Shared Future
A Community Interest Company

healthwatch
Blackburn with Darwen

Amplify Community Researchers Project 2015/16

A snapshot of Young People's perceptions of Health Services in Blackburn with Darwen

About Healthwatch Blackburn with Darwen

Healthwatch gives people a powerful voice locally and nationally. At a local level Healthwatch BwD helps people get the best out of their local health and social care services. Whether it's improving them today, or helping to shape them for tomorrow. Healthwatch BwD is all about local voices being able to influence the delivery and design of local services.

About Shared Future

Shared Future is a community interest company primarily serving the North West of England, and with associates based across the UK.

Their aim is to provide an excellent service that makes a difference to communities and individuals and works towards a fairer, more equal society.

Their mission is to move those they engage with towards greater individual and collective authority and autonomy, by supporting their ability to act wisely, confidently and in community with others. Since setting up Shared Future in 2009, they've built a team of experienced consultants and practitioners with a diverse range of skills. They work together on worthwhile and stimulating projects that reflect their personal values.

www.sharedfuturecic.org.uk

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1. Introduction

Introduction to Amplify

Amplify is the dedicated Young People's Project for Healthwatch Blackburn with Darwen, designed & delivered by young people.

The project aims to put young people's views, experiences & expertise at the forefront of shaping local Health & Social Care Provision, whilst also influencing the way in which our organisation works.

Introduction to Phase 1 Workshops

The Amplify community researcher's project took place in two schools & two additional youth settings in Blackburn with Darwen in late 2015 and early 2016. Its aims were to:

Schools

- Investigate the perceptions of a selection of secondary school age children, from two schools, on the health and wellbeing issues affecting them.
- Develop, train and mentor a group of local students as Healthwatch community researchers.
- Develop a working relationship between Healthwatch Blackburn with Darwen and the two secondary schools in the area in order to better address the wellbeing and health needs of young people in the area.

Homeless Young People (Nightsafe)

- Investigate the perceptions of a selection of young people experiencing homelessness on the health and wellbeing issues affecting them.

Youth social action group (SLYNCS)

- Investigate the perceptions of a selection of young Black Asian Minority & Ethnic (BAME) people (15-19) on the health and wellbeing issues affecting them.

This report summarises the findings of the team of researchers and the process that was followed. The detailed description of the process contained here is an attempt to encourage all parties to learn from the experience with the view to improving future practice.

Research Methods

A team of Blackburn University students were recruited by Healthwatch staff and then trained by Peter Bryant of social enterprise Shared Future, to act as community researchers.

Healthwatch staff recruited the students by attending a Fresher's Event at the University & talking to students interested in the project and the work of Healthwatch.

Over four evening sessions the students were trained as community researchers. They developed their own skills and knowledge through a participatory training programme that was highly practical, drawing on the practice of Participatory Appraisal, Appreciate Inquiry and Asset Based Community Development.

Participatory Appraisal can be defined as a set of approaches, behaviours and tools that allow local people themselves to identify key issues affecting them and to then plan and take action. Participatory research methods include mapping, 'opinion lines', 'ranking' and 'problem trees.'

The choice to work with local Blackburn College students rather than with external professional researchers was made for a number of reasons: Firstly, in order to develop a group of skilled local community members who may be interested in using their new skills and confidence in other settings within their own communities and perhaps in the future with Blackburn with Darwen Healthwatch. Secondly, young local researchers may have better knowledge and understanding of the issues facing young people and the context of where they live.

This can serve to improve the quality of the research process. The great diversity within the team (gender, ethnicity and age) was also a great asset as it enabled young people in the schools a wider choice of people to work with and place their trust in.

During the training the students worked together to experiment with various participatory research tools such as body maps, community maps, opinion lines and ranking. They discussed the behaviours of a good community researcher, the design of research questions and the use of open questions, before agreeing team contracts for their work in schools and role playing their future work.

Participatory research methods were chosen for this project for a number of reasons, namely

- They are fun. More formal approaches such as interviews and questionnaires are less able to engage most young people
- They are able to enable young people themselves to set the agenda within the broad boundaries set by the questions, so enabling them to choose what they want to talk about and defining themselves what wellbeing and health is. Often questionnaire style approaches are based around pre-set questions that reflect outsider's understandings. With participatory tools such as mapping, the participants themselves decide what should go on the map. This represents a shift from a pre-determined and closed approach to a participatory and open approach.
- They increase the chances of young people's interaction with Healthwatch being a positive experience, so paving the way for a future ongoing relationship.

- They often use the ground rather than the table or the desk. With mapping for example, this has the advantage of enabling many people in parallel to take part as equals and avoids the embarrassment suffered by many in having to make eye contact during the interactions, but instead to look at the tool on the floor.

After having experimented with a range of tools in the training, the community researchers decided upon a sequence of tools to use in the limited time period available in the schools. The sequence of tools aimed to gather:

- a better understanding of what factors young people (13-14s) believe effect their health and wellbeing
- a better understanding of where 13-14 year olds get support for their health/wellbeing needs and what they think of existing forms of support/services

The sequence of tools used was as follows (for a full explanation of each tool see Appendix 1):

Tool 1: Body Mapping

Using the outline of a body drawn on flip chart sheets on the floor, participant's mark on the 'body map' what they '*think Sam needs to do to have good health*'.
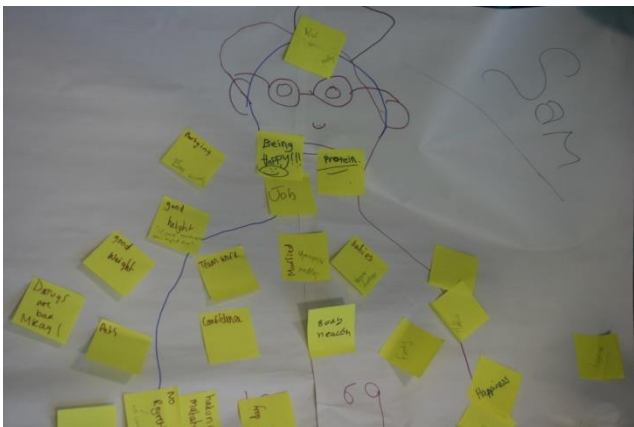
Tool 2: Community Mapping

Building on the previous activity, participants worked in small groups with large maps of different parts of Blackburn/Darwen. Students used the map to '*mark with post-its the places/things that make it <u>easy</u> for young people to be healthy, look after ourselves and feel good*' Having considered this, the group then marked the map with different coloured post-its place to show things that make it <u>difficult</u> for young people to be healthy, look after ourselves and feel good'. Where possible the researchers engaged in conversations to attempt to find out the reasons behind their choices.

