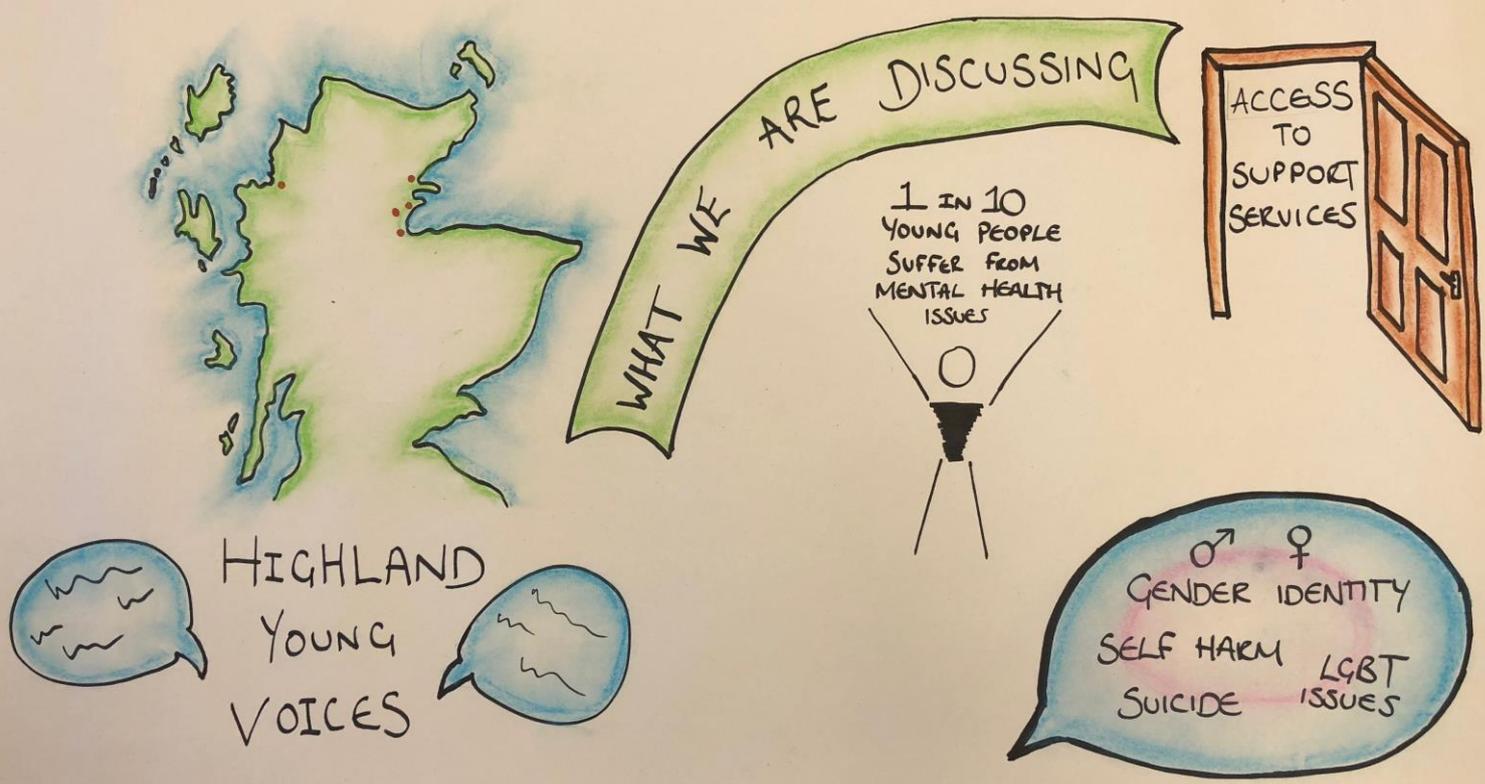


# Strengthening the Voices of Young People Project

Highland - Young People

December 2017





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# 1 Background

- 1.1 The Strengthening the Voices of Young People Project was a 12-month joint initiative between the Scottish Health Council and Includem. The Scottish Health Council works in a variety of ways to improve the involvement of people and communities in health and social care services in Scotland. Includem is a specialist Scottish charity which supports vulnerable young people who are often excluded from mainstream services.
- 1.2 The aims of the project were to use the learning from four engagement test sites where we:
- provided an opportunity for young people to share what mattered to them when using and accessing health and social care services
  - created an environment for support staff, health and social care practitioners and organisations to effectively engage with young people in a meaningful way, and
  - explored how the voices of young people could be used to improve services in partnership with health and social care service providers.
- 1.3 The four test sites were in:
- Fife, which focussed on how to improve physical and emotional support services for students at St Andrews University
  - Highland, where we engaged with young people from a variety of backgrounds, brought together at events in the Spectrum Centre, Inverness, and Ullapool High School. The participants focussed mainly on issues relating to mental health and sexual health services
  - Forth Valley, where we engaged with looked after children to gather their views on health and wellbeing needs and support services, and
  - Greater Glasgow & Clyde, where we worked with Includem to gather views on transitional support services for young people.
- 1.4 The Scottish Health Council is a key delivery partner for Our Voice, which is a framework that operates at three levels (individual, local and national) and aims to strengthen public involvement so that people's views are listened to so they improve health and social care services. The Strengthening Voices of Young People Project fits with the aspirations of Our Voice.
- 1.5 This report describes the work we did for the Highland test site with young people, including secondary pupils from rural schools. The graphic record contained within the report was produced by some of the young people from

High Life Highland/Action for Children, who kindly agreed to use their experience and skills for the benefit of the project.

## 2 The Approach

- 2.1 The Scottish Health Council worked in conjunction with a number of service providers and other organisations across Highland (see Appendix A) to organise two joint engagement events with young people and the staff who support them. The purpose of the events was to explore what mattered most to young people in terms of health and social care services. The events also provided an opportunity for them to share their experience of using local services.
