

Appendix A

Consultation with Young Children to inform Director of Public Health Report 2025

by Care and Learning Alliance



Care and
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Alliance

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Director of Public Health Report 2025



Collated by:
Care and
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Alliance

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Abstract

This report presents the findings of a participatory, play-based consultation with 171 children *aged 2–8* years and 21 parents across Highland, exploring children’s experiences of wellbeing, health, and community participation. Using the *Consulting with Our Youngest Children Toolkit*, children engaged in open-ended play, including treasure baskets, 3D mind maps, and collaborative collages, allowing practitioners to capture their thoughts, preferences, and understanding across four pillars: Social & Economic Life, Places & Community, Enabling Healthy Living, and Equitable Health & Care. Parent perspectives complemented the child-led data, highlighting barriers such as cost, transport, and rural isolation. Findings demonstrate strong alignment between children’s lived experiences and parental priorities, particularly around nutrition, physical activity, and access to community resources. The study highlights the value of developmentally appropriate consultation, revealing children’s insights into healthy eating and play opportunities, while identifying inequalities in access and participation. Recommendations include embedding child-centred consultation in public health planning, supporting equitable access to healthy foods, and addressing barriers to outdoor play and community engagement

Introduction

Scotland's public health and early years policies recognise that experiences in the first five years of life are critical to lifelong health and wellbeing. In remote and rural areas such as Highland, factors including geographical isolation, limited access to services, and socioeconomic inequalities can further influence children's outcomes. While evidence on effective early years interventions is well established, there is a notable lack of research directly capturing the views and experiences of children under five and their families in these settings.

National and international frameworks, including the United Nations Convention on the Rights of the Child (UNCRC) and Scotland's *Voice of the Infant* agenda, emphasise children's right to have their views heard. However, traditional consultation methods are not developmentally appropriate for very young children, resulting in their perspectives being largely absent from public health evidence, reporting, and decision-making.

To address this gap, NHS Highland Public Health has commissioned the Care and Learning Alliance (CALA) to undertake participatory research with children aged 0–5 years and their families across Highland. The findings will inform the Highland Director of Public Health Annual Report 2025 and wider strategic planning, while supporting the development of rights-based, equitable early years policy.

CALA has over 35 years' experience supporting children and families across Highland and works within a strong culture of participation and empowerment. In 2018, in partnership with the Highland Child Protection Committee, CALA developed the *Consulting with Our Youngest Children Toolkit*, which uses developmentally appropriate methods to engage very young children. This methodology, now used widely across Highland and Scotland, has been applied to gather the views and findings presented in this report.

Objectives of the Study

The objectives of this research programme are to:

1. Explore what children aged 0–8 years and their families including in remote and rural areas of Highland both have and identify as important for having the best start in life and optimal health, including any barriers.
2. Use age-appropriate, participatory research methods to capture the voices and experiences of very young children.

**(Children up to eight years of age were included in this consultation in recognition that, due to developmental considerations, standard consultation methods used with children aged 5–8 years often exceed their cognitive and communicative capabilities. As a result, their views may not be accurately captured using traditional approaches. Including this age group allowed for the use of developmentally appropriate methods to ensure their perspectives were represented more reliably)*.*

Research Question

The primary research question guiding this study is:

- What do children aged 0–8 years and their families in remote and rural areas of Highland need to have the best start in life and be as healthy as possible?

Research Design

This study employed a child-led, participatory, play-based design, guided by the principles of the Consulting with Our Youngest Children Toolkit. The methodology prioritises listening to children, responding to their ideas, and supporting their sense of belonging, confidence, and communication skills. Activities were structured to allow children to share their experiences, perspectives, and thoughts about their communities, health, and wellbeing through developmentally appropriate, child-led play.

In parallel, parents and caregivers were invited to provide feedback on similar topics, offering complementary perspectives on the resources, places, and supports that help children and families thrive.

Sample

The sample comprised approximately 171 children aged 2–8 years recruited from toddler groups, early learning and childcare (ELC) settings, and school-aged childcare provision across Highland. Participating locations included Badenoch and Strathspey, Easter Ross, Ross and Cromarty, Inverness, and Nairn, ensuring representation from both urban and remote and rural communities.

To complement children’s perspectives, the views of parents and carers were also sought. Parent feedback was collected using both paper-based and electronic questionnaires distributed through the same settings attended by participating children, with over 21 parents responding.

Sampling Technique

An outcome-based sampling approach was employed to ensure inclusion of children and families from diverse geographic locations, including areas experiencing multiple deprivation as well as remote and rural communities. The sampling strategy also sought to include children with additional support needs and those with lower confidence levels, supporting an inclusive, rights-based approach and enabling the capture of a broad range of experiences and perspectives.

Data Collection Methods

Data collection was informed by the involvement of experienced early years practitioners with specialist expertise in participatory, play-based engagement with young children. Practitioners were trained to observe and interpret spontaneous play cues, respond sensitively, and use open-ended, reflective “wondering” questions to support children in extending their thinking and expression, without leading, prompting, or imposing adult interpretations. Practitioners from outside the setting were intentionally selected to minimise potential bias that could arise from prior familiarity with the children. This approach was essential in ensuring that children’s views were captured authentically, without distortion from practitioner assumptions, judgement, or personal opinion.

Data Collection was through:

- Observation of children during open-ended, play-based activities, focusing on children's choices, interactions, and spontaneous expressions.
- Child-led creation of 2D mind maps and collaborative collages (see Appendix A and C), enabling children to communicate ideas visually, spatially, and symbolically.
- Real-time recording of children's verbal comments, reasoning, and explanations, documented using speech bubbles and practitioner notes, ensuring children's own words were captured as accurately as possible (see Appendix A)
- Parent and caregiver feedback, gathered alongside children's sessions, to provide complementary perspectives on resources, places, and supports that enable children and families to grow, thrive, and be healthy (Appendix B).
- Throughout the process, practitioners acted as facilitators and scribes rather than directors, maintaining a non-judgemental, child-centred stance and allowing children to lead the direction, pace, and content of the discussion.

Data Analysis Techniques

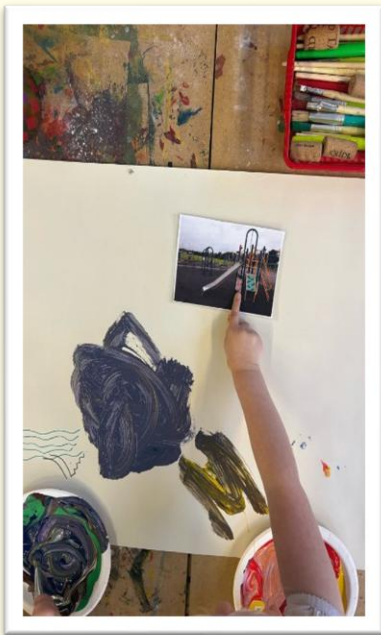
- Children's contributions, including verbal responses and creative outputs, were photographed, annotated, and securely recorded to preserve the integrity of the data. Observational notes and visual materials were analysed using a thematic analysis approach, identifying recurring patterns, priorities, and key insights emerging from children's play and communication.
- Analysis then also integrated children's and parents' input to provide a holistic understanding of the factors that support healthy development, wellbeing, and equal opportunities. Care was taken to ensure interpretations remained grounded in the children's expressed views, minimising adult bias and maintaining fidelity to the child-led nature of the data.