Tool 3: Ranking & Voting

The process then explored '*what <u>you</u> would feel most comfortable doing if <u>you</u> wanted to get support with your physical or mental health?*' The group worked with a set of cards made up of some of the answers from the previous mapping activity (e.g. family, friends), some pre-prepared cards of local services and blank cards for participants to add their own suggestions. Participants were then asked to vote on their top three choices. The community researchers then led a discussion on the results of the vote.

The community researchers led workshops in schools on four different occasions:

- Session 1: Darwen Vale High School (15th October 2015) 19 young people took part in one session
- Session 2: Blackburn central High School (12th November 2015) 22 young people took part in one session
- Session 3: Darwen Vale High School (15th October 2015) 125 young people took part in five different sessions
- Session 4: Blackburn Central High School (21st January 2016)

These workshops were supplemented with two focus groups at Darwen Vale that aimed to explore in more depth some of the issues identified during the preliminary workshops.

The community researchers also led workshops with young people experiencing homelessness & a young person's social action group on two occasions:

- Nightsafe: 4 young people took part in one session
- SLYNCS: 24 young people took part in one session.
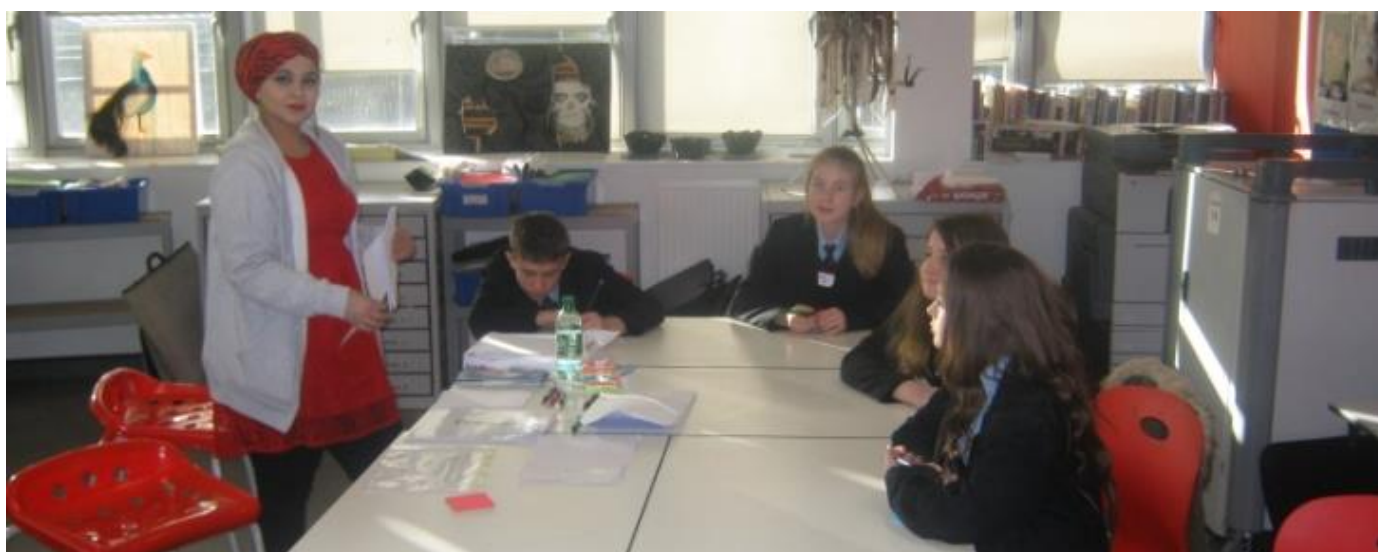
The Amplify Team

Nine Blackburn College students took part in the training programme, seven of them went on to lead at least one of the school sessions. The following section profiles some of the community researchers and describes their motivation for talking part and what they got from the process.

'My name is **Danielle**. I was an office manager for 6 years but since starting Uni and working with Healthwatch, I now work as a healthcare assistant in a residential dementia unit. I thoroughly enjoy my job but it is just my first step in a career in social care. At just 32 years old I was a young mum and a late starter of Uni but I will not let that stop my opportunity for personal progression and the chance of a strong career. I believe in listening to others even when you've had the worst day ever but most of all I believe in the importance of smiling and laughing.

I am quite privileged to be part of the Amplify Project and the Health Watch Team. A personal impact has been the confidence I have been able to gain and most importantly be able to be myself with that confidence'.
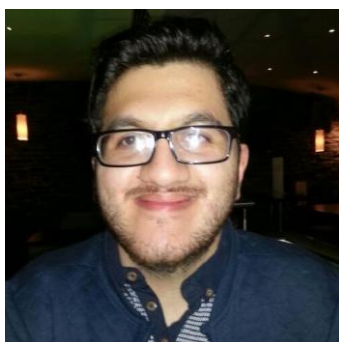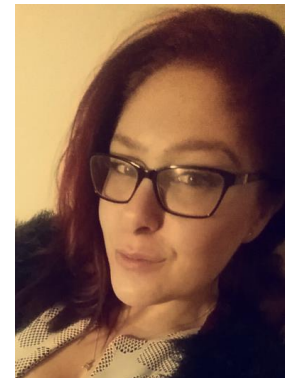
'My name is **Muhammad**. I am 23 years old and through my volunteering have developed a passion for working with different communities and peoples to create a safe space for engagement, celebration and support.

Having worked on a youth project previously and speaking to young people I understood that young people were notoriously poor at accessing health services. I wanted to develop my understanding further about how these young think and feel. The training was excellent; it gave me the confidence and the knowledge to work with young people in the tasks and in the future. The project has given me the experience and tools to work in this field in the future. I have learnt how to engage with large groups of young people, how to act and deal with any issues and how to help the young people feel comfortable enough to reveal their inner most feelings and thoughts about the issues we were focussing on.

'My name is **Deborah** I am a student of (UCBC), I have 3 children, and I have a previous experience working as an immigration officer dealing with the refugee, asylum seekers and vulnerable people

I took part because I am very passionate about helping people and reaching out to those in need. The training has been a great achievement, and it's very good, because it opens my heart and knowledge to know how and what people go through and to let them know that here is help out there if they need it. And also we are here to listen and not to judge. I am glad and privileged to be part of the team.

The project has a very positive impact on me, and it also let me how vulnerable some teenagers are, and they need help. I learnt how to listen, how to give advice, and how not to judge. I would love to continue to be a health watch amplify project facilitator, and I will like to continue getting adequate training and continue to help others.

