



Children and Young People - Creative Engagement



Peer Pressure
Confidence
Time **Money** **Convenience**
Skills **Knowledge**
Reliant on adult support
Education **Social media**
Family conflict

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1. Thank you

Healthwatch Derbyshire would like to thank the children, young people and adults who shared their thoughts and views with us on factors that influence healthy lifestyle choices. Without this information, we would not have been able to complete this report which highlights the voices of children and young people (CAYP) across Derbyshire.

2. Disclaimer

The comments outlined in this summary should be taken in the context that they are not representative of all CAYP and adults across Derbyshire, but nevertheless these comments offer a useful insight. The engagement was carried out from the summer until November 2018 and therefore provides a snapshot of views collected at that point in time. The data should be used in conjunction with, and to complement, other sources of data that are available.

3. About us

Healthwatch Derbyshire is an independent voice for the people of Derbyshire. We are here to listen to the experiences of Derbyshire residents and give them a stronger say in influencing how local health and social care services are provided.

We listen to what people have to say about their experiences of using health and social care services and feed this information through to those responsible for providing and commissioning the services. We also ensure that organisations are held to account for how they use this feedback to influence the way services are designed and run.

Healthwatch Derbyshire was set up in April 2013 as a result of the Health and Social Care Act 2012, and is part of a network of local Healthwatch organisations covering every local authority across England. The Healthwatch network is supported in its work by Healthwatch England who build a national picture of the issues that matter most to health and social care users and will ensure that this evidence is used to influence those who plan and run services at a national level.

4. Understanding the issue

To ensure a wide range of individuals are able to share their views on local health and social care services, Healthwatch Derbyshire undertake targeted pieces of work, paying specific attention to those who may otherwise struggle to be heard. The Intelligence, Insight and Action sub group of Healthwatch Derbyshire make recommendations for engagement priorities based on the intelligence they receive.

This area of work was agreed as we had limited intelligence from children and young people. Therefore, it was felt that a targeted piece of engagement work would help us to engage directly with CAYP to ensure their voices are heard and used to influence the delivery of services.

Within the planning stages for this engagement, we spoke to the Children's Sustainable Transformation Partnership (STP) Board who are responsible for running, choosing and buying health services for CAYP in Derbyshire. The Children's STP Board told us that they would like to find out what helps CAYP to make healthy lifestyle choices. This was due to the fact that the information they had collected suggests that in Derbyshire being a healthy weight, exercise levels, tooth decay, teenage pregnancy, smoking, drugs and alcohol are all real issues and challenges within the county, compared to many other areas of the country.

5. What we did in brief

We wanted to know what barriers CAYP experience to making healthy lifestyle choices and what kind of 'tools' they feel they would need to help encourage all CAYP in Derbyshire to make healthy lifestyle choices.

An engagement plan was developed for all engagement officers (EOs) to ensure a consistent approach across the county was adopted, however engagement activity did vary in consistency due to the variety of groups/services visited.

We spoke to CAYP of all ages and their parent/carers through visiting various groups, including youth groups/forums, college events and general events. We used a multi-method qualitative approach where we encouraged CAYP to speak to us, write their thoughts down and create artwork that represented their thoughts and feelings about the health issues of concern. The first two methods are a part of our regular way of engaging at HWD with Derbyshire residents, however, we hoped to give young people another way of expressing themselves. We recognise the power of art can be to communicate things that sometimes words just cannot. It can act as a starting place to begin a conversation and open up a whole new perspective.

In addition to this report, a group of CAYP created a visual representation of all the main themes outlined in the report (see appendix 1).

6. Key findings

Dental health

- In terms of dental health, availability and cost of NHS dentists in Derbyshire appeared to be a barrier
- A number of CAYP felt oral hygiene was time consuming and it was not always seen as a priority

- Not all CAYP and parent/carers were aware of the sugar content within certain foods and drinks
- Some comments suggest that people felt dental health was the responsibility of parent/carers and that CAYP should be taught and encouraged from an early age
- Various suggestions were made as to how dental health in Derbyshire could be improved. These included ways to make brushing teeth more entertaining, increase education around dental health and increase access to NHS dental services in Derbyshire.

