted *if/to what extent* consultations influenced staff understanding, confidence and practice, as well as the option to put qualitative data about *how* this had been achieved. This was sent out to all professionals and family members involved in the consultation meetings between March and September 2022 via email approximately one week after the consultation meeting; this was a

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total of fifty-nine people (41 professionals, 18 family members). The questionnaire was put online by OAWY via Leeds City Council's survey platform (survey.leeds.gov.uk), which SmartSurvey provided. On the online questionnaire introduction page, participants were asked to read the participation information sheet (PIS) and select a tick box if they were willing to consent and participate in the service evaluation.

A total of twenty-six questionnaires were completed by professionals. Questionnaires allowed participants to answer anonymously; it was hoped that this would encourage honest feedback that was less vulnerable to bias and social desirability. Questionnaires were also chosen as they could be sent to a high number of participants, be completed in a short amount of time and at a preferred location.

Family feedback from sixteen completed questionnaires was also analysed and discussed with the OAWY organisation to help guide future consultation meetings tailored to families.

Focus groups

Recruitment for the questionnaire data was initially slow; therefore, additional data was collected using focus groups. A topic guide was developed collaboratively by myself and the commissioner; this targeted *how* consultations influence staff understanding, confidence and practice. It started with an opening 'warm up' question about why they had attended the consultation meeting, in line with recommendations from Valentine (2013). This was followed by open questions about what was helpful about consultations and what could be improved, with further specific questions, where appropriate, to clarify any responses. Finally, the interview finished with 'is there anything else that you would like to tell me about the consultation meetings' to allow considering topics that the focus group questions did not cover.

All members of the OAWY organisation that had attended a consultation meeting between March to September 2022 were sent an email by the commissioners inviting them to participate in one online focus group; this was to a total of 41 staff members. The email contained the participant information sheet, the consent form, and my contact email. Participants were given the choice of two

Evaluating the effectiveness of OAWY consultations; with a focus on staff's understanding, confidence, and practice dates; these were held before the Kirklees and Leeds OAWY team meetings for staff convenience. Potential participants then liaised with myself via email to organise their preferred focus group date. Finally, participants sent me their written consent via email before the focus group took place. The focus group content/discussion was transcribed and analysed using thematic analysis.

Focus groups allowed for more open questions and free conversation, with details being led by participants. It was also thought that focus groups could reach a high number of professionals in a reasonable time frame, which seemed suitable due to time constraints following changes to the project. As participants took part in the focus groups up to 6 months after attending a consultation, they would have spent more time reflecting on their experience and implementing changes in their practice.

Please note that three staff members attended the following Leeds focus group, but only one participant attended the Kirklees focus group; thus, this session took on an individual interview approach. Although this was unfortunate, research has shown interviews to be cost-effective and to reach theme saturation within a similar time to focus groups (Fern, 1982; Namey et al., 2016).

Ethics

Ethical approval was obtained from the University of Leeds research ethics committee (Ref: DCLinREC 21-006).

Analysis of Data

Twenty-six staff questionnaires were received in total, and three members of staff attended the one focus group, and one member of staff attended the second focus group. Descriptive statistics was used to analyse the quantitative data. Thematic analysis (TA) was used to analyse the qualitative elements of the questionnaires and the focus group transcripts. TA is used for developing, analysing and interpreting patterns within qualitative data, and it involves a systematic process of coding data to develop themes and meaning (Braun & Clarke, 2021). I took recommendations from Braun and Clarke (2021) and adopted 'reflexive TA', i.e. the idea that the evaluator should reflect on their role and the processes within research and evaluations, as well as content, in keeping with the qualitative research

Evaluating the effectiveness of OAWY consultations; with a focus on staff’s understanding, confidence, and practice paradigm. Like Draper et al. (2022), I completed the TA process before doing the literature review to help reduce bias in themes. TA was used because it explored similarities, differences, and common themes while allowing for more in-depth and descriptive data to be captured. This is in keeping with my epistemological position as a critical realist.

TA has been found effective for both detailed written transcripts (Luckman, 2016) and short qualitative questions on surveys (Braun et al., 2021) and thus is appropriate for both the questionnaires and focus groups used within the service evaluation. TA also allows for flexibility in data size and composition (Braun & Clarke, 2021). However, one of the common criticisms of research using TA is that there is insufficient detail on how the analysis was conducted. For this reason, I have highlighted the steps in detail in Table 1 below.

Table 1. Phases of the adapted thematic analysis

1. Familiarisation with datasets	<p>Questionnaires: Qualitative data was collected from the questionnaires; the online computer software automatically transferred this to a word document. This data was read, re-read, and initial thoughts, notes, and preliminary themes were documented.</p> <p>Focus groups: Later, interviews from the focus groups were transcribed into Microsoft Word. These were read, re-read, and initial thoughts, notes, and preliminary themes were noted. I made time to reflect on their reactions or interpretations, keeping my own experiences and social position in mind.</p>
2. Generating initial codes	<p>Questionnaires: Microsoft Excel was used to put the data into categories (e.g., questions 1, 2, 3 etc., were given a separate spreadsheet for the questionnaires). Tables and graphs were used for the quantitative data on the questionnaires grouped with the qualitative data. The qualitative data was put into a different cell for each participant. Initial ideas for themes were formed and categorised into columns. Initial thoughts, ideas and themes were written next to the spreadsheet’s data (appendix 6).</p> <p>Focus groups: The themes generated from the questionnaire data were then used as a lens to read and re-read the transcripts from the focus group interviews. I highlighted similar themes and generated other additional themes from the transcripts (that were not present in the questionnaires). There was a spreadsheet for each focus group. Any data relevant to a theme was</p>

	copied and put into a spreadsheet. Initial thoughts, ideas and themes were next to the spreadsheet's data (appendix 7).
3. Generating initial themes	Data was then amalgamated from the questionnaires and the transcripts to populate the overall themes. Each theme had a heading/column, and then data related to that theme was put in that column. Columns were colour coded, e.g., those with a high volume of data were highlighted green, those with a moderate volume yellow and those with little data left with no colour (appendix 9). These themes were reviewed and filtered into more focused themes and subthemes. Any additional themes from the transcripts (not present within the questionnaires) were put into a different column to help keep track of these other themes for reflection and write-up.
4. Reviewing Themes	Refined themes and sub-themes were put into another Excel spreadsheet to help keep track of how the themes and subthemes emerged.
5. Refining and naming themes	The themes and subthemes were refined, discussed, and reviewed by the evaluator and commissioning team. The theme names were then finalised (appendix 8).
6. Producing the report	Themes related to the research question were written up within the report. The themes were described, and corresponding data was used to support the theme.

Braun and Clarke (2006) Six phases of thematic analysis adapted to this evaluation

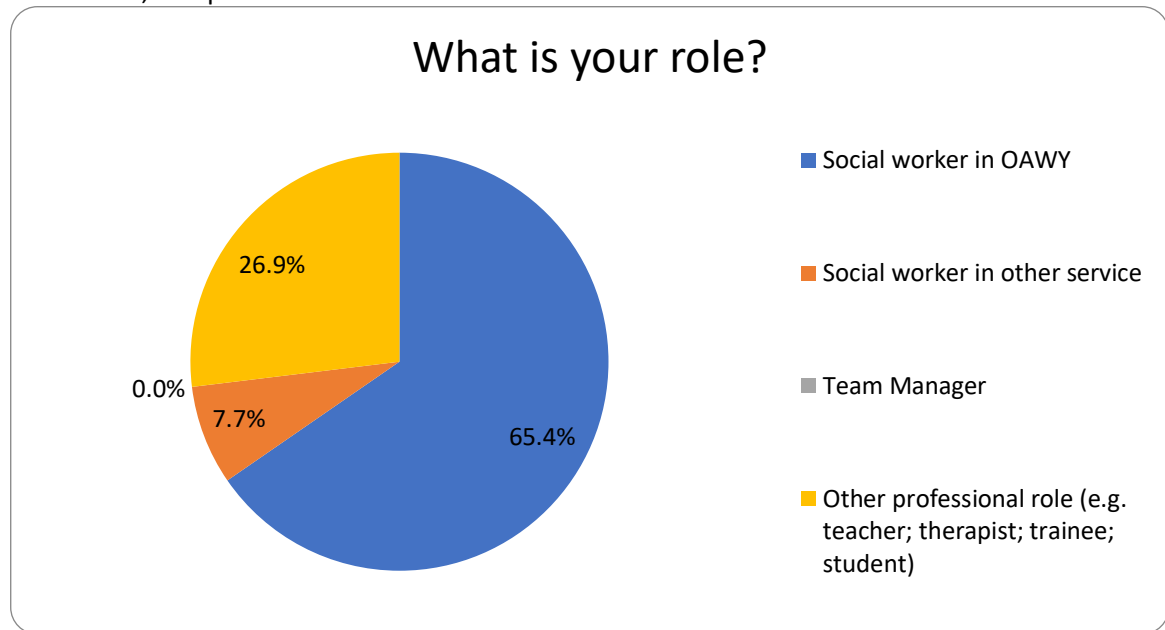
Results

Questionnaire demographics:

Twenty-six professional questionnaires were completed in total. Nineteen of these questionnaires were completed by social workers, and seven were completed by external professionals, such as a head teacher and a therapist. All professionals who answered the questionnaire attended a consultation meeting from March to August 2022.

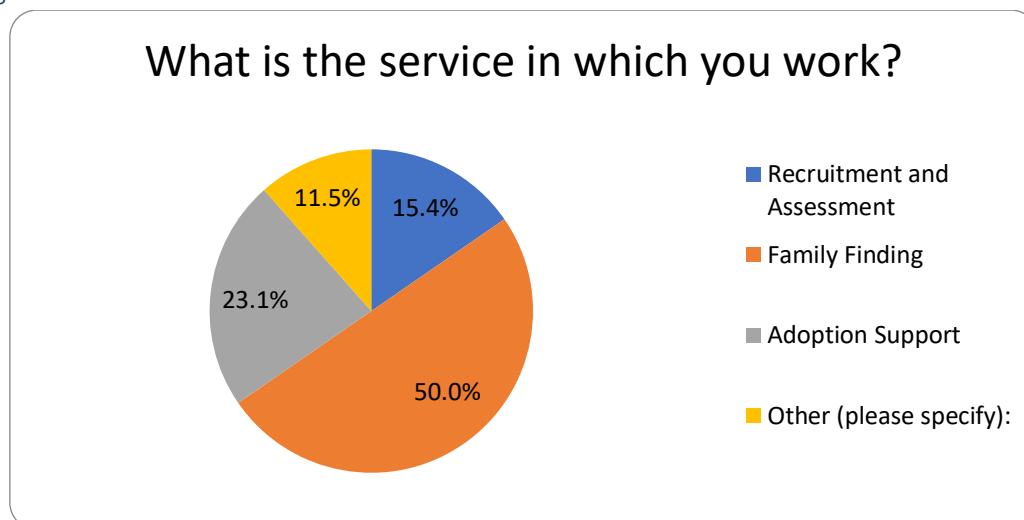
Figure 1. Professionals' role within the service

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Half of the participants were involved in the 'family finding' service, 23% in adoption support and 15% in recruitment and assessment and 11.5% worked for other services such as therapy and education services.

Figure 2. Professionals' area of work within the service



69% of participants had attended a full MDT 90-minute consultation, and 31% had participated in a 60minute drop-in consultation meeting.

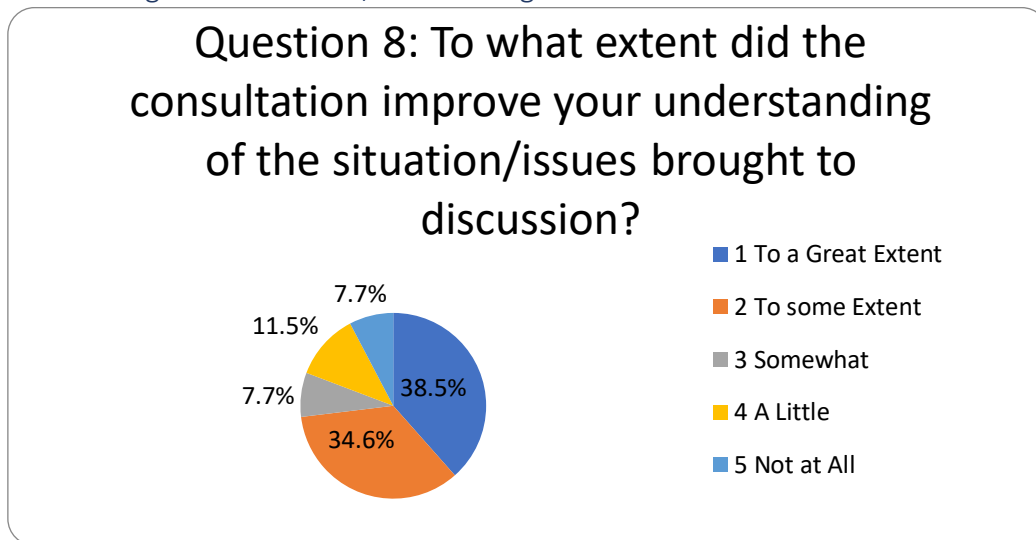
Quantitative Results

Questions 8, 10 and 11 on the questionnaire had a 5-point likert scale, ranging from 'not at all' to 'to a great extent'. The questions aimed to target the

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evaluation aims of do consultations improve staff's understanding of a case, improve staff's confidence or influence staff's practice.

Aim: Understanding of a case

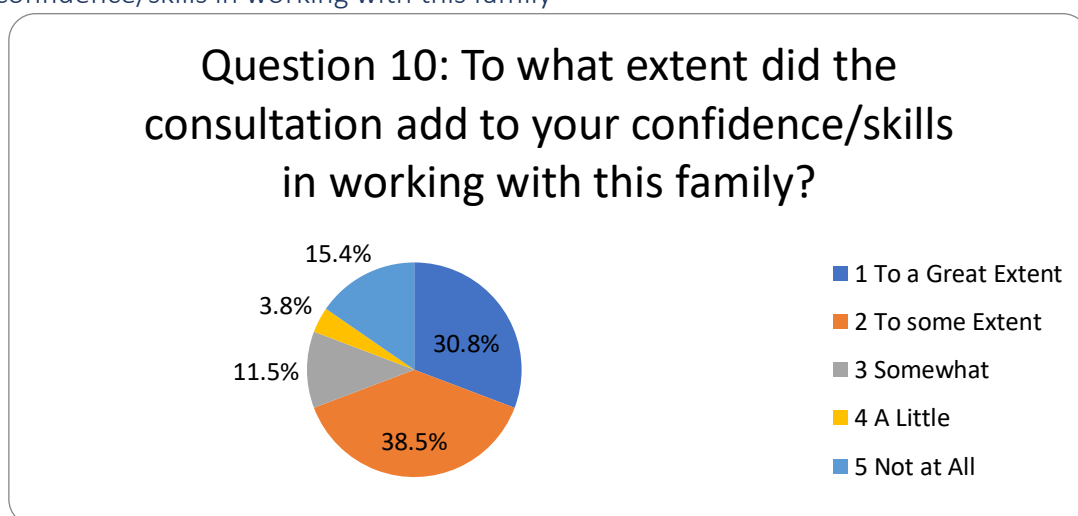
Figure 3. Question 8: To what extent did the consultation improve the staff's understanding of the situation/issues brought to the consultation



For question 8, over 73% of participants reported that the consultation had improved their understanding of the situation/issues brought to discussion to a great extent or some extent, as shown in figure 3; this was over 88% when only including the social workers in the analysis. This was supported by the qualitative data presented (see 'understanding the child's needs').