My name is **Muhsin.** I consider myself to have a very unique background. My principles lie in hard work and integrity have been main motivation to have the privileged opportunity to pursue work and live in 3 different continents. My career pathway to date has centred between retail and the shipping industry. Since starting my undergraduate studies at University Centre of Blackburn College my unfulfilled passion for volunteering has been ignited. The Amplify project and Health Watch has been an enlightening venture to be part of. On a personal level, the impact has been acquiring knowledge of how the Health Watch team of Blackburn and Darwen positively enhance the local community including their work with young people. For me working with young people has been a rewarding journey for my learning process.

Research Finding & Key Themes: Schools

Tool 1: What's needed for young people to have good health?

During the body mapping activity, participants were asked to think about what they thought the fictional person, Sam (gender neutral), needs to do to have good health. The summary of the results is given below. The number of times an issue was mentioned is recorded as a count.

Table 1: 'What do you think Sam needs to do to have good health?' frequency of themes identified.

Theme	Count	Percentage of Total
Food And Diet	240	31.2%
Physical Activity	114	14.8%
Mental Health	54	7.0%
Other	44	5.7%
Socialising And Communicating	43	5.6%

Most commonly young people that took part in the activity, identified **food and diet** as the most important factor (31%) this included 'fruit and veg' (6.2% of the total) and water (4.1% of the total). The second most frequently mentioned category was **physical activity** 14.8%, with 10.1% of the total talking about exercise and 4.7% sport.

Mental health was talked about, but by considerably less of the young people involved (7% of the total sample), 3.4% mentioned happiness (26), while others talked about self-confidence (9), humour (2), relationships (2), stress (1), relaxation (1) etc. Forty three people (5.6%) identified **socialising and communicating** as of importance. Table 2 starts to unpack some of this data and offers more detail of the subthemes identified from the analysis of the results.

Table 2: 'What do you think Sam needs to do to have good health?' Subthemes identified.

Theme: Subtheme	Count	Percentage of Total
Food And Diet	240	31.0%
Healthy Diet	82	10.6%
Fruit And Veg.	48	6.2%
Other	48	6.2%
Water	32	4.1%
Vitamins / Minerals	15	1.9%
Fast And Junk Food	8	1.0%
Sugar	5	0.6%
Caffeine	2	0.3%
Physical Activity	114	14.7%
Exercise	78	10.1%
Sport	36	4.7%
Mental Health	54	7.0%
Happiness	26	3.4%
Self Confidence And Motivation	9	1.2%
Good mental health	3	0.4%
No Worries	2	0.3%
Not being depressed	2	0.3%
Humour	2	0.3%
Healthy mind	2	0.3%
Other	2	0.3%
Relationships	2	0.3%

Tool 2: What makes it easy /difficult for young people to be healthy, look after themselves & feel good?

The body mapping activity gave the participants a chance to reflect upon what good health could mean. Building on this knowledge the groups were asked 'What are the places/things that make it _easy_ for young people to be healthy, look after ourselves and feel good?'

The young people in the sessions used maps of their neighbourhoods to attempt to answer this question. The results from this activity are summarised below:

Table 3: Places/things that make it easy for young people to be healthy, look after ourselves and feel good. Frequency of themes identified.

Theme	Count	Percentage of Total
Community Leisure Facilities	65	16.6%
Sport/Physical Activity	45	11.5%
Parks And Outdoors	39	10.0%
Others	37	9.5%
Friends And Socialising	35	9.0%
Home (My House)	28	7.2%
Medical Help And Hospital	28	7.2%
School And College	25	6.4%

Community Leisure Facilities were most frequently mentioned (16.6% of responses), on sixty five occasions, the Ice Rink (6), Youth Zone (6) Bowling (6), Football pitch (5), the Cinema (5), Community Centre (4), Paintballing (4), Trampolining (4), Leisure centre (4),

Sport and physical activity was mentioned frequently, i.e. on 45 occasions, representing 11.5% of the participants. The most frequently mentioned sport or physical activity was the Gym (14 people) followed by Football (9) and then Swimming (8).

Thirty-nine participants identified parks and outdoor spaces as being of importance (10%) of the data collected. Twenty seven talked about parks and/or named specific parks. Although this does show an understanding of the role that **parks and outdoor spaces** can play, it must be recognised that this mapping activity does encourage young people to think specifically about health in relation to place i.e. places that can be identified on the map. This means inevitably that other categories may scoreless e.g. **friends and socialising** (35 people; 9%).

The positive aspect of takeaways was picked up by a number of young people (23), one noted _'Cheer me up if I'm upset, buy me a takeaway and watch a movie'_.

Using the same map the young people present at the sessions were asked to identify 'the places/things that make it **difficult** for young people to be healthy, look after ourselves and feel good?'

Table 4: Places/things that make it difficult for young people to be healthy look after ourselves and feel good. Frequency of themes identified.

Theme	Count	Percentage of Total
Fast Food and Takeaway	79	25.5%
Other	68	21.9%
Drugs	17	5.5%
Alcohol	16	5.2%
School	16	5.2%

The most frequently mentioned 'places/things that make it **difficult** for young people to be healthy, look after ourselves and feel good' was **fast food and takeaways** (79 entries, 25.5% of the total). During discussion one young person noted

'There's too many McDonalds, it's the only place that kids can go to get food and then they go a lot cos it's an easy public place and then they get fat' another went on to say:

'Takeaways are tempting because every street you go to there's one, it's all greasy 'n' that and bad for you'.

McDonalds was mentioned by 24 different people as making it difficult for young people to be healthy, look after ourselves and feel good, others talked about, KFC (15), unhealthy takeaways (11), Subway (4), Burger King (3), Pizza Hut (2), Aftabs, Dixyland, Greggs, takeaways and the chippy.

Another student from Darwen Vale observed that the *'corner shop doesn't sell anything healthy, just fizzy drinks'*.

When we combine the categories of fast food/takeaways, food, cheap unhealthy foods and sugar the prominence of this issue increases to 27.4% of the entries.

Whilst talking about the problem of there being 'nothing to do' (mentioned by 9 young people) one participant said: *'because there is nothing to do you stay indoors, when (I'm) indoors I stay in my room and watch Netflix. If you stay inside you get lazy and become unfit'.*

Another young person suggested that this was due to activities being inaccessible: *'some places you can go to like the cinema is too far way and expensive its takes ages to walk'.*

'People don't go out they stay indoors and that's boring. You gain weight because you can't exercise'.

When talking about community leisure facilities one person (of the 2.3% that mentioned it), noted: *'I used to go to the Youth Zone but after a year it got boring'.* This sentiment was mentioned on three separate occasions.