Tools/Instruments/Resources/Method Used:

- Small world play and role play were used as the primary methodological approach to create meaningful play provocations that engaged children in developmentally appropriate ways. These approaches enabled children to explore, represent, and communicate their experiences, ideas, and priorities through imaginative and symbolic play rather than relying on verbal articulation alone.
- Play environments were intentionally designed to align with the four pillars of the Director of Public Health Annual Report (DPHAR): Social and Economic Life, Places and Community, Healthy Living, and Health and Care. Each pillar was reflected through carefully selected, familiar, and relevant play resources, allowing children to make connections to their everyday lives.
- Following guidance from the 'Consulting with Our Youngest Children Toolkit', children were given time to settle, explore, and become comfortable with the new play resources before adults began engaging with them.

Examples of play provided:

1. Social & Economic Life – toy money, bank cards, menus, photos of local shops, bricks for building etc.
2. Places & Community – photos, maps, playground items
3. Healthy Living – sports gear, food, toy kitchens, meal images, bikes etc
4. Health & Care – doctor kits, toothbrushes, small figures, fire engines, garages etc
5. Creative materials: glue, scissors, pens, markers, tape, and boxes for junk modelling



Method

Examples of open-ended, child-friendly “wondering” prompts, adapted to the child’s age and developmental stage, were used by practitioners at opportune moments during play. These prompts encouraged children to explore ideas, extend their thinking, and express their views in their own way, without leading responses or introducing adult interpretation or judgement.

- “Can you tell me about the people who help you feel safe?”
- “What places make you feel safe, and what is it about them that you like?”
- “Where do you like to play, and what do you do there?”
- “Are there any places you would really like to play that you don’t go to yet?”
- “What kinds of things help your body feel healthy and strong?”
- “Where do you like to go to move your body, like walking, running, or riding bikes?”
- “What foods do you enjoy eating, and why do you like them?”
- “Can you show me or tell me about the fruits and vegetables you like?”
- “Where do you go with your family to get food or shopping, and what do you notice there?”
- “Can you show me the places you play or move your body, like parks, soft play, dancing, swimming, or games? Are there any you go to, don’t go to, or would like to try?”
- “What places do you know where people go to eat, like cafés, restaurants, or takeaways? Can you tell me which ones you go to, don’t go to, or would like to go to one day?”

Working within this structured yet flexible framework supported children to move freely between the themes while maintaining the clear public health focus for each pillar and ensuring that data collection remained child-led, inclusive, and grounded in children’s lived experiences, while producing insights that could be meaningfully mapped to the DPHAR pillars and inform public health analysis and reporting (See appendix A - D).

Parents were asked to respond to questions on:

- Please comment on the factors you feel support children and young people to lead a healthy lifestyle. For example, do your children have access to a wide range of fruit and vegetables? If not, what barriers exist? Do they take part in sufficient daily physical activity, such as walking, outdoor play, or free movement?
- Please comment on the places you feel are important for children and young people within their communities. For example, are clubs and activities available that reflect your child's interests and abilities? Are there sufficient family-friendly activities in your area? If so, what barriers, if any, limit access to these opportunities, and if not, what additional provision would you like to see?
- Please comment on the accessibility, flexibility, and equity of health and care services for children and young people. For example, how easy is it to arrange and attend GP appointments, access dental services, or receive other health and care support? Are appointment times, locations, and waiting periods suitable for your family's needs? Please also highlight any barriers you have experienced and share suggestions for how access to services could be improved.

Approach to Analysing Qualitative and Quantitative Consultation Data

The findings presented in this consultation report are reported using a combination of quantitative and qualitative approaches. Where responses could be reliably counted, findings are presented as percentages to support clarity and transparency. However, a substantial proportion of the data derives from qualitative sources, including children's voices, practitioner observations, and play-based interactions, which are essential to accurately capturing young children's experiences and perspectives. Due to the nature of this data, it is not always appropriate or meaningful to reduce findings to numerical values. Therefore, where observations and qualitative insights form the primary evidence, findings are described using the terms "few," "some," and "majority" to reflect patterns identified through thematic analysis. This approach ensures that reporting remains both accurate and proportionate, while maintaining fidelity to the child-centred and participatory nature of the consultation.

Report Findings for children 2-8years

(Raw Data Appendix A-C)

Social and Economic Factors

Children's play and dialogue demonstrated an emerging understanding of money, shopping, and family routines linked to social and economic life. Some children showed awareness of financial transactions, distinguishing between cash and card payments, for example: "Sometimes we use bank cards and sometimes we use money," and "She pays using her money." References to handling money such as "I put the eggs in the trolley when we have pennies" illustrate early concepts of value and exchange.

Shopping was described by a few as a shared family activity, indicating some positive family engagement and opportunities for learning everyday life skills. Most children referred to shopping with parents, particularly in large supermarkets: "I go food shop with my mum; me and mummy make a list for the shop," and "My mum shops in Tesco." These comments suggest access to local retail services and basic necessities.

Children’s comments also reflected differences in spending capacity and access to discretionary experiences. While some children described treats or café visits (“I got sweeties in a café before”), others expressed unfamiliarity or aspiration: “I want to go to a café, I’ve never been before,” and “That’s the hub (café) – I don’t know what you do there.” Such contrasts indicate varying levels of disposable income and exposure to social spaces.

In addition, children’s exploration of food items during play highlighted learning through experience rather than formal knowledge. For example, “A melon, ah I know this one!! It’s an avocado” (when shown a kiwi) followed by “I think you can eat it and it is healthy,” demonstrates developing awareness of food and health concepts within social and economic contexts.

Enabling Healthy Living

Children demonstrated growing awareness of food, physical activity, and daily routines related to healthy living. Most children could identify foods they associate with being healthy, particularly fruits and vegetables: “I love tomatoes and carrots,” and “You eat carrots and apples and potatoes – they are healthy.” However, some children also described differences between food available at nursery and at home, highlighting inequalities in dietary experiences: “I like cucumber at nursery, it’s crunchy but we don’t have it at home – we have pizza,” and “Strawberries are my favourite food at nursery but I don’t have them at home cos we never have them at home.”

Children were able to express clear preferences, indicating growing autonomy and self-awareness: “I don’t like ice cream,” and “I don’t like ice cream, but I like ice lollies.” Comments such as “I had fried eggs for my breakfast” and “I have avocado on toast for breakfast” further illustrate varied home food routines that young children do not control.