Aim: Confidence with a case

Figure 4. Question 10: To what extent did the consultation add to the staff's confidence/skills in working with this family

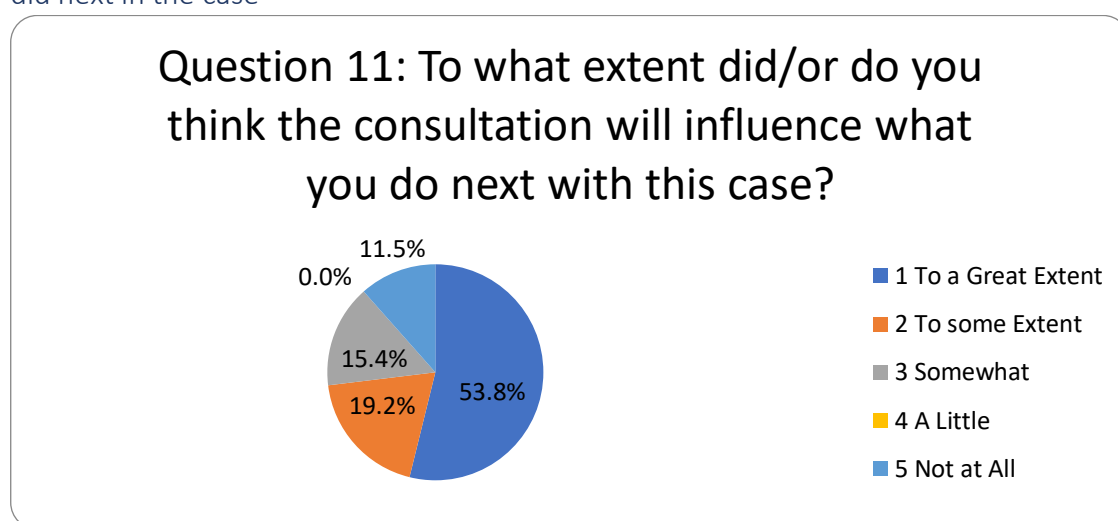


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For question 10, 69% of participants reported that the consultation had added to their confidence or skills in working with the family to a great extent or some extent, as shown in figure 4; this was over 88% when only including the social workers in the analysis. This was supported by the qualitative data presented (see 'influence on practice and confidence').

Aim: Influence on practice

Figure 5. Question 11: to what extent did/will the consultation influence what staff did next in the case



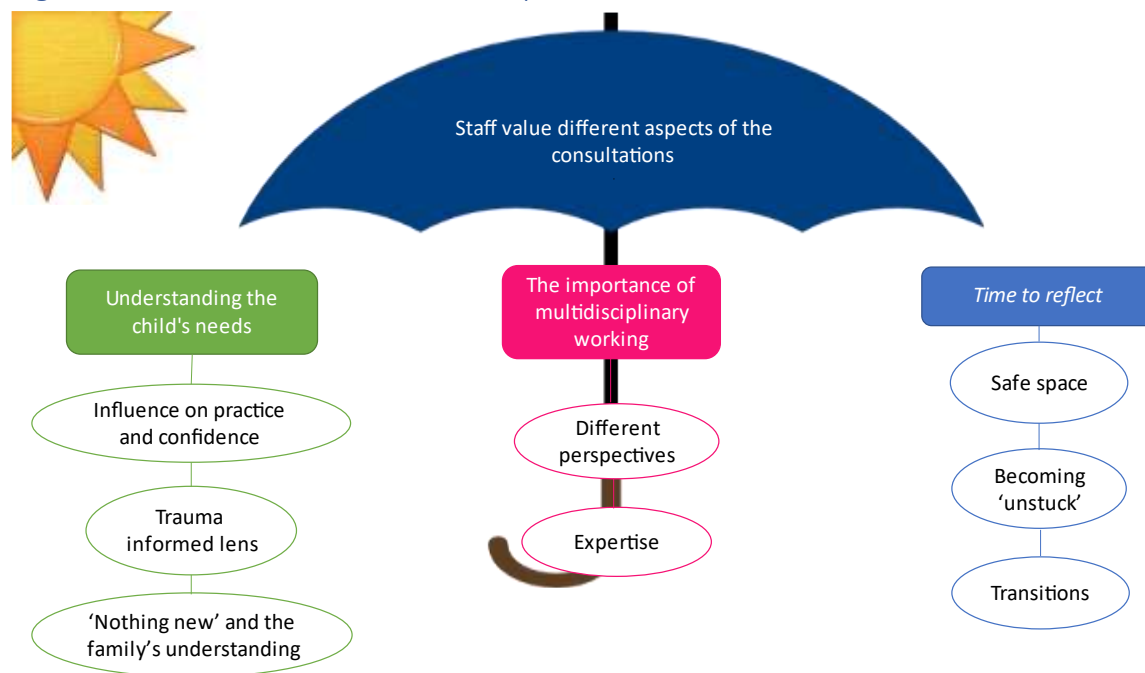
For question 11, 73% of staff reported that the consultation meetings influenced what they did next with the case to a great extent or some extent; this was over 88% only including the social workers in the analysis. This was supported by the qualitative data presented (see 'influence on practice and confidence').

Qualitative Results

Qualitative results were taken from questions 7 to 13 on the questionnaire and the transcripts of the two focus groups. An overarching theme was that staff found consultation meetings valuable, commenting that "these consultations and drop-ins are invaluable to our work with children" (question 10, P05) and "it's a great resource to have, and you know we are very fortunate really" (Leeds focus group, page 5). Staff also commented on the value of the consultation teams' approach, writing that they "are very approachable and make you feel that you are doing a good job" (question 12, P01). However, staff differed in what they found valuable from the consultation meetings; a thematic analysis identified three main themes and seven subthemes, shown in figure 6. The main themes were 1. understanding of

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Figure 6. Themes and subthemes map



Theme 1: understanding the child's needs

Influence on practice and confidence

Most staff expressed that the consultation meeting helped them get a “better understanding of the case” (question 9, P22) and a better understanding of the child's needs, “the discussion helped me to be more focussed and have a better understanding” (question 08, P10). Staff indicated that this improved understanding would influence how they worked with a family and their practice:

...It will influence how we interpret the child's behaviour, how we work with their carer, and what needs we need to consider for a permanent family in the future (question 11, P13)

Staff also indicated that the consultation helped “add [to staff's] confidence” (question 10, P08) with supporting a child's needs, “I feel more confident that I can support and hold the family” (question 10, P13), as well as families' confidence, “it

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gave the foster carers more confidence in managing the placement" (question 9, P01).

Trauma-informed lens

Staff indicated a trauma-informed lens helped both staff and parents understand the impact of trauma on a young person and family:

...Supporting the parents with their understanding through a trauma lens (question 07, P26)

...It was beneficial to come together and discuss the issues. It was a reminder of the trauma and impact on the child. The discussion reminded us to be curious and think about what the child is communicating through their behaviour (question 8, P05)

'Nothing new' and families' understanding

On the other hand, there were a few external professionals who indicated that there was "nothing new gained from the meeting" (question 08, P06) and that there could have been more "reflective conversation between us all" (question 08, P23). Some participants also felt that the consultations were more beneficial for parents' and families' understanding rather than the staff's understanding:

...To be honest I didn't learn anything new in particular, but it was a great process for the parents to be a part of (question 08, P08)

...It didn't particularly add anything new for me; however, I felt it was useful for the adopters to hear the significance of the child's experience (question 09, P03)

Theme 2: the importance of the multidisciplinary (MDT) approach

Different perspectives

Staff noted that the meetings were "well attended by different agencies" (question 12, P02). Staff valued these agencies' different perspectives, "I liked that there were a variety of specialisms... helped to give a broad range of opinions and

Evaluating the effectiveness of OAWY consultations; with a focus on staff's understanding, confidence, and practice views" (question 12, P03), and felt that an MDT approach was needed to support a family and team:

...Really needs that full team really to be looking at holistically, really looking at a case and how we need to support that family (Kirklees focus group, page 5)