Some of those in the session explained why they had identified parks as a problem. 2.9 % of the things identified as a problem were parks. Mosley Park was identified because of the *'drug dealers'* while Ashton Park was mentioned because *'someone got raped there'.* Witton Park was most frequently mentioned (twice).

Under the sub theme of transport one person talked of feeling unsafe on the train platform.

On the subject of drugs one student explained that they worried that their dad and brother smoked *'weed'* and that they don't know where to get help.

On three different occasions concerns over 'bombings' and 'shootings' were mentioned.

It proved difficult to categorise or interpret some of the answers to this question, hence the large 'others' category, this included comments as diverse as weather (4), no police (2), pollution (2), government, Chris's house, graveyard (2), broadband and diseases (all noted once unless otherwise stated above).

Tool 3: What would young people feel most comfortable doing if they wanted to get support with their Physical or Mental Health?

In the final activity participants were asked to consider the question '*What you would feel most comfortable doing if you wanted to get support with your physical or mental health*?'

Each person was given three votes each and asked to write their top three on a blank sheet which was then , folded and given back to the community researchers. Once all the data had been collected themes were identified by the lead researcher and each response classified according to the theme. The results are as follows:

Table 5: 'What you would feel most comfortable doing if you wanted to get support with your physical or mental health?' Frequency of themes identified.

Theme	count	Percentage of total
Medical professionals	119	28.8%
Family members	83	20.1%
Friends	71	17.2%
Home	30	7.3%
School	28	6.8%

Medical Professionals

28.8% of the responses were for medical professionals. This can be further broken down to Dr/GP (11%), Hospital (8%), Pharmacist (3%), Health Centre (2%).

While medical professionals were frequently mentioned other professions/support services were less so. For example Brook was mentioned four times, the Everybody Centre 3 times, MIND and the Wish Centre twice.

One young person talked about the Wish Centre and how they would go there because '*they will keep it private......they are not family because family don't need to know*'.

Whilst talking about the role of medical professionals one young person explained that '*you might be too afraid to get help so you'd go to your doctor*'. Two talked positively of the experience of visiting their doctors to talk about their anger issues and diagnose their ADHD. Others were less inclined to seek the help of a medical professional.

One student from Darwen Vale talked of how they didn't like going to the GP because the staff are unhelpful and rude. Similarly another talked of how '*going in is awkward, feels awkward*'. In another group another young person said: '*I don't like doctors they are too stressy and I don't trust them*'.

While talking about the local health centre (Darwen) one of the young people noted that: '*If you've got a problem with smoking but don't want to tell (your) parents go there*'.

This conversation led to a discussion about the image of the centre and stigma around its use. Some in the group felt that labelling the centre as a Health centre meant that if people saw you entering the building they '*Might think there's something wrong with you*'.

'*If people see you walking in, they think you're a weirdo*'

One group continued the discussion about accessing the doctor. It was unclear amongst the group about how old you need to be to be able to go to the doctor on your own. One thought it was 13 while another thought 16 or 18.

During one of the sessions one young person concluded *'I wouldn't go to any of them, don't speak to anyone, (I) keep it bottled up'*.

Friends

Friends were also important taking 17.2% of the share. When these three categories of relationship based support networks are combined i.e. family members, home and friends the share hikes up to 44.6%.

The importance of confidentiality and trust was stressed by many. One young person in explaining why they wouldn't look to their friends for support with their health needs added: *'they might tell other people'*, similarly another said they wouldn't trust them not to tell others.

Another said *'I wouldn't tell friends because they would take the mick out of you'*

'Friends don't last forever, if they don't like you anymore they can go around spreading it'

In contrast another went on to explain why they identified friends as someone they'd go to for support with their physical or mental health echoing the opinions of the 17.2% who would look to their friends.

- *'I'd tell a couple of close friends that I can trust'*

- *'if you have certain friends they won't judge you and they'll help and support you'*

- *'Don't feel like a weirdo talking to them'*

- *'You might tell your friends because they are the same age as you, know what's happening at school and can relate to you'*

Family Members

Family members and the home were frequently mentioned and when the two categories are combined they account for 27.4% of the choices.

'They're your own blood', explained one young person in one of the focus groups.

'They can support you; they can't force you to do anything'

One young person explained why they had not chosen parents as their first choice. They responded that *'they don't have the right skills and they are not trained'*.

One participant explained that they wouldn't go to the family as they might get angry.

School

Schools accounted for 7% of the responses (28 young people), 4% of these were for the PATH project (15 young people), 1% (6) for 'school' generally, one for ASU and one for teachers.

School was mentioned by some of the young people in the project. One young person explained why they would go to their form tutor: *'you see them every day. I trust them to keep it private; we wouldn't go to the 'stress' teachers'*.

In one small group discussion all six of those present said they could identify a teacher they would happily go to. However others were less enthusiastic *'Teacher might treat it like it's nothing'*.

Pathways was mentioned on a number of occasions. One young person explained why they put Pathways as one of their top choices.

'because it's confidential and other people don't know your problems'.

Another went on to explain that the '*Teacher might treat it like it's nothing but PATH will take it seriously*'.

'They don't act like teachers, they act like friends'

However some we spoke to were less enthusiastic about the role of PATH: '*People make fun if you go PATH, people take the mick, think they've got some something wrong with them*'.

Clearly for many the stigma attached to mental health and seeking support is still a barrier. In the words of one young person talking about some people's reluctance to use the Pathways service due to the stigma attached: '*He's got mental issues, he's a saddo..*'

Other

Nineteen young people identified their own bedroom as a key place. One young person explained why: '*chillin' in your room helps you calm down*'

Others explained that the attraction of the bedroom as a place for gaming, it is a 'totally different place, one minute you're in school, the next you're an international footballer' similarly another noted that playing Play station is a '*Different world, like a release*'

There was some evidence of the importance of key people outside of the family. In one of the groups a young person talked about how he didn't like the area in which he lived (its) '*quite rough*' but that he regularly goes Kick Boxing at his local community centre which is run by a volunteer and that he would feel comfortable talking to them.

In a separate conversation a different young person talked about their first choice of support being their Football coach. In a similar vein two young people talked of the importance of sport. One spoke of how if they felt angry

they would play football, '*but play dirty, because you'd get your anger out*'.

