

Report Regarding Consultation - Appendix 3, Cabinet report, 8 January 2018

I am submitting the following report due to concerns about the Early Help Consultation. The methodology and analysis discussed in Appendix 3 of the consultation exercise demonstrate significant flaws that compromise the reliability of the final results.

1) The initial survey took place from 14/7 /17 to 4/9/17. After this the survey continued with additional information until 16/10/17. There is no discussion of the additional information or its significance in the Executive summary (see other considerations p239). The respondents were permitted to respond anonymously and there is no identification of survey respondents from their email. It is impossible to say whether the majority of respondents who completed the survey before 4/9/17 would have answered differently if they had seen the additional information nor whether if they were aware of the additional information provided after 4/9/17, that they completed the questionnaire for a second time. Ethically this is not a recommended survey practice as it appears that respondents were being asked to answer the survey questions without full information on the consultation being available and later respondents may have answered differently when this information was provided. Similarly, it is not clear when the focus groups were undertaken or whether some or all of them had access to the additional information before they met.

The results from the consultation could not separate out those who responded knowing about the additional information and those who did not. It is therefore difficult to see how a net positive agreement figure of 18% of residents could be calculated when the influence of the additional information provided is not known. A net positive agreement of 25% with the proposal by respondents on behalf of organizations is also flawed for the same reason.

2) It is not clear how respondents were representative of their organizations if replying anonymously and not through a collective management response. Organizations have not been consulted but individual members of organizations have made submissions. This does not mean that organizations collectively endorse the anonymous views of their members nor are the views of the individuals necessarily representative of the organization itself (see p4 Executive Summary)

3) It did not appear to be clear in the consultation information why the consultation is taking place – what is currently available, what is the context for existing services being re-designed, why is this necessary? This could explain why half of the resident and ‘organization’ responses made further comments about the proposals which included clarity of the proposals and concerns regarding service closures.

4) The sampling (p7-8) and the information regarding levels of tolerance associated with results is not relevant or accurate. The sampling for this

consultation was self-selecting and user driven. This was not a random sample nor a quota sample so none of the tolerances in the table on p8 apply. The NB which is quoted under the tables describes the criteria clearly, 'Strictly speaking the tolerances shown here apply only to random samples; in practice good quality quota sampling has found to be as accurate.' Note 5 on p15 cites a 95% confidence level – this is not accurate as this was not a random or quota sample.

Submitted by Julia Wassell