Enabling Young Service Users to Feedback on their Experience: An Evaluation of the Pilot Implementation of Children and Young People Accessible Friends and Family Test in General and Dental Practices in NHS England (South Central)

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Abstract

The involvement of service users in contributing to the delivery and development of services by providing unique feedback on their own direct experiences and making suggestions about how things can be improved is a well-established essential feature of continuing improvement and quality enhancement. The Friends and Family Test (FFT) is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide real time feedback on their experience. Children and young people are key stakeholders of the NHS and their interests must be at the centre of health and local government services, but they are a group of service users whose voice has not been routinely sought. The Children and Young Person Friendly Friends and Family Test (CYPFFT) pilot project builds on the accessibility of the Friends and Family Test (FFT) for all, offering a significant opportunity to raise the profile of children and young people's feedback.

The CYPFFT project was commissioned and coordinated by the Nursing team at NHS England (South Central) who recognised it was essential to pilot and evaluate how accessible and user-friendly the CYPFFT test is before it can be rolled out further. The resources supporting the CYPFFT focus on the exploits of a central character called *Monkey* whose ability to engage children across the country has already been well-established. Monkey has been incorporated into versions of the CYPFFT specifically designed for use in dental and general practices. The purpose of the evaluation was to use data from the CYPFFT returns to assess impact and uptake by children and young people during the first three months following implementation; develop case studies to illustrate the experiences of practices who implemented the CYPFFT and to evaluate the extent to which the CYPFFT provides a full loop of patient engagement feedback using qualitative comments provided by children, young people, parents and carers. One exemplar Case Study is provided in this article to illustrate how the CYPFF was effectively implemented in a general practice. Findings from the evaluation lead to recommendations on how to ensure the FFT is continually made accessible to children and young people and enable practices to use feedback provided to support the continuing improvement of their services.

Introduction

The involvement of service users in contributing to the delivery and development of services by providing unique feedback on their own direct experiences and making suggestions about how things can be improved is a well-established essential feature of continuing improvement and quality enhancement. (Kings Fund, 2016).

The Friends and Family Test (FFT) is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide real time feedback on their experience. It was launched in April 2013, following an extensive communications strategy and has since been rolled out to most NHS-funded services in England as a mandatory requirement. The FFT is designed to be as straightforward and accessible as possible. Service users complete a standardised card before they leave their service setting. The key question it asks is whether people would recommend the services they have used to their friends and family. A range of responses are possible and when combined with supplementary follow-up questions, the FFT provides a mechanism to highlight both good and poor patient experience. This kind of feedback is vital in transforming NHS services and supporting patient choice. The FFT has produced more than 10 million pieces of feedback, making it the biggest source of patient opinion in the world. (NHS England, 2016).

The NHS England guide for commissioners of health services *"Transforming Participation in Health and Care: The NHS belongs to us all"* (NHS England, 2013) highlights the right of children and young people to have their views about the services they receive taken into account. Children and young people are key stakeholders of the NHS and their interests must be at the centre of health and local government services, but they are a group of service users whose voice has not been routinely sought. Involvement of children and young people is acknowledged as a right underpinned by numerous legal imperatives. (Royal College of Paediatrics and Child Health and the NHS Confederation, 2011.) The United Nations Convention on the Rights of the Child outlines the right of children to give their views on matters affecting them, including decisions made in education and public services and also in local and national policies. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, and the Care Quality Commission (Registration) Regulations 2009 require providers of services to involve service users in all stages of their care.

The Children and Young Person Friendly Friends and Family Test (CYPFFT) pilot project builds on the accessibility of the Friends and Family Test (FFT) for all. It is clearly established that the voice of children and young people is under-represented as highlighted in *Building Youth Voice in NHS England: regional support Grant Guidelines* (NHS England, 2015). This pilot offered a significant opportunity to raise the profile of children and young people's feedback through the FFT. The CYPFFT project was commissioned and coordinated by the Nursing team at NHS England (South Central) who recognised it was essential to pilot and evaluate how accessible and user-friendly the CYPFFT test is before it can be rolled out further.