Physical activity and movement featured strongly in children’s narratives. Some children described active enjoyment: “I love running not walking and holding hands,” while others highlighted barriers to physical activity: “We have a car so we don’t need to walk to school,” and “My nursery is a long way and my legs are tired.” References to holidays and outdoor environments, such as “These are shells – I seen them at the beach when I was on holiday,” suggested for a few children there is exposure to environments that support wellbeing.

Social routines around meals varied, with comments such as “Sometimes Mummy eats with me” contrasted with “I like watching Bluey and eating my tea and Mummy has a wee nap,” reflecting differing family patterns and opportunities for shared healthy behaviours.

Places and Communities

Children demonstrated a strong sense of belonging to their early learning and childcare environments. The majority of children confidently identified their nursery or preschool, for example: “This is my nursery,” “That’s pre-school – here!!” and “That’s my nursery where I see [named staff members].” This indicates that ELC settings are central to children’s lived experience of community

Most children recognised and talked about parks, swimming pools, shops, and local landmarks. Enjoyment of outdoor spaces was commonly expressed: “I’ve got park near my house... my favourite thing is the swing,” “I love the zipline,” and “I love going upside down on that.” Familiarity with specific places such as Whin Park was also evident: “It’s Nessie!” and “I have been there with my mummy and daddy – I like it, it’s Whin Park.”

However, access to community resources varied. While some children described regular participation (“Yeah I’ve been swimming, I went with mummy, daddy, and my brother”), others reported limited or no access due to distance, transport, or cost: “I’ve never been swimming ’coz it’s too far and the bus doesn’t go there,” and “I can’t go swimming ’coz you have to have a car and money.” These accounts highlight inequalities in community participation

Children also demonstrated awareness of community roles and services through references to parents’ occupations: “Mummy cuts hair like this at her work,” and “Mummy” (while holding a police badge). Some children described participation in home-based activities such as cooking and baking (“I help cooking – mummy makes chicken”), indicating the home as an important learning space for those who experience this.

Despite prompts, very few children referenced playing within their immediate neighbourhoods, with experiences largely centred on parks or ELC environments. This underscores the importance of accessible community spaces and the role of ELC settings in facilitating children’s engagement with their wider communities.

Equitable Health and Care

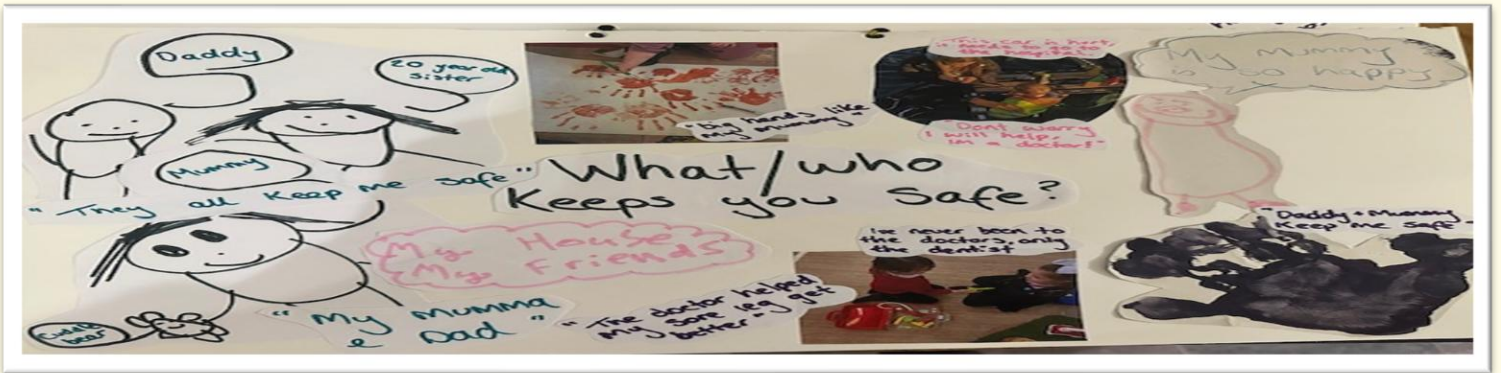
The majority of children showed strong engagement and understanding of health and care through play-based exploration. Most children clearly recognised doctors, dentists, emergency services, and their roles, for example: “Doctors put this in your ear,” “I got my teeth checked there,” and “This is to call 999 and stop the robbers.” Children frequently linked health professionals to feeling better: “I went to the doctors to get my cough away.”

Role play revealed both knowledge and empathy. Children confidently enacted health care scenarios: “I’m a doctor,” “You need a check-up,” and “Don’t worry, I will help you feel better.” Collaborative play between children, such as “Can you check my temperature?” and “No, you need to open your mouth,” demonstrated understanding of procedures alongside social-emotional learning.

Awareness of hygiene routines was also evident. Some children recognised toothbrushing as important: “Toothbrush and toothpaste... need to keep them clean,” with a few reflecting on behaviour and consequences: “Oh no!! I’ve had lots of sweeties!!” However, again, experiences varied in terms of visits to the dentist or cleaning teeth, as shown by comments such as “I use toothbrush and toothpaste to clean my teeth when my mummy remembers to tell me.”

Access to health care experiences differed across children. While some children described attending doctors or dentists, others stated: “This is the dentist – I have never been there before. Children frequently referenced parents as central to safety and care: “Daddy and mummy keep me safe,” and “My mummy goes to the doctors.”

Children’s curiosity about the body and medical tools was strong, with references to X-rays and anatomy: “That’s an x-ray and that is where your heart is,” and “That’s a hand with bones – I think that’s called ribs.” Play-based methods enabled all children to explore health and care concepts, supporting equitable learning even when direct experience of services was limited.



Parent Consultation Findings

Social & Economic Life

Parents highlighted the importance of nutrition, healthy eating, and providing balanced diets for their children. However, cost was frequently mentioned as a barrier, with 35% noting that fruit, vegetables, and fresh meat were expensive. One parent explained, *“It is very expensive to buy fresh fruit, vegetables, and fresh meat. I know these foods are better for my kids, but cheaper foods are more affordable when living on Universal Credit.”* Others noted they needed to shop around to maintain a varied diet: *“Child’s diet is good with a very wide range of fruit and veg, although very dear and do have to shop around.”*

Parents also described challenges in accessing extra-curricular activities outside of school due to cost and transport, with 13% commenting on these barriers. One parent shared, *“I would love to take my kids to dance classes and swimming and other clubs they ask to go to but they are all at the Leisure centre and I live other side of town so trailing over with 3 kids is not easy and there is no buses or nothing.”* Another noted, *“No – there is in Grantown but we don’t have the car so can’t access them.”* These findings illustrate how economic constraints can limit children’s opportunities for social and skill development.