Eating well and maintaining a healthy weight

- A number of parent/carers felt they had limited knowledge and confidence to cook meals from scratch, with cookery classes often having more of a focus on baking cakes
- It seemed many people felt it was much easier/quicker to have a 'ready meal' or a takeaway rather than to cook a meal from scratch
- Some people felt there are too many fast food restaurants in which are all really cheap
- Time seemed to be a barrier with some parent/carers, feeling they simply did not have the time to cook from scratch every day, and some young people explained between school/college and part time work, it is often much easier to 'grab something quick'
- Some comments suggest CAYP are often dependent on adult support to ensure they maintain a healthy diet, with some people explaining how family dynamics can contribute towards healthy eating
- Cost appeared to be an issue. It seemed to be a common sentiment that eating healthily is more expensive and some young people commented on pricing and presentation of healthy food choices within schools
- A number of young people explained how body image can impact on diets
- Some teachers and parent/carers used unhealthy food as a treat.

Exercise levels

- A high number of CAYP and parent/carers explained how much time CAYP spend on social media and gaming consoles, leading to them being indoors the majority of the time
- More so in less affluent areas, some parent/carers were concerned around the safety of their children 'playing out' and going to the park
- Cost of activities could often be a barrier, especially for low income families or for families with more than one child
- Some people explained they did not like exercising in front of people due to fears of 'body' shaming
- Time appeared to be an issue with regards to exercise and keeping children active, particularly for mothers
- There seemed to be a number of issues within PE at schools, with many CAYP feeling that they did not have much choice in the activity/sport and it is often more tailored to suit boys. Boys were also encouraged to play sport within their lunch breaks.

Smoking, drugs and alcohol

- Many young people explained they smoke, drink or use drugs as a way to relax and cope with daily life. It seemed young people often used substances to ‘self-medicate’ when they were feeling low as they are easier to access than mental health support
- Peer pressure and online influencers seemed to increase the chances of young people using substances as a way to look ‘cool’ and/or become part of a particular group
- In some areas of Derbyshire, young people explained they were often bored as there is little to do within their local area and therefore turned to substances for ‘something to do’
- There seemed to be insufficient education around the side effects of particular substances as not all young people were aware of the effects and possible short/long-term impact of using substances.

Teenage pregnancy

- Many young people felt as though sex education within schools was not taken seriously and therefore they are often not fully educated around contraception. It was recommended by a number of young people to have an outside agency deliver sex education classes within schools, so young people are able to have open and honest conversations without feeling ‘judged’ by teaching staff who already know them
- For some young people they felt ‘embarrassed’ to access contraception as there was not much privacy in doing so. Also, the availability of the C-Card scheme varied in different areas across the county with some young people not knowing where to access them
- A number of young people felt along with education, peer pressure and curiosity could also be a contributing factor towards teenage pregnancy
- A small group of young people felt some young girls may become pregnant at an early age to seek affection or to gain a purpose.

Some comments suggest pregnancy can be used as a way to escape or could be due to the perceived idea that benefits are better with children.

7.0 What people told us

7.1 Poor dental health

Why is dental health an issue for CAYP in Derbyshire?

Availability and costs

- People seemed to have difficulties finding an NHS dentist in Derbyshire
- Waiting lists for NHS dentists were often seen as ‘too long’
- The costs of going to a dentist were often seen as ‘too expensive’ and this resulted in some people not being able to afford it

- Especially for people on low incomes, paying for a dental appointment (i.e. a check-up) was not seen as a priority and some people would only go if they *really* needed to.