- 2.2 The events took place in Inverness and Ullapool and in total we engaged with 22 young people (aged between 14 and 25) and involved 17 others (9 of whom were under 25 years of age) and included, for example, support workers, graphic recorders (who were young people themselves), the Highland Youth Convener, and NHS Highland's Child Health Commissioner.
- 2.3 Organisation of the events involved careful and structured planning with a number of young people and those who support them to ensure that the engagement took place in a comfortable and safe environment. Through this work we aimed to ensure that participants:
- felt listened to and taken seriously
  - achieved a sense of motivation and confidence to be engaged
  - improved their awareness of what affected the health and social wellbeing of young people
  - improved their knowledge about the services available to them
  - developed confidence and knowledge about who, how and when to access relevant services at times of need, and
  - increased their capacity to develop improved self management and coping strategies.

### 3 Key principles for planning the engagement

3.1 **Agree outcomes.** From the outset, the Scottish Health Council was keen to agree a set of outcomes to ensure the engagement with young people was meaningful. We therefore organised two planning sessions with the Highland Youth Convener and a number of voluntary and public sector organisations which work with and support young people.

As a result of our planning, three broad areas emerged which we used as the basis for our engagement where we explored the following.

- What did young people find most helpful or unhelpful when accessing services?
- What issues mattered most to young people in relation to their health and wellbeing and what affected that? We also asked young people for their ideas on how services should change.
- How could young people be encouraged to use services and become involved in their ongoing improvement? We also explored their perspectives around barriers to engagement and what support was needed.

3.2 **Involvement from the start.** It was an important part of the planning process that we spoke with key stakeholders across Highland prior to the main engagement sessions to get a feel for what issues may arise, explain our engagement technique and generate some trust about that. Together we discussed:

- the structure of the workshop and how to discuss sensitive health topics in a safe way
- appropriate locations and timings for the sessions so that young people were made to feel comfortable
- the most important issues facing young people and how best to gather their views, and
- how to create an environment where young people felt able to share their experiences.