While eight people mentioned the internet as a source of support others were less sure, in particular in terms of what value to place on information gathered there:

- '*The internet doesn't always tell the truth*'.
- '*Don't know what to trust*'
- '*On the internet if you search something its other people's opinions*'
- '*The internet's massive, millions of results, what's real, what's not?*'
- '*My brother broke his leg, he looked on the internet and it said he had cancer, you can't trust the internet*'

Another member of one of the focus groups suggested that they would be worried if they used the internet for support with any health needs, '*worried in case people find out*'.
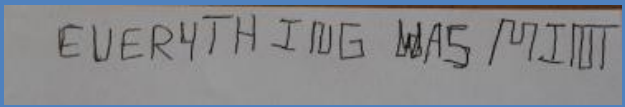
Feedback from young people

Come back tomorrow. really enjoyed it ☺ Thanks! x

I really enjoyed it with claire & ben. come back tomorrow

EVERYTHING WAS MINT

Research Findings & Key Themes: Homeless Young People (Nightsafe)

The workshop with the small number of 16 – 24 year olds from the homeless project at Nightsafe revealed similar themes to the workshops in schools.

When asked '*what do you think Sam needs, to have good health?*' The most frequently occurring answer, in keeping with the findings from the schools, was food and diet. Similarly the second most frequently mentioned answer was physical activity (e.g. gym, sports, exercise).

Other factors prioritised by the participants of the workshop included personal hygiene, relationships and money (e.g. security from money). Two of the participants mentioned alcohol.

Some of the answers from this group were not recorded during the schools conversations and were unique to this group, for example 'having a job' and 'working' (routine).

In keeping with the other workshops, participants used the map to identify places/things that make it easy for young people to be healthy, look after ourselves and feel good.

Once again the themes identified were in keeping with the results of previous workshops. The most frequently mentioned answer was community leisure facilities (soccer dome (football with Nightsafe), Audley sports centre, Hustler Snooker club, Gym, Waves).

The second most frequently mentioned answer was the family (e.g. 'family live here – sister', 'daughter lives here', 'Nan's house'). Community facilities such as Nightsafe were mentioned as was fast food and takeaway outlets ('Pizza Hut', 'Nandos', 'Kebabish').

When asked what places or things make it difficult for young people to be healthy, look after ourselves and feel good, the group offered seven responses. Two the responses referred to drugs (too many drugs, King Street full of prostitutes and druggies). This was an issue that was picked up throughout the workshop. The following comments were typical 'people smoke everywhere in Blackburn', 'there are too many young people taking drugs', 'drugs are very accessible in Blackburn (any drugs, heroin, legal highs')', 'there is nothing to do in Blackburn apart from using drugs'.

The other responses focussed on the need for places/opportunities that allow people to reach their potential i.e. 'more places like Nightsafe - safe haven, non-judgemental', 'more places that show opportunities are available – Blackburn is not the be all and end all' and 'no potential'. One person referred to Blackburn as a 'dead end for people' while another complained that there is 'nothing to do'.

In keeping with the other workshops the group used the ranking activity to attempt to discuss what they would '*feel most comfortable doing if you want to get support with your physical or mental health*?'.

Once again the findings here echoed those from the school workshops. Medical professionals were most frequently mentioned (e.g. 'doctors', 'GP', 'health centre') and family members in second place (e.g. 'Mums', 'sister', 'Nan's house'). The third most popular response was in terms of professional support (e.g. 'Inspire/CRI', 'Job Centre').

One participant noted that they 'wouldn't go to Brook'.

The group spoke about the valuable role of the Nightsafe project i.e. 'you don't always know about Nightsafe until you need it' and 'Nightsafe this is the only place I come for everything. We need more places like Nightsafe, not worrying, chilled out'

Research Findings & Key Themes: Youth Social Action Group (SLYNCS)

Findings from this workshop also echoed the findings from the series of school workshops. When asked 'what do you think Sam needs to have good health?', In keeping with the school and Nightsafe workshops the most frequently occurring response was food and diet (e.g. balanced diet, healthy diet etc).

The group also talked about the importance of physical activity ('working out'), personal hygiene and relationships (e.g. friends, good friends).

The community mapping activity used five different maps to reflect the geographical spread of participants.

When asked 'what makes it easy for young people to be healthy, look after themselves and feel good?' The top scoring result was the same as in the school workshops and the Nightsafe workshop i.e. community leisure facilities (e.g. DW Gym, Astroturf, playing fields etc). The second most common response was for parks and outdoors (e.g. Shad park, Witton park).

The importance of fast food and takeaway outlets was reinforced in this workshop with people identifying some five different outlets that help people to be healthy look after themselves and feel good.

Interestingly two nightclubs in Newcastle were mentioned as was the Dahna Lounge (a Shisha Lounge in Blackburn). SLYNCS was also identified.

Using the same maps the group then focused on the places/things that make it difficult for young people to be healthy, look after ourselves and feel good. By far the most frequently mentioned barrier was fast food and takeaway outlets (echoing school results). Drug-related problems were also highlighted by the group. However issues related to race were also highlighted by the group as of major concern. Two people talked of the problems associated with what they called 'white flight' and three spoke of 'religious 'separation', 'separated society' and 'Asian separation'. Two spoke of problems with 'racism'.

Language & Communication Findings

Over the course of a day we delivered five workshops in Darwen Vale High School which gave young people the opportunity to inform us of the Language & Communication they best engage with and understand.

Language

Taking words commonly used by Healthwatch and the wider Health & Social sector we asked young people what the words meant to them and for suggested alternatives they may better understand or engage with. We were also able to identify the words which were most commonly misunderstood or unknown by young people.

Words most commonly misunderstood or unknown:

1. Advocacy (26)
2. Signposting (19)
3. Access Point (9)
4. Function (7)
5. Influencing (5)
6. Represent (3)
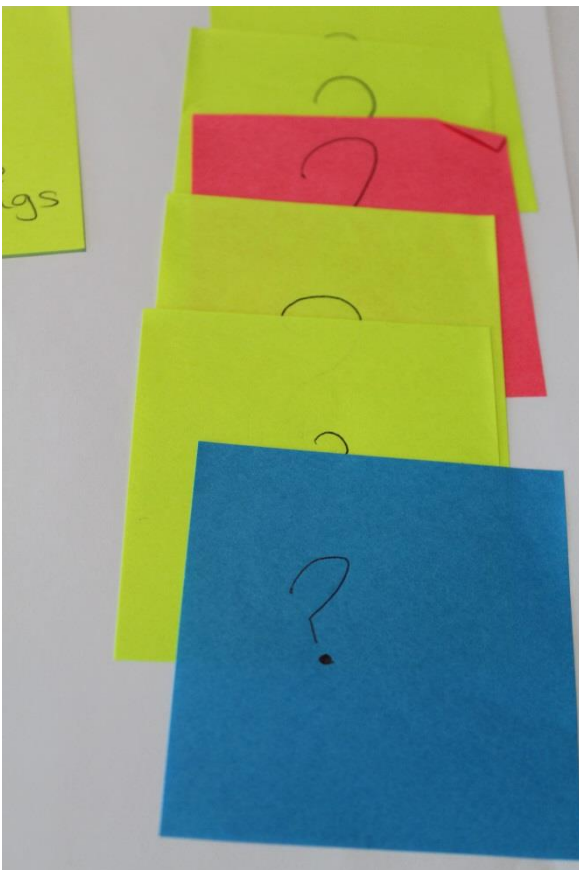
Communication