Resources used in the pilot were developed by *Monkeywellbeing* who provide high quality resources to enable children and young people to learn about the NHS and the wide range of services available to them. The resources focus on the exploits of a central character called *Monkey* whose ability to engage children across the country has already been well-established (Medforth, et al, 2015). Monkey has been incorporated into versions of the CYPFFT specifically designed for use in dental and general practices. A range of supporting materials, including posters, shape cut- outs, coloring pages and other child friendly activities were also made accessible to services invited to participate in the pilot. 20 general and dental practices in the NHS England (South Central) footprint were asked to participate in the pilot and representatives (mostly Practice Managers) were invited to one day workshops in November 2015. During the workshops the participants were introduced to the aims and expectations of the project, supporting resources and project evaluation. Participants left the workshop with clear expectations of how they would be involved in the pilot, be able to access the resources and support available and that they

would also be required to contribute to the evaluation. The practices were required to continue to complete mandatory monitoring of the FFT and at the same time they were asked to also implement the CYPFFT in their practices over a three month period during the first quarter of 2016.

The intention was to support the long term sustainable benefit of offering the CYPFFT as a cost effective patient feedback tool. The CYPFFT templates invited children, young people and parents to share their experiences of visiting their general practice or dental practice by:

- Ticking a box relating to a range of possible responses to the key CYPFFT question which asks if they would tell their friends that the practice is a good one to come to.
- Drawing a picture of their visit in an outlined space provided.
- Responding to questions about what was good and what could be done better by providing short qualitative text statements.
- Indicating their age; gender; ethnicity and any additional needs.
- Indicating if they would like the practice to contact them to discuss their responses.

Three slightly different versions of the form were provided for; younger children, older children and parents. The participating practices made their own decisions about how best to introduce the CYPFF and how they would respond to feedback.

The aims, methods and intended outcomes of the evaluation project

The purpose of the evaluation was to:

1. Use quantitative data from the CYPFF returns to assess the impact that the CYPFFT resources have on the uptake of the FFT by children and young people.
2. To develop case studies to illustrate how practices have implemented the CYPFF; their experiences and associated challenges.
3. To evaluate the extent to which the CYPFFT provides a full loop of patient engagement feedback using qualitative comments provided by children, young people, parents and carers.

The findings led to recommendations on how to ensure the FFT is continually made accessible to children and young people and enable practices to use feedback provided to support the continuing improvement of their services.

Methods

Desk – Based Review

The completed CYPFFT forms returned by the practices were used to complete a desk-based review of usage during the first three months. This involved quantitative analysis of the returned forms; number of practices engaged; characteristics of the respondents and responses to the FFT question. The desk-based review also included a Thematic Analysis (Braun and Clarke, 2006; Guest and Mac Queen, 2012) to identify emerging and recurrent themes implicit and explicit within the qualitative comments provided on the returned forms.

Case Studies

Case Study is a research method which is formally established across many disciplines to research social phenomena. It may involve the exploration of an individual, organization, event or action in a specific time, place and context. (Thomas, 2011; Yin, 2014). It has often been applied to clinical contexts, and in relation to this project the implementation of the CYPFFT in dental and general practices in NHS England South (Central) is a case in itself. Within this four smaller case studies were developed as means of illustrating how a small sample of practices have used the CYPFFT to support the continuing improvement and enhanced children and young people friendliness of their services. Practices who had consistently returned their CYPFFT raw data were contacted and invited to take part in telephone interviews or

complete a semi-structured questionnaire following the same format of the telephone interviews. A convenience sample (Oliver, 2006) was selected, taking account of the scope and timescale of the project and the competing pressures facing the practices.

Findings

Engagement of service providers and service users

All of the practices involved in the launch workshops were asked to participate. The CYPFFT did not have the same mandatory status as the original Friends and Family Test, which may have had an impact on initial engagement with the project; during December 2015 and January 2016 only four dental practices and three general practices had returned completed forms. Participation improved following repeated messages from the evaluation team and the commissioners to the practices encouraging engagement and by February and March 2016, the number of practices returning completed forms had more than doubled. There may have been a growing recognition that other practices were actively engaging and finding that the CYPFFT was a successful means of gaining feedback from young service users, and raising morale by generating positive comments and suggestions for improvement. Practitioners and managers in engaged practices highlighted the enthusiasm of children and young people in completing the CYPFFT forms:

"Both boys and girls appear to have enjoyed completing the forms and having the opportunity to feed back their evaluation of their experiences"

"The children really like the forms and really like to draw a picture."

