



# 2016 SWEET!

Services We Experience  
in Essex Today

**Hannah Fletcher**  
March 2016





KURSAAL

# Foreword

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It's difficult to talk sometimes, but SWEET! has helped us to share our experiences and give people a better understanding of the issues we've faced. It's been great to hear that other young people have had similar experiences to us; it's good to know we're not alone.

We enjoyed the sessions, and it was interesting to hear what services are available. We learned more in an hour about the help that is out there than ever before!

For a long time it's felt like no-one cared about how we had been treated, but Healthwatch Essex has given us a chance to set the record straight. Just because we're young, doesn't mean we should be treated without respect.

We hope the stories we've shared will lead to change. For example, if a social worker acts differently towards a young person who is angry, but really frightened, because of SWEET! then it will all be worthwhile.

## **SWEET! participants**



TAYLOR  
FREE HOME VISITS  
01223 458899  
TO BE LET

RENOVATED  
1930s  
1000 sq ft



TON  
MANSION

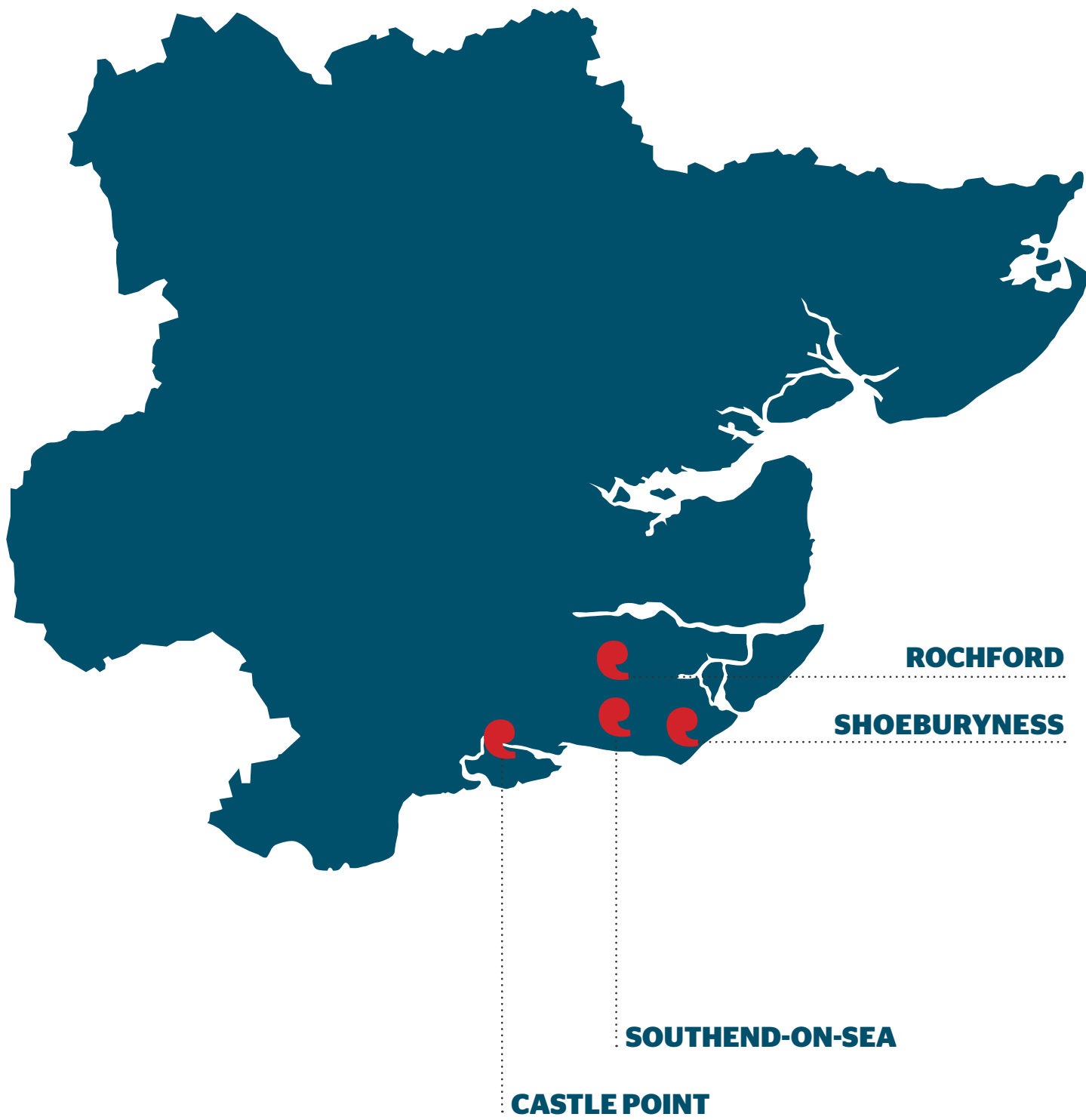
# Contents

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<b>7</b>	Introduction
<b>9</b>	How We Engaged
<b>10&amp;11</b>	Key Findings
<b>12&amp;13</b>	Recommendations
<b>14 - 19</b>	Social Services and Family Life
<b>20 - 25</b>	Youth Offending
<b>26 - 31</b>	Housing
<b>32 - 35</b>	Mental Health
<b>36 - 41</b>	Public Health
<b>42 - 45</b>	GPs and Hospitals
<b>46&amp;47</b>	A&E
<b>48</b>	Walk-in Centres and 111
<b>49</b>	Concluding Thoughts and Next Steps
<b>50</b>	The Participants
<b>51</b>	Abbreviations
<b>52</b>	Acknowledgements

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# Introduction

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Following the publication of the YEAH! Report<sup>1</sup> ('Young Essex Attitudes on Health and Social Care,' Healthwatch Essex, 2015) which engaged with hundreds of young people across the county, Healthwatch Essex went on to capture the lived experience of hard-to-reach young people living in areas of recognised deprivation.

In the spring and summer of 2015, Healthwatch Essex worked with Achievement Through Football (ATF), a charity engaging with young people at risk of exclusion from education, based in the Southend and Shoeburyness areas.

203 young people (aged 11-25) were engaged with from seldom-heard groups such as Eastern European/migrant communities, gypsy, traveller and Roma communities, young ex-offenders, and young people living in social housing and/or foster care.

We know that these young people are rarely represented through usual engagement platforms (e.g. listening events, youth councils and mainstream youth schemes), but have valuable lived experience that needs to be heard. For example, the 'Public Perceptions of the NHS and Social Care' report (2015), found that relatively high proportions of the population said they did not know about social care topics.<sup>2</sup> Yet by contrast, our sample of young people had a wealth of social care experience.

This report, therefore, provides a nuanced snapshot of deprivation and marginalisation in Essex that sheds a light on social determinants of health,<sup>3</sup> showing the relationship between health and the environment in which these young people live, including an emotional and psychological insight to the young people's lives.

The lived experience of these young people can shape our understanding of why health and social care outcomes might work better for other sections of the population. Engaging with these groups has ensured stronger representation for young people living in areas of deprivation, and their health and social care needs.

Designed by Healthwatch Essex and facilitated by Achievement Through Football (ATF), the SWEET! Report collates this lived experience in a way we hope can influence decision making in health and social care that keeps young people in mind.

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<sup>1</sup> Healthwatch Essex (2015) 'YEAH! Report: Young Essex Attitudes on Health and Social Care.' Kelvedon: Healthwatch Essex

<sup>2</sup> Ipsos MORI (2015) 'Public Perceptions of the NHS and Social Care.' London: Ipsos MORI: p. 4

<sup>3</sup> World Health Organisation (2015) 'Social Determinants of Health.' World Health Organisation: [http://www.who.int/social\\_determinants/en/](http://www.who.int/social_determinants/en/)

ATF



ATF



# How We Engaged

Due to the nature of the study, it was important that participants felt they could open up about potentially difficult lived experiences in an environment where they felt comfortable.

ATF was a valuable partner in this work, having already established trust and rapport with participants.

Each session took place at a location where the young people already frequented, such as their school, youth centre or sport programme. Locations varied across South East Essex: predominantly Castle Point & Rochford and Southend areas. As ATF have stated, this meant that they “were able to discuss a lot of specific cases, as the group of young people were aware of and comfortable with each other’s circumstances.”

The lived experience of 203 young people was collected in informal group settings, with each session lasting an hour. For each topic we covered, we asked participants about their positive and negative experiences, and what they felt could be improved. Participants also spoke with ATF staff one-to-one to discuss experiences they felt uncomfortable sharing as part of a group. The statistics used in this report are based on the number of young people who shared an experience, which they expressed verbally or by a show of hands.

All names in the case studies used in this report have been changed.

The young people were always enthusiastic and keen to share, despite an initial concern that this group may be difficult to engage. This response indicated how passionately participants felt about using these experiences to shape change, and how important they felt it was to be heard.

We spoke to  
**203**  
harder-to-reach  
young people

Healthwatch Essex worked with Achievement Through Football, a charity engaged with children at risk of exclusion from education



“As we have a working relationship with the young people, we have gained their trust and were able to gain invaluable insight into both their lives, and the issues they face.”

**Stuart Long, ATF**

# Key Findings

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We engaged with SWEET! participants on a broad range of health and social care topics, which highlighted a wealth of lived experience in each particular area of our study. However, certain themes and issues recurred across the spectrum of health and social care which we share here in our key findings.



## The importance of being heard

Most commonly of all, participants spoke of negative experiences they'd had when they felt they'd not been listened to. This ranged from doctors speaking to a young person's parents, instead of to them, to feeling that social care decisions had not incorporated their feelings. Not feeling they had a say in decisions made about their futures sometimes led to apathy, which sometimes led in turn to unhealthy choices and behaviours. SWEET! participants were always passionate about sharing their experiences with us, in the hope that their voice could make a difference to others.

HEALTH

SOCIAL  
CARE

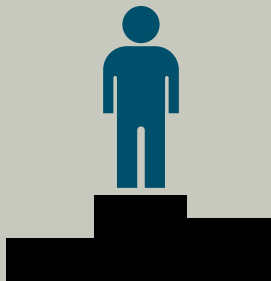
## Wanting support in challenging times

This sample of young people had often taken on responsibilities for their own health and social care, or someone else's, at a young age, and valued support in managing these responsibilities. Participants also spoke to us about the challenges they faced in health and social care pathways, and the difference the right support could make to their futures.