...You know, sometimes, some cases are so complex, you know, you can be left feeling a bit perplexed about what you know, what's the right way to go, so I do appreciate having that multidisciplinary team to go to and sort of think about it together (Leeds focus group, page 4)

Expertise

Most staff also appreciated 'the expertise' (question 12, P18) that the MDT had to offer:

...you know about having all of the different expert hats. I think for me I feel that they are really trustworthy experts (Leeds focus group, page 2)

Theme 3: Time to reflect

Consultations allowed staff "the time and space to focus on the case" (question 12, P18) and to "be more curious" (question 8, P13). Allowing time for reflection and curiosity also helped staff feel listened to and supported when developing a plan:

...I felt very guided by [the clinicians leading the consultation] to think about things a little deeper and be curious. But I also felt I was listened to, and my concerns and issues were talked through, and a clear plan was put in place for moving forward (question 12, P12)

Safe space

Staff referred to the consultations as "a safe space to tell it how it is" (question 12, P10). Within the focus group, staff discussed the importance of speaking to a team who have no financial incentive and who have the child's needs at the centre:

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...I think sometimes, with providers, I think there's an unethical attachment to the money... [the consultation meetings] don't have anything other than the child's needs, and I really trust and respect and value that (Leeds focus group, page 2)

...So, I think this service that they give is really... is really good and it's really child-centred and child-focussed and in it for the right reasons without me having to second guess (Leeds focus group, page 6)

Becoming 'unstuck'

Giving staff time to "talk about things and actually really reflect and pick apart difficult things" (Kirklees interview, page 15), with different MDT perspectives, appeared to help staff feel supported and move forwards when they felt 'stuck' with a case:

... I think the consultation helped me to feel that I can move the child on again in the future to another adoptive family. Rather than feeling helpless and responsible for all the damage that a placement disruption can cause (question 09, P06)

... You know you don't feel stuck anymore. There's always someone to go to (Leeds focus group, page 5)

Transitions

There were eleven references to consultations giving staff time to think and reflect about supporting a child's transitions. This included transitions into a new family and new schools:

... It was really helpful to have the space to have a discussion and receive advice/support around the planning of the transition (question 8, P14)

... [the consultation] enabled me to give more thought to the process and how to manage transitions etc. (question 10, P15)

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Discussion

Over 73% of participants reported that the consultation had improved their understanding of the situation to a great extent or some extent. In addition, 69% of participants indicated that the consultation had added to their confidence or skills in working with the family to either a great extent or some extent. 73% of staff reported that the consultation meetings influenced what they did next with the case to a great extent or some extent.

The qualitative data had an overarching theme: staff valued different aspects of the consultation meetings. Within this, there were three central themes and eight sub-themes identified. The main themes were understanding the child's needs, the importance of multidisciplinary working, and time to reflect.

The results support the current evidence that consultations can help staff and families' understanding (Swann & York, 2011). Additionally, this service evaluation indicated that using a trauma-informed lens during consultations was helpful for this understanding. This is an important finding as children in foster care, and adoption services are significantly more likely to have experienced trauma (Burns et al., 2004), with up to an estimated 90% experiencing a traumatic event (Stein et al., 2001). Failure to address and understand trauma in young people has been found to have substantial implications on young people, health costs and services (Fratto, 2016). Consequently, it is encouraging that OAWY consultations address trauma and 'what's happened' to the child rather than just focusing on 'what's wrong' or 'the issue' within meetings. This approach has been shown to focus on the origin of a child's experiences and, in turn, enhances a child's quality of care (Ko et al., 2008). Thinking about trauma with health, education, and family systems can change how people perceive others and their behaviours due to developed empathy, collaboration and empowerment (Douglass et al., 2021) and thus could help all systems better support a child and family.

Building on previous research, the evaluation found that staff value consultation due to the dissemination of different MDT expertise and perspectives (Draper et al., 2022). The evaluation also supports previous research that shows that consultations give staff 'time to think' or reflect (Draper et al., 2022). Additionally,

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this evaluation suggests that giving staff time to reflect with a range of expertise and perspectives helped staff become 'unstuck' with challenging cases. Staff also indicated that having time to reflect helped them in anxiety-provoking situations, such as 'transitions', which supports previous research (Swann & York, 2011). However, unlike Swann and York (2011), the current evaluation found that increasing staff's understanding and confidence with a case, as well as giving staff time to reflect, influenced most of the staff's practice. This is similar to Payne (1998), who found that reflection helped social workers turn thinking into 'practice action'.

Similarly, Wilson (2011) suggests that reflective practice is critical to ensuring that social workers can engage in complex decision-making and implementing thinking to practice. However, research also indicates that social workers often must reflect in the moment, potentially limiting reflective practice due to high anxiety and emotions often evoked within the moment (Ferguson, 2018). Furthermore, clinical time for reflective practice is often not afforded to social workers or other healthcare workers (Farr & Cressey, 2015). Thus, consultations may provide OAWY social workers with a protected space to engage with reflective practice, promote lifelong professional learning and provide an opportunity to evidence this.

There were some discrepancies in the data between OAWY social workers and external professionals, with social workers rating the consultation meetings overall more positively. This may be because OAWY social workers have a better understand of the consultation meetings' purpose and, therefore, can utilise sessions better. It is also possible that the advice within meetings may be more tailored to social workers rather than external staff such as teachers. Alternatively, it needs to be considered that social workers are internal members of staff who work with the commissioners and, therefore, may be subject to bias in their responses.

Limitations

Care staff are often sent countless surveys and questionnaires for feedback, which they subsequently must make time for within their busy working day to complete/attend. Thus, some staff may have suffered from survey fatigue (Pecoraro, 2012), which may explain the initial low return rate of questionnaires and low

Evaluating the effectiveness of OAWY consultations; with a focus on staff's understanding, confidence, and practice attendance of the Kirklees focus group. In addition, the questionnaires mostly used closed questions, limiting the areas of information collected. Future questionnaires could be co-produced with OAWY social workers or families and include more open questions. Without prompting, it is also common for people to skip questions (Dillman et al., 1998), and some participants left some questions unanswered, which may have missed some valuable feedback. There also could also be differences in how qualitative questions are interpreted, as I could not capture the nuances within the participants' language.

As I led the focus groups, I may have been more drawn to the transcript data due to the human element of directly seeing and hearing professionals. Thus, I analysed the questionnaires' data first to help reduce this bias. Although focus groups can help generate ideas between people, they can also be subject to social desirability and bias, especially if a group member has strong opinions (Smithson, 2000). Participants may also have found it more challenging to give more constructive feedback over video calls directly to me, as the evaluator. To help reduce bias, the participants were informed that I was independent of the OAWY organisation, both in the initial email and directly before completing the questionnaire or participating in the focus group.

Recommendations

- It is recommended that OAWY continue to offer consultation to staff from recruitment and assessment, adoption support and family finding, with particular emphasis on supporting staff from family finding, as this is the area that uses consultations the most.
- It is advised that a trauma-informed approach continues to be used to help staff and families understand a child's difficulties and needs. It is also recommended that OAWY support workers are asked whether they would want more formal trauma-informed care training. Ensuring that the child's direct perspective on the situation/s is brought to consultation, where appropriate, is also considered necessary for trauma-informed care (Coyne, 2008; McLeod, 2007). Trauma-informed care training has been shown to have far-reaching effects, such as stronger therapeutic alliance with service

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users (Levenson, 2017), more skills and confidence in asking about trauma (Goldstein et al., 2018), and improvements in service culture and professional satisfaction (Damian et al., 2017).

- It is recommended that consultations remain a safe space where staff are afforded time to reflect on a case with other MDT professionals. A safe space for reflective practice is considered essential for social workers learning and development (Mantell & Scragg, 2018). In addition, it has been shown to increase self-awareness and compassion, emotional safety and tolerance to distress, trauma understanding and personal growth (Lauridsen & Munkejord, 2022).
- Due to some discrepancy in data between OAWY social workers and external staff, another recommendation is for the team to clarify the purpose of consultation meetings and provide this to external professionals before attending the meeting. Following advice from Goldman et al. (1983), it is also recommended that both families and staff attending the consultation are asked to establish a clear goal or focus for the meeting and share this at the beginning of the meeting so all parties can be clear about the purpose of each consultation. This recommendation is also supported by feedback from staff on question 13 of the questionnaire.
- It is also recommended that OAWY review and action the other themes generated from question 13 on the questionnaire, which asked about suggestions for improvements (see appendix 8).