Some practices cited several reasons for non-engagement, including having a location which meant the majority of service users were adults. Although the practices had recognised the value of the CYPFFT and had endeavoured to implement it, uptake had been poor due to the particular characteristics of the practices and their service-users.

Some practices reported that younger children were enjoying colouring in and drawing on the forms so much that they insisted on taking the forms home with them, meaning that feedback data was lost. Others were concerned that younger children were sometimes marking all possible response boxes on the form so it was not possible to establish which option they were choosing. This may not be an issue, as the behaviour of the children is likely to be developmentally appropriate as young children think in qualitatively different ways to adults and learn through active experimentation (Piaget, 1952) as well as making meaning and expressing their perspectives on their experiences through drawing. (Einarsdottir, J., Dockett, S. and Perry, B., 2008; Papandreou, M., 2012). By allowing younger children to actively draw on the forms practices were enabling the children to process their experiences in a way which was meaningful to them, and thereby taking their first steps in learning to provide feedback as service users.

The characteristics of children, young people and parents who completed the forms

Many of the returned CYPFFT forms were fully completed; in other cases, respondents chose to provide only a response to particular questions, or make qualitative comments that they saw as relevant to them. Some excluded information relating to gender and ethnicity, however the self-reported characteristics of the service-users completing the forms suggest that a wide age range of children and young people (up to age 18) completed the forms, including both male and female family members.

Ethnicity was also self-reported and this meant some variation in interpretation; some respondents indicated country of origin, some their skin colour and others their religion. A few of the younger children reported their ethnicity as *"blue"* or *"red"*- these were excluded. The

overall profile, however, is one of a population of predominantly *"White British"* respondents with further representation from a wide range of other self-identified groups.

Whilst adults may have completed the form on behalf of some of the younger children the drawings on the forms indicate that parents actively encouraged children to engage, and that very young children are developing the habit of feeding back on services. Young children under three enjoyed drawing and scribbling on the forms even if they were unable to complete the text boxes. The development of drawing, language and writing style on the forms in the nought to five age range suggest that many of the forms were at least partially completed by three, four and five year olds. (N = 49).

The proportion of children who actually completed the forms themselves increased in the six to eleven age group (N = 181) followed by a decrease in the twelve to eighteen age group (N = 97). This suggests that many of the teenage service users were happy to complete the forms, however one young service user did comment negatively:

"Why does the scary monkey want my personal information...this sheet seems to be aimed at young children and I can only imagine what it would be like to have to do this as an 18 year old." (14 year old boy).

Three respondents indicated that staff helped them to complete the form, possibly to overcome language barriers. One young person declared an additional need due to a long term condition, and one highlighted speech and language difficulties. Two of the children had autism; one child had an auditory processing disorder and one child indicated he sometimes needed help with reading. Two further children declared single or multiple learning disabilities combined with speech and language problems, but all of the children who indicated that they had disabilities and long term conditions had fully or partially completed the CYPFFT. This may be an indication that the CYPFFT provides an important vehicle to enable children who otherwise face challenges in communicating their needs to have the opportunity to feedback on their experiences. One young adult over the age of eighteen who had a learning disability also chose to complete the form.

Analysis and discussion: using the CYPFFT to capture service user experience.

Thematic analysis is an established and widely used qualitative method of data analysis, considered to be an accessible and theoretically flexible approach to analysing qualitative data in the context of realist projects such as this. Often it involves taking an *"inductive"* approach to identifying themes and patterns which emerge from the data, thereby *"giving voice"* to the participants who have generated it (Braun and Clarke, 2006).

Response to FFT Question: likelihood that families would recommend the service to friends or family.

The key question on the CYPFFT form asked if respondents would tell their friends that this was a good practice to come to. Ambiguous responses were excluded but data from partially completed forms was included where meaningful. Responses were overwhelmingly positive, with only a quarter of responses falling into the neutral or negative categories and only nine responses indicating that respondents were unlikely or extremely unlikely to recommend their dental or general practice.

"You are very good at helping people" (7 year old girl).