Places & Community

Outdoor play and community engagement were highly valued by parents. 42% of responses indicated support for outdoor activities, with families making use of forests, parks, and toddler groups. As one parent said, *“I’m very lucky and live next to a forest so we try and get out for walks as much as we can (weather permitting).”* Another highlighted, *“Outdoor play is very important and going for picnics and adventures develops children’s imaginations. We do have a good range of playparks in our area although not all are safe if you are taking multiple children.”* Toddler groups were frequently praised for supporting socialisation: *“Toddler groups have really helped my family. It’s been great for my girls to socialise and meet other mums.”*

At the same time, parents noted significant inequalities in access due to rural location, transport, and service availability. 24% mentioned poor access to transport, and 19% highlighted rural isolation. A parent explained, *“As a family we love living in the country but accept that we need two cars and are lucky enough that we have. Also, I have my own business so I can work around driving the kids to clubs etc.”* Another reflected, *“I’m lucky enough to drive but worry for some families who aren’t as fortunate so getting to docs and dentist must be hard for some.”*

Healthy Living

Parents placed a strong emphasis on physical activity and balanced lifestyles, highlighting the benefits of walking, biking, swimming, and sports for their children. Many described daily or weekly routines that included outdoor activity: *“We go out on our bikes or go for walks at weekends and then the kids have swimming lessons once a week in Inverness and my oldest son goes to football and shinty training.”* Local leisure facilities were also valued: *“We make use of local toddler groups and have membership at Inverness Leisure. This helps us get out and about more in the colder weather.”*

Nevertheless, cost and scheduling of activities were identified as barriers for some families. One parent noted, *“It is very good with safe enclosed places to play and different activities there, may not be access at home, due to the start times of groups generally being in the mornings it’s difficult for parents that work to attend.”*

Equitable Health & Care

Access to healthcare, including GP and dental services, was identified as inconsistent and challenging, particularly for families with fewer resources. Parents described difficulty securing timely appointments, highlighting both systemic and logistical barriers. One parent explained, *“Getting to the places can be hard. I had my kids at the dentist a few times but I don’t have one.”* Another noted, *“Dentist appointments for my children are all booked in advance but I know from friends if children need extra dental care getting an appointment can be a nightmare.”* Delays in GP appointments were also reported: *“Not unless emergency have to wait weeks for a doctor’s appointment. In the end myself and my family have had to go private. As no NHS spaces.”*

Parents suggested that improvements to community infrastructure could mitigate many barriers. Recommendations included increasing free or low-cost activities, creating accessible play areas, and providing transport solutions. One parent summarised, *“Need more baby/toddler groups throughout the week, free music groups not ones that cost a fortune per child per term.”*

Comparison of Children’s and Parents’ Perspectives

Overall, children’s comments strongly reflect and reinforce parents’ views, demonstrating how family priorities, opportunities, and barriers are directly experienced and understood by children in their everyday lives.

Social & Economic Life

Parents consistently highlighted the high cost of fresh fruit, vegetables, and meat, describing the need to shop around, rely on cheaper options, or balance food choices carefully while living on limited incomes (Appendix B). Children’s play and conversations mirror this awareness: they described shopping with parents, making lists, putting items in trolleys, and paying with money or cards (Appendix A&C). Their ability to name fruits and vegetables, talk about meals at home, and distinguish between foods they like, have occasionally, or do not have access to reflects parental efforts to prioritise nutrition despite financial constraints. Children’s comments therefore echo both the importance of healthy food and the economic realities described by parents.

Places & Community

Parents valued outdoor play, parks, toddler groups, and leisure activities for supporting children’s physical health, imagination, and social development. However, many also identified barriers such as transport, distance, safety concerns, work commitments, and costs associated with clubs or leisure centres. Children’s views closely align with this: they clearly recognised local parks, nurseries, and swimming pools, often favouring those closest to home and noting when larger or more exciting spaces were “too far away.” Their enjoyment of swings, slides, running, swimming (Appendix C), and group play reflects parents’ belief in the importance of active play, while comments about not being able to go often or needing an adult highlight the same access limitations parents described.

Healthy Living

Parents described walking, cycling, forest outings, and organised sports as keyways their families stay active, while also acknowledging that geography, transport, and time can limit participation. Children mirrored this through enthusiastic descriptions of running, walking safely while holding hands, playing football, swimming, and enjoying outdoor environments at nursery or nearby parks. Where parents spoke about limited access, children similarly described wanting to return to swimming pools, bigger parks, or activities they had only experienced occasionally, showing a shared understanding of both enjoyment and restriction.

Equitable Health & Care

Parents expressed concerns about accessing GPs, dentists, and specialist care, citing long waiting times, lack of local services, and reliance on transport or private care. Children’s role play and comments demonstrate strong awareness of health professionals and routines: they confidently described doctors checking ears, hearts, and temperatures, dentists looking at teeth, and ambulances helping people. Some children noted they had never been to certain services or were unsure where they were located, reflecting parents’ concerns about access and availability. This shows how parental experiences of the healthcare system directly shape children’s understanding of health and care.

Across nutrition, play, community access, physical activity, and health care, children’s views strongly align with those of their parents. Children’s comments and play-based responses demonstrate that they not only absorb family priorities but also experience the same financial, geographical, and service-related barriers described by parents. Together, these perspectives highlight the close interconnection between family circumstances and children’s lived experiences, reinforcing the need for accessible, affordable, and local support for families.

Limitations of the Study

While this study provides valuable insights into the experiences and perspectives of young children and their families, there are some limitations to consider. For young children, it is challenging to fully understand the influence of factors such as access, finance, and transport, as we cannot be certain of parental preferences or constraints—whether they would want their children to attend clubs or whether limited participation is due to transport difficulties, cost, or availability of services. Additionally, parent perspectives were gathered from a relatively small subset of families who responded, which may not fully represent the wider population. These limitations should be considered when interpreting the findings and planning future research or intervention.

Conclusion

The findings from this consultation demonstrate the valuable insights that young children can provide when engaged in developmentally appropriate, play-based consultation. Using patient, skilled practitioners who understand children’s capacities enables authentic expression of their thoughts, experiences, and preferences.

It is recommended that future work continues to involve young children in this way, particularly to:

- Support healthy choices: Explore how children can be better supported to access and engage with foods they recognise as healthy, ensuring opportunities to make positive nutritional choices are equitable and accessible.
- Promote outdoor play and community engagement: Investigate and address barriers to outdoor play, including transport, cost, safety, or availability of local play spaces, to ensure children have opportunities to engage with their communities.
- Embed child-centred consultation: Develop ongoing mechanisms for children’s voices to inform planning and decision-making in early years policy and public health, recognising their unique perspectives on wellbeing, health, and community life.

These approaches will ensure that young children’s lived experiences meaningfully inform strategies and interventions, promoting equitable access to health, play, and community resources.

