"Our Voices, Our Choices"
Barnardo's The BASE Children and Young People's Service

Background

This project was funded by Healthwatch North Tyneside's 'Local Voices Fund', which aims to give local charities the opportunity to develop a project that is led by service users and their experiences.

Barnardo's The BASE has a proven track record of delivering high quality accessible youth services and widening participation for the most socially excluded and hard to reach groups and individuals in the community. The service has been established in North Tyneside since 1986 and is founded on positive and person-centred approaches to working with vulnerable young people, aged 11-25 who often present with challenging behaviours. This is evident through flexible and creative interventions that are geared to meet a range of changing and complex needs through, for example 'drop in' support interventions for individuals or bespoke group work programmes. We utilise effective participation methods with service users to shape our service provision, enabling "older" young people to act as role models/peer mentors for younger service users.

Research Questions

- What are the most effective ways for health care commissioners and service providers to communicate with 'seldom heard' young people?
- What do young people see as **their** own health priorities?

Research Objectives

- To understand the barriers for young people who need to access health services
- To identify gaps in health care provision
- To paint a picture of the health messages that are clearly getting through to the different age groups/sectors that we work with and identify those that are missed/not heard
- To give examples of positive experiences of health care, highlighting good practice examples.

Research Participants

Our 1-2-8 service currently delivers evening groups for LGBTQ young people (So What!?@The BASE – **7 participants**), young people aged 14-17 experiencing mental health difficulties (Caitlain's Programme – **8 participants**) and an open access group (Friday Funday – **13 participants**) for 11-13 year olds offering a

social sense of belonging through support with their emotional wellbeing and structured youth engagement sessions.

Research Methodology
Using a specific groupwork methodology encouraging reflection, negotiation and communication, the young people compiled what they felt the ten most important issues were in relation to health. They then had to prioritise five and through a process of discussion, compile a group priority list.

We also gave young people a multiple-choice questionnaire to see what commonly used symbols/logos they could identify.

Research Outcomes
Each of the sessions created an in-depth level of discussion enabling young people to express their views and listen to the views of others. It was heartening to see young people negotiate, prioritise and categorise issues relating to health; making links that they hadn't necessarily seen before.

One example of this was two different young people sharing their experience of PHSE (Personal, Social & Health Education) in different local high schools. One young person spoke about their learning mentors and specialist staff leading on

lessons relating to drugs, alcohol, internet safety, self-esteem and mental health. The young people fed back that an open, safe atmosphere was created, and that young people participated well. Another, from a different school shared her experiences of a maths teacher leading on the same subjects. She told the group that: the teacher was clearly out of his comfort zone; young people knew more than he did and that their school's approach had the opposite affect that it was supposed to. Instead of engaging, young people ridiculed and became disruptive.

The final 5 health related issues for our **LGBT+ So What?! @ The BASE** group were:

- 1) **The funding of NHS services** – the lack of funding;
- 2) **Social issues**: peer pressure/ exam stress /expectations from teachers and parents/ Lack of LGBT+ support in the education system;
- 3) **Addiction** – drugs, alcohol, online, exercise, sex, shopping, gambling;
- 4) **Sexual health**: lack of representation for gay/bi/trans – Access to resources for sexual health and Sexualisation in the media and social media;
- 5) **Issues around technology**: online anonymity; Bullying; Body image; Violence – video games; Consensual poverty – up to date phone; Wellbeing.

Young people also highlighted issues around domestic abuse in the LGBT+ community and the lack of campaigning and support.

For our young people who attend **Caitlain's Programme**, their top five health priorities for young people their age were not too dissimilar. They are:

- 1) **Social Media**: Low self-confidence; Bullying and Judgement – social media creates anxiety about what other people think.
- 2) **Sexual Health**: Positive view of sex needs to be promoted - young people are told that sex is bad but when we start experimenting (not promiscuously) we feel we have been lied to because we have had positive experiences of intimacy; Healthy relationships – we are just starting out and don't always understand emotional manipulation; Judged for using clinics; Stigma using services and Better sexual health.

- 3) **Relationships (unhealthy):** Parental relationships (domestic violence); Lack of friendships and loneliness and Sexual partners.

- 4) **Pressure**: Exams; Peer pressure and bad influences – we need positive influences and safe spaces to go; Future decisions – the pressure on us at 16 to know our whole futures is relentless and Strain on relationships – when we struggle to deal with the pressure we feel, we take it out on the wrong people.