Conclusions

This service evaluation found that OAWY consultations improve staff's understanding and confidence with a case, with staff indicating that a trauma-informed approach helped with this understanding. The evaluation also found that consultations influenced staff practice; staff indicated that contributing factors included a space to reflect on cases, with input from different perspectives and expertise. Thus, OAWY's consultation aims have been achieved.

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Dissemination

This report will be sent to the OAWY organisation. In addition, the findings and recommendations have been presented at the OAWY consultation development day. The results were also presented at the University of Leeds Clinical Psychology Conference.

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Appendices

Appendix 1: Online Questionnaire Evaluation Forms

Page 1: Introduction

This survey is from One Adoption West Yorkshire.

Introduction

You have recently attended a consultation with the Multidisciplinary Team, One Adoption West Yorkshire. It is important for us to capture your views, as it will help us improve future consultations. If you would please take some time to complete this short survey, it would be appreciated.

We currently have Rebecca Day, Psychologist in Clinical Training at the University of Leeds, completing a service evaluation project with One Adoption West Yorkshire. This evaluation aims to explore whether our consultations have influenced your practice and help us consider how we could enhance the consultation meetings. Rebecca is independent of the team and will ensure that all feedback from the evaluation is anonymised. Please see the participant information sheet for more information, using the link below:

<https://dclinpsych.leeds.ac.uk/wp-content/uploads/sites/26/2022/02/RDAY-SEP-Participant-Information-Sheet.pdf>

Instructions

It should take you about 5 minutes to answer all the questions. If you have any questions about the service evaluation project, please email Rebecca (umrld@leeds.ac.uk).

Privacy notice (data protection)

This survey is confidential. Your response will be used to help One Adoption West Yorkshire provide and improve our services. Your information will be kept secure and used in line with Data Protection

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legislation. When results are shared publicly or with other organisations, your response will be anonymised so it cannot be linked back to you.

Your data will be processed by the relevant teams within Leeds City Council. Our software supplier, SmartSurvey Ltd, will also process your data on our behalf but will never use these for its own purposes. We will store your response for up to 2 years.

General information about how Leeds City Council uses your data can be found at www.leeds.gov.uk/privacynotice.

We use cookies to help improve your experience of using our website. See our [cookies page](#) for more information. If you continue without changing your cookie settings we assume that you are happy with our use of cookies.

Please confirm... *

Question 1) (Check box) I give my consent for my personal information to be used as described in the privacy notice.

Question 2)(Check box) I confirm that I have read and understand the participant information sheet, explaining the above service evaluation project and that I have had the opportunity to ask questions about the project. I give my consent for my feedback/service evaluation form to be used as part of this project.

Page 2: Survey

3) What is the service in which you work? *(free text box)*

4) What is your role?

(tick box) Social worker in Recruitment and assessment

(tick box) Social worker in Family Finding

(tick box) Social worker in Adoption Support

(tick box) Team Manager

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(tick box) Other professional role (e.g. teacher; therapist; trainee; student)

If other, please specify:

5) What was the date and time of the consultation you attended? (*free text box*)

6) What type of consultation did you attend?

(tick box) MDT consultation

(tick box) Drop in consultation (including speech therapy drop in)

(tick box) Not sure

7) What was the main focus of the consultation? (*free text box*)

8) To what extent did the consultation improve your understanding of the situation/issues brought to discussion?

1 To a Great Extent

2 To some Extent

3 Somewhat

4 A Little

5 Not at All

(*free text box*)

9) Did the consultation add something new to your understanding of the situation/issues?

(free text box?)

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10) To what extent did the consultation add to your confidence/skills in working with this family?

1 To a Great Extent

2 To some Extent

3 Somewhat

4 A Little

5 Not at All

(free text box)

11) To what extent did/or do you think the consultation will influence what you do next with this case?

1 To a Great Extent

2 To some Extent

3 Somewhat

4 A Little

5 Not at All

(free text box)

12) What did you like about the consultation?

(free text box)

13) Have you any ideas for how we could improve them?

(free text box)

Page 3: Finish

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Final step

Thank you - That is all the questions we have for you.

Please now click the **Finish button** below to save and send your responses to us.

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Appendix 2: Email Invitation and Reminder Emails

Emails for Questionnaires

Initial invite email

Email 1: Email to professionals and families regarding service evaluation form

Subject: Invitation to provide feedback about One Adoption's consultation meeting

Dear [name],

I am sending this email to you because you had a consultation with the Multidisciplinary Team of One Adoption West Yorkshire on ___DATE___. We hope this was a positive experience.

We would be grateful if you could fill in a quick feedback form online to share your thoughts on how your consultation went. It would be really helpful to the team and would help us improve the way we do consultations.

We currently have Rebecca Day, Psychologist in Clinical Training, with our team. Rebecca is completing a service evaluation project which aims to explore whether our consultations have influenced your practice or family life, as well as giving the team ideas about how we could enhance the consultation meetings. Rebecca is independent from the team and will ensure that all feedback will be anonymised. Please see the attachment/click this link for further information about this project.

If you would like to know more information before you complete the survey, please contact Rebecca Day via email: umrld@leeds.ac.uk

The link to the survey is here: <https://surveys.leeds.gov.uk/s/T0KLAG/> (send wither professional or family link)

Please let me know if you have any questions about the information sheet, the form or about how your consultation went.

Thank you for your time. We look forward to hearing from you.

Best wishes,

The One Adoption Team

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Reminder email

Email 2: Reminder email

Subject: Reminder to provide feedback about the One Adoption consultation meeting

Dear [name],

We previously emailed you to invite you to provide feedback on the One Adoption consultation meeting you attended. Your feedback is extremely important to the team, and we would like to invite you to complete an evaluation form using the link below:

<https://surveys.leeds.gov.uk/s/T0KLAG/> (send either professional or family link)

As you may remember, Rebecca Day, Psychologist in Clinical Training, will analyse the information from the feedback forms over the next few months, so the team would really appreciate any feedback you have about your experience within this time frame.

Please do get in touch if you would like to know more information.

Please contact: Rebecca Day **via email:** umrld@leeds.ac.uk

Again, thank you for your time. We look forward to hearing from you.

Best wishes,
The One Adoption team

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Emails for Focus Groups

Initial invite email

Email 1: Email to professionals regarding service evaluation form

Subject: Invitation to take part in One Adoption focus group

Dear colleague,

You are being contacted because you took part in One Adoption's consultation meeting; we hope that you found it beneficial.

Your feedback is extremely important to the team, and we would like to invite a small number of people to an online focus group to gain feedback on their experience of the One Adoption consultation meetings. This focus group will take place on [allocated date and time] online via Microsoft Teams.

We currently have Rebecca Day, Psychologist in Clinical Training, with our team. Rebecca is completing a service evaluation project which aims to explore whether our consultations have influenced your practice, as well as give the team ideas about how we could enhance the consultation meetings. Rebecca is independent of the team and will ensure that all feedback will be anonymised. This project will help us to shape the future consultation meetings we offer.

Please find the participant information sheet attached, which provides more information about the project. A consent form is also attached for your information, as well as the University Research Participant Privacy Notice, which explains how the university use your data.

If you would like to know more information or participate, please contact/send a completed consent form to Rebecca Day via email:

umrld@leeds.ac.uk

Thank you for your time. We look forward to hearing from you.

Best wishes,

The One Adoption Team

Service Evaluation Project Evaluation of the One Adoption Consultation Meetings

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Reminder email

Email 2: Reminder email

Subject: Reminder to provide feedback about the One Adoption consultation focus group

Dear colleague,

We wanted to remind you that we are completing an online focus group to provide feedback on whether the One Adoption consultation meeting you attended has influenced your practice. This focus group will take place on [allocated date and time] online via Microsoft Teams.