References

This consultation is grounded in established public health, early years and children’s rights frameworks that emphasise prevention, equity, relational practice and meaningful participation. Key references informing the design, analysis and interpretation of this work include:

- **[Consulting with Our Youngest Children Toolkit](#)**
Care and Learning Alliance (CALA).
This toolkit supports the use of play-based, child-led consultation methods in early years settings and informed the design of the consultation approach used in this study.
- **[Fair Society, Healthy Lives](#)**
Marmot, M. (2010). *Fair Society, Healthy Lives: The Marmot Review*.
This report underpins the focus on early years as a critical period for reducing health inequalities and improving lifelong health outcomes.
- **[UN Convention on the Rights of the Child](#)**
The United Nation Convention on the Rights of the Child (incorporation) (Scotland) Act
This work is particularly informed by Article 12, which affirms children’s right to express their views in matters affecting them, and the requirement for those views to be given due weight in accordance with age and maturity.
- **[Getting It Right For Every Child \(GIRFEC\)](#)**
Scottish Government.
The emphasis on relationships, routines, safety, wellbeing and whole-family support aligns closely with the GIRFEC approach and the SHANARRI wellbeing indicators.
- **[Voice of the Infant – Best Practice Guidelines](#)**
Scottish Government.
This guidance informed the rights-based, play-led approach to capturing the voices of very young children, recognising non-verbal communication, sensory engagement and practitioner interpretation as valid forms of expression.

Appendix A

Comments from Children During Play

Total number of children participating – 171

Along with the accompanying Floor Book of children’s work and photographs, the children’s views and voice are as follows:

Wild Willows (Kincraig), 17 children

Social and Economic Factors – pretend money, toy bank cards, small cash registers, and restaurant-related items or images

“I go food shop with my mum; me and mummy make a list for the shop”

“Sometimes we use bank cards and sometimes we use money”

Places and Communities – photos of their nursery, local parks, and other recognisable community spaces

Pointing to the images on the buildings- “This is my nursery” “look that’s our nursery”, “that’s the school”,

“I’ve got one near my house, its across the road (park), my favourite thing is the swing”

“that’s not the park I go to my one is much bigger the slide goes all the way up to the roof”

All 9 children stated that they had been swimming, with comments such as:

“I love going there” “sometimes mummy takes me, sometimes daddy” “I want to go back there”

Enabling Healthy Living – images or small items showing people walking, playing football, running, or engaging in social games

Using the fruit and vegetable stones in the playdough.

Labelling all the different types- “I had fried eggs for my breakfast” “I don’t like ice cream” “I love tomatoes and carrots; I can see watermelon and strawberries”

Equitable Health and Care – stethoscopes, toothbrushes, small dolls or figures, and soft toys

Children explored the role play and small world opportunities:

“Doctors put this in your ear”

“I’m a police man! This is to call 999 and stop the robbers with these handcuffs”

“You have been bad! (handcuffed staff member) – you went through a red light!”

“I got my teeth checked there (dentist image)”

“My mummy helps people get better” (while talking about the doctor building

Wimberly, 26 children total – 23 children aged 2-5s, 3 under 2

Social and Economic Factors – pretend money, toy bank cards, small cash registers, and restaurant-related items or images

“My mum shops in Tesco”

“I go shopping to Tesco with my mummy, she pays using her money”

“I put the eggs in the trolley”

Places and Communities – photos of their nursery, local parks, and other recognisable community spaces

“That’s the swimming pool- I have been there before- I loved splashing”

“That’s a playpark- I love going down slides”

Child picked up police badge, “mummy”

Using scissors to cut hair- “mummy cuts hair like this at her work”

“I went swimming a long long time ago – I want to go again”

“I want to go to the park with the really big slide – it’s a bit far away”

“We went to the trampoline park along time ago for a party – I really really loved it”

Enabling Healthy Living – images or small items showing people walking, playing football, running, or engaging in social games

“My favourite food here is the beans”, “I like orange juice”

We don’t have vegetables but we sometimes have peas when we have granny for tea”

“I just like going outside when its summer”

Labelling all the fruit correctly and commented “strawberries make me strong”

“I love playing on the boat outside at nursery”

“I go on long walks at nursery and hold my friends hands so we don’t get run over!”

Equitable Health and Care – stethoscopes, toothbrushes, small dolls or figures, and soft toys

“I went to the doctors to get my cough away”

Child pointed at the dentist image- “What is this” – adult then explained- child opens mouth “check my teeth then”

“I’m doctor” – using syringe, “your medicine”

“this is the doctors (pointing to image) I have never been there before”

“You put that (toothbrush) in your mouth”

“my walkie-talkie – to get help”

Beechwood, 18 3-5s

Social and Economic Factors – pretend money, toy bank cards, small cash registers, and restaurant-related items or images.

While reading a story book that mentions a café – “I got sweeties in a café before” - “I want to go to a café, I’ve never been before”

Places and Communities – photos of their nursery, local parks, and other recognisable community spaces

“its Nessie!” (pointing to whin park image)

“I have been there with my mummy and daddy- I like it, its whin park”

“This is a park (general park image) but it’s not whin park”

“that’s my nursery where I see (named staff members)”

Swimming pool- “I don’t know what that is”, “that’s like swimming at the beach”, “yeah ive been swimming, I went with mummy, daddy, and my brother”, “I go here with my daddy and mummy, its swimming”

“Daddy and mummy keep me safe”

Enabling Healthy Living – images or small items showing people walking, playing football, running, or engaging in social games

“My brother sometimes plays football”

“We went to see the swans but we had to walk not run”

“We sometimes play games in the garden or at the big grass. I like it when my friends chase me’

‘My garden has a car in it’

Equitable Health and Care – stethoscopes, toothbrushes, small dolls or figures, and soft toys

Role playing doctors – “you need a check up (to adult), “I’m a doctor”

“Ambulance goes wee, woo very loud!”

“This car is hurt, it needs to go to the car hospital”

“A dentist (pointing to image) I’ve not been there, you need to close your eyes like they are”

2 role playing doctors together – “can you check my temperature”, “no you need to open your mouth, that’s where this one goes”

“Toothbrush and toothpaste (pointing to image), need to keep them clean (pointing to teeth)” ... “oh no!! I’ve had lots of sweeties!!”

Muir of Ord, 17 children

Social and Economic Factors – pretend money, toy bank cards, small cash registers, and restaurant-related items or images.