- 5) **Drugs and Alcohol:** Services to help possible addicts; Getting in with wrong crowds increases the exposure and pressure to get involved with drugs & alcohol as it is seen as normal; Knowing boundaries.

When we carried out the same exercise with our younger young people on **Friday Open Access** group, they came up with the following top five health priorities for young people:

- 1) **Mental health:** lack of support and understanding; low self-esteem; self-hate; suicidal thoughts; waiting lists for CAMHs.

- 2) **Self harm:** young people feel they know increasing numbers of young people self-harming and feel frightened when they know a friend is harming themselves.

- 3) **Peer pressure:** bullying; drinking; smoking; vaping.

- 4) **Social media/controls:** cyber bullying; more security and safeguarding needed for online activity; impact on self-esteem; body shaming.

- 5) **Public awareness/support:** Being bullied because of poor mental health; people/parents not believing you; no school nurses; lack of mental health support in schools – teachers are there to teach; lack of general awareness of different issues.

Research objective outcomes

In our original proposal we recognised that it would not be enough to simply identify the health priorities of young people. We felt it was important to use the opportunity of the Healthwatch commissioned research project to gain a more in-depth understanding of our outlined research objectives. Here are the answers from each of the individual groups:

LGBTQ+ So What?!@ The BASE Group

Q: Are young people reluctant to access health services? If so, what are the barriers? **A:** Yes. Fear/ Embarrassment; refused access to private area for the morning after pill in pharmacy. Afraid of being labelled.	**Q: <u>Who</u> do young people take notice of?** **A:** Celebrities Parent/Guardian/Career/Foster Family Social group and friends Support worker Staff and volunteers @ The BASE
Q: Are there any gaps in health care provision? **A:** Mental health centres assume young people's situation emotionally by the way they present themselves. CAHMS – waiting lists and response is disappointing and puts young people off. Wasn't ready for counselling when I was offered it (when my Mum died when I was 11) – couldn't get back into it when I wanted it when I was older.	**Q: Where should health care commissioners and professionals concentrate on getting messages through?** **A**: Social Media -> Facebook – Instagram, Snapchat etc. Smaller groups -> College, School, @ The BASE Pride McDonalds Posters on bathroom cubical doors School bulletin boards
Q: Can you give any examples of where you have received positive/good health care? **A**: Adult mental health – received appropriate treatment – wasn't made to feel different. 1-1 Centre	**Q: <u>How</u> should professionals and commissioners communicate?** **A:** Smaller groups Social media -> Facebook – Instagram, Snapchat etc. Posters on bathroom cubical doors. Make it stand out. Radio adverts. School counsellor/nurse.

Caitlain's Programme

Q: Are young people reluctant to access health services? If so, what are the barriers? **A:** Yes. People may feel judged and face stigma if they go to sexual health clinics. Some young people may feel scared to ring up and ask for an appointment. Some young people need a friend to come along with them for appointments. Sexuality may also be a barrier.	**Q: <u>Who</u> do young people take notice of?** **A.** Young people tend to take notice of the more 'popular' crowd, people who have lots of followers and 'likes' on social media. Friends. Inspirational/popular teachers. Mums. Youth workers who develop a rapport with young people.
Q: Are there any gaps in health care provision? **A:** Yes. There needs to be more funding to provide help in the area of mental health. More mental health provision is needed in schools.	**Q: Where should health care commissioners and professionals concentrate on getting messages through?** **A:** They should be passing the message on to government. Also through social media (e.g. videos on Snapchat, Facebook, Instagram etc.)
Q: Can you give any examples of where you have received positive/good health care? **A:** Going to hospital with an injury. CBT at CAMHS. Access to the mental health crisis team when admitted to hospital for an MDE.	**Q: <u>How</u> should professionals and commissioners communicate?** **A:** Stop dictating from the top and start listening to the people's views at the bottom. Videos on social media are a good way to communicate with young people.

Friday open access group – 11-13 year olds

Q: Are young people reluctant to access health services? If so, what are the barriers? **A:** Confidentiality. Worry about wasting time. Peer pressure. Not knowing the services that are out there.	**Q: Who influences young people? Who do you listen to/believe/take notice of?** **A:** Celebrities. Social Media. Parents/family. Friends. News/Magazines. Apps. Political people. Support workers.
Q: Are there any gaps in health care provision? **A:** Long waiting lists. Lack of services/funding. Lack of services / knowledge.	**Q: Where should health care commissioners and professionals concentrate on getting messages through?** **A:** School/Assembly/Projects. Social Media (positively). Youth centres.
Q: Can you give any examples of where you have received positive/good health care? A: The BASE/Listening Service. CAMHS. G.P. Rake Lane/RVI – physical injury. Support Workers. Support group peers.	**Q: <u>How</u> should professionals and commissioners communicate?** **A:** Ask young people via schools/youth services what they want/need. Involve young people/workshops. Posters/Leaflets. Social Media. Events/Open days/Visits.