"The doctors are really friendly-there is nothing you could do better" (8 year old boy).

Even when qualitative comments suggested that parents found it frustrating that doctors and dentists were busy and running late they acknowledged that this may be unavoidable and still rated themselves as *"extremely likely"* to recommend.

Younger children's responses are more difficult to interpret. Some under sevens, for example may not have reached the cognitive developmental level to fully understand the question. This may have led to ambiguous responses. One child commented that the doctors were nice and made them laugh, but perceived medicines to be bad, therefore was unsure whether he would recommend the practice to his friends.

The qualitative comments provided by children, young people and parents led to four emerging themes central to their experiences. They include comments on things that are done well by practices and what could be improved in relation to four key themes:

1. Accessibility and timeliness of service provision.
2. Practitioner attitudes and approach.
3. Experience of receiving treatment.
4. Appropriateness of the environment for children and young people.

Accessibility and timeliness of service provision.

Public information advertising services was seen by some participants as an important means of learning about and accessing services:

"My first time at clinic – the website was good and booking appointments was easy" (Parent of 5 year old boy).

Associated sub-themes related to ease of booking and speed of gaining an appointment, which clearly linked to overall satisfaction with both dental and general practices:

"The booking process was straightforward; text reminder is very helpful; our Dentist is very helpful and explains things clearly."

"Easy to get through on the phone and to make an appointment"

"The Dr. call back service worked well"

One parent did however respond to the question of how things could be improved with *"Answer the phone!"* Another suggested that "*a secure post-box to enable people to leave prescriptions out of hours would mean less cars and less footfall during surgery hours."*

Being seen on time or being kept waiting was a recurrent issue indicating positive and negative experiences:

"Speedy attention for an emergency tooth loss…nothing (could have been done better) perfect! So glad to have (my dental practice)."

"Running on time"

"Very quick to help…Seen within an hour as temporary patient. Friendly staff."

Delays resulted in suggestions about what could be done better and as waiting times increased growing concerns regarding the suitability of the facilities also began to emerge:

"We were waiting a while and there wasn't anything to do…" (11 year old girl).

"More seats" (8 year old girl).

"It would be better if there were more dentists if there were lots of people" (8 year old boy).

Frustration at longer than expected waiting times may be ameliorated by the positive attitudes of staff:

"Appointments are quite easy to make, staff are friendly and helpful …timings of appointments often are late running"

Parents expressed clear ideas about how they thought improvements could be made, for example in relation to continuity of care or making appointments more accessible:

"Always book children in with the same doctor so that we get continuity of care."

"Booking systems for appointments could be better…it does not work for me to ring up on the day get an appointment that I wish to book in advance – I need to give my employer notice."

Practitioner attitudes and approach

Families used the CYPFFT to acknowledge the importance of the attitudes and approach of front-line staff particularly when accessing a service for the first time:

"Nice when we enter, and for the whole time we are here." (11year old girl).

What is done well is*"…the way you treat kids when they come"* (9 year old).

"Everything went well. Really pleased with the service from reception to Dr." (Parent).

The approach of practitioners is recognised by both children and parents to be essential in developing trust in young service users, who valued kindness, sensitivity, patience and

humour. Demonstrating respect for children and young people and using humour to engage them was also seen to be essential to good professional practice, and perhaps the thing that families valued most. This was acknowledged even by the younger children who completed the CYPFFT:

"I love xxx she's my favourite dentist - she is kind and respectful" (7 year old girl).

"My Dentist is polite and makes me laugh when I'm worried about coming" (16 year old girl).

Children and young people were clear about when services fell short of expectations too:

"Could talk a bit more about what is happening to you." (14 year old girl).

"Could be more understanding of nervous children." (11 year old boy).

Friendliness, kindness, reassurance, and gentleness were other important attributes identified by families in many of the responses. It was also important to children (and their parents) that their bravery in overcoming their fears was acknowledged. Parents also indicated that it was important that they were not made to feel an inconvenience, were given time and that they left feeling positive about their visit:

"*Children both love coming – always leave smiling and happy"* (Parent). *"The doctors we see are lovely with children and very thorough. Always take concerns seriously"* (Parent of 4 year old and 13 month old).

"Nothing is a problem" (Mum of 11 and 6 year old).