Sample of comments:

- “Difficulty in finding an NHS dentist and the costs are too high for private”
- “Waiting lists for dentist”
- “There are long queues for the dentist if you want the treatment to be free, otherwise it’s too expensive for students.”
- “Cost of going to a dentist is too high, some people who have to pay may not be able to afford it as they may have other priorities.”

Time

- For some CAYP it was felt that ‘brushing their teeth’ simply took too much time every day and they just could not be ‘bothered’ to do it
- Some CAYP explained they often had to take time out of school and college to go and see the dentist
- Some people said they only go to the dentist when they ‘have to’ and therefore it is not always seen as a ‘priority’.

Sample of comments:

“It takes too much time every day.” This was a common phrase.

Knowledge: What can impact on dental health?

- A number of people (both CAYP and adults) were not always aware of what and how certain foods and drinks could impact on dental health. Also, people were not aware of sugar content and therefore end up eating too many sugary foods/sweets/drinks. This included fruit juices and diet drinks
- Many people did not feel the sugar tax had an impact and felt people would just pay the extra.

Sample of comments:

- “Parents do not know what ingredients are in things.”
- “Eating too many sugary sweets, my mum didn’t realise how much sugar was in the sweets she used to give me.”
- “Some of my friends drink pop and eat sweets before they go to bed.”

Knowledge: Not aware of how, or the importance of brushing their teeth

- Some young people were not aware of how to brush their teeth properly or how long they should brush their teeth for.

Sample of comments:

- “Children do not understand how important it is to clean their teeth at the end of the day.”
- “Some people might miss the corners.”

Responsibility of parent/carers to encourage their children

- Some people felt it was the responsibility of parent/carers to make sure they were encouraging their children to brush their teeth twice a day from an early age
- People also felt parent/carers should make their children go to the dentist.

Sample of comments:

- “Parents are not bothered about helping their children.”
- “I haven’t been to the dentist in years as my mum hasn’t told me to go.”

Fear of going to the dentist

- Some young people said they are ‘scared’ of going to see a dentist.

Sample of comments:

- “Being scared of a dentist”. A number of CAYP felt this could be a reason.

Suggestions to improve dental health for CAYP in Derbyshire

Make it fun

- Some people felt listening to music whilst brushing their teeth would make it more entertaining
- To have a toothpaste which could change colour so CAYP can see where they have missed
- Cheaper electric toothbrushes (CAYP felt these were more ‘fun’ than the manual toothbrushes)
- One young person suggested, “To have an app that links to your toothbrush that beeps when you miss some, that way you would know you are doing it properly.”
- One parent explained there is a tooth brushing app which is very good for people with autism. Parent also suggested that this could help all young people and parents to encourage better dental health and teach young people to brush teeth properly, as a lot of people/parents do not really know how to brush their own teeth properly, and therefore show their children. Denny timer free to download (<https://denny-timer.soft112.com/>).

More education

- For CAYP to be more aware of poor dental health and tooth decay and to have more information around how to look after their teeth and what could be the long-term impact if they do not look after their teeth whilst they are young
- Many CAYP felt that posters were a good way to catch their eyes rather than leaflets. There was a suggestion to have posters within the school nurse’s office, but CAYP felt it would be important to make sure the messages are clear
- CAYP should be encouraged and taught from an early age how to brush their teeth properly. It was suggested to use the tablets that stain your teeth which show where there is still plaque

- To increase education for CAYP and adults around oral health and how unhealthy food and drink can impact on oral health.

Increase availability of NHS dentists

- Increase the amount of NHS dentists in Derbyshire
- Reduce the price of going to the dentist, especially for routine check-ups.

Other suggestions

- To make sure all dental surgeries send text reminders to their patients to help remind people that they need to book an appointment and/or when their appointment is due
- For dentists to be able to recognise or put people at ease who may be scared of going to the dentist to help reduce anxieties.

7.2 Eating well and maintaining a healthy weight

Why is eating well and maintaining a healthy weight an issue for CAYP in Derbyshire?