To understand how best to communicate with young people we asked which Communication method they were most likely to engage with to access information or find out more about the project.
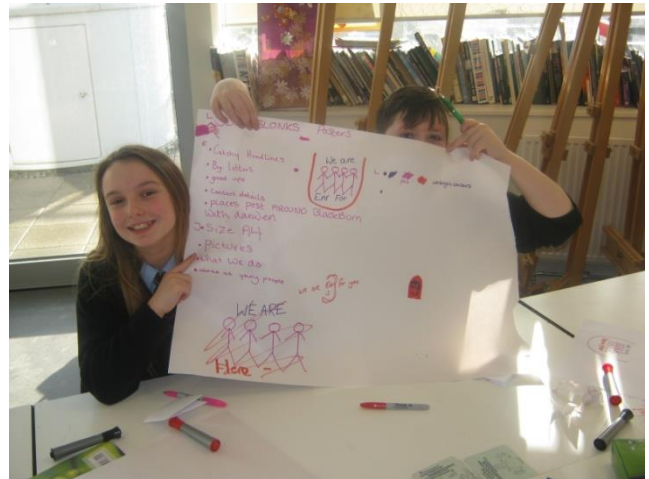
1. Social Media (285) 37.1%
2. Video Media (147) 19.1%
3. Print Media (114) 14.8%
4. Face to Face (113) 14.7%
5. Visual Media (109) 14.2%

The findings from this workshop will be used in the production of our information & promotional material for Amplify.

Additional Activity

Branding

Over the course of a day 105 young people were involved in helping to create the Amplify brand, including designing a logo and slogan for the project. The five best logo designs where chosen by the Amplify team and a further 115 young people had their say on these, voting for their favourite logo and slogan.

Amplify Slogan

We asked young people to come up with a slogan for Amplify which captured the spirit of the project. These were the top three slogans voted for by young people:

1. You have a voice, use it (153 votes)
2. Make your voice heard (133 votes)
3. Turn up the volume (107 votes)

'You have a voice, use it' will be the official Amplify slogan once the project is formally launched later in the year.

Amplify Logo

We asked young people to vote on their favourite logo, the winning logo will now influence our final logo design which will be launched in July.

Helping young people find and access services

We have delivered 9 drop in sessions in schools over the lunch period in which young people have been able to find out more about the project. Moving forward the drop in's will have a monthly theme to allow for more targeted conversation & feedback, gathering views & experiences on particular issues, linking in with national themes to ensure drop ins are both interesting & relevant to young people. These sessions will provide young people with information & signposting on a variety of health related themes.

> 343 young people engaged with us at 9 lunchtime drop in sessions.
>
> 97% of the young people told us they thought Amplify was needed

Over a 13 week period two students from Tauheedul Islam Boys' High School complete a placement at Healthwatch BwD. Over the placement Muhammad Umar and Adam Desai designed a quiz to ask young people their experience of local provision. In total 44 young people completed the quiz. The results from their engagement are below.

Involvement

61%

Of young people did not feel as involved in decisions about their care and treatment as they want to be.

Confidence

68%

Of young people are either confident or very confident speaking to professionals about private health issues .

11%
23%
21%
45%

Very Confident
Confident
Unsure
Not Confident
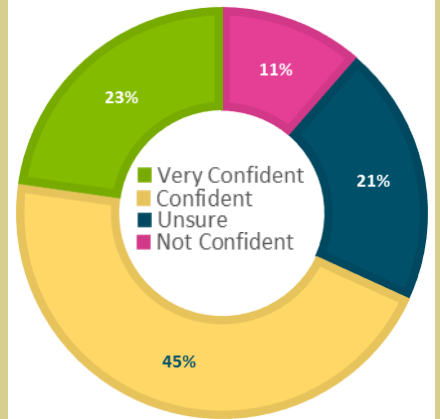
Finding Support

34%

Of young people would absolutely know where to get support for mental health.

41% have an idea

16% Unsure

9% No idea

Privacy

80%

Of young people are confident their confidential information they provide will be kept private.

4%
16%
39%
41%

Very Confident
Confident
Unsure
Not Confident

What Next

Amplify Sub Group: A sub group of young volunteers has formed to ensure the project is led by young people. The co-chair to this group will directly feedback to the Healthwatch Board to ensure young people's voices are at the heart of our organisation. The Amplify 2016/17 work plan was created in partnership with the Amplify Sub 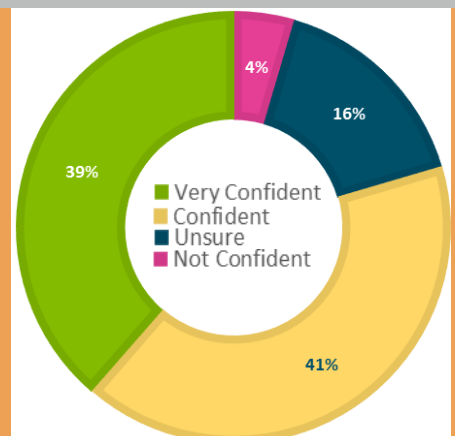Group, there will be individual roles within the sub group which will be responsible for different areas of the project.

Schools: Phase 1 Workshops: We will introduce Phase 1 Workshops into two new schools, including one non mainstream school.

Schools: Phase 2 Workshops: We will introduce Phase 2 Workshops into both existing school partnerships, these will look in more depth at some of the findings from this report. We hope to assist young people in the production of a Parent & Family Guide to address some of the issues affecting young people.

Partnerships: We will build upon relationships made with CANW, Nightsafe & SLYNCS. We will form new relationships with youth organisations in Blackburn with Darwen.

Darwen Aldridge Enterprise Studio: We will work with Darwen Aldrige Enterprise Studio on a number of different projects, this will include commissioning a graphic design student, coordinating a team of volunteers in the school made up from differing disciplines and delivering workshops within the school.

Signposting Function: We will continue our Signposting Function in both our existing school partnerships whilst introducing to new school partnerships and wider youth provision.

Amplify Champions & Volunteers: We will recruit more volunteers onto the project to ensure the Amplify Team is reflective of our diverse youth population. Volunteers will be between 16-35 and/or a student.