## The need for flexible care

These young people often used walk-in centres or A&E as opposed to making a GP appointment. Services that didn't require appointments could be more suited to their sometimes chaotic lifestyles, or the responsibilities they had to manage. Gypsy, traveller and Roma participants also told us their families did not always trust health professionals from outside the community, and young people overall suggested a preference for community-based health services, such as a trustworthy and relatable person they could speak to in school, or at a youth club.



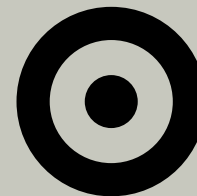
## Having a sense of self-worth

Participants told us that young people can turn to smoking, drinking, using drugs and offending when they feel there are no consequences, or when they are unconcerned about the impact of their actions on their futures. A sense that they are viewed as important by services, as well as feeling empowered by decisions made about their futures, could improve outcomes for these young people across health and social care.



## Receiving early and effective education

Young people weren't always aware of the services they could access, or of public health messages that might be relevant to them. They felt information was often targeted at adults, and wanted to receive information on smoking, drinking, drug use and sexual health earlier on, before they had started engaging in these behaviours. They also wanted to feel informed about mental health, and to receive information about the range of services that complement these topics.



## Having a goal

SWEET! participants sometimes told us that there wasn't much for them to do, and that having hobbies could be too expensive. Having a sense of worth, and something to achieve, was raised by participants as a displacement of crime, a way to bring troubled families together, and a combatant to mental health issues.

# Recommendations

Overall, it seemed that it was not the case that these young people were not accessing services, but that despite having contact with a wealth of services they were not always getting the outcomes they needed. Here we make some recommendations, based on what the young people told us, that could help improve these outcomes.

## Representative Engagement

The SWEET! Report has allowed Healthwatch Essex to gain unique insight into the health and social care needs and experiences of a seldom-heard group of young people. We feel that by engaging with these young people, who were so eager to share their experiences, we can begin to understand and address their needs.

These young people are scarcely represented by youth councils or listening events, but have valuable experiences to share that help provide routes to solutions.

By working in partnership with an organisation already engaging with these young people, we were able to get the best from the sessions and the participants within them. “Hard to engage” does not mean impossible to engage, and we encourage commissioners and providers to be innovative in how they gain feedback from young people to ensure the best representation.



## Equip and Empower

The SWEET! report shows the vulnerability of marginalised groups who often feel as though they are not heard, or viewed as important. Healthwatch Essex believes that by listening to their lived experience, and demonstrating a willingness to improve outcomes, young people from these groups can begin to feel empowered to work with decision makers and services to create positive change.

Furthermore, participants often reported additional responsibilities, which are hidden or invisible, compared to more mainstream samples of young people. These included managing the health and social care, housing and finances of themselves or others. Yet the young people often told us they had faced difficulties locating the right assistance in these matters.

Ensuring young people are aware of the support they can access, and providing guidance with potentially confusing or complicated processes will empower them to improve the outcomes of their own futures.

## WALK-IN CENTRES AND 111

A&E

PUBLIC HEALTH

MENTAL HEALTH

HOUSING

YOUTH OFFENDING

SOCIAL SERVICES



### The Whole Picture

While nobody experiences health & social care in isolated incidents, this was particularly true of this demographic. A difficult experience with social care or housing could have implications on mental health, physical health and offending.

SWEET! participant, Kaden, shared his lived experience which is connected by foster care, social housing, substance misuse, offending, mental health and exercise:

As a young boy, Kaden had a difficult relationship with his mum and experienced intense feelings of anger. The issues in his home life meant he was placed in care, and found the care environment difficult to cope with. Placed in many foster homes and care placements, he felt constantly rejected. Released from care at 16, he was then placed in a hostel where he finally felt a level of security. The hostel manager was kind and supportive, and Kaden felt settled. He was next relocated to a high rise, which he felt was unsuitable for him as he had never gained the chance to develop the skills needed to live independently. Kaden felt as though he had been “set up to fail.”

Feeling isolated, Kaden fell in with the “wrong crowd,” which led to escalated drug use and an abusive relationship with a much older woman who funded his drug habit (crack cocaine). He became increasingly

paranoid and delusional, believing he was being filmed in his flat and that someone was trying to kill him. Friends encouraged him to seek help, but Kaden felt they were “in on the plot,” and stopped seeing them.

Kaden was arrested after his relationship turned violent, and eventually sectioned. The ward he was placed on heavily sedated him, and this had been confusing and disorientating. Kaden became more stable through the help of medication and counselling. The hospital staff were helpful, and always there for him. When he was discharged, the crisis team provided support for him 3 months later, although he still struggles with the side effects of his medication, such as “feeling in a fog” and weight gain.

Kaden says his life continues to be a “constant battle,” and he is fearful for his future. He is grateful for the support of the NHS, and sport has also been a welcome relief, describing football sessions as a way to “escape.”

**An integrated model of health and social care, and the surrounding services, would accommodate the often complex nature of young people’s lives. Stories like Kaden’s show us that services have to be vigilant in order to work towards the best outcome for individuals based on their whole experience.<sup>4</sup>**

<sup>4</sup>The Department of Health has recommended delivering a “clear joined up approach linking services so care pathways are easier to navigate for all children and young people, including those who are most vulnerable, so people do not fall between gaps.” Department of Health (2015) ‘Future in Mind: Promoting, protecting and improving our children and young people’s mental health and wellbeing.’ London: Department of Health: p. 15

# Social Services and Family Life

Many SWEET! participants had been involved with Social Services at some point in their lives, and these were predominantly from the Southend area. We asked them what worked well about Social Services, and what they thought could be improved.

Through our engagement, a number of people claimed they appreciated having Social Services in place to help families and young people at risk, or in need of support.

Some participants spoke positively about the support their families had received from Social Services, such as help with housework and the safety of their homes.

A small cohort of participants spoke positively of the help and support that Social Services provided to parents and siblings of children with learning disabilities:

Maddie's dad had 6 children, 2 of whom were autistic. Social Services helped her dad manage their needs, and would take them for days out so her dad could rest. They gave him toys for his children, as he didn't have much money. Maddie said that Social Services are always friendly, and she has had the same social worker for a long time. Her dad really trusts their social worker, and is able to give her a call whenever he is struggling.



**8** participants shared positive experiences of Social Services, saying they had great lives in their care placements and were glad Social Services intervened.

**11** participants felt that not enough had happened to help some young people perceived to be at risk



However, other participants sometimes felt they had been unfairly separated from their mums and siblings due to the actions of their dads. These young people felt that their dads, who were often in prison, were no longer a threat to their family life, and therefore remaining separated from their mums and siblings felt as though the whole family was punished for the actions of the dad.

A participant told us that even though he can occasionally see his mum, it isn't enough - he wants to be able to live with her again, and feels that Social Services could help.

Other participants talked about the pain and frustration of being separated from family when they didn't want to be, which caused them to feel powerless. Participants were also sometimes unhappy about the restrictions placed on seeing their family members once they had been taken into care. One participant had been in care from when she was 2 until she turned 16. She described these years as the "worst experience of [her] life." Her mum was placed in a residential home, and the participant's social workers changed frequently without arranging as much contact time for her and her family as she wanted.

One participant spoke of an ex-offending family who made the decision to put their children into care. Because of repercussions from their time as offenders, the parents feared for the safety of their children and felt that putting them into care was the best thing to do. In this example, the participant felt Social Services had intervened for the best, and had allowed the parents to make their own decision.

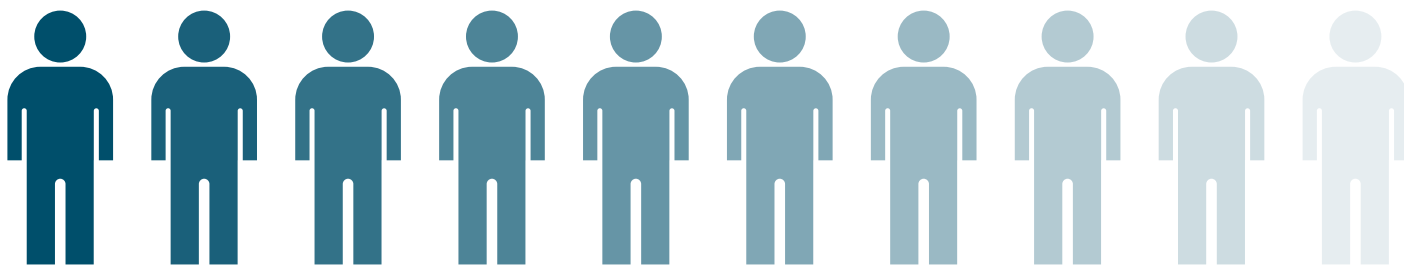
One participant spoke about a family in his housing block where the children were treated badly, and had to take care of themselves. He said Social Services had visited 3 times, but from what he could see, nothing had changed. Experiences like this were sometimes accompanied by feelings of frustration, distrust and helplessness.

Rab's friend had been beaten by his dad, and was moved in with his mum. However, his mum was an alcoholic and struggled to buy food. Rab told us both the school and Social Services were aware of the situation, but little seemed to change. Rab's friend went on to commit many crimes, and continuously breached his tag. As a result, he went to juvenile prison. He had been a good friend to many in the school, and Rab couldn't understand why more could not be done for him.



Kyle's friend came from a large family, and his dad was in prison. The house was always untidy without any food and Kyle's friend often came to school hungry. Social workers visited frequently, but no action appeared to have been taken. Eventually, the family fled from the area to avoid Social Services. Kyle no longer saw his friend, but knew he had stopped attending school and had been in trouble with the police. He felt that his friend could have been helped earlier, before the family had fled.





## Social Workers

SWEET! participants told us that the relationship they had with their social worker was often integral to the level of trust and satisfaction they felt towards Social Services. Several participants felt their social workers had been friendly and supportive, and allowed them to discuss their feelings in a productive way. One participant's friend had been expelled from several schools, but now has a good social worker who has kept him on track. Others praised social workers who were proactive in helping them, and some commented on having friendly social workers who are always happy to answer questions.

Nathan told us that he had a chaotic childhood in the care system, which led to anger issues and getting into trouble. When he turned 16, he left home and was assigned a social worker who saw him weekly and involved him in activities. Nathan felt this social worker genuinely cared, and even helped him find a nice place to live. Nathan had begun to see friends and his girlfriend regularly, and said his life was better. He was still involved in soft drug use, but was beginning to think about finding work.

However, not all young people had experienced the same consistency with social workers, with some telling us their social worker changed too often to allow them to build trust. The young people also told us about the difficulties that arose when they did not feel listened to by social workers.