Knowledge: Parent/carers and CAYP

- Some parents felt that they had limited knowledge on what and how to cook
- A number of parents explained they had attended cooking classes, but they were more around learning how to bake cakes rather than cook meals
- Several people had used the internet and YouTube to help with recipe ideas, but many felt this had not really ‘worked’ for them
- Knowledge around portion size varied considerably
- Many CAYP said they did not have the skills to cook, and explained they just get a takeaway instead
- Many CAYP were not aware of how unhealthy food and drink could affect them in later life
- Many CAYP explained that often within food technology at school, they do not learn how to make ‘meals’ but instead make cakes and muffins. It was also felt that there was not enough time within food technology at school to really learn how to cook meals, i.e. the lesson is one hour long which is not long enough to learn, cook and clean.

Sample of comments:

- “My GP told me I should be eating better, before that I would eat a lot of junk food. I had been told about healthy eating at school but I took more notice of my GP.”
- “Early education, young people are not aware of how food and drink can affect them in later life, for example, type 2 diabetes.”

Confidence

- A big issue seemed to be around confidence for parents to try new things as they did not want to try things in case they did not work and it put their child off, wasted money and knocked their confidence even more
- Many CAYP did not cook at home and this was felt to be due to a lack of confidence in knowing how to cook and/or what to cook.

Sample of comments:

- “You should learn what temperature to cook meat at.”
- “If you asked me to cook a healthy meal, I would get a bag of salad from the shop and put a boiled egg on it. I don’t really know what else is healthy.”

Convenience

- Parents felt the pressure to provide healthy food but sometimes went down the convenience route as it meant their children were getting something, rather than something that might not work or the children might not like
- Many people felt it was easier/quicker to put food in the microwave or to get a takeaway rather than to cook from scratch
- Too many fast food restaurants which are all very cheap and really quick to access
- Some people explained they do not plan their meals ahead of time and instead just ‘grab something’ when they are hungry
- Some CAYP explained they do not have the motivation to cook.

Sample of comments:

- “You put it in the microwave and it is done in a minute. I know it is not good for me but when I get hungry I do not want to wait and so I do not care. That is why I have takeaways so much and my mum gives me money to buy chips and kebabs.”
- “Junk food is quicker.”
- “I never think about what I am going to eat later in the day or later in the week. I do not plan ahead. When I get hungry I want something straightaway and do not want to wait or make it myself.”

Pressure of time

- Parents identified time as a barrier and lots of parents admitted that they do not always have the time to cook from scratch
- Many adults knew what they should be doing in an ideal world around diet and exercise for themselves and their family, but found it hard to prioritise in busy and hectic lives
- Many parents said that they prioritise their children and not themselves which has an impact on their health

- Young people also felt time was an issue especially with school and part-time work; it was often easier to just ‘grab’ something quickly.

Sample of comments:

- “Time, you don’t always have time when going from home, college and to a part-time job, so you just grab something quick.”

CAYP depend on adult support

- Some parents said their children come home and tell them what healthy food they should be eating and how much exercise they should do
- Several CAYP explained how important it is to have someone at home to help them cook and/or eat healthily
- Some CAYP explained it is the responsibility of parent/carers to ensure their child has a healthy diet/maintains a healthy weight
- CAYP said they ‘look up’ to their parents in terms of diet and it was thought if children are brought up on unhealthy meals they would more than likely continue to do so [eat unhealthy meals] throughout their childhood and into adulthood
- Some people felt family dynamics could play a role in healthy eating. For example, in one household there may be no parents at home to cook an evening meal due to work commitments, compared to a ‘stay at home’ parent who would be there to make a meal.

Sample of comments:

- “I get told off in the shop by my son if I buy things with ‘red’ on the food packaging.”
- “Children look up to parents.”
- “Family influence, if a family eats a healthy diet the children or young people would be more willing to. You get good habits from your parents.”