3.3 **Facilitation style and environment.** In terms of the format of the events, it was important that we adopted a facilitation style and moreover a safe environment which encouraged open conversations for those taking part. We also emphasised the importance of listening to others and asked participants to pause from time to time to reflect on each other's stories. It was also important that the engagement was seen as a means of gathering views on what young people felt comfortable about sharing with us and that no pressure

was put on them to discuss issues that they preferred not to share. All this was done in the context of asking participants:

- what they felt worked well with current support services
- what successes or challenges had they experienced when working with support services, and
- what suggestions they had for how organisations could work more closely with them as partners to improve services and accessibility.

3.4 **Appropriate engagement tools.** The four engagement tools we used to generate discussion and feedback at the events were: 'The Road Map Exercise', Emotional Touchpoints, What Matters to You and Attitudes & Assumptions, Building Better Relationships. We used these tools based on the Scottish Health Council's experience of providing workshops on Chest Heart & Stroke Scotland's Voices Scotland programme which builds the capacity of people to be involved by providing them with knowledge, skills and confidence to share their views and offer feedback. The approaches, which worked well in practice, are described in more detail below.

**The Road Map Exercise** is a simple visualisation exercise which encourages people to self reflect and explore their lives; what parts help make them healthy and happy, what parts cause them stress and to explore what helps them recover from difficulties they face. As a group they then discuss what can help people to achieve better balance in their lives, the importance of this and what helps people work towards better health and wellbeing.

**Emotional Touch Points, Listen to Our Stories** is a visual tool that empowers people to explore the emotions they are feeling around a situation or experience of using a service. This is accomplished by picking two cards from a menu of emotions, one positive and one negative, giving people a chance to share how situations and experiences of services and professionals made them feel.

**What Matters to You? What can services do better?** This section focuses on how to improve access and experience of services by exploring what matters to young people. This is achieved by looking at current pathways and structures of services they use, drawing on their experiences of using them and exploring through conversations what they see as working well and what could be done better.

**Attitudes & Assumptions, Building Better Relationships** is an exercise to help people explore how they would like to build better relationships with people and professionals involved in their lives. This is accomplished by exploring different attitudes and assumptions that people can have towards each other with a view to finding shared understanding and encouraging more open and honest communication.



## **4 Feedback Received**

The feedback we received from the events is summarised below under key themes.

### **4.1 Mental Health**

A common theme at both events was that mental health was a huge issue for young people. They freely shared their experiences and said they would like to see more funding to increase services both in terms of crisis support and preventative help. They also suggested that there needed to be a greater awareness of the impact of mental health issues across Highland as well as a need to challenge stigma and “old fashioned views”. Some young people acknowledged that there had been improvements to services but agreed that “we shouldn’t be complacent” and there was still a need to improve further and increase funding for them.

Many young people spoke about a desire to see a major shift in how mental health services (support) were provided. For example, they felt that greater access to early intervention through counselling or being able to talk to someone could make a huge difference to people’s mental health. There was a view that there needed to be a greater focus on preventative services as this could help many people avoid deep and lasting crisis.

One young person shared a recent experience whereby they felt their situation could become what they described as ‘over-medicalised’ resulting in being referred to the Child and Adolescent Mental Health Service instead of being given time and space to have someone listen to them and work to understand their anxieties. Another person said that they “don’t even mind if the listener can’t offer practical help or support, as long as they listen and allow the young person to express their feelings in a constructive way”.

Some young people said they were aware that some services only seemed to respond to their needs when they were at crisis point and they felt that “things had to get to their very worst before help was offered”.



#### 4.2 Encouraging mental wellness

Some young people said they would like to see more dedicated staff in schools for supporting them as well as the introduction or development of “safe spaces” to share their feelings (and fears) in a safe and supportive environment. Shared as a good example was Ullapool High School where a youth development officer (non teaching staff) is employed to provide an additional route for young people to talk about what matters to them around their health and education. The young people said that they greatly valued the opportunity to discuss issues with someone other than a teacher.

#### 4.3 Education – Get Schools Involved

Throughout both discussion sessions, education was seen to play an important role in improving health and wellbeing outcomes for young people. The young people said they wanted to see changes in how services worked with each other and with those they were there to support.