Bridget felt that Social Services had formed a bad opinion of her mum, which made her feel her family were being "checked-up on." Bridget felt that her social worker never listened to her, and their reports did not reflect what she had said. She felt awkward when talking to this social worker, as she couldn't trust them to represent her experiences accurately.

## Foster Care

Several SWEET! participants had experiences of living in foster care, which they shared with us.

A participant whose grandad was a foster carer told us his grandad strives to spend the money he receives to give the young people in his care the best possible life. Participants agreed that this was the ideal foster carer, as opposed to someone who saw fostering as a "career choice."

Lukasz felt very negatively about his experience of being in care. He did not get on with his foster carer and found it unfair that his foster family went on holiday without him. He wished he still lived at home with his mum like his younger siblings did. His perception was that some people foster to earn additional income, without really caring for the young people they foster. He felt this had negatively impacted his life, and made him angry.





One person told us he had been assigned over **10** different social workers in **5** years, explaining they always moved on to new jobs.

One participant had been in care for 5 years and claimed Social Services really helped out, and now monitor that he and his foster family are happy with the arrangement. Social Services arrange 10 contact days a year for him to see his mum and family, and he finds social workers “funny and inspiring.” Another participant enjoyed his foster placement of 6 years, and said the family had fostered another boy who he gets on well with and considers a brother.

Max had been in the same foster care placement for 4 years and told us he was very happy and that his foster family were very supportive. He still had contact with his mum. Even though being separated from his family was a bad experience, Max now acknowledged that living with his family had been lonely and upsetting. In foster care he was happy and settled, and understood that being taken away from his family was the best thing for him.

Some of the young people were aware that when they turned 18 they would have to leave their foster care placements. They felt that they should have the choice to stay in their placement, particularly if it had been a happy and constructive arrangement.

Unfortunately, 5 participants told us they did not get on with their foster carers. One participant had raised this, but his situation had not changed, and he felt unhappy. This resonated with another participant who had been in 5 different placements in 5 years, and felt that he wasn't listened to when he said he was unhappy in his placement.

**1 in 4**

foster children move home 2 or more times a year

ee

“Children and young people who regularly move between foster care homes are more likely to have poor social skills, reduced education outcomes and limited future employment prospects - impacting on their mental health and exacerbating any existing behavioral and emotional issues.”<sup>5</sup>

**Action for Children**

Ajit's mum experienced ongoing mental health issues, and Ajit was placed in care. He found the care system chaotic and unsettling. He felt that never having a sense of security or belonging resulted in anger issues that led to problems in school. After counselling and other forms of support, nothing had helped to control his temper and Ajit continued getting into trouble. He never felt he belonged anywhere, and fought constantly with other residential placements. He felt there was a “pack mentality,” and that only the strongest in care would “survive.”

Some of these experiences echo the findings of Action for Children, who say that 1 in 4 foster children move home 2 or more times a year.

Participants with experiences of foster care often felt that there were “good” foster carers who did everything they could for those in their care, or ones who fostered for the wrong reasons (e.g. for income). Participants felt that best practice would be to be placed with the “right kind” of carer, with consistent support from Social Services to ensure all in the placement were happy, and to arrange contact time with the young people's families.

Action for Children states: “Sadly we know that it can be necessary to move children from their current foster homes as relationships between a carer and child can break down, especially for children who have faced the most traumatic experiences and find it hard to trust someone new. However, too many children in care are still facing instability in their lives. That's why we urgently need more dedicated foster carers to help children and young people overcome trauma by helping them to love and trust again, feel safe, rebuild their sense of worth and belonging.”<sup>6</sup>

<sup>5</sup> Action for Children (2015) ‘Thousands of Foster Children move home several times a year.’ London: Action for Children Media: <https://www.actionforchildren.org.uk/news-and-opinion/latest-news/2015/september/thousands-of-foster-children-move-home-several-times-a-year/>

<sup>6</sup> Action for Children (2015) as above

## Adoption

5 participants told us that being up for adoption felt like “being up for sale.”

They felt children and young people are “advertised” to potential parents, but thought it should be “the other way round” so that the young people themselves have more choice over who will adopt them.

They also felt that having a trial period of a week in the homes of potential parents was not long enough to decide if this would be a suitable match. They said it could be easy to get on well for a week, but that was not long enough to get a feel of if things might not work out in the longer term.

# 5

participants told us that being up for adoption felt like “being up for sale.”

## Participants’ Ideas

When asked what could be improved about these aspects of social care, participants prioritised a faster response from services in times of crisis.

The young people often felt they had no say in decisions made about their care, which could cause them to feel helpless.

Participants wanted to feel that their opinions, feelings and experiences were heard, and taken into consideration in every case. Some felt that it also seemed the feelings of their parents weren’t always taken into consideration, either. Participants wanted services to be able to actively help them and their families, perhaps by providing more time to support young people and arranging contact time with family members.

Participants also suggested that services involve families in hobbies and sports, to give them a joint focus and manage the difficult times together.

A number of participants told us they wanted a consistent social worker, in order to build a strong relationship and have someone trustworthy to talk to when things got tough. One participant suggested that social workers should have more time off, as they seemed to have a lot of work.

While a high turnover of social workers may be inevitable, social workers should be sensitive to the fact that the young people they work with may have already been assigned numerous social workers in the past and may find it difficult to form trust.

Item:  
00450

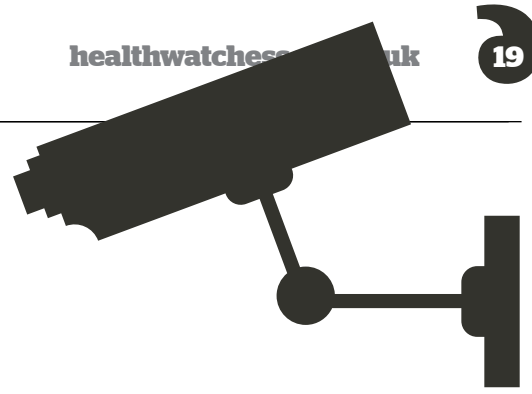
# Sarah

8 years old

- Bright
- Chatty
- Scared



Participants often feared that if families were reunited, Social Services "would always be watching".



## Summary

SWEET! participants were very aware of the social care system, and it was considered crucial to participants that social workers communicate with them effectively, and allow them to make enquiries and share concerns or preferences. When young people felt they were not listened to, resentment or distrust of services could result.

Some participants also felt that more emphasis should be placed on helping families overcome their issues, and "not just taking children away" as was a common perception. This supports the recent findings by ChildLine, which has said that 33% of its callers had not told anyone about the abuse they were experiencing, naming the fear of being taken into care as one of the main reasons for not having done so.<sup>7</sup>

Young people often spoke of the want for Social Services to be an organisation they trusted, and could call on for help. Instead they sometimes expressed a fear of being "taken away," also feeling that if families were reunited services "would always be watching." This meant young people sometimes viewed Social Services as a last resort when they felt there was nowhere left to turn, as opposed to an approachable service that can be contacted early on when problems arise.

Participants acknowledged that the nature of Social Services is complex, wherein every case is different, requiring a unique course of action. Without knowing the full circumstances of each case, it would not be possible to decide when appropriate



action has or has not been taken in the lives of these young people. However, the fact that some of the young people felt that the wrong decision had been made indicates the importance of good communication around their cases. This would enable young people to understand why certain measures were in place, as well as giving them a clearer sense that their best interests were at heart.

<sup>7</sup> NSPCC (2015) 'Always there when I need you: ChildLine Annual Review 2014-15.' London: NSPCC: p. 30-31

# Youth Offending

Participants were aware of the Youth Offending Service and often spoke openly about what it had been like for them, or someone they knew, to be involved with services following an offence. Some participants had been placed in youth offending services for a range of reasons such as fighting, vandalism, drugs and alcohol misuse, and/or theft.

## Why commit crime?

We asked participants why they thought some young people committed crimes. While youth offending is a complex issue that can involve many factors, participants all had thoughts on what could drive young people to offend.

Most commonly, 15% of participants felt peer pressure was a contributing factor to offending, with some committing crime to impress or entertain their friends

A discussion on peer pressure in one session revealed this to be a key factor in some of their decision making processes.

The same number of participants also felt that young people sometimes didn't care about the consequences of committing crimes, with 1 in 10 participants claiming they felt that punishments weren't strict enough to cause young people to consider the consequences:



Achim had been caught stealing. However, he said that in the future if he could not find employment, or his parents could not afford food, he would consider stealing again. Achim said he didn't get into too much trouble for stealing; he was banned from the store and taken to the police station with his parents, and subsequently referred to the Youth Offending Service which he was not bothered by.

Olivia had been referred to the Youth Offending Service numerous times for stealing alcohol, and anti-social behaviour. She had been excluded from school, and didn't care about being referred to the service, as she had been to court several times and let off without punishment.

One person had a meeting with a police officer before being excluded from school for 3 weeks. She said the officer didn't tell her off, and felt the meeting might have had more of an impact if she'd been

reprimanded more seriously for her actions. However, another person had been sentenced to 6 months of community service and given an electronic tag for breaking into a building and stealing. The rest of the participants in this session thought this was a fair punishment. Another person had been referred to the Youth Offending Service for breaking into a house and stealing. They were sentenced to 2 months in prison and met their victim through a restorative justice scheme. This person had not gone on to reoffend.

Harry was part of a gang whose main focus was upsetting older neighbours living on their estate by throwing things at their windows and climbing on their roofs. The police and a housing officer came to Harry's house and explained their housing would be taken away if his behaviour continued. Harry was shocked, and his mother was furious. He was not aware his actions could cost them their home. He was referred to the Youth Offending Service, signed a good behaviour contract and stopped spending time with the gang. Harry is glad this happened before his behaviour escalated.

Other participants felt that some families didn't care if their children got into trouble, meaning there were no consequences for them at home. When there were consequences at home young people in our study seemed deterred from offending, or re-offending. One person had been referred to the Youth Offending Service for the noise and bad language he used in his

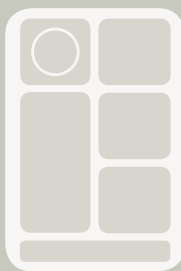


neighbourhood. He was in a lot of trouble at home, and had therefore been sure to attend all of his Youth Offending sessions. Another participant's parents had been made to pay for the damage when a stone he threw hit a car. The trouble he was in with his parents had a big impact on him, and he felt it was an effective way of preventing further crime.

Another popular suggestion from participants was that boredom could also be an incentive for offending. Participants told us they couldn't always afford to partake in activities outside of school. One person had stopped playing rugby, as his mum could not afford the petrol needed to take him to training. Another person enjoyed cheerleading, but said this was unaffordable for many. With this considered, participants said that breaking the law could therefore become a form of entertainment.