We would really appreciate any feedback about our consultation meetings. We have the opportunity for Rebecca Day, Psychologist in Clinical Training to analyse the data gathered from the focus groups. Rebecca Day is independent of the team and your feedback will be stored anonymously.

Please find attached a participant information sheet, which provides more information about the evaluation. A consent form is also attached for your information as well as the University Research Participant Privacy Notice, which explains how we use your personal data (e.g., email address).

Please do get in touch if you would like to know more information:

Please contact: Rebecca Day via email: umrld@leeds.ac.uk

Again, thank you for your time. We look forward to hearing from you.

Best wishes,
The One Adoption team

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Appendix 3: Participation Information Sheets (PIS)

PIS for Questionnaires



Participant Information Sheet

If you have any difficulties understanding the written information on the participation sheet, please contact Rebecca Day via email:

umrld@leeds.ac.uk

The title of the service evaluation project

How do One Adoption multidisciplinary consultations influence understanding and thinking about the family? Are there ways in which the consultation meetings could be enhanced?

Invite to participate

You are being invited to participate in a service evaluation project for the One Adoption West Yorkshire Service.

Before you decide whether to take part in providing feedback to inform the evaluation, it is important for you to understand why the evaluation is being conducted and what your participation will involve. Please take time to read the following information carefully. You are welcome to ask further questions if you wish. Take time to decide whether or not you wish to take part.

What is the purpose of the project?

The purpose of this service evaluation project is to evaluate the consultations provided by the One Adoption, West Yorkshire, service. This evaluation will support the continuous improvement of the consultation meetings.

You are invited to complete a written feedback form. This form will take approximately 15 minutes to complete and will involve answering questions about whether your understanding and thinking has changed after using the One Adoption consultation meeting, as well as inviting you to share your ideas about what could be enhanced.

Your responses will not impact any future support you may seek from the One Adoption service.

Storing data

Service evaluation forms are collected by One Adoption service routinely and thus will be kept on secure One Adoption drives. The forms collected specifically for the service evaluation will be anonymised before being stored on an encrypted University drive and will be used only for analysis before being

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deleted. No other use will be made of them and no one outside the project will be allowed access to the original forms. They will be deleted from the secure University drive immediately following the analysis of the data. Consent forms will be kept securely with the One Adoption Service.

Why have I been chosen?

All practitioners and family members who used/took part in the One Adoption consultation meetings have been invited to participate in this evaluation.

Do I have to take part?

It is entirely up to you whether to take part in this evaluation project. If you do decide to take part, you will be given this information sheet to keep.

You can withdraw up to a week following your service evaluation form being submitted; after this time, all data will be anonymous. Withdrawing will not impact any future support you may seek from the One Adoption service.

What are the possible disadvantages and risks of taking part?

The nature of the clinical work and personal experiences with children in adoption services are potentially emotive, therefore there is a risk that the evaluation form may trigger emotions when reflecting on your experience.

If this occurs, please consult with a member of the One Adoption team. Please note, it will be your responsibility to coordinate this.

What are the possible benefits of taking part?

There are no immediate benefits for those participating in the project. However, this evaluation will help the service to better understand the value of the consultation meetings and how this might be improved for the future.

Use, dissemination and storage of evaluation data

Findings from the project may be:

- included in the 2022 One Adoption Annual Report
- shared as a poster with the One Adoption, Yorkshire teams
- shared as a poster at the University of Leeds Service Evaluation Project Poster Conference.
- the results will be disseminated on the University of Leeds DClinPsych website

It is also possible that the project will be published in a journal article. Participants will not be identifiable when disseminating the research via any of the above platforms.

What will happen to my personal information?

The One Adoption team store your feedback forms securely. For the service evaluation project, forms will be anonymised and only identifiable by an identification number. The data will be stored on a private university computer drive and will be deleted either 2 years after publication or 3 years after data collection, whichever is longer.

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Please see Privacy Notice for Leeds City Council for more information: [Privacy notice \(leeds.gov.uk\)](https://www.leeds.gov.uk/privacy-notice)

There are limits to anonymity:

The One Adoption service and the University of Leeds have a duty of care to inform appropriate services if you disclose that you or others are at risk of harm. Any necessary steps for safeguarding purposes will remain your responsibility.

For further information about the University's use of personal data, please see: <https://dataprotection.leeds.ac.uk/wp-content/uploads/sites/48/2019/02/Research-Privacy-Notice.pdf>.

A copy of this University Research Participant Privacy Notice guidance has also been sent to you via email with this participant information sheet.

Please note that direct quotes from your answers may be used for the evaluation but identifiable details will have been removed.

What will happen to the results of the evaluation project?

All the contact information that we collect about you during the evaluation will be kept strictly confidential. As mentioned previously, the results will be disseminated through several means, and possibly published. As a participant, you will not be identified in any report or publication.

Given the importance of the evaluation data, the findings from the project may be used for additional research.

Who is organising/funding the evaluation?

The evaluation will be conducted on behalf of the One Adoption service, West Yorkshire. The project lead/analyst is Rebecca Day, Psychologist in Clinical Training. Rebecca Day is independent of the One Adoption service and is completing this Service Evaluation Project as part of the Doctorate in Clinical Psychology training programme at the University of Leeds.

Who has reviewed the study?

The research has been considered and approved by the Doctorate in Clinical Psychology Research Ethics Committee at the University of Leeds (Application reference: DClinREC 21-006)

Contact for further information

Rebecca Day, Psychologist in Clinical Training at the University of Leeds will be conducting the Service Evaluation Project and analysing the data. Rebecca Day is contactable via email on: umrld@leeds.ac.uk

Rebecca Day is supervised to conduct this project by Dr Ciara Masterson, Academic Tutor. Ciara can be contacted at: c.masterson@leeds.ac.uk

Thank you for taking the time to read through the information.



Participant Information Sheet

If you have any difficulties understanding the written information on the participation sheet, please contact Rebecca Day [via email](#)

The title of the service evaluation project

How do One Adoption multidisciplinary consultations influence understanding and thinking about a family? Are there ways in which the consultation meetings could be enhanced?

What is the purpose of the project?

The purpose of this service evaluation project is to evaluate the consultations provided by the One Adoption service, West Yorkshire. It will aim to capture how the consultation meetings can help with understanding and thinking about families and aim to help guide future improvements to these consultation meetings.

Some of you may have already completed a service evaluation form focused on this topic; this has been extremely valuable, and we are very grateful for this. We are aiming to gain more in-depth information to complement these forms and thus would appreciate your additional participation in a focus group.

What will I be asked to do?

The focus group will take approximately 30 minutes if consent forms have been received and 40 minutes if verbal consent is required from members of the focus group. The focus group will be via Microsoft Teams. It will involve answering questions about your experiences of the consultation meetings and whether your understanding and thinking have changed after using the One Adoption consultation meeting. You will also be invited to share your ideas about what could be enhanced. These focus groups will be recorded using Microsoft Teams. We ask that you find a quiet and private place, where you feel comfortable talking about your experiences.

Returning forms

By providing an electronic signature and returning the consent form, or by giving recorded verbal consent on the day, you are agreeing to take part in this project. Forms can be returned by emailing them to umrld@leeds.ac.uk. Completed consent forms will be transferred to university-approved secure systems (i.e.,

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OneDrive: University of Leeds) and deleted from my email. Please return any forms as soon as possible.

Do I have to take part?

No. It is entirely up to you whether to take part in this evaluation project.

What are the possible benefits of taking part?

This evaluation will aim to help the One Adoption service to better understand the value of the consultation meetings and how this might be improved for the future.

What are the possible disadvantages and risks of taking part?