Young people shared experiences of using services themselves or where their friends had used them which had made an impact on their lives and again touched on the importance of support workers. They said that “providing more alternatives to punishment” and giving young people opportunities to explore what mattered to them as individuals when they were struggling in a traditional school environment could positively impact on their mental health.

“Instead of being immediately punished, pupils who misbehave can be sent to the Youth Development Officers, who provide very valued support, a real listening ear and someone you can just have a conversation with and figure out a way to make things better.”

There was also discussion about the role of teachers in mental and physical health and the need for more support from them. One participant said that youth development officers were sometimes their only lifeline for help and support, especially in a rural area where people have to travel long distances to access services.

“Teachers should be given more training so that pupils aren’t ‘segregated’ and referred to a separate service just because they are struggling.”

“Some guidance teachers are great...others aren’t equipped or trained to give appropriate support.”

Some young people thought that schools should focus less on academic studies and they stressed the significance that hobbies and other interests had on contributing to a successful career pathway. They also said there was a need for everyone involved in their education to work more closely together.

#### 4.4 **Mental Health**

When it came to discussion around mental health and the support for young people, participants acknowledged the pressure services, such as the Child and Adolescent Mental Health Service, were under. They felt that more funding should be available to improve services and that there should be additional support to help the most vulnerable young people get help when they needed it. Some described instances where young people had had to wait six months for an appointment with the Child and Adolescent Mental Health Service.

Some young people mentioned cases where they had reached “crisis point” with mental health issues and described how they struggled to get appointments with the appropriate services. They referred to the impact of peer pressure when living in a rural community saying that there was a feeling that in order to “achieve and be successful” young people needed to move away from the area. It was suggested on several occasions that the Child and Adolescent Mental Health Service could be closely linked with school services to give pupils more options for support when they needed it.

Generally participants felt there was a need for more “drop-in sessions” and outreach services that were outwith normal working hours of 9am–5pm. Some participants said that it was not helpful for example for a mental health support service located in Inverness to close at 5pm given the distance people had to travel from a rural area to get to the city centre.

Travelling long distances, combined with long waiting times for appointments, all contributed to participants feeling isolated and anxious about the lack of support when they needed it. Participants spoke about the importance of peer

support in the absence of ready access to mental health services and also the services provided by other organisations such as The Young 'Karers' East Sutherland (TYKES) which is a local charity that offers support, information and organised activities for young carers.

Participants said that they were aware that there had recently been a change in how services were delivered with a shift to a more local and community focussed approach. They said this was to be welcomed and there was a desire for more community-led mental health and wellbeing services. Some of the support workers also mentioned that there was a need for service providers to engage more with young people to find out what services were required and how they should be designed and run.

#### 4.5 **Sexual Health**

During the discussions, there was mention of sexual health issues and particularly in relation to the lack of confidential services. Students expressed concern that some services located in urban areas were increasingly being transferred to, for example, pharmacies and thereby confidentiality was being compromised.

Participants said that, whilst they appreciated having access to at least some help locally, the way in which the changes had been implemented was felt to be insensitive to the needs of young people in so much as they were now felt to be "conspicuous, lacking in privacy" because services were provided in small local communities where everyone tended to know each other.

**"Most young people in small communities wouldn't go to a pharmacist or GP for advice or treatment since they might be their neighbour or at the very least know their family and parents."**

Young people acknowledged that there was no easy answer to these challenges and recognised that some services had worked to become more anonymous by using "out of the way" locations and working with communities to arrange them in what was described as "neutral locations". Whilst they accepted the challenges in relation to how to best deliver services in a location which was suitable for everyone, participants felt that they would like to be involved in having a say in where they should be located.

“While the Brook Advisory Service in Inverness<sup>1</sup> got a lot of praise from everyone familiar with it, they wanted to see more funding and more services following its example of having accessible but out the way facilities.

“Even when a service does things right, many young people still struggle to access help, not through the services or their own fault but due to the lack of transport in the Highlands past a certain time of day. Some shared stories of being stranded in Inverness for hours due to there being only one – two buses a day back to their home.”