Some participants seemed to think it was impressive to be referred to the Youth Offending Service, and mentioned that some boasted when they had been involved with the service.

One participant felt that some young people will commit offences because being in prison may be the first time they have had access to meals 3 times a day, as well as someone to encourage them to do well and praise their achievements. He said that some young people do not have these opportunities at home, and so crime can seem like a reasonable alternative.



M	T	W	T	F	S	S
30	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27

11:00am - 12:00am Meeting with youth worker

## Experiences

Experiences of being involved with the Youth Offending Service varied, with some taking part in community service and others having weekly meetings to discuss issues. The majority of participants with these experiences had agreed to be referred to the service because the alternative was to pay a fine, or go to court.

Craig was referred to the Youth Offending Service where he saw a youth worker once a week and had a contact to call if he was having issues. He spoke highly of his youth worker, who he felt was responsible for keeping him out of prison. The youth worker had arranged various opportunities for him to pursue his hobbies, and also helped him with honesty and behaviour. Craig described his youth worker as a role model.

7 participants told us their experience of the Youth Offending Service had been positive, with one participant saying it had turned her brother's life around and another saying it had helped him get a job.

However, other participants felt they had had a negative experience, with some saying people they knew had gone on to re-offend after being involved with the service.

Lavanya had been placed on the Youth Offending Service for being drunk and disorderly, and getting into a fight. She had also been caught using cannabis, and was put in a prison cell for the night. She said she had to speak to someone once a week, which she found a "waste of time." She did not get on with her contact, and felt they were always too busy to support her or her family.

In some instances, we heard of stories where the Youth Offending Service had been unsuccessful in deterring young people from re-offending. Some participants told us of young people who hadn't engaged with their Youth Offending officers, and continued to commit offences or behave antisocially, which had resulted in imprisonment for one.



Kaleb was caught for vandalism a number of times. He was expelled from school and forced to attend meetings with a Youth Offending officer. Offending had brought him into another world, and he began to mix with others who had more knowledge of the criminal justice system than him. He told us this was not helpful, and he found himself bullied into committing further crimes through peer pressure.



EVERY DAY  
I MESS UP

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## Participants' Ideas

2 in 10 participants suggested that youth clubs should work collaboratively with all young people to understand what they want from such services, in order to make youth clubs a more popular alternative to committing offences. Participants said that young people often hung around on the streets at night, and felt there should be more places for them to want to spend time.

The young people also told us that having a positive purpose in life would change young people's attitudes towards crime (such as involving young people in a sport or a hobby that they were passionate about). Others said the Youth Offending Service could be an opportunity for young people to explore their interests and pursue their passions, as some felt that not having these opportunities could be what had led them to committing crime in the first place.

Others felt community service or voluntary work should be a requirement of anyone referred to the Youth Offending Service. Some participants felt the service should not be enjoyable as it was intended as a punishment, and another 9 people felt punishments should be harder on those who otherwise would not care. Approximately 1 in 10 told us they felt perpetrators should be made to pay for the damage they inflict.

One person wanted the service to place more emphasis on encouraging young people to change their social groups. This participant's brother had been close to being referred to the Youth Offending Service so his dad made him change schools and make new friends.

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# 2 in 10

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## Summary

It is worth acknowledging the reasons these young people believed might lead their age group to commit crimes, as they are the best placed to understand the motives of their peers. Further engagement could take place between youth programmes and young people from marginalised groups to design appropriate opportunities as an alternative to offending.

The young people's thoughts on why young people offend, and how to treat young offenders, differed. Some participants wanted preventative measures in place, such as more opportunities for young people in their communities, whereas others believed in strict punishments to deter from re-offending.

Those who had experience of youth offending services seemed to respond best when dealing with a consistent and committed youth worker, as well as through innovative schemes such as restorative justice.

Services have a unique opportunity to work with the most marginalised young people to enhance their outcomes. A person-centred and empathetic approach will not only help to deter the likelihood of reoffending, but improve other aspects of health and wellbeing.

# Housing

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The majority of SWEET! participants lived in social housing, and were aware that their families often struggled financially. They were often aware of the implications coming from low-income backgrounds could have on where and how they lived, as well as the opportunities they would have in future.

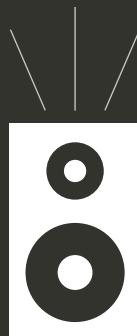
The overall perception was that alternative housing was generally unaffordable, and most people they knew struggled to make payments for their accommodation and the accompanying bills.

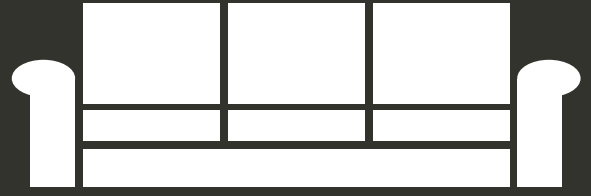
One person told us her brother was made to leave the family home when he became involved in taking and dealing drugs. He was provided accommodation in supported housing, but was evicted when he took drugs again. He now had his own flat provided by the council, and his bills were provided for. While the participant felt this was unfair, especially when other people also needed housing, another participant said it was positive that her brother was not homeless.

Participants who lived on housing estates liked social activities that external organisations ran, giving residents the opportunity to mix with others living on the estate. Young people living in deprived areas often experienced difficult situations such as crime, vandalism, substance misuse and littering that took place there, and the feelings of being unsafe that this created.

Dean lived on the top of a high rise with his partner and their 2 year-old daughter. Dean's partner felt unsafe leaving the flat to go to evening shifts for work, so he had to escort her down. This meant waking their young daughter and taking her with them so she would not be alone in the flat. He described this as a "miserable existence," but felt that decision makers could not understand the effects this lifestyle had on a family's life.

Maarit's sister had poor health which was exacerbated by the environment in the high rise she lived in. Living on the ground floor, she was constantly awoken by the door slamming as people came and left the 100+ flats above her. She felt unsafe, but when her doctor and social worker had written to support a move for her, she would only have ended up moving to a similar property.





Private housing could also be problematic, especially when suitable properties, large enough for the whole family, were unaffordable.

Participants also told us their housing could be crowded, with some sharing rooms with siblings and even sleeping on the sofa where space restrictions would not allow for a bed. When participants and their families had tried to resolve issues with their housing they reported no follow-up:

Nadir's family complained of loud music into the night from the flat above, which made it hard for them to get up in the morning. The housing office asked them to log events for 3 months, which was a long time to deal with the noise. Nadir told us that when the information was passed on, no further action was taken.

Aleksy moved from Poland in a family of 7 who could only afford to rent a 2 bedroomed flat. As his parents spoke little English, it was up to Aleksy to deal with the landlord. He contacted the landlord many times to inspect the flat, but the landlord never came. During winter the flat became damp and aggravated his youngest brother's asthma, and a large amount of mould grew in the bedroom. Eventually the landlord came and told the family it was simply condensation. Aleksy felt the landlord didn't care about the wellbeing of his tenants (especially as he had agreed to give them a property that he knew would be overcrowded). Aleksy felt responsible for resolving these problems, but did not understand the system or how to ask for help. He said that being in a new country in such conditions was "miserable."



Priya's family were evicted for not paying their rent. They had 3 days to find somewhere to live, and moved in with Priya's grandma in Canvey Island. Priya had to travel from Canvey Island to Southend every day, and hated travelling on her own. She told us she thought the council should have given her more help, rather than just evicting her family.

Some participants felt that with the right amount of support, and the right accommodation, they had a better chance of being healthy and happy. One person spoke highly of a homeless hostel where his mum had stayed while pregnant. She enjoyed living there, and the hostel helped the family into social housing which has provided them a good service.

Rowan's grandmother lived in a 3 bedroom property alone after the death of her husband. She had been unwell, and although she wanted to be independent, she was isolated and sometimes confused. After approaching

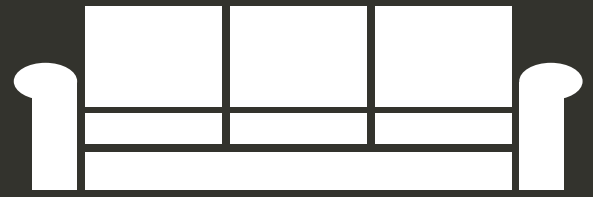
the council she was offered immediate support with a number of sheltered housing schemes to choose from, and supported in moving. This gave her a "new lease of life," and Rowan felt the council had supported the family and made his grandmother more secure during a difficult time.

**However, a few participants felt that services had not given them the support they wanted in times of crisis:**

Tom and his family lived in a homeless hostel for 6 months. He said the council decided the family had intentionally made themselves homeless, and they were asked to leave the hostel at short notice. For the 6 months he had stayed at the hostel, he said Social Services had told the family they would not be able to help. His mother was very worried that her children would be taken into care, which caused trouble sleeping. Eventually, money was found for a deposit. To Tom, it seemed that services had tried to frighten them unnecessarily.

Grace left home at 14 after many arguments with her mum and her sister. She said this had been a stressful environment to live in. After leaving, she slept on sofas at friends' houses, and her teachers helped her wash her clothes at school. She felt services did not help because her mum had not forced her to leave, therefore it was seen as her "choice". She felt alone.





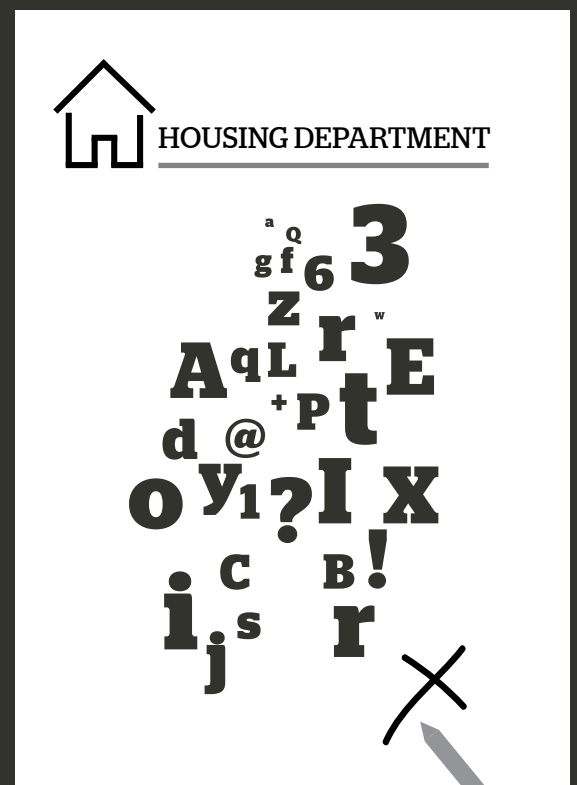
Other participants with learning disabilities or literacy issues told us about the difficulties they faced finding housing:

Amar had been made to leave home and had stayed on friends' sofas. When approaching the council for support to find housing he was told he needed official documents to apply for a property, such as a birth certificate. Without his birth certificate he could not be accepted, though he was not told how to go about getting a replacement, and did not feel confident to ask. He had struggled at school and was not confident filling in forms. He did not pursue the application, and continued to stay with friends.