We will also recruit Amplify Champions within schools. Young people chosen to be champions will be involved in designing how they want the role to look themselves but we hope this would involve promoting the project within their school, acting as a link between their peers, feeding back to the Amplify team what the current issues are for them and other young people in their school, whilst further designing the role themselves. Amplify Champions will also have the opportunity to further develop the project, receive training and gain experience. Once developed in schools we will look at recruiting Amplify Champions in other youth settings.

Engagement Projects: Amplify will support with wider Healthwatch Blackburn with Darwen Projects to ensure a youth perspective is embedded in all of our work.

Enter & View: A number of Amplify Volunteers will receive Enter & View Training to allow them to Enter & View Young People's Health & Social Care Services.

Launch: An official launch of Amplify will take on July 11th at Darwen Vale High School where official branding & promotional material for the project designed by young people will be launched.

Findings will be shared widely to encourage best practice and we will continue to work with young people to monitor how their feedback has impacted local provision.

Conclusion

Only 7% of young people spoke about Mental Health when it came to good health. 14.8% of young people spoke about physical health, which may suggest a lack of awareness or understanding.

Leisure facilities were identified as something which makes it easy for young people to be healthy, look after themselves and feel good. Young people felt accessing these, and other outdoor spaces, was sometimes a challenge for a number of different reasons, including transport, drug dealers, sexual predators.

Young people had a good idea of what was involved in keeping them healthy, often speaking about sport and physical activity.

Fast food and takeaway outlets make it difficult for young people to stay healthy. These were often spoken of as the only safe places to go due to lack of other activities, especially in small locality areas in the evening.

Young people identified medical professionals as the place they'd access support. This was largely due to young people trusting the privacy of these services. Young people highlighted issues with communication and professionals not encouraging them to engage. They also felt there was an issue with how services present themselves to young people, with many hesitant to access traditional health services. This may further highlight a stigma and lack of understanding.

Young people highlighted a lack of understanding when accessing services, with many not knowing how old they had to be to see the GP independently.

Young people highlighted their family as a place they'd get support. It was evident however that family members needed more information and education to effectively offer support and fully understand the issues faced by young people.

Friends were mentioned in regards to the benefit of peer support, although the issue of stigma again became evident here. Lack of trust in friends may also result in young people not talking openly to their friends.

Schools, although mentioned less in terms of a place for support, were generally seen as a positive environment. Those who had received support from PATH spoke highly of the service and felt the style of approach and confidentiality of service were the main attractions. There was still talk of the stigma attached in accessing the service.

Although the internet was the prominent place young people accessed regularly there was a mistrust in the information provided. Young people questioned the reliability of information and confidentiality of what had been accessed.

Nightsafe

Much of the feedback was similar to that in schools, yet issues around Substance misuse were much more prominent, as was lack of routine, activity, services and support. These issues made it difficult for young people to be happy, healthy and feel good. Young people spoke in high regard to the services provided by Nightsafe, but identified problems in the promotion, access, and support offered by other services.

SLYNCS

The young people at SLYNCS were older than those at the Schools and Nightsafe, but many of the issues were the same. In addition a lack of integration, racism and white flight were highlighted.

A number of young people also spoke of travelling out of Blackburn with Darwen to access places that had a positive impact on them being healthy, looking after themselves and feeling good.

Language and Communication

Commonly used words in young people's services and health provision weren't understood by young people. This lead to a lack of engagement and misunderstanding what services and support was available.

The communication services used was not always the most appropriate method, with a number of young people saying they would never open a leaflet. Although young people spoke of lack of trust in receiving specific information (health conditions) online it was the first place they would access to find out about what services offer and where to go for support.
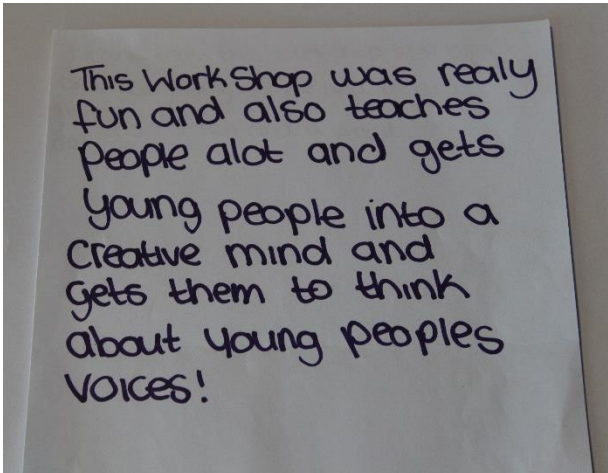
'The Healthwatch Team have been a well organised, fun and vibrant team to have in school. They have engaged well with our pupils both in drop-in and during our Super Learning Days and the team always make both events thought provoking, fun and interactive.

The workshops they have devised have helped our young people to explore and have a voice about some very important issues that relate to them. It has been interesting to hear what some of our young people have to say and what they think about these issues and it has been great to see that boys have found that this has been a good way to be able to express themselves and air their points of view.

Also the team have encouraged our pupils to be expressive and creative in developing the Amplify Branding alongside the team members and volunteers. Our pupils have engaged well and enjoyed working with the entire team.

Some pupils wanted to look at issues in greater depth and gave up lunch times to be involved in focus groups which they have thoroughly enjoyed. The team have made it all fun and interactive and pupils always look forward to the Amplify team coming in.'

Katrina Leigh, PATH and Family Centre Manager Darwen Vale High School

This Workshop was really fun and also teaches people alot and gets young people into a creative mind and gets them to think about young peoples voices!

Recommendations

Stigma needs to be challenged by further educating young people, especially in regard to Mental Health.

Education and Awareness for the wider community, especially family, who support young people's needs to be increased and/or introduced.

Information about services for young people needs improvement, taking into account their preferred methods of communication.

Services that support young people need to think review how they promote services to make them more appealing and where these services are accessed.

Services need to use language and terminology in which young people understand and engage with. This can be done by effectively listening to and consulting with young people.

Access to services that support young people need to be improved.

Online information which can be trusted needs to be better promoted and shared with young people.

Appendix 1: Tools

Sequence of tools used during the workshops

Tool 1: Body mapping:

Young people are asked to draw outline on the floor around one of the facilitators

'Our young person that you see in front of you is called Sam. I want you to think about what you think Sam needs to do to have good health and to write your answers on the yellow post its and then stick them on Sam'

Discussion: does anyone want to say anything about what you see on the body map?

Tool 2: Community mapping

Each group has a large map of part of Blackburn/Darwen on the floor in front of them Introduction: '*In the last session you talked about what is good health (remind them it can be physical or mental and mention some of the ideas they came up with in the body map). We now want to find out some more about what makes it easy/difficult for young people to be healthy, look after ourselves and feel good*'. Use the map to '*mark with green post its the places/things that make it easy for young people to be healthy, look after ourselves and feel good*' and why that is'

'*mark on the map with red post its places/things that make it difficult for young people to be healthy, look after ourselves and feel good and why that is*' (things that don't easily fit on the map (e.g. they are not just in one place or they move) are written on the separate flip chart).