Cost

- There is a common sentiment that eating healthy means cooking from scratch, and that this is more expensive than unhealthy options/ready meals
- Many people felt the cost of fruit and vegetables was too high and was not always seen as ‘affordable’
- Processed food and ready meals are much more readily available and some people explained they would rather buy ready-made frozen food as it is cheaper than to buy ingredients and cook from scratch
- A number of parents described the pressure of ensuring their children are able to eat healthily over the summer holidays. Some parents explained how expensive it can be, especially to ensure their children are eating fruit. Prices of foods varied between schools. In some, fruit/healthier options were cheaper than unhealthy

options. However, in other schools, fruit was more expensive and the portion sizes were smaller

- Some CAYP said that the fruit at school is often ‘crammed’ into a bowl and the cakes are nicely displayed and spread out, so they are more appealing
- College cards allow young people to get discount at restaurants and take-outs, i.e. McDonald’s.

Sample of comments:

- “When they are at school they get fruit as part of their lunch even though I provide it for breakfast, and as a snack when they get home. Now they aren’t at school [school holidays], I am having to spend a lot more on fruit as I want to keep them eating healthily during the summer.”
- “At my school it is hard to find healthy food choices; they mainly sell burgers, hot dogs, pizzas and chips. Healthy options are more expensive, for example, an apple is 50p and a banana is 35p, yet a cookie is 35p. People will not be tempted to buy fruit when it is more expensive.”
- “It (a ready meal) is cheaper, you can get a family sized shepherd’s pie for £3 but if I was to make it from scratch it would be more expensive.”
- “You can get six Penguin biscuits really cheap to put in your lunch box and this is cheaper than six apples.”
- “At college healthy food is more expensive or the portion size is smaller. For example, a salad is the size of a jelly pot, so people would choose a bigger burger as better value.”

Body image

- Some young people explained that people want to be ‘skinny’ and therefore do not eat
- One young person explained that some young people may have eating disorders which may cause them to be under/overweight
- One young person explained people are worried about ‘body shaming’ so there is a barrier for people/professionals to have open conversations regarding an unhealthy weight and/or diet.

Sample of comments:

- “People are worried about ‘body shaming’ someone, so they are worried about having difficult conversations if a child is an unhealthy weight. Even a doctor wouldn’t say anything unless that was the reason you had an appointment.”
- “Stress eating [either eating too much or not at all]”
- “People want to become skinny so they don’t eat.”
- “People can become underweight due to insecurities and unnatural body images.”

Using unhealthy food as a 'treat' and not wanting food to create conflict

- Several parents said they let their children 'eat what they want' over the summer holidays as it is 'their holiday'
- Some teachers give out sweets as prizes when young people do well at school. It was felt that teachers should provide more healthier prizes
- Some people felt that 'some' parents just do not know how to say 'no' to their children.

Sample of comments:

- Two parents said they let their children 'eat what they want' over the summer holidays as it is 'their holiday' and it causes less arguments and distress at home
- "I let my children eat what they want while they are younger as they have the rest of their lives to be healthy."

Suggestions to improve poor diets for CAYP in Derbyshire

More opportunities for parent/carers and CAYP to learn how to cook meals, including healthy meal preparation

- Parents want meals that are simple to make but are healthy, cost effective and easy to plan
- Parents want long cookery courses over several weeks that would give them enough meal options to cook a variety of things for their family, rather than one-off sessions which they didn't think would make a difference
- More cooking classes so people are able to learn together to help build confidence; it was also felt important to learn how to cook on a budget
- More help for CAYP and adults around meal preparation
- Improve food technology within schools. It should be taught earlier on in education, more time should be provided for the lessons and they should be more engaging so CAYP can really learn how to cook a meal
- Encourage CAYP to watch cookery demonstrations on YouTube for a more interactive way of learning to cook at school and then they may use this at home and in preparation for adult life
- Young people explained they do not want to sit and read long recipes, so it was suggested that short videos would be more useful and interactive.

More availability of and cheaper healthier foods