Ollie told us that a person had to understand the system in order to successfully bid on a property. Ollie said support was inconsistent and not always available when he needed it. He felt people who owned computers had an advantage, and people who needed help had to know how to find it for themselves. He lived in supported accommodation and now received assistance that he hoped would allow him to move on to a place of his own, and begin living independently.

Connor told us that receiving appropriate support had made all the difference to his housing situation, and had prevented him from becoming homeless:

Following the breakdown of his family, Connor had been allocated a property. He had no experience of keeping a tenancy and struggled to understand official documents. He was assigned a support worker who helped him get furniture, set up direct debits and start a bank account. The support worker helped him for over 6 months, and he felt certain he would have lost his home without this help.





## Participants' Ideas

A number of participants wanted more homes to be built, and felt strongly that new builds should be pleasant to live in, and would preferably not take the form of high rises. They also wanted increased security in these areas, to provide safety for residents, and deter drug dealers. One participant knew of a guard service being trialed on an estate nearby that helped residents feel safer where they were housed.

Pawel was placed in a hostel after being released from prison. This was a high-risk facility where he felt isolated, as no guests were allowed on site and he was constantly monitored. He could only mix with others who lived there, and the area was one where he had used drugs before prison. He found it difficult to escape his former life, and felt more consideration should be given to where people are placed.



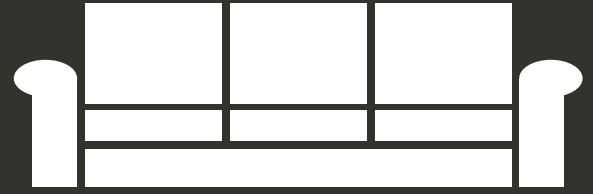
Alfie had been made homeless by his family due to his sexual orientation. Because of the age he was when he approached the council for help, he was given a room in a hostel. This scared him, because the term "hostel" evoked images of drug and alcohol misuse and dormitories full of beds. In reality, he received a modernised unit which he shared with families his own age. Alfie stayed for 3 months and found staff supportive. He believed the word "hostel" had negative connotations, and should be changed to something reflecting the more positive experience he had.

1 in 10

spoke of their family's struggle to pay bills and amenities, and felt assistance should be offered when families can't make ends meet.

Participants sometimes desired a bridge between homelessness and running their own home. Supported accommodation provided guidance through tough times, and allowed the young people to develop life skills and a sense of structure. While it can be challenging, young people acknowledged this provided them with a toolkit with which to build toward brighter futures.





## Summary

Insecure or unsuitable housing could have consequences on young people's physical health and the ability to attend school or work, as well as impacting emotional wellbeing, with participants having described their experiences as "miserable," causing feelings of isolation, helplessness and worry.

The young people's experience indicates a system that can be complex to navigate, which is especially difficult in times of crisis. These complexities could be exacerbated when the young people also had language or literacy barriers. Young people often

felt overwhelmed by the confusion around where to find support, and what support would be like.

SWEET! participants often became independent from a young age, having taken on responsibilities for their own housing, or that of their family. Their stance suggests that it is important they receive the necessary support and guidance to ensure their needs are met.

Professionals should be aware of the issues facing young people in these circumstances to develop person-centred and empathetic services that are sensitive to the additional health and wellbeing problems that can arise.



# Mental Health :) :

Participants had already spoken of the emotional effects of facing adversity in their housing situations, or family lives. It was therefore important that Healthwatch Essex gathered these young people's lived experience of mental health issues in order to understand where potential solutions might lie.

Discussing mental health with SWEET! participants often involved explaining what mental health was, as it became clear this was a knowledge gap for the majority. While the YEAH! report showed that 80% of a more mainstream sample of young people had never received information on mental health,<sup>8</sup> this proportion was even greater in SWEET! participants.

The majority of participants spoke of poor mental health as something that commonly affected their relatives. With little knowledge or information on mental health, most participants spoke of someone they knew with a diagnosed mental health condition.

*Stefan's father had been diagnosed with manic depression. His father would be very animated, and collect expensive items when experiencing mania. When his father was depressed, he could not get off the sofa, which caused Stefan to feel angry at the fact his dad did not seem to care. It had been hard for Stefan to understand this behaviour. It was a long time before his father had received support from a psychotherapist, but things had improved and his dad seemed calmer.*

1 in 10

participants told us that talking therapies had helped them, or someone they knew, to deal with mental health issues including self-harm, depression, suicide attempts, eating disorders, anger management and Obsessive Compulsive Disorder (OCD).

Participants rarely seemed aware that they themselves could experience mental health issues, despite speaking about the emotional challenges they faced.

Yet the Department of Health has identified that "1 in 10 children needs support or treatment for mental health problems," and that "half of all mental ill health starts before the age of 14 years, and 75% percent has developed by the age of 18," but also that children in low income families have a three-fold increased risk of developing mental health problems.<sup>9</sup>

In total, almost 3 in 10 participants told us about a mental health issue that they, or someone they knew, experienced. Mental health issues reported by this sample were frequently seen as being a by-product of negative experiences with social care, housing, offending and drugs and alcohol.

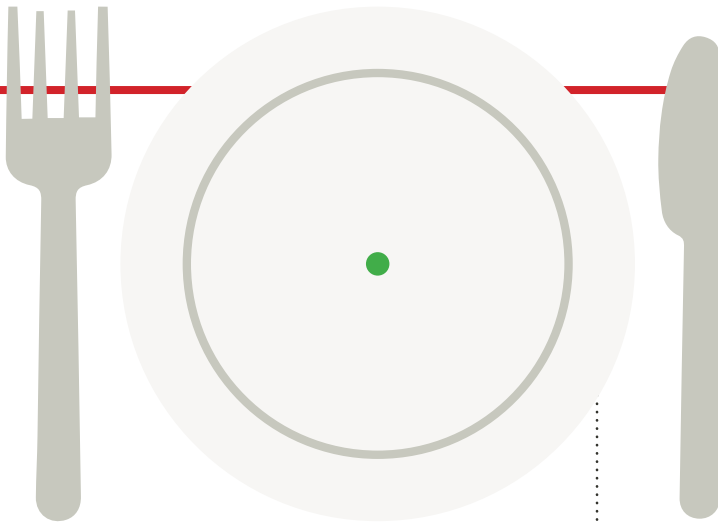
Several praised schools for providing anger management classes and counsellors. However, participants told us it often took a long time to gain access to this support. As ChildLine has said "Young people told us the long wait left them feeling anxious and frightened they wouldn't be able to cope."<sup>10</sup>

<sup>8</sup> Healthwatch Essex (2015) 'YEAH! Report' Kelvedon: Healthwatch Essex: p.21

<sup>9</sup> Department of Health (2015) 'Future in Mind.' London: Department of Health: p.13, 21 & 54

<sup>10</sup> NSPCC (2015) 'Always there when I need you.' London: NSPCC: p.26





The Department of Health have recognised the need for children and young people to have “timely access to clinically effective mental health support when they need it.”<sup>11</sup>

Agata was bullied for being a “fussy eater,” online and in school. Although teachers were informed, the bullying was never resolved. She felt her only control came from choosing what to eat, and she lowered her portion sizes and skipped meals. She became dangerously underweight, and was eventually referred to a counsellor. Agata described this as a “long and painful” process... her family couldn’t understand the issues she was experiencing, and could not intervene at school. She felt isolated and trapped. Alongside counselling, she was referred to a nutritionist. Agata gradually began to feel better and learned about healthy eating; she began to eat larger portions of healthy food. She says improving her self-worth helped, but she felt pressured by media images. Agata said that having self-confidence and support has helped.

# 12

young people said that medication had helped them, or someone they knew, with depression, manic depression or ADHD

Norman Lamb is quoted as saying: “not every child or young person gets the help they need when and where they need it. Some don’t get any care at all, and their problems escalate to a crisis point.”<sup>12</sup> This was true for Ryan, who shared his experience:

Ryan reported the bullying he experienced, but was then bullied even more. In an attempt to end his life, he jumped from a car park and broke his leg, which led to him receiving psychological intervention. Ryan later changed school and received ongoing counselling. He felt it “seemed to take forever” for anyone to take him seriously, or help him. Although counselling eventually helped, Ryan felt he had to try to take his life in order to get the help he needed.

Several participants spoke about Attention Deficit Hyperactive Disorder (ADHD) and Oppositional Defiant Disorder (ODD) diagnoses, and told us about the frustrations of not feeling listened to: one participant’s mum had called the school to inform them of how to manage her brother’s ADHD, but this was not taken on board. Others mentioned having found other forms of support helpful, such as a soft play area to manage anger, and paid for family days out.

9 went to a nearby centre for behavioural issues, and took ADHD medication. They didn’t like that the medication made them feel “groggy” or “knocked out,” but acknowledged it helped prevent them from getting into trouble.

<sup>11</sup> Department of Health (2015) ‘Future in Mind.’ London: Department of Health: p.16

<sup>12</sup> Department of Health (2015) ‘Future in Mind.’ London: Department of Health: p.3

Becky's relative was on a mental health ward for 4 months with manic depression. She was treated with medication and counselling, and slowly improved until she could be released. The hospital regularly check on her, and she needs to take medication for the rest of her life. She was in good health and spirits, and was happy to take her medication. The family are grateful to the mental health services that helped them cope. At the beginning of the experience, Becky was scared her relative would never recover, but she had done thanks to professional help.



One participant's mum had become dependent on her medication, and the dosage now had to be continually increased. Her mum had not been offered any talking therapies, and medication was the only option offered to her. Another person's mum became depressed because of financial struggles. While medication made her feel a bit better, it didn't help with the money worries.

### Participants' Ideas

Participants unanimously felt it would be beneficial for them to develop a better understanding of mental health issues, and maintaining good mental health.