Research Questionnaire Results

The questionnaire method served several purposes: awareness raising of key health messages; enabling young people to recognise key messages and feedback about what health-related logos young people are familiar with. The questionnaires covered a range of issues including: keeping hydrated – drinking water; Staying safe online; The Eat Well Plate; Safer sex; Mental health and Five fruit & veg a day.

Twenty-four young people participated in completing the questionnaires. The four logos that young people most commonly identified correctly were:

Mental health awareness

No smoking

Safer sex

Drink more water

The logo for Eat Five a Day was sometimes confused by young people. The majority ticked "Eat at least 5 fruit & veg a day", however two young people incorrectly ticked "Eat 5 healthy things a day". Of all of the logos, across the age ranges the *Eat at least 5 a day* and the *No smoking* were the ones they could all recall seeing before, from a young age.

The young people reported that they had never seen some of the logos before and that their answers were lucky guesses rather than familiarity with them. Most of the young people answered correctly around the *Stay Safe Online* logo. When we explored this more, some of the young people said that they guessed

the answer because the other two multiple choice answers (relating to drugs & alcohol) did not fit with the light-hearted, cartoon type depiction:

Similarly, the majority of young people did not identify a purple ribbon with domestic violence and had been lucky in the answers they had chosen.

Research Analysis and Group Comparisons

The top five priorities for the three groups were quite similar, though at times used different language. Social media and the impact on self-esteem, mental health and body image came out strongly across all three groups. Interestingly, the majority of the younger group all had access to social media (mainly Snapchat and Instagram) despite the guidelines being that a young person needs to be aged 13 or over. They talked about the pressure from other peers to join social media and said they would feel "left out" if they weren't part of social media. Many of them said that this was the tack they had used to pressure parents to enable them to open accounts. Many said their parents were reluctant to allow them access to social media, though in the end they had given in to pressure.

One young man (13) said that he had gotten so sick of the constant sniping on social media that he had voluntarily removed himself from all forms of it. However, the majority of young people felt that social media was an effective way of communicating with them.

Issues relating to pressure were highlighted by all three groups. This echoes some of the concerns we have seen reported in the national media relating to children and young people feeling very pressured (by peers, parents, social media, school) and the subsequent impact on mental health.
Lack of access to mental health services and waiting lists for CAMHs were highlighted by all 3 groups; there are young people in each of the groups speaking directly from their own experiences.

For the two older groups issues around sexual health services were a key issue; mainly related to stigma around accessing sexual health services. Drugs,

alcohol and addictions were also highlighted as a priority by the two older groups – specifically the lack of apparent support available.

Key Findings

Regardless of their ages, socio-economic status or background, all of the young people had opinions about health services and the wider world around them.

All three of the different age groups reported that they listen to parents/carers and other trusted adults. It seems fair to say that a valuable way to influence young people is through educating parents – despite many parents saying they feel they're not listened to by their children. It is going in – just not in an obvious way!

Young people also talked about the importance of using social media as a way to get messages through to young people. Including young people in the design and content of social media messages for young people is definitely more time consuming, though in the long run could prove to be very effective.

Another key message that came out was that if young people are included in processes they are much more likely to believe in the outcome and advocate it. This could be a starting point for a young person's Healthwatch. We believe this should involve young people who have experience of health services; particularly mental health services.

Next Steps

- Healthwatch North Tyneside and Barnardo's The BASE will utilise the views shared by young people and share findings within their existing networks.
- The BASE will continue to discuss issues raised with their young people, so that dialogues are ongoing about their health needs and any changes to issues which have been identified in this report.
- Healthwatch North Tyneside will share findings with commissioners and providers.
- The findings from this report will be shared at Healthwatch North Tyneside's AGM by some of the young people involved in this project.
- The findings from this report will be a key starting point for the development of a project when establishing a **Young Healthwatch**.

Healthwatch North Tyneside
www.healthwatchnorthtyneside.co.uk

Barnardo's the BASE
www.barnardos.org.uk/thebase.htm