#### 4.6 **Lesbian, Gay, Bisexual, Transgender and Intersex**

Participants shared their experiences around Lesbian, Gay, Bisexual, Transgender and Intersex issues and expressed concerns that some organisations did not understand that stigma was a big issue. They felt that more needed to be done to develop robust education and support services to combat “entrenched views” around Lesbian, Gay, Bisexual, Transgender and Intersex rights that was evident across rural areas in the Highlands. It was suggested that additional funding should be available to provide more support and help to those who need it, particularly more satellite services to reach out to people who cannot travel for whatever reasons.

#### 4.7 **Isolation and Confidentiality**

A common thread throughout the discussions was the issue of isolation – not just in relation to being far away from services and accessing them but also in relation to feeling “cut off” from peer and local support (and especially after a certain time of night).

“One of the pressures people never think about is learning to drive, without a car you can’t work, you can’t socialise and you can’t learn. You end up trapped with nothing to do and little hope.”

There was support for introducing new technologies to help people deal with their mental and physical health in ways that respect their right to confidentiality and help them access basic rights like second opinions. Some suggestions from young people were around creating more late night crisis and/or talking services where people could get some immediate support and help and then be referred to face-to-face help. Many wanted to see a merger of new remote health technologies with reinvestment in face-to-face help and support – they felt this would give those who ran services and those who access them better quality of life and work.

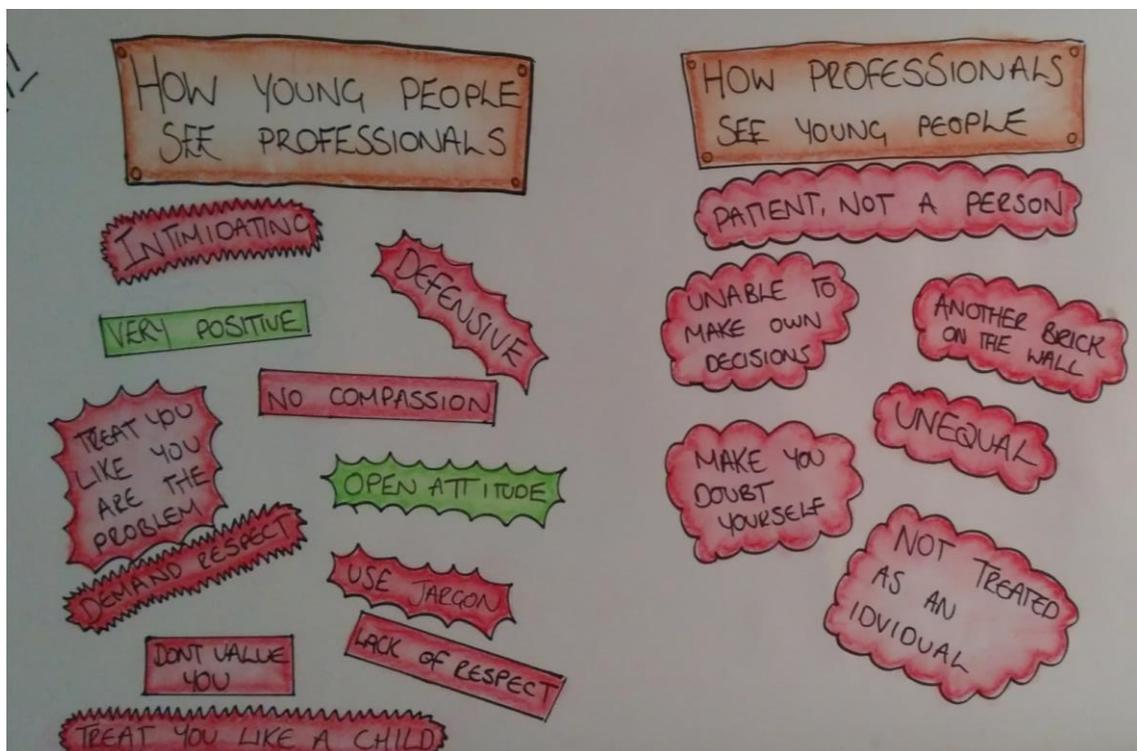
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<sup>1</sup> This service is now provided by Teen Clinic at Highland Sexual Health, located at Clinic 1, Zone 14, Raigmore Hospital, Inverness. Monday and Thursday 4.30pm-7.30pm and Saturdays from 12pm-3pm. Just drop in or telephone 01463 888300. Education and health promotion services are now provided by Wave Highland. For information and regional services see [www.wavehighland.com](http://www.wavehighland.com)