Being involved in the ATF scheme, these young people seemed to understand the positives that could come from being involved in social activities and sports. Participants wished that their relatives with mental health issues had also been offered initiatives to be more active such as Zumba, yoga, Pilates, work experience and volunteering. They felt this would encourage them to leave the house, and benefit from a sense of routine and achievement. For many, it was through these sorts of initiatives that they felt comfortable discussing their issues and asking for further support.

The Department of Health has said: "Young people who are amongst the most excluded from society, such as those involved in gangs, those who are homeless and/or looked-after children, need support from people they trust. This is a small number of young people who may not even recognise that they have mental health problems.

Finnian's sister had used drugs and began experiencing hallucinations. She was always picking up litter to be "a good citizen," thinking that everyone was against her, and even claiming her family had locked her in her room when they hadn't. She was eventually sectioned, and placed in residential care for 3 months without being allowed to see her baby daughter. Upon release she stopped taking medication and relapsed, again being sectioned. She was recently released and is now closely monitored to ensure she takes her medication.



They benefit from having a mental health practitioner embedded in teams that have relationships with, and responsibility for, such groups, such as a youth club or hostel."<sup>13</sup>

### Summary

An improved understanding of these issues would benefit the young people who often felt confused, frustrated or unaware of the support they could receive. Studies have shown that "less than 25-35% of those with a diagnosable mental health condition accessed support,"<sup>14</sup> and while few participants had received formal awareness or information around mental health,

emotional wellbeing and mental health issues tended to be prevalent in their lives.

Participants acknowledged that while medication and talking therapies could be useful, the mental health issues that they and their relatives were likely to experience sometimes arose from circumstances in their lives such as financial worries, unemployment and negative experiences in social care or housing. They felt that these mental health issues would best be treated with support around the issues that triggered them, highlighting the value to be gained from joined-up working across health and social care systems.



<sup>14</sup> Department of Health (2015) 'Future in Mind.' London: Department of Health: p. 31

# Public Health

Compared to the YEAH! report, SWEET! participants were less likely to have received information on smoking, sexual health, drugs and alcohol,<sup>15</sup> but reported higher rates of engaging with these behaviours. Therefore, we wanted to find out their understanding of public health messages, as well as what might factor into choices they make about their health and wellbeing.

## Fitness and Nutrition

Many participants told us they understood public health messages around diet and exercise, but rarely followed this advice. For example, they understood “5 a day” guidelines, but many told us they used highly caffeinated drinks to boost their energy, and ate crisps, chocolate and sweets on a daily basis. Many also told us they preferred spending their money on snacks from shops close to school, rather than eating school meals. They felt that public health messages did not apply to them while young, and that they would deal with the consequences of a poor diet when they were older.

Several of the young people told us that they used the internet to find nutritional information. 11 young people said they tried to eat lots of fruit and vegetables to keep healthy, and drank water to stay hydrated. However, there was confusion about conflicting information that young people had heard on topics such as fad dieting and energy drinks, saying it would be useful to have the option to draw up diet plans in school.



Participants often told us taking part in PE kept them fit, and some took part in swimming and football outside of school.

Participants in an all-female group told us they had counted calories from a very young age, but said that eating healthily could be hard, which made them feel guilty. For some participants, diet was linked to self-esteem and body image.

ChildLine claim that the second main concern for female callers was “low-self esteem,”<sup>16</sup> and overall, self-esteem issues formed 12% of ChildLine’s counselling sessions, with body image forming 6%.<sup>17</sup>

Brian said he is bullied about his weight, but he can’t control who cooks his meals and what they consist of. His mum is busy, and convenience food is often the answer. Being overweight he described the struggle to get control back over his diet, as he sees himself as unfit and is self-conscious, which he says is a vicious circle.



<sup>15</sup> Healthwatch Essex (2015) ‘YEAH! Report.’ Kelvedon: Healthwatch Essex: p. 26

<sup>16</sup> NSPCC (2015) ‘Always there when I need you.’ London: NSPCC: p. 17

<sup>17</sup> NSPCC (2015) ‘Always there when I need you.’ London: NSPCC: p. 23

Female participants often told us that sport and exercising made them feel uncomfortable. They said the 'Us Girls' Street Games campaign had helped, but felt there was no provision for them in local sport initiatives. They also mentioned disliking mixed-gender sport sessions, feeling it was not meant for them, and that their needs were not the focus.

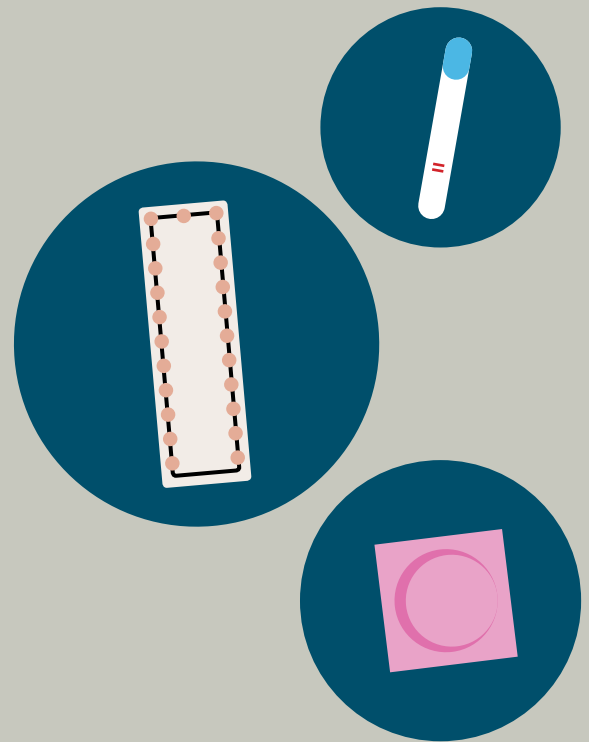
## Smoking

Many of the young people disclosed to us that they were smokers, and felt that information about the negative impact of smoking should be given to them earlier, before these habits became addictive and caused lasting damage. To these young people, smoking was a social activity and a norm among their peer groups.

11 of the participants who smoked were aware of smoking cessation services from TV adverts and online, but 1 in 10 participants felt these campaigns targeted adults who smoked, and did not relate to their age group. One participant had been motivated to quit smoking when a relative died of lung cancer, and found the free pharmacy services helpful in this.

The young people acknowledged that smoking hindered their performance in sport, but felt the effects in general were minimal. They felt that electronic aids (like vaping) were the best form of cessation, but told us they would not consider quitting or cutting down their habit until they were older.

**5** participants said they wouldn't know where to get smoking cessation information



## Sexual Health

Some participants told us they didn't feel they had received enough sexual health information. 3 in 10 were aware they could seek extra information from the school nurse, but approximately 2 in 10 participants were unsure if their parents would be informed about them doing so, with more than 1 in 10 telling us they would feel too embarrassed to seek support or information in this way.

One person's sister had taken a pregnancy test at school, and the school had informed her parents. She was very embarrassed that the school had done this without her consent, although it had made her consider using barrier protection in the future.





Support ???

**2 in 10** participants were unaware of services they could speak to if they, or someone they knew, needed support with drug and alcohol use.

## Drugs and Alcohol

Some of the young people told us they learned about the effects of drugs and alcohol through ongoing, fortnightly classes in school. 25 felt the drugs and alcohol information they received had not been relevant to their experiences.

Keiran told us about his experience of alcoholism. He had married young, and had 3 children, and had covered up his excessive drinking from the start of the relationship. As time went on, Keiran needed to drink larger quantities of alcohol, which eventually resulted in both the loss of his job and his family. Keiran told us it had taken for him to become homeless and sent to prison to be ready to accept support. Understanding addiction, and the reasons leading to his own addiction, really helped him. Keiran attended a regular support group which had been “a revelation,” as seeing people behaving the same way he did made him realise he was not alone. He felt that unless an individual is willing to change, no help that is offered will make a difference.

**SWEET!** participants also shared their experiences of using cannabis. As mentioned earlier in this report, the use of cannabis and other classified drugs often had negative consequences on the young people’s lives, particularly around housing, youth offending and mental health.



Almost

**1 in 10**

participants told us they regularly drank above the recommended limits, and some spoke about addiction and the difficulty they faced in admitting they needed help.

Omar spoke of his experience attempting to give up cannabis. He said that “soft” drug use was seen as socially acceptable, and was the norm amongst his peer group. He felt it bonded his friends, and there was a culture around obtaining and smoking the drug. Omar smoked cannabis on a daily basis until it consumed the majority of his waking hours. He funded his habit by dealing the drug, which resulted in him falling out with friends through arguments over money. He felt that cannabis gave him a sense of purpose, and everyone he knew smoked: “it was a way of life.” Eventually, Omar’s car was pulled over and searched, and he was caught. A further search of his house found more drugs, and he was charged with possession with intent. Rehabilitation had been long and hard, with the drug service focusing on harder drug cessation that was not applicable to Omar. Giving up drugs meant he had to give up his friends, and his wider social group, which led to isolation and depression. He felt more should be done to support young people and tackle cannabis use, believing it was endemic, and the extent of the problem is unrealised.

The majority of drug and alcohol experiences related to us came from male participants, and ChildLine identified that drug-related issues were in the top 10 reasons for referring male callers to other services.<sup>18</sup>

# Sex, drugs & alcohol

## Participants' Ideas

11 SWEET! participants wanted more information about the services available, and felt that promoting them where young people were likely to go would help publicise them (e.g. sweet aisles in supermarkets). Participants also told us it could feel embarrassing asking questions about public health to teachers who delivered drugs and alcohol or sexual health sessions, and wanted the opportunity to be able to speak to health professionals in private.

Clinic hours specifically for young people, similar to a walk-in service, was a popular idea, with participants saying this would help them feel comfortable seeking support around these topics. SWEET! participants also wanted more people within their communities that they could speak to about public health issues: they felt they would be less embarrassed to receive contraception from community or youth services they were already familiar with.

Most commonly, the young people felt that hearing the experiences of former addicts would help them understand the causes and effects of drug and alcohol misuse.

Some female participants said there should be more awareness earlier on in their education about the different types of contraception they can access, and felt there should be more sexual health information and easier access to condoms. One wanted to know how to get contraception without going to her GP, as her mum attends GP appointments with her. The young people often felt they learned a lot about STIs, but wanted access to more general information about sex and relationships.