Experience of Treatment

The friendliness of the service was also linked to children's receptiveness to health promotion messages and treatment as acknowledged by a fifteen year old boy who said he valued *"Information on how to improve my dental hygiene and friendly chit-chat."* Other children also valued health promotion advice:

"They give you good advice to brush your teeth better" (14 year old girl).

(It was good...)*"Hearing that I brush my teeth well"* (10 year old boy).

Children from age five onwards were able to use the CYPFFT to demonstrate clear understanding of the reasons for visiting their doctors. Examples of positive experiences given by children between five and ten included "*Make me better; getting checked out*; *making me laugh and taking my temp*"; "*the doctor looks after me*; *they helpt me when I had an ear problem; they help people solve their problems when they don't feel well."*

Adequate preparation and explanation was something which was seen as essential by both parents and young people:

(The doctor) *"made my child feel at ease, and explained what was going to happen – provided the injections quickly so my child did not get fidgety- was organized before we went in."* (Parent)

"The service was great and the doctor/ nurse explains in detail." (14 year old girl).

The actual experience of treatment and what practitioners had done to make it more palatable was also commented on positively by many of the children:

"I like the Dentist counting my teeth" (4 year old girl) …*"The feeling of the gloves inside your mouth!"* (10 year old girl).

"Having the Melon fluoride gel (was good) …I would like to try the Cherry gel!" (4 year old boy).

Children also used the CYPFFT to clearly indicate where they thought there was room for improvement. This related both to procedures and improvements to the overall experience. Their recommendations include

"It would be better not to have the spray when my teeth are cleaned" (7 year old boy).

"Don't stretch my mouth as much" (10 year old boy).

Talk a bit more about what is happening to you" (14 year old girl).

"Use Chocolate flavoured gloves!" (7 year old boy).

The outcome of treatment was also important to children and young people, in particular having a pain–free experience at both the doctors and the dentists:

"The injections did not hurt" (8 year old girl)

"No fillings!" (10 year old boy).

"It was good when the air thing came and stopped it hurting" (9 year old boy).

Some young people indicated that things could have been explained to them better, and they would have liked to have samples of things they could use to improve their own health:

"Explain how to improve my dental care at home" (18 year old girl).

Appropriateness of the environment for children and young people

Families commented on the general atmosphere and the facilities they encountered. A four year old girl appreciated when "*It is nice and quiet* "and a twelve year old boy noticed how the friendly atmosphere contributed to the overall experience and *"made everything enjoyable."* One eight year old boy acknowledged *"Pretty flowers, friendly staff and nice music"* were what was good about his visit. The quality of the facilities, cleanliness and having *"nice cold water"* available were also seen as important.

A significant issue for many of the children and young people was the availability of age-appropriate toys, music and activities in the waiting rooms, both for themselves and for other children. Children and young people from age five upwards were very clear about how there was general room for improvement in making waiting rooms more welcoming to children and young people. Their recommendations included the availability of stickers and lollipops; provision of colouring books and activity sheets; more toys; chocolates instead of stickers; more / new posters on the ceiling and music and more games in the waiting room.

Case Study 1: A General Practice Health Partnership

The Practice

The Case Study has been provided by the General Manager. The practice has three branches across four sites. There are 10 partners and the practice employs over 100 staff, whose role it is to serve a population of 21,000 patients. Unique features of the practice are that is serves a community of travellers and canal boaters and because of its location it is frequently also accessed by tourists. As part of a local scheme young people from outside of the area are also able to choose to access the services offered.

How was the Children and Young People Friends and Family Test Implemented?

The Practice Manager described the views of the practice towards the CYPFFT as *"Positive"*. A member of staff who was familiar with the established Friends and Family Test (FFT) attended the launch workshops in November 2015.

The CYPFFT was initially considered by the Patient Participation Group. Feedback suggested that it was unclear why there were two forms (one for parents and one for children.) There were some concerns regarding children's understanding of the terminology used on the form; in future versions it might be better to refer to *"Drs Surgery"* rather than *"Practice"*. Another concern was that children and young people with additional needs may be misunderstanding some of the questions on the form and using them as an opportunity to ask for particular types of sweets!