## 4.8 Relationships

Meaningful relationships were recognised as being vital for young people and was one of the most common areas of discussion. Participants said that to make a real impact on the health, wellbeing and future of young people “you just have to listen to them and work to act on what you hear, not just what you want to hear”.

Many participants said that whilst there were some “amazing people” working to support them, too often those who designed services did so without understanding what matters to them. They said they hoped to see more conversations, where their opinions were respected and listened to and they were treated as equal partners in service delivery and design.



## 5 Evaluation of the Test Site Approach and Engagement Approaches

5.1 A key aim of this project was to assess young people's perceptions of how service providers listened to and used their feedback and views and how important it was that they were asked about their support needs or services they access. To learn how they felt, the Scottish Health Council used an evaluation indicator tool (based on an approach used by Evaluation Support Scotland) which participants completed both before and after attending the engagement events. The questions we asked them were:

- how well do you understand what it means to be healthy and well?
- how confident do you feel in being able to ask for help from services?
- how important is it that decision makers explain why something has or hasn't changed?
- how seriously do you think your views are taken and that your voice makes a difference?
- how confident do you feel about sharing your views and getting your point across?, and
- how important is it to you that people making decisions listen to you?

The evaluation illustrated that there was a general increase in all areas and a rise in how confident young people felt in asking for support and how valued they felt their views were. See Appendix B for more details.

5.2 At this test site, the Scottish Health Council used a range of engagement approaches which are outlined in section 3. Our experience showed that these worked well in practice and lent themselves to gathering the views of participants. In section 3, we also describe some key principles around agreeing outcomes and ensuring the correct environment for discussions to take place; this was key to this particular project. Based on our experience, we would advocate using similar principles for other engagement activities.

5.3 Details about the Evaluation Indicator Tool approach and the four engagement methods used at this test site can be found on the [Scottish Health Council Website](#). They will also be incorporated into the [Scottish Health Council's Participation Toolkit](#) at the next revision.

## **6 Next Steps and Acknowledgements**

- 6.1 This report will be shared with service providers and everyone who participated in this test site. The Scottish Health Council would like to thank all the participants who shared their views and in particular the school pupils and other young people, those who supported them and the various organisations which we worked closely with throughout the project. We look forward to hearing about how the views and suggestions contained in this report have been used to improve access to health and support services in the Highland area.
- 6.2 The Scottish Health Council notes that several organisations such as NHS Highland, Youth Highland, Highland Children's Forum, Young Carers/Connecting Carers, SPEAK/SPIRIT Advocacy, Action for Children and the Northern Alliance/Highland Council have conducted further work and research around services for young people during the period of this project. We wish to acknowledge therefore that feedback from young people contained in this report should be viewed in context of that ongoing work.
- 6.3 Going forward, the Scottish Health Council's Highland Office will continue to work with NHS Highland's Child Health Commissioner (who attended part of the Inverness event) to build on the work which has emerged from this test site.

The local office in Highland had hoped to be able to present the Highland report at a follow-up event organised by NHS Highland's Child Health Commissioner in September 2017. Although this was not possible, local staff provided contact details (with consent) for our project partners and participants, from both the Inverness and Ullapool workshops, to NHS Highland so that they could be included in the invitation list for the September event.