# youth clinics: In session



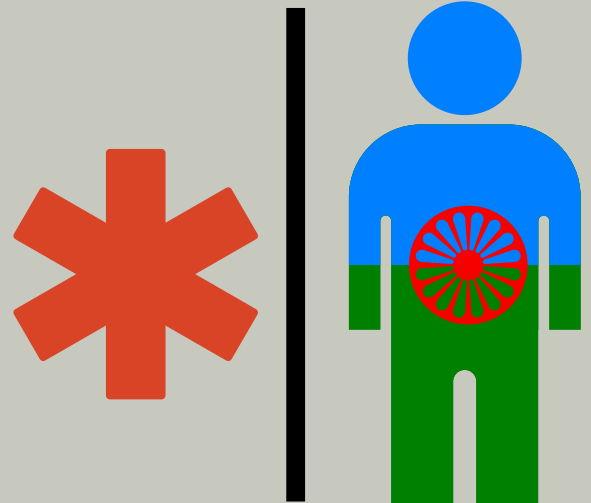
## Summary

These young people tended to partake in unhealthy choices because they were unaware of, or felt unconcerned about, future consequences. They felt public health messages weren't targeted at them, or simply that they "did not care."

Participants wanted relatable and targeted public health information that both appeals to them and addresses their needs. These young people would particularly benefit from trusted sources of public health information embedded in their community. Those from gypsy, traveller and Roma communities spoke of distrust towards those outside of their community, which caused a barrier in accessing health services and information.

Other young people felt they were judged by professionals, including those in school. They liked the idea of being able to speak to someone informally that they could relate to, for example in a youth club or sport session.

This was a group of young people who often spoke about not feeling listened to, not receiving encouragement and feeling unconcerned about the consequences that unhealthy choices or risky behaviour would have on their futures. Low self-esteem and apathetic attitudes were common, and SWEET! participants often spoke of smoking, drinking and becoming sexually active from an earlier age than public health services might anticipate. Not only do these young people want the relevant information earlier on in their lives, they also need the affirmation that they are worthy of good health and good futures.



# 11

said it would be good to have qualified smoking cessation advisors in their schools or youth clubs, so they could seek advice without feeling embarrassed.



# GPs and Hospitals

## GPs

While Ipsos MORI's 'Public Perceptions of the NHS and Social Care' found that 82% of the general public who had visited their GP in the last year were satisfied with their last visit,<sup>19</sup> this was not reflected in the lived experience of SWEET! participants.

The vast majority of participants attended appointments with their parents or carers, and relied on those adults to book their appointments for them. 15% of participants told us they found it hard to get an appointment, and their parents or carers often had to call early in the morning to be in with a chance.

SWEET! participants felt that there were always long waits in their surgery, as appointments ran over, often commenting that when they were seen, appointments felt rushed. These experiences echo those reported in Healthwatch Essex's YEAH! Report.<sup>20</sup>

Some of the young people praised their GPs for referring them to specialist services: one person who was underweight told us his GP helped his mum to get cooking lessons and add more fat to his meals. Others praised GPs and nurses who were friendly and who they felt comfortable asking questions to.

15% of participants told us they cannot always understand their GP because English was not their, or their GPs, first language. This caused participants to feel uncomfortable and awkward, because they did not know if they would be understood, or be able to understand. Other young people said they felt belittled when their GP spoke to their parents instead of to them



# 1 in 10

participants felt negatively about the treatment they received from reception staff, often feeling they were looked down on, treated rudely, or judged.

as if they were unable to understand the conversation. One said doctors speak to him in terms he doesn't always understand, but he feels too nervous to ask questions.

1 in 10 participants also said they would not be comfortable attending an appointment on their own, similar to the findings of our 'YEAH! Report.'<sup>21</sup>

The young people also voiced complaints over fitting appointments around working hours, being unable to make appointments due to public transport and GPs struggling to relate to young people.

Further SWEET! reports will continue to enquire around this topic to understand the barriers that may prevent these young people from feeling satisfied with their GP service.

3 in 10 participants suggested it should feel "less daunting" and "more welcoming" when visiting a doctor. Almost 2 in 10 participants wanted more female doctors, so that it would be easier to make an appointment with a female GP.

A number of participants said that if there was a "teenage surgery" they wouldn't feel judged, and would attend in private without their parents. Others said that seeing younger professionals would make them feel more comfortable. They also felt a doctor or health worker in school would be beneficial.

<sup>19</sup> Ipsos MORI 'Public Perceptions of the NHS and Social Care.' London: Ipsos MORI p.12

<sup>20</sup> Healthwatch Essex 'YEAH! Report.' Kelvedon: Healthwatch Essex: p. 16-17

<sup>21</sup> Healthwatch Essex 'YEAH! Report.' Kelvedon: Healthwatch Essex: p. 14

## Hospitals

15% of participants praised hospital staff for being kind, helpful and caring. Most of those who had stayed on a children's ward said their experience had been positive, as there were TVs and other activities to keep them occupied.

One person told us how their grandma had been looked after well when hospitalised for a back operation, and was given 3 meals a day.

Another said that midwives are friendly, and it was good that everyone was assigned their own midwife to be on hand.

George's mum had a heart attack. She was rushed into hospital and her life was saved by doctors. It had been a traumatic time, but nurses were really kind to George and told him how he could help his mum. He felt they took care of his family and did everything they could do.

Kaiya's grandad was rushed to A&E after having a stroke. The ambulance arrived quickly, and staff were very professional and focused on the job. He was seen quickly by the hospital. He was monitored in the hospital for a week, but eventually died. Kaiya said nurses were very comforting to friends and family. She felt it would have been better if staff came around quicker to do the blood tests, and informed the family about what would happen next.



1 in 10 participants said they felt hospitals were always too busy, and it took too long to be seen. Participants acknowledged that this was not the fault of staff, with 9 concerned that doctors and nurses were overworked and always tired.

1 in 10

participants said they felt hospitals were always too busy, and it took too long to be seen.

Nabila's gran was left feeling very confused after a failed hip replacement. When Nabila came to visit she found it hard, because her gran's meals were often untouched as she was unable to feed herself. When she pushed the button for assistance, no one came, and Nabila was worried her gran would go hungry. The whole family were deeply affected by worry, and Nabila had become phobic of hospitals. She described feeling as though her gran had "no human rights" in the hospital.

# Teenagers' Ward ←

Participants also told us about the price of parking a car at the hospital. Participants and their families could not always afford the cost of attending a hospital, or visiting a relative, and one participant told us his family had spent an entire week of benefit payments on parking their car to visit a relative.

## Participants' Ideas

Participants were unanimously in favour of a “teenage ward” that would act as a transitional ward between child and adult care. This suggestions was also largely popular with participants of the YEAH! report.<sup>22</sup> Furthermore, the Healthcare Play Specialist Education Trust claims there is: “...compelling evidence for advocating the participation of children and young people in contributing to the debate surrounding all aspects of the healthcare environment, from the initial planning and design, to the implementation and maintenance of suitable environments, and finally the evaluation of the environments they interact with.”<sup>23</sup>

SWEET! participants wanted hospitals that were clean and modern, where they felt care was appropriate for their age, or as the Healthcare Play Specialist Education Trust has recommended “encourages the adoption of child-sensitive approaches to health that reflect the differing life stages of children.”<sup>24</sup>



## Summary

SWEET! participants told us about the difficulties they face in booking and/or attending health appointments, and it is important to consider how some participants' chaotic lifestyles, or responsibilities, could factor into this. As a result, participants had a tendency to use services that did not operate appointment systems, such as A&E and walk-in centres, even when this was not the appropriate service.

Visiting a GP was not a familiar experience to some of our sample who relied on walk-in services. Participants from gypsy, traveller and Roma communities also added that their families have little interaction with services outside of their communities (including health professionals), which provided an additional barrier in deterring participants from using services.

Language barriers and nervousness around communicating could also discourage participants from speaking about their health and wellbeing with professionals, and participants appreciated staff who they felt had been friendly, helpful and caring.

Participants also favoured the concept of health professionals being embedded within their own communities, which was felt would improve access for many and proved to be a common theme throughout the report.

Services should therefore be sensitive to marginalised communities and the different needs they have around access, flexibility and communication.

<sup>22</sup> Healthwatch Essex (2015) 'YEAH! Report.' Kelvedon: Healthwatch Essex: p.18

<sup>23</sup> Healthcare Play Specialist Education Trust (2015) 'Exploring the impact environments have on children and young people's experience of healthcare.' Edinburgh: Healthcare Play Specialist Education Trust: p.3

<sup>24</sup> Healthcare Play Specialist Education Trust (2015) 'Exploring the impact environments have on children and young people's experience of healthcare.' Edinburgh: Healthcare Play Specialist Education Trust: p.7

# A&E

SWEET! participants reported a high use of A&E, with the majority of participants having used this service (compared to just 4 in 10 as referenced in the YEAH! report).<sup>25</sup>

9 participants commended fast response times by emergency services, with some praising effective and friendly paramedics and hospital staff, and others commenting on helpful call operators.

Masha called an ambulance when a lady was found in her neighbour's garden. The lady had collapsed after taking drugs, and had developed hypothermia after being in the garden all night. The ambulance arrived quickly, and the lady survived.

Unsurprisingly, the most frequent comment about use of A&E was long waiting times, reported by nearly 45% of participants.

Kelly's mum had a fit and was rushed to hospital. She was left in the corridor in the stretcher, as there were no beds available. Her mum was left lying in the corridor with the paramedics. Kelly found this impersonal and upsetting.



1 in 10

complained that there was not enough to occupy them while they waited, and some felt distressed by slow ambulance response times.

One participant's mum went to A&E when she was struggling to breathe. She waited 2 hours for a bed, and nurses didn't seem to have time to speak to her, and carried out lots of tests without explaining much to her.

Nadia's mum was not very well, and couldn't get out of bed or speak properly. Paramedics took tests and said she had tonsillitis. They left her at home, though later she was sick and went to the GP. The surgery thought she had meningitis and called an ambulance that took her to hospital for testing. She was taken to lots of different wards and had lots of tests, and was eventually diagnosed with tonsillitis. However, Nadia's family were worried as they were not informed what the problem was, and at various stages in her mum's illness it had seemed like meningitis or a stroke.

A quarter of participants felt that A&E staff were unfriendly, and 2 in 10s felt staff were always in too much of a rush. One participant's cousin was given an EpiPen for a nut allergy, but was not instructed on what it was, or how to use it. However, participants acknowledged that these issues could arise from the pressures on staff, with one participant explaining his mum worked for a hospital and was "always stressed," "permanently rushed," often came home late, and did not get to take many breaks.

<sup>25</sup> Healthwatch Essex (2015) 'YEAH! Report' Kelvedon: Healthwatch Essex: p. 36



## Summary

Many of the reasons given as to why the young people had attended A&E indicated this service was not always used for its intended purpose, but was regarded more as the place to go when feeling unwell or injured. However, it is also possible that with participants sometimes disclosing their engagement with risky behaviours their need for this service would be more likely.