Despite initial concerns the CYPFFT was implemented in the main practice and one of its branches. The *"Monkey"* poster was displayed and an identified member of staff was given the role of ensuring that young patients completed the form. The self-check in process was

by-passed for all children and young people so that they had to check in at reception. They were then given a clip board with the CYPFFT form and were asked to complete it and return it to reception before leaving.

Engagement

The CYPFFT has been well received within practice. It helped to have a Manager who was committed and who actively *"sold it"* to colleagues:

"I don't usually have time to do "extras" but I committed to implementing the CYPFFT because I believe in the importance of patient feedback …positive feedback has actually helped to raise morale… It was no hard sell as both children and young people responded well and the practice had implemented a strategy to encourage children to systematically complete them. They particularly enjoyed drawing on the forms and the children's pictures were entered into a competition…That is what has been talked about most! Colleagues got involved through judging the children's drawings; shortlisting brought a sense of fun into the practice and when I phoned the parent of the child who won the drawing competition they were delighted!"

Using the Feedback

Feedback has been disseminated within the practice. Once three months of feedback have been analysed an Action Plan with time-limited goals is devised. This is shared with the doctors, then circulated electronically to the 100 strong Patient Participation Committee which is inclusive of all service-user groups including young people. It is too early to identify any examples of changes which have been made as a result of the feedback, but the Practice Manager is confident that by implementing the CYPFFT the practice has raised awareness that they are serious about responding to patient feedback and that they actively listen and respond to the Patient Participation Group. It has also helped the staff member with particular responsibility for children and young people to understand them better.

Practice Managers perspective and messages to other practices:

Because of time constraints and competing priorities implementing the CYPFFT over a time-limited three-month period has been useful as it would be difficult to sustain for a whole year because of commitment to other feedback mechanisms. Implementing it annually for 3 months is *"do-able"* – it could then be reviewed year on year to track improvements.

"Patients are the users of your service and their feedback is important and valid. If you want to get views from youngsters, you have to actively ask them – the CYPFFT gives you the option to do that…often the things children and young people raise isn't a surprise. Some things we won't be able to do something about – concentrate on the things you can change…the Care Quality Commission will love it – they want you to demonstrate you have taken the time to consult with children and young people...if you are a smaller practice don't be put off what you can't manage – it is about doing what is possible in your practice… The concept is brilliant. I would like an actual Monkey – It gives children the first impression that they are in a safe place. I would buy wall stickers. I think you should do it – you can't not do it – we are required to provide to everybody. Children need to be engaged and it is expected at all levels."

Discussion

The feedback provided demonstrates the effectiveness of the CYPFFT in engaging children, young people and parents in both general and dental practices. The returned forms provided clear and consistent evidence that children as young as two are engaging with the forms, with the support of their parents. Where younger children are only able to scribble and draw they are making their first steps in learning to provide feedback on the services they receive – something which is their right.

Children of three and above were able to make suggestions about what they liked and what could be improved. As children reach the age of five and over they are becoming increasingly competent in providing feedback independently. They know what is important to them;

sometimes their priorities are similar to those of their parents and sometimes they are unique to themselves, so there is merit in both children and parents completing the feedback. Children do, however, have their own expectations about what makes a good service user experience and are surprisingly insightful in identifying good practice in terms of accessibility and timeliness of services; practitioner attitudes and approach; the experience of receiving treatment and what makes a children and young people friendly environment. They are also able to make their own judgements about what was a good feature of their own service-user experience and what needs to be done to improve things. Often their suggestions indicate where small adjustments would be relatively easily achieved, yet would have a much bigger impact in terms of benefiting future children, young people and families.

Some practices raised concerns that the CYPFFT might be perceived as *"too babyish"* by teenagers. Whilst there is some evidence to support this almost 100 young people over the age of 12 engaged in completing the forms during the pilot. The oldest person to complete a form was 83! A particular strength of the CYPFF may be its simplicity as there is evidence that it has been used by children and young people who have speech, language and learning related additional needs to provide feedback on their experiences.