The nature of the clinical work and personal experiences with children in adoption services are potentially emotive, therefore there is a risk that the evaluation form may trigger emotions when reflecting on your experience. People can voice fears of getting things “wrong” when in a group discussion. We hope to develop a safe space within the group, where we foster an open stance and take care of each other and ourselves (i.e., respecting the privacy of your peers by not disclosing any personal information from discussions). Please contact a member of the One adoption team if you need support following the meeting.

What will happen to my personal information?

Audio recordings of the group will be transcribed by the researcher as quickly as possible following the group. The recording will then be deleted from the recording device. Transcripts and notes from the groups will be stored separately from the consent forms. Returned consent forms, transcripts, and notes will be stored securely on university-approved secure systems (i.e., OneDrive: University of Leeds) and password-protected computers. All material used for analysis and discussion with commissioners will be fully anonymised. All data will be archived for a period of 3 years following the completion of the group. All data will be stored in line with [the University Research Participant Privacy Notice](#).

A summary of information gathered will be included in a written report and the findings from the project will be disseminated (e.g., conferences, poster presentations, and academic papers). Specific quotes from the focus group may be included within these but no individual will be readily identifiable in any write-up or dissemination of the findings.

Can I withdraw from the project?

You can withdraw from the project prior to or during the focus group. Although specific quotes may be removed on request, due to the nature of a focus group it will not be possible to withdraw lengthier contributions due to their influence on the development of themes. If you wish to withdraw a specific comment after the focus group, please email umrld@leeds.ac.uk within one week of taking part in the focus group.

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Use, dissemination and storage of evaluation data

Findings from the project may be:

- included in the 2022 One Adoption Annual Report
- shared as a poster with the One Adoption, Yorkshire teams
- shared as a poster at the University of Leeds Service Evaluation Project Poster Conference.
- disseminated on the University of Leeds DClinPsych website

It is also possible that the project will be published in a journal article. Participants will not be identifiable when disseminating the research via any of the above platforms.

There are limits to anonymity:

The One Adoption service and the University of Leeds have a duty of care to inform appropriate services if you disclose that you or others are at risk of harm. Any necessary steps for safeguarding purposes will remain your responsibility.

Please note that direct quotes from your answers may be used for the evaluation but identifiable details will have been removed.

Who is organising/funding the evaluation?

The evaluation will be conducted on behalf of the One Adoption service, West Yorkshire. The project lead/analyst is Rebecca Day, Psychologist in Clinical Training. Rebecca Day is independent of the One Adoption service and is completing this Service Evaluation Project as part of the Doctorate in Clinical Psychology training programme at the University of Leeds.

Who has reviewed the study?

The research has been considered and approved by the Doctorate in Clinical Psychology Research Ethics Committee at the University of Leeds (Application reference: DClinREC 21-006)

Contact for further information

Rebecca Day, Psychologist in Clinical Training at the University of Leeds, will be conducting the Service Evaluation Project and analysing the data. Rebecca Day is contactable [via email](#).

Rebecca Day is supervised to conduct this project by Dr Ciara Masterson, Academic Tutor. Ciara can be contacted [via email](#).

Doctorate in Clinical Psychology, Level 10 Worsley Building, Clarendon Way, Leeds, LS2 9NL.

Thank you for taking the time to read through the information.

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Appendix 4: Consent forms

Consent page for Questionnaires

This survey is from One Adoption West Yorkshire.

Introduction

You have recently attended a consultation with the Multidisciplinary Team, One Adoption West Yorkshire. It's really important for us to capture your views, as it will help us improve future consultations. If you would please take some time to complete this short survey, it would be appreciated.

We currently have Rebecca Day, Psychologist in Clinical Training, completing a service evaluation project exploring whether our consultations have influenced your practice or family life and to consider how we could enhance the consultation meetings. Rebecca is independent from the team and will ensure that all feedback will be anonymised. The link to the participant information sheet is here:

(link to participation sheet)

Instructions

It should take you about 5 minutes to answer all the questions. If you have any questions about the project, please email Rebecca.

Privacy notice (data protection)

This survey is confidential. Your response will be used to help One Adoption West Yorkshire provide and improve our services. Your information will be kept secure and used in line with Data Protection legislation. When results are shared publicly or with other organisations, your response will be anonymised so it cannot be linked back to you.

Your data will be processed by the relevant teams within Leeds City Council. Our software supplier, SmartSurvey Ltd, will also process your data on our behalf but will never use these for its own purposes. We will store your response for up to 2 years.

General information about how Leeds City Council uses your data can be found at www.leeds.gov.uk/privacynotice.

We use cookies to help improve your experience of using our website. See our [cookies page](#) for more information. If you continue without changing your cookie settings we assume that you are happy with our use of cookies.

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Please confirm... *

- (Check box) I give my consent for my personal information to be used as described in the privacy notice.
- (Check box) I confirm that I have read and understand the participant information sheet, explaining the above service evaluation project and that I have had the opportunity to ask questions about the project. I give my consent for my feedback/service evaluation form to be used as part of this project.

One Adoption Workers Consultation Meetings

Consent form

- I have read and understood the information sheet provided for this project.
- I have been given the opportunity to ask questions about the project and the answers have been satisfactory.
- I understand that my participation is voluntary.
- I understand that I may withdraw prior to or during the focus group without giving a reason. I understand it will not be possible to withdraw my entire contribution once the focus group begins.
- I know that the focus group will be digitally recorded and then transcribed. I understand that any personally identifiable information will be removed from the transcript of the interview and that I will not be identifiable in any future reports, publications, or presentations.
- I understand that the data collected will be securely stored on university-approved secure systems and password protected. I am aware of what will happen to my data after the project is complete.

Participant's Name:

Date:

Participant Signature:

Thank you for agreeing to take part in this study. Your contribution is very much appreciated.

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[Appendix 5: Interview Schedule/ Topic Guide](#)

Focus Group Topic Guide

Introduction

Thank you all very much for agreeing to give feedback today: I really appreciate your time.

I want to run through a recap of the aims of today:

The purpose of this service evaluation project is to evaluate the Multi-Disciplinary Team (MDT) consultations provided by the One Adoption service, West Yorkshire. It will aim to capture in what ways the consultation meetings impact understanding and thinking about families and help guide future improvements to these consultation meetings.

The focus group today will take approximately 30 minutes and will be via Microsoft Teams. It will involve answering questions about your experiences of the consultation meetings. You will also be invited to share your ideas about what could be enhanced.

Is this what everyone was expecting for today?

1. I have everyone's consent forms and so if everyone is happy, I will start the recording and we can get started. **Start recording**

OR

2. If some participants have not yet sent the written consent form:

Start recording. Check all participants have read the information sheet and read out consent form and then get verbal consent from participants whilst recording on Microsoft Teams.

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Topic Guide:

Warm-up:

- Why have you previously attended the consultation meeting?
- Follow up if needed: what was the purpose of attending the consultation meeting?

Main Questions:

1. What is useful about these consultations?

Follow up if needed:

What, if anything, did you find helpful about the consultation meeting? What did you feel were the main benefits of the consultation?

What did you like?

Have the consultation meetings influenced your understanding and thinking about a family? If so, in what ways?

Did it change the way you worked with that family? What, if any, changes did you make to your work with the family following the consultation?

Did the consultation meeting help support or improve your skillset for working with a family?

Did the consultation meeting have an impact on your confidence in working with a family?

2. What could be improved?

Follow up if needed:

What, if anything, did you find unhelpful about the consultation meeting?

What didn't you like?