The young people often reported feeling that the youngest and oldest patients were prioritised - and while it is often necessary to prioritise these patients, young people need to feel they are also important, and that their care matters.

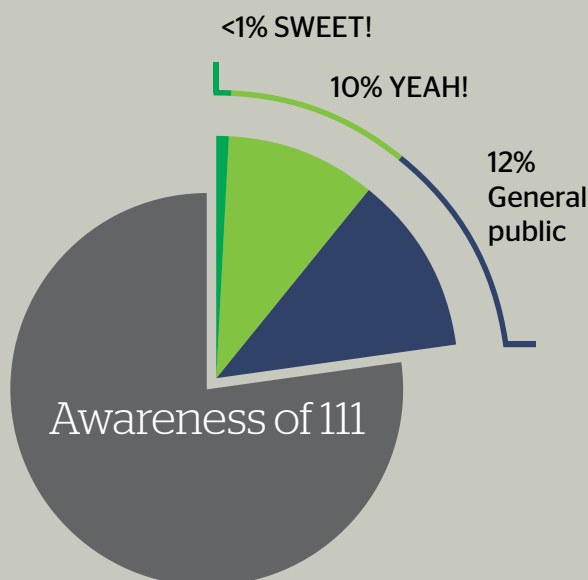
Many of these young people were unaware of appropriate use for different healthcare services, and A&E was often regarded as a catch-all for any health issue that did not require an appointment.

These findings further support the potential benefit of embedding health practitioners in the community, and working on flexible, accessible solutions for these young people.

# Walk-in centres & 111

When comparing the findings of our SWEET! project with those of our YEAH! Report,<sup>26</sup> we found that young people from the Castle Point & Rochford and Southend areas had a larger awareness of walk-in centres, with roughly half of participants knowing what a walk-in centre was (compared to 20% of YEAH! participants).

SWEET! participants knew of a walk-in centre nearby (which has since be decommissioned, and is due to be recommissioned at Southend Hospital), which met their needs for a flexible and accessible service. Although this could be a geographic difference, it is possible that this is more to do with the fact these young people sometimes led chaotic lifestyles and found services requiring appointments harder to access. In future SWEET! projects, this question will be raised and tested.



#### Sources:

Healthwatch Essex (2015) 'YEAH! Report.' Kelvedon: Healthwatch Essex: p. 35  
 Ipsos MORI (2015) 'Public Perceptions of the NHS and Social Care.' London: Ipsos MORI: p. 40

#### Awareness of walk-in centres

20%

#EssexYEAH!  
**YEAH!**  
 report  
 participants

50%

2016  
**SWEET!**  
 participants

All participants who had used the walk-in centre felt that the wait to be seen was too long, and that the service had always been very busy.

Only one participant had used the 111 number, with low awareness of this service reported by the sample compared to 5% of YEAH! participants<sup>27</sup> and 12% of the general public that knew of 111.<sup>28</sup>

We have no further evidence as to why knowledge of 111 was this low for these participants, and the question will again be tested in future SWEET! projects.

#### Participants' Ideas

Participants felt walk-in centres were useful, but should be expanded (as the local service they had used was often so busy there was not room to sit down while they waited).

It was agreed there needed to be greater awareness of walk-in centres and 111 when their situation wasn't an emergency. Participants felt that schools and social media could be used to inform young people of these services.

#### Summary

With SWEET! participants using A&E frequently, an awareness of additional services (such as walk-in centres, 111 and pharmacies) may be beneficial to the young people, but also to emergency services that would benefit from more appropriate service use.

<sup>26</sup> Healthwatch Essex (2015) 'YEAH! Report.' Kelvedon: Healthwatch Essex: p. 39

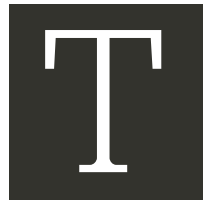
<sup>27</sup> Healthwatch Essex (2015) 'YEAH! Report.' Kelvedon: Healthwatch Essex: p. 35

<sup>28</sup> Ipsos MORI (2015) 'Public Perceptions of the NHS and Social Care.' London: Ipsos MORI: p. 40



# Concluding thoughts and next steps

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The SWEET! Report has sometimes echoed the lived experience of young people engaged with in the YEAH! Report, who also told us about the difficulty of making GP appointments, lack of formal awareness on mental health, and their desire for services targeted at their age range.

However, the SWEET! Report has also highlighted the unique needs and experiences of these young people, particularly around social care, public health and use of mainstream health services. Gaining insight to these differences and their root causes has provided an understanding of how these young people's circumstances shape their health and social care needs and experiences.

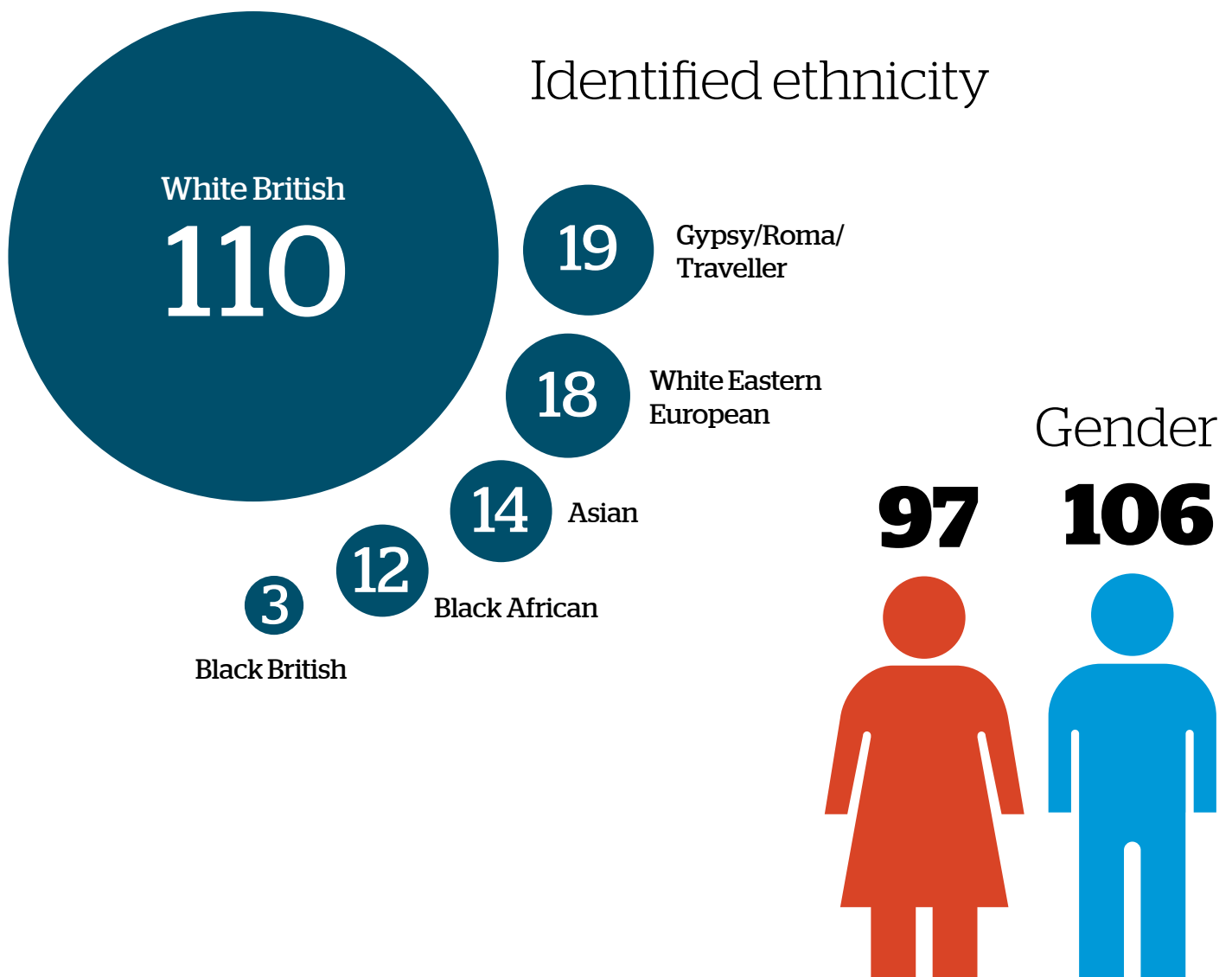
It is our hope that those who can influence and create change will use the findings of this report to inform both attitudes and services within health and social care, with these needs in mind. The enthusiasm displayed by SWEET! participants has shown their desire to make their experiences count, and we believe this report shows the value of trying to embed the voice of young people in decisions made around the services they use, and need.

Having carried out this report, Healthwatch Essex will go on to engage young people from other areas of recognised deprivation in the county, continuing to gather and present the lived experiences of these groups. This will also allow us to measure differences between health and social care needs in different areas of the county, and begin to develop an understanding of how these differences are best addressed.

Healthwatch Essex continues to work closely with CCGs, providers and partner organisations to ensure the voice of young people is represented in all that we do.

# The Participants

**203** young people aged 11-25 participated in SWEET!



# Abbreviations

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<b>A&amp;E</b>	Accident & Emergency unit
<b>ADHD</b>	Attention Deficit Hyperactive Disorder
<b>ATF</b>	Achievement Through Football
<b>EpiPen</b>	Epinephrine Pen
<b>GP</b>	General Practitioner
<b>NHS</b>	National Health Service
<b>OCD</b>	Obsessive Compulsive Disorder
<b>ODD</b>	Oppositional Defiant Disorder
<b>PE</b>	Physical Education
<b>SWEET!</b>	Services We Experience in Essex Today (Healthwatch Essex, 2016)
<b>YEAH!</b>	Young Essex Attitudes on Health and Social Care (Healthwatch Essex, 2015)

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# Acknowledgements

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Healthwatch Essex would like to thank all 203 participants of the SWEET! Project whose willingness to share personal, and often painful, experiences has made this report possible. As these young people have said, speaking out can be difficult, yet doing so can help to make a difference to the lives of others.

We would also like to thank our partner, Achievement Through Football, for facilitating the SWEET! sessions and informing the reporting process, as well as for the great work they already do with these young people.

Thank you to Tom Nutt, David Sollis, Stuart Long, Alex Blowers, Sarah Haines, Sam Glover and Anna Faro for their help in editing this report.

Thank you also to the schools, colleges and youth clubs where these sessions were based.

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