## **Appendix A – Local stakeholders and partners**

Includem

Who Cares Scotland (Champions Board Highlands)

High Life Highland

Family Firm

Listen Well Scotland

SPEAK/SPIRIT Advocacy

Young Carers/Connecting Carers

Ullapool High School

Dornoch Academy

Youth Highland

Highland Children's Forum

NHS Highland

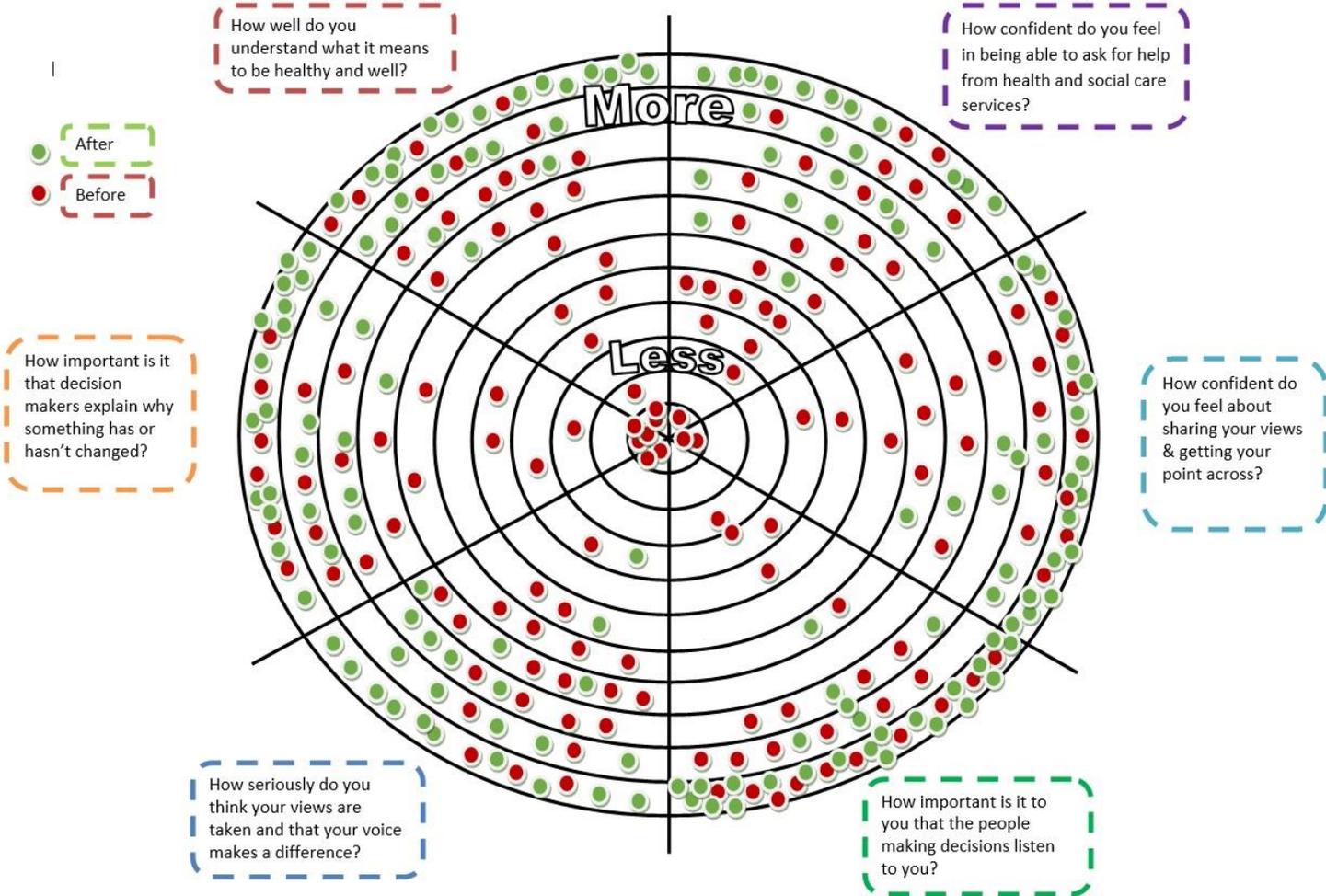
Highland Council

Highland Third Sector Interface

Ross-shire Voluntary Action

Action for Children

# Appendix B – Evaluation Indicator Tool & Results



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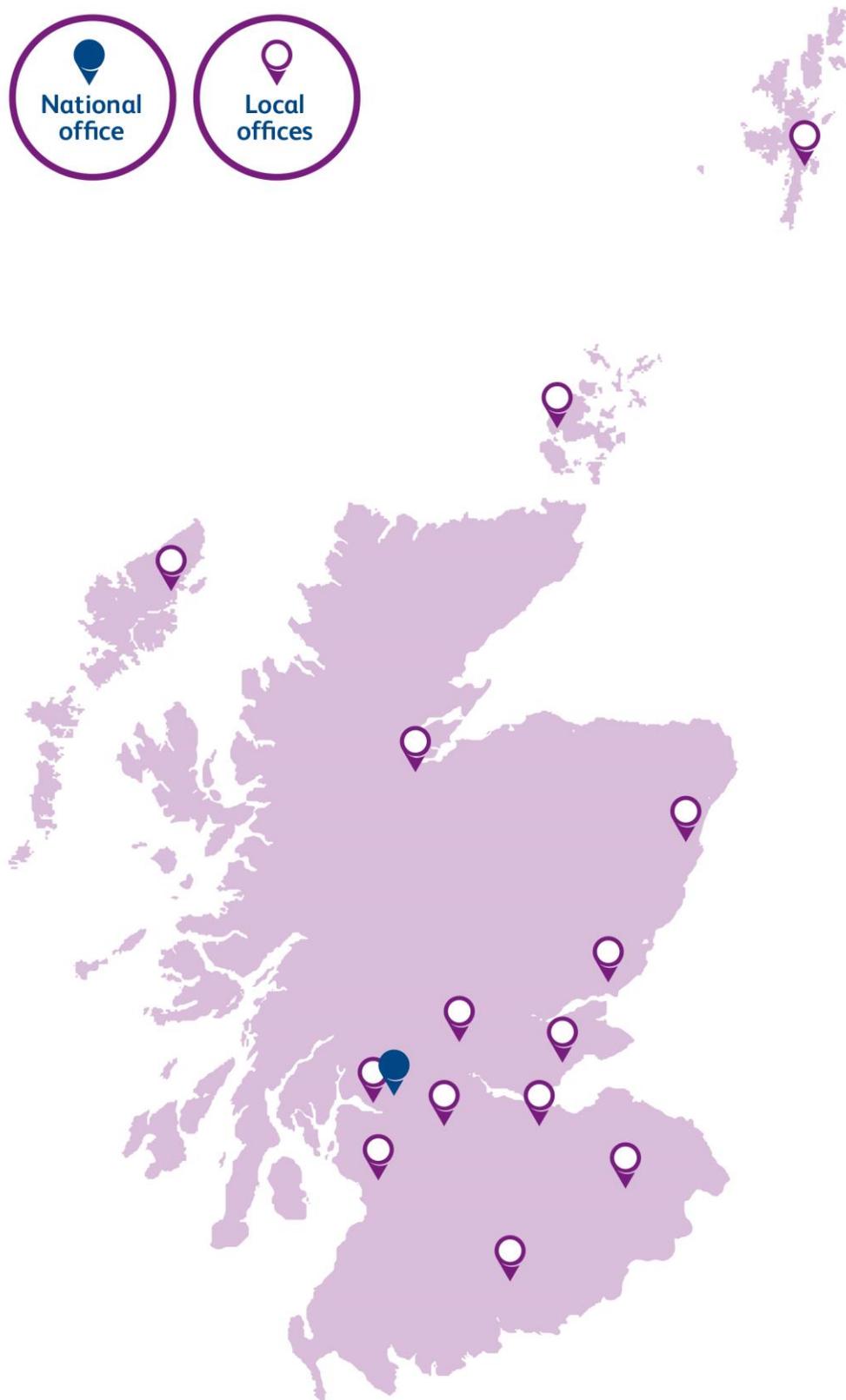
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