“That’s the hub (café) I don’t know what you do there”

Places and Communities – photos of their nursery, local parks, and other recognisable community spaces

“Swimming pool I think – but I not sure where it is”

“A swimming pool, I’ve been there”,

“No I’ve not gone there”,

“sometimes I go swimming”,

“My sister went swimming when her friend took her but my Mum does not know where it is so I can’t go”

“That’s pre-school – here!!” “this is my school”

“that’s the park, its over there” “I love the zipline”, “I love going upside down on that” “I go there sometimes with my mummy”

“I do baking at home”

“ I help cooking- mummy makes chicken”

“Sweeties!! (pointing to sweet shop)”

“I’ve got this at my granny’s house” (recognising one of the games)

“These are shells – I seen them at the beach when I was on holiday and we have them at nursery for counting”

Enabling Healthy Living – images or small items showing people walking, playing football, running, or engaging in social games

“I like cucumber, its crunchy but I don’t have it at home – we have pizza”

“I have avocado on toast for breakfast”

“I don’t like ice cream, but I like ice lollies”

“strawberries are my favourite breakfast”

Equitable Health and Care – stethoscopes, toothbrushes, small dolls or figures, and soft toys

“Handcuffs- for the baddies”

“The doctors here, who needs a doctor” – “medicine is for when your sick”

“Let me check your heart” (stethoscope on adults chest) “baa, boom, baa, boom” – “Don’t worry I will help you feel better, I’m a doctor”

“Doctors put this in their ears to hear the heart beating”

“I show my card that I’m a doctor (holding ID badge)”

“Marshall drives a fire engine, he helps put out fires”

Pointing to x-ray- “that’s a hand with bones, I think that’s called ribs” (Adult asked- do you have them in your body) “yes I think so”

Munlochy, 12 children

Social and Economic Factors – pretend money, toy bank cards, small cash registers, and restaurant-related items or images.

Have you ever been shopping before? – “no I have never been, but I know that’s a basket”.

“I have”

“I liked it”

“We walk sometimes to the shop aside nursery to get dinner – when Mum gets money Tesco van comes and gives us sweeties and cake”

“Granny takes me to the lots of shops on the bus when Mummy is at work”

Places and Communities – photos of their nursery, local parks, and other recognisable community spaces.

4 out of 10 children have been swimming “I’ve been somewhere that looks like that”

“I like playing in the garden”

“That is our swing park – I go there sometimes”

Enabling Healthy Living – images or small items showing people walking, playing football, running, or engaging in social games

“A melon, ah I know this one!!

Its an avocado – you can eat it I think”

Equitable Health and Care – stethoscopes, toothbrushes, small dolls or figures, and soft toys

“This is what a doctor uses, do you want me to check your ears”

“Woah look at that little doctor” “this is to check your temperature”

Pointing to x-ray- “that’s an x-ray and that is where your heart is”

A dentist, ahhh (opens mouth)

Role playing doctors lying on “doctor bed” “we need to check your ears”

“My mummy goes to the doctors”

“I use toothbrush and toothpaste to clean my teeth”

Dalneigh Primary school

ELC- 22 ELC children, 21 Primary 1 children

Social and Economic Factors – pretend money, toy bank cards, small cash registers, and restaurant-related items or images.

Places in the community-

“I know that park”

“I’ve been there before, across from my house”

What would you like in a park-

- “I want a purple slide or pink”
- A colourful fence, parks do have fences but they dark and not like mine.
- I’ve been to the big park that does have a big slide and a ladder but its not the park that’s close to my house.

“I’ve seen fire engines going past my house before, I see and hear police cars everywhere”

A swimming pool (pointing to the image) like where I go with mummy and daddy.

“I’ve been to the swimming pool lots of times”

“I know it’s the swimming pool it is near my house but I don’t go there cos you have to have a special card and I don’t. My Mummy might get me one.

Enabling Healthy Living – images or small items showing people walking, playing football, running, or engaging in social games

“I walk to the park sometimes but that’s because its so close to my house, I don’t get to go to the big one that’s too far away”

“I run like that in the park!”

“They’re playing football and having fun – I don’t have a football but I would like one!”

“My mum says we don’t need a car, we can use our legs.”

“We should play games outside and get big and strong but I can’ because Mum says I might fall and get hurt.”

“I don’t like football, it’s too noisy.”

Equitable Health and Care – stethoscopes, toothbrushes, small dolls or figures, and soft toys

I have not been to the doctor before, and I’ve never been to the hospital either.

“I’ve been to the doctors before, but I have been to the dentist”

“I’ve been to the doctors they helped with my sore leg, and they can help sick people.”

Kinmylies, 10 children.

Social and Economic Factors – pretend money, toy bank cards, small cash registers, and restaurant-related items or images.

“Beep! I’m paying with my card.”

“This costs lots of coins.”

“We don’t have enough money.”

“You pay first, then you eat.”

“I’m the shop keeper.”

“If you don’t pay, you can’t have it.”

“I’m saving my money.”

Enabling Healthy Living – images or small items showing people walking, playing football, running, or engaging in social games

“I don’t have a park near mine”

“I’ve got 2 parks in mine but I can’t go as you have to have an adult with you”

“We have a basketball court but that’s it”

“I wish we had more space to play football with football goals”

“Maybe more parks that are actually fun close to our houses because the big ones are too far away”.