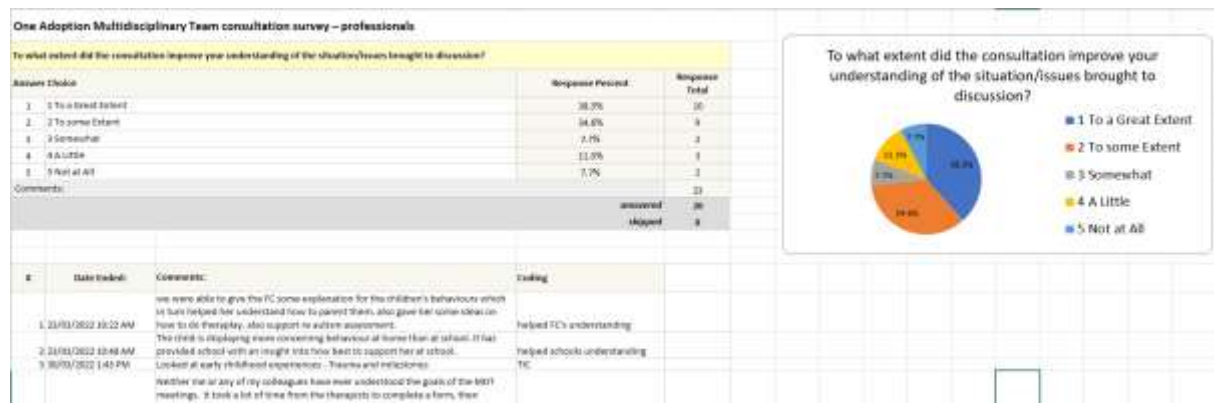
Do you have any ideas about how to improve the consultation meeting?

Ending:

Is there anything else that you would like to tell me about the consultation meetings?

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Appendix 6: Initial coding on Microsoft Excel (example snapshot)



Appendix 7: Initial Themes emerging

Themes per question

THEMES	Q1: To what extent did the consultation improve your understanding of the situation/issues brought to discussion?	Q2: Did the consultation add something new to your understanding of the situation/issues?	Q3: To what extent did the consultation add to your confidence/skills in working with this family?	Q4: To what extent did/for do you think the consultation will influence what you do next with this case?	Q5: What did you like about the consultation?	Q6: Have you any ideas for how we could improve them?
emotional impact on staff: TIC	carers/FC/parents understanding	TIC	space to think	time for reflections	approachable team and gentle challenge	be clear on purpose of meeting
educational support	staff understanding	What OAWY can offer	confidence	guide child's needs	importance of MDT	specific resources are accessible as a result of the meeting
staff support	school understanding	thinking about adults needs	clear planning/focus	different perspectives	input/approach/expertise	more offered
understanding child	school understanding	helping carers/FCs understanding	confidence	future planning	family perspectives	BUT also clear plan and feedback
Supporting transition	reflection and curiosity	no	family relationships	risk management	child's journey	having a duty line
FC support			advocating child's needs		confidence/reassurance	record sessions
Secure attachments					time to reflect and be curious	Have a psychologist present
planning					parents to be heard	head of finance - someone who can
TIC					family's voice	authorise funds to help a family further
					share ideas	Meet face to face
						focus on strategies (not just validation)
						all voices heard - having a 'hands up' policy

Themes emerging in interviews (example snapshot)

Kirklees	
matching, around the matches usually, whether it was the right match, trickier assessments	matching - attendance MDT approach - expertise with trickier ax
very traumatic childhood himself and we wanted to talk through and showing that he'd sort of processed his trauma and seem really just getting some advice, mainly from the psychologist work best for him and his partner to support a potential breakdown really	TIC, Psychologist present supporting carers/parents/FCs
complex sibling group, some concerns about the relationship between those siblings, amendment of their sibling assessment, which was really, really useful	sibling relationship
9 social workers during care proceedings, And so it fell out and nobody really had a hold of the boys needs really... couldn't really make full informed decision for the couple	all together, MDT working, decision making
early part this the couple wasn't involved in that consultation.	just professionals
lots of advice about different tools to be using during that period	tools to use
therapeutic support for for the family	support for family
done consultations that have been a one off which has been great and that's all we've sort of needed. But then we've had more complex cases like that one that we've actually done over a period of time	flexible in how they are used
involving different professionals at different stages of it, which has been helpful	MDT working, expert knowledge
it was really helpful to get everybody together really	MDT working, shared knowledge
The psychologist...was really helpful in terms of being really specific about the boys needs and and being available to sort of go back,	psychology input
picking the boys history and and what what life looked like for, for these siblings really, which was really helpful.	TIC, understanding, siblings

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Amalgamated emerging themes

Common themes:	subtheme 1	subtheme 2	subtheme 3	subtheme 4
The value of support 1) staff support (to then support the child) 2) education support 3) support for carers/FCs/parents	staff and carers understanding - does it add something new or consolidate thinking?	thinking about adults needs too staffs emotional response - safe space to explore this	emotional impact on staff/services	what OAWY can offer
TIC Understanding child's needs	understanding impact on child accommodate needs (education, home)	advocating child's needs confidence	attachment risk management	supporting transitions safe space with no financial incentives
Time for reflection Importance of MDT approach	curiosity Different perspectives and sharing ideas	expertise - skills of MDT e.g. gentle challenge	really valued by staff hearing all voices	clear planning/focus

Appendix 8: Refined Themes

Table 1. Staff's experiences of consultation meetings

Staff value different aspects of consultation meetings	
1. Understanding the child's needs	1.1. Influence on practice and confidence 1.2. Trauma-informed lens 1.3. 'Nothing new' and the family's understanding
2. The importance of multidisciplinary working	2.1. Different perspectives 2.2. Expertise
3. Time to reflect	3.1. Safe space 3.2. Becoming 'unstuck' 3.2. Transitions

Table 2. Staff's suggestions for improvements

Themes	Subthemes	Additional subthemes (focus group only)
1. Clarity	1.1 Having clarity on the purpose of the meeting or who this is led by (before the meeting) 1.2 Clarity on what resources are available and who is doing what following the meeting 1.3 Clear written notes and feedback following the meetings and clarity and when these will be sent	1.4. Having the same record-keeping system between the consultation team and those attending it – putting reminders of actions on 'Mosaic'
2. More!	2.1 More focus on practical strategies and techniques (not just validation) 2.2 Practical suggestions: recording the consultation, offering MS teams as a platform, having a 'hand up' policy 2.3 More meetings 2.4 Having a duty line 2.5 Offering face to face meetings	2.6 Continue with less paperwork; easy to attend

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3. Who is present	<p>3.1 Value of psychology (be mindful of bias of psychology trainee leading evaluation!)</p> <p>3.2 Value of SALT</p> <p>3.3 Include Finance (contradicts focus group's feedback)</p>	3.4 Continue with no financial representative
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Appendix 9: Evidence and quotes that support themes and colour coding (example snapshot)

Understanding child's needs accommodate needs (education, home)	risk management	supporting transitions	siblings	help FC/parents understanding	staff not gaining knowledge
To discuss a child's presenting needs post adoption disruption and think about avenues of support for the foster care (qu7, pp6)	To look at how to support a young person and his family, after lots of therapy and using the BUS5 model. The YF exhibits risky behaviour daily and his brain function is limited. (p25, qu7)	to discuss a foster placement where the FC is currently struggling and need support in preparation for moving on to adoption (p1, qu1).	Discussing a sibling group who present with a high level of need (qu7, p 26)	we were able to give the FC some explanation for the children's behaviours which in turn helped her understand how to parent them. also gave her some ideas on how to do therapy (qu 8, p1)	To be honest I didn't learn anything new in particular but it was a great process for the parents to be a part of. (13r 5, p 8)
We considered all of the changes the child has experienced and the impact on their ability to form relationships and experience trust with others. We thought about how the child was 'younger' emotionally. All of this is impacting on their development of social skills and language. (qu 9, p13)	The child is displaying more concerning behaviour at home than at school. It has provided school with an insight into how best to support her at school. (qu8, p2)	To explore how to support a child with numerous losses, separations and breakdowns to transition to the care of an adoptive family. Furthermore, how to support the adoptees to understand the child's needs and prepare them for the reality of parenting. (p3, qu7)	complex sibling group, some concerns about the relationship between those siblings, amendment of their sibling assessment, which was really, really useful (K)	I had a good understanding of the boys needs but the consultation helped me gain further clarity and support the carer to work through her own understanding and perceptions (qu 8, p7)	there was nothing new gained from the meeting (qu 8, p 6). Having heard all the information in a protected space enabled me to reflect more on the child's lived experience - although I didn't feel there was much reflective