Conclusions

1. Where dental and general practices engaged with the Children and Young People Friends and Family Test they found it to be popular with their service users and a useful way of providing feedback which can support ongoing improvements.
2. Children from toddler age onwards can be supported to engage with the Children and Young People Friends and Family Test in developmentally appropriate ways. Children aged three and above are able to use the Children and Young People Friends and Family Test to provide meaningful feedback on their experiences as service users.
3. The Children and Young People Friends and Family Test has been completed by families who are representative of a wide range of self-declared ethnicities.
4. Having additional needs is not a barrier to completion of the Children and Young People Friends and Family Test which may actually enable previously excluded children and young people to have a voice in sharing their experiences as service users.
5. If implemented systematically and consistently the Children and Young People Friends and Family Test can ensure that the voice of children, young people and families is routinely incorporated into service user feedback processes thereby helping to drive continuing service improvements.

Recommendations

1. The CYPFFT has been valued by children, young people and parents from a range of backgrounds as a means of providing feedback on their experiences as service users in dental and general practices; this mechanism for providing service user feedback could therefore usefully be implemented across all services.
2. Whilst the current adult focused Friends and Family Test is mandatory the children and young people friendly version is not. Equal status for the two versions of the test should be considered as children, young people, parents, carers and adult service users all have a right to the opportunity to feed back on the services they receive.
3. Practices who viewed the Children and Young People Friends and Family Test positively also raised concerns about the additional administrative burden associated with it. It may be possible to incorporate differentiated versions for adults, parents and carers, children and young people into a single form thereby reducing the burden of reporting and enabling alignment with established processes for closing the feedback loop. Practices will, however, need to be able to demonstrate how feedback from children, young people and families has led to actual change and service developments.

References

Braun, V and Clarke, V (2006). *"Using thematic analysis in psychology"*. Qualitative Research in Psychology 3 (2): 89.

Department of Health (2011) *You're Welcome – Quality Criteria for young people friendly health services* https://www.gov.uk/government/ uploads/system/uploads/attachment data/ file/216350/dh_127632.pdf [Accessed 24/04/2016]

Einarsdottir, J., Dockett, S. and Perry, B.(2009) *Making meaning: children's perspectives expressed through drawings.* Early Childhood Development and Care 179(2) :217-232

Guest, G.; Mac Queen, N. (2012). *Introduction to Thematic Analysis.* Applied Thematic Analysis: 12

Mills, A. J., Gabrielle D., Elden W. (Eds) (2010). *Encyclopaedia of Case Study Research.* California .Sage Publications.

NHS England (2013) *Transforming Participation in Health and Care:* The NHS belongs to us all https://www.england.nhs.uk/wp-content/ uploads/2013/09/trans-part-hc-guid1.pdf [Accessed 24/04/2016]

NHS England (2016) *Health and high quality care for all, now and for future generations:* Friends and Family Test https://www.england. nhs.uk/ourwork/pe/fft/ [Accessed 24/04/2016]

Kings Fund (2016) *Improving Quality in the English NHS* http://www.kingsfund.org.uk/ publications/quality-improvement?gclid=CO eRzL28p8wCFRUW0wod4a8JIA [Accessed 24/04/2016]

Medforth, N., Timpson H., Greenop, D. and Lavin R. (2015) *Monkey's health service:* an evaluation of the implementation of resources designed to support the learning of primary school-aged children in England about healthy lifestyles and NHS services

Issues in Comprehensive Pediatric Nursing, 38 (3): 181-201

Oliver, P. (2006) *Purposive Sampling in Jupp,V.(Ed)* The Sage Dictionary of Social Research Methods http://srmo.sagepub.com/view/the-sage-dictionary-of-social-research-methods/ n162.xml [Accessed 17/05/2016]

Papandreou, M. (2013) *Communicating and thinking through drawing activity in early childhood.* Journal of Research in Childhood Education. 28 (1): 85-100
Piaget, J. (1953) *The Origins of Intelligence in Children* (London: Routledge and Kegan Paul)

Royal College of Paediatrics and Child Health and the NHS Confederation (2011) *Involving children and young people in health services* http://www.rcpch.ac.uk/system/files/protected/ page/Involving%20CAYP%20in%20Health%20 Services.pdf [Accessed 24/04/2016]

Thomas, G. (2011) *How to do your Case Study* Thousand Oaks: Sage

Yin, R.K. (2014) *Case Study Research:* Design and Methods. 5th Edition. Sage Publications. California, p 5-6