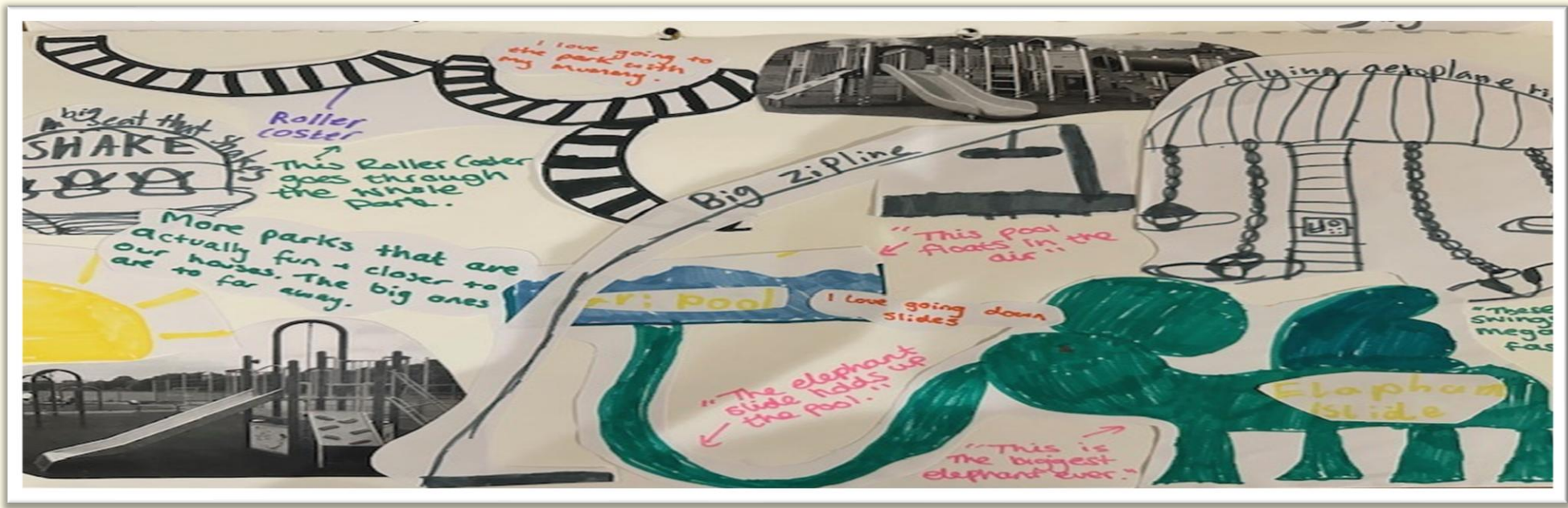
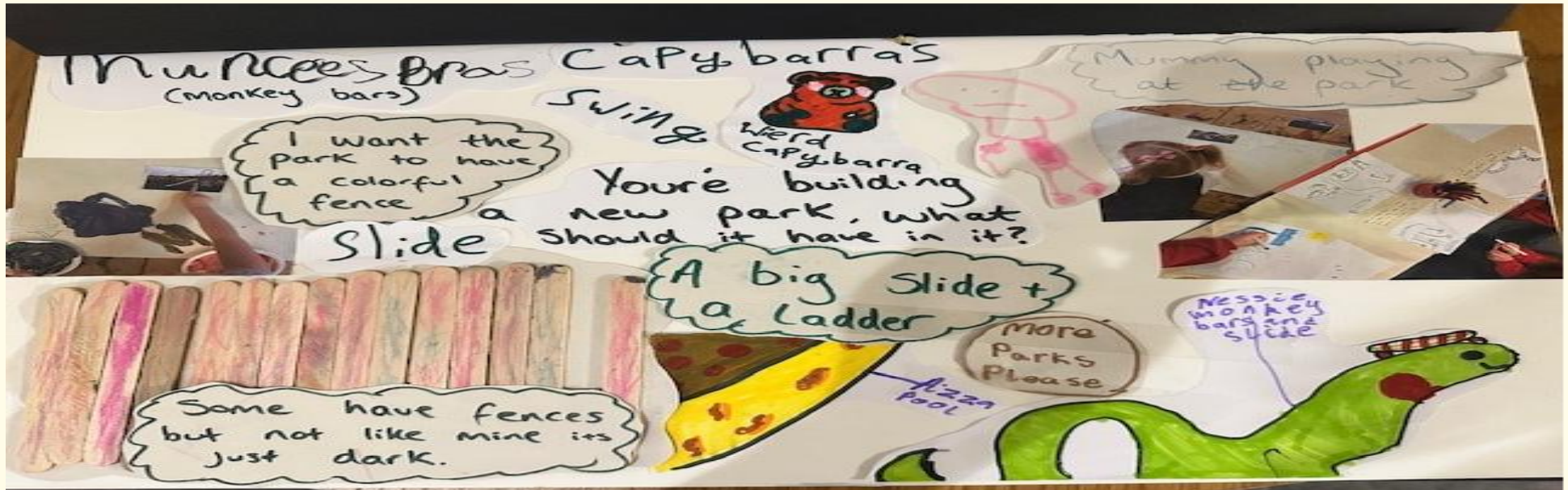
Consultation with Parents of Young Children to inform Director of Public Health Report 2025

Appendix B

Pillar	Key Theme / Observation	% of Parent Responses	Representative Parent Quotes
Social & Economic Life	Parents highly value nutrition and healthy eating; cost is a barrier to providing fresh fruit, vegetables, and meat.	35%	<i>“It is very expensive to buy fresh fruit, vegetables, and fresh meat. I know these foods are better for my kids, but cheaper foods are more affordable when living on Universal Credit.” “Child’s diet is good with a very wide range of fruit and veg, although very dear and do have to shop around.”</i>
	Cost and accessibility limit participation in clubs and activities outside school.	13%	<i>“I would love to take my kids to dance classes and swimming and other clubs they ask to go to but they are all at the Leisure centre and I live other side of town so trailing over with 3 kids is not easy and there is no buses or nothing.” “No – there is in Grantown but we don’t have the car so can’t access them.”</i>
Places & Community	Support for outdoor play and local community engagement; parks, forests, and playgroups valued.	42%	<i>“I’m very lucky and live next to a forest so we try and get out for walks as much as we can (weather permitting).” “Outdoor play is very important and going for picnics and adventures develops children’s imaginations. We do have a good range of playparks in our area although not all are safe if you are taking multiple children.” “Toddler groups have really helped my family. It’s been great for my girls to socialise and meet other mums.”</i>
	Inequalities due to transport, rural location, and service availability limit access.	24% transport / 19% rural isolation	<i>“As a family we love living in the country but accept that we need two cars and are lucky enough that we have. Also, I have my own business so I can work around driving the kids to clubs etc.” “I’m lucky enough to drive but worry for some families who aren’t as fortunate so getting to docs and dentist must be hard for some.”</i>
Healthy Living	Parents emphasise physical activity and balanced lifestyles; children regularly engage in walking, biking, swimming, and sports.	N/A (qualitative)	<i>“We go out on our bikes or go for walks at weekends and then the kids have swimming lessons once a week in Inverness and my oldest son goes to football and shinty training.” “We make use of local toddler groups and have membership at Inverness Leisure. This helps us get out and about more in the colder weather.”</i>

	Cost of activities and seasonal limitations affect participation.	N/A	<i>“It is very good with safe enclosed places to play and different activities there, may not be access at home, due to the start times of groups generally being in the mornings it’s difficult for parents that work to attend.”</i>
Equitable Health & Care	Healthcare access (GPs, dentists) is inconsistent; families with fewer resources face delays and difficulties.	N/A	<i>“Getting to the places can be hard. I had my kids at the dentist a few times but I don’t have one.” “Dentist appointments for my children are all booked in advance but I know from friends if children need extra dental care getting an appointment can be a nightmare.” “Not unless emergency have to wait weeks for a doctor’s appointment. (Culloden medical). In the end myself and my family have had to go private. As no NHS spaces.”</i>
	Parents value community supports and infrastructure improvements.	N/A	<i>“Need more baby/toddler groups throughout the week, free music groups not ones that cost a fortune per child per term.” “Community improvements, such as more free/low-cost activities, accessible play areas, and transport solutions, would help address the most common barriers.”</i>