Tool 3: Ranking and voting

Each person is given a blank A4 sheet of paper. 'Now we want to know what you would feel most comfortable doing if you wanted to get support with your physical or mental health'. Lay out the pre-prepared cards (of services etc which Healthwatch are aware of and the places written on the green post its during the previous activity).

Ask the group: 'Do you want to add any new cards to those in front of you'? (Mark all cards with a letter)

Each person gets three votes each, write your top three (letters) on the blank sheet you each have, fold it up and give it back to us. Facilitator marks the A5 cards to reveal which cards scored highest and arranges them in order. Discussion to analyse the results: why did you choose these card/s? Why not these card/s? etc:

Outputs

A long list of the things that participants feel young people need to do to have good health.

Long list of places/ things that make it easy for young people to be healthy, look after ourselves and feel good and some explanations

Long list of places/things that make it difficult for young people to be healthy, look after ourselves and feel good and some explanations.

A prioritised list of what young people would feel most comfortable doing if they wanted to get support with your physical or mental health

The record of a discussion which explores the reasons why they make these choices.

Appendix 2: Detailed Results

Table 1: 'What do you think Sam needs to do to have good health?' frequency of themes identified.

Theme	Count	Percentage of Total
Food And Diet	240	31.2%
Physical Activity	114	14.8%
Mental Health	54	7.0%
Other	44	5.7%
Socialising And Communicating	43	5.6%
Personal Hygiene	34	4.4%
Your Body	33	4.3%
Family And Home	32	4.2%
Sleep	25	3.2%
Learning, Knowledge And Intelligence	21	2.7%
Screen Based Entertainment	18	2.3%
Alcohol	16	2.1%
Drugs	14	1.8%
Not Smoking	7	0.9%
Medical Help	7	0.9%
Pets	7	0.9%
Relationships	7	0.9%
Support And Help	6	0.8%
Being Outdoors	6	0.8%
Love	6	0.8%
Money	6	0.8%
Clothes	5	0.6%
Hobbies	5	0.6%
Dreams And Goals	3	0.4%
Mental Health	3	0.4%
Grand Total	770	100.0%

Table 2: 'What do you think Sam needs to do to have good health?' Subthemes identified.

Theme: Subtheme	Count	Percentage of Total
Food And Diet	240	31.0%
Healthy Diet	82	10.6%
Fruit And Veg.	48	6.2%
Other	48	6.2%
Water	32	4.1%
Vitamins / Minerals	15	1.9%
Fast And Junk Food	8	1.0%
Sugar	5	0.6%
Caffeine	2	0.3%
Physical Activity	114	14.7%
Exercise	78	10.1%
Sport	36	4.7%
Mental Health	54	7.0%
Happiness	26	3.4%
Self Confidence And Motivation	9	1.2%
Good mental health	3	0.4%
No Worries	2	0.3%
Not being depressed	2	0.3%
Humour	2	0.3%
Healthy mind	2	0.3%
Other	2	0.3%
Relationships	2	0.3%

Table 3: Places/things that make it <u>easy</u> for young people to be healthy, look after ourselves and feel good. Frequency of themes identified.

Theme	Count	Percentage of Total
Community Leisure Facilities	65	16.6%
Sport/Physical Activity	45	11.5%
Parks And Outdoors	39	10.0%
Others	37	9.5%
Friends And Socialising	35	9.0%
Home (My House)	28	7.2%
Medical Help And Hospital	28	7.2%
School And College	25	6.4%
Fast Food And Takeaway	23	5.9%
Walking	9	2.3%
Shops	9	2.3%
Food	8	2.0%
Family	6	1.5%
Family	6	1.5%
Supermarkets	6	1.5%
Places of Worship	4	1.0%
Pets And Animals	4	1.0%
Bed	3	0.8%
Screen Based Entertainment	3	0.8%
Leisure Activities	3	0.8%
Work	2	0.5%
Sexual Health	1	0.3%
Internet	1	0.3%
Pub	1	0.3%
Grand Total	391	100.0%

Table 4: Places/things that make it <u>difficult</u> for young people to be healthy look after ourselves and feel good. Frequency of themes identified.

Theme	Count	Percentage of Total
Fast Food and Takeaway	79	25.5%
Other	68	21.9%
Drugs	17	5.5%
Alcohol	16	5.2%
School	16	5.2%
Traffic	12	3.9%
Safety	11	3.5%
Transport	10	3.2%
Supermarkets	10	3.2%
Nothing to do, places to go	9	2.9%
Parks	9	2.9%
Community Leisure Facilities	7	2.3%
Litter	6	1.9%
War	5	1.6%
Smoking	5	1.6%
Food	4	1.3%
Neighbourhoods	4	1.3%
Difficult to meet friends	3	1.0%
Health facilities	2	0.6%
Bullying	2	0.6%
Vandalism /Graffiti	2	0.6%
Shops	2	0.6%
Town	2	0.6%
Bad influences	2	0.6%
Grand Total	310	100.0%

Table 5: 'What you would feel most comfortable doing if you wanted to get support with your physical or mental health?' Frequency of themes identified.

Theme	count	percentage of total
Medical professionals	119	28.8%
Family members	83	20.1%
Friends	71	17.2%
Home	30	7.3%
School	28	6.8%
Bedroom	19	4.6%
Leisure activities/facilities	17	4.1%
Professional support	15	3.6%
Internet	8	1.9%
Police	5	1.2%
Places of worship	4	1.0%
Outdoors	3	0.7%
Telephone Helplines (inc. Childline)	2	0.5%
Books/magazines	1	0.2%
Fast food outlet	1	0.2%
Court	1	0.2%
Community volunteer	1	0.2%
London	1	0.2%
Keep busy	1	0.2%
TV	1	0.2%
Town	1	0.2%
COD3 (Call of Duty 3)	1	0.2%
Grand total	413	100.0%

healthwatch
Blackburn with Darwen

This report is a snapshot of Young People's perceptions of Health Services in Blackburn with Darwen undertaken by a team of Community Researchers from Blackburn.

If you would like more information about Healthwatch BwD, a hard copy of the report, or to see how you can get involved in future work please get in touch.

Suite 20, Blackburn Enterprise Centre,
Blackburn, BB1 3HQ

01254 504985

info@healthwatchbwd.co.uk

Amplify@healthwatchbwd.co.uk

www.healthwatchblackburnwithdarwen.co.uk

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