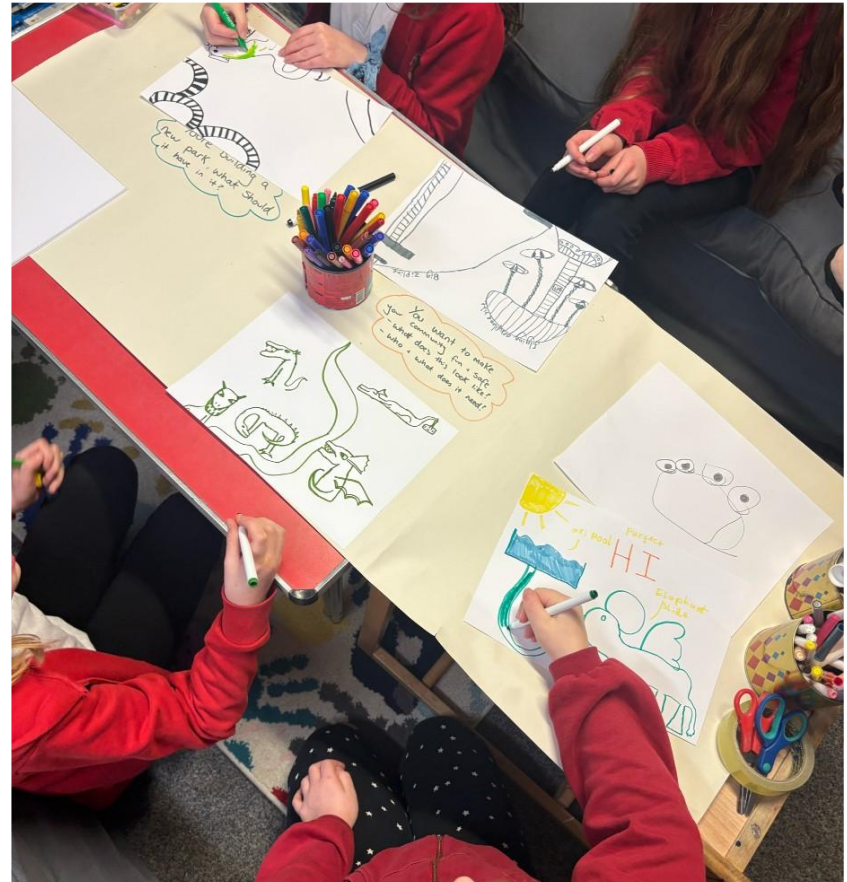
Appendix C - Photographs of children's artwork to capture and convey their ideas and perspectives



go for walks
 vet
 I wish I could go to Spain
 Somewhere I can play football
 football
 dragon to are people
 Firefighters
 police
 Buy a Pet Capybarra
 "I've seen fire engines going past my house"
 You want to make your community fun + safe
 ~ what does it look like?
 ~ who/what does it need?
 I wish we had more spaces to play football + games
 "I see + hear police cars everywhere!"
 I go food shopping with my mum, we make a list
 My mum shops in Tesco.
 GOlf
 lollypop car

Daddy
 20 year old sister
 Mummy
 "They all keep me safe"
 What/who keeps you safe?
 My House My Friends
 "My Mumma + Dad"
 "The doctor helped my sore leg get better"
 "big hands like my mummy"
 "This car is hurt, it needs to go to the hospital"
 "Don't worry I will help, I'm a doctor!"
 My Mummy is so happy
 "Daddy + Mummy Keep me safe"
 I've never been to the doctors, only the dentist
 Cuddly bear







Appendix D

Voice Youngest Children & Population Health Proposal for Consultation



Age Range and location	Method	Captured Outputs
<p>2-5 years</p> <p>Toddler Groups – across Highland (inclusive of remote and rural)</p> <p>ELC’s - across Highland (inclusive of remote and rural)</p>	<p>Our intention is to draw on the Consulting with our Youngest Children Toolkit, using a Treasure Basket and 3D Mindmap approach to explore and capture children’s thoughts in a developmentally appropriate, play-based way.</p> <p>We will create themed treasure baskets around the 4 pillars containing familiar and relevant items for the children, such as:</p> <p>Social and Economic Factors – pretend money, toy bank cards, small cash registers, and restaurant-related items or images (e.g., inspired by The Tiger Who Came to Tea)</p> <p>Places and Communities – photos of their nursery, local parks, and other recognisable community spaces</p> <p>Enabling Healthy Living – images or small items showing people walking, playing football, running, or engaging in social games</p> <p>Equitable Health and Care – stethoscopes, toothbrushes, small dolls or figures, and soft toys</p> <p>In small group settings, we will support the children as they explore these items through play. They will be invited to choose objects from the baskets and place them onto large strips of wallpaper to create a collaborative collage or 3D Mindmap.</p> <p>As children engage with the materials, practitioners will use open-ended, ‘wondering’ questions to encourage discussion, helping to elicit the children’s thoughts, feelings, and personal experiences. The process will be entirely child-led, with practitioners acting as facilitators and scribes, recording children’s comments and ideas directly onto the mindmap or nearby.</p> <p>The final 3D Mindmap may include glued items where possible and will be photographed as a record of the children’s contributions and thinking.</p>	<p>Practitioner Observation</p> <p>Mind map</p> <p>Children’s comments</p>

<p>School aged childcare</p> <p>5-8 years</p>	<p>"Build Your World!"</p> <ul style="list-style-type: none"> • Children work in small teams to build a large 3D map or collage representing a healthy, fair, and happy community using themed items. They earn tokens for teamwork, thoughtful ideas, and creative storytelling. • We will prepare 4 themed "Resource Baskets" or stations with props related to: <ul style="list-style-type: none"> - Social & Economic Life – toy money, bank cards, menus, shopping bags, receipts, etc. - Places & Community – photos of local places, maps, transport tickets, playground equipment - Healthy Living – sports gear, food images, yoga mats, bikes, water bottles - Health & Care – doctor kits, toothbrushes, bandages, small figures, teddies <p>Glue, scissors, pens, markers, speech bubbles</p> <p>Children in each team will be provided with “Scenario” card to start of their collage</p> <ul style="list-style-type: none"> - "You’re building a new park for your town what should it have in it." - "You’re opening a health hub in your school – what will it look like – what can you do at it." - "You want to make your neighbourhood fun and safe for everyone – what does this look like – who and what does it need." <p>Children can explore the baskets to gather 4–6 items that will help them respond to their scenario.</p> <p>Children will then create their Community Map</p> <p>Staff will support using wondering questions such as:</p> <ul style="list-style-type: none"> - “Why did you choose this item?” - “How does this help your community?” - “What could make this even better for everyone?” <p>Capture comments in speech bubbles to add to the collage</p>	<p>End collage</p>
<p>Families</p>	<p>I discussed with Debbie that we could agree a set of simple questions that we take to our parents across highland.</p> <p>Questions agreed:</p>	<p>Online and paper results of questions.</p>

	<ol style="list-style-type: none">1. Please comment on the factors you feel support children and young people to lead a healthy lifestyle. For example, do your children have access to a wide range of fruit and vegetables? If not, what barriers exist? Do they take part in sufficient daily physical activity, such as walking, outdoor play, or free movement?2. Please comment on the places you feel are important for children and young people within their communities. For example, are clubs and activities available that reflect your child's interests and abilities? Are there sufficient family-friendly activities in your area? If so, what barriers, if any, limit access to these opportunities, and if not, what additional provision would you like to see?3. Please comment on the accessibility, flexibility, and equity of health and care services for children and young people. For example, how easy is it to arrange and attend GP appointments, access dental services, or receive other health and care support? Are appointment times, locations, and waiting periods suitable for your family's needs? Please also highlight any barriers you have experienced and share suggestions for how access to services could be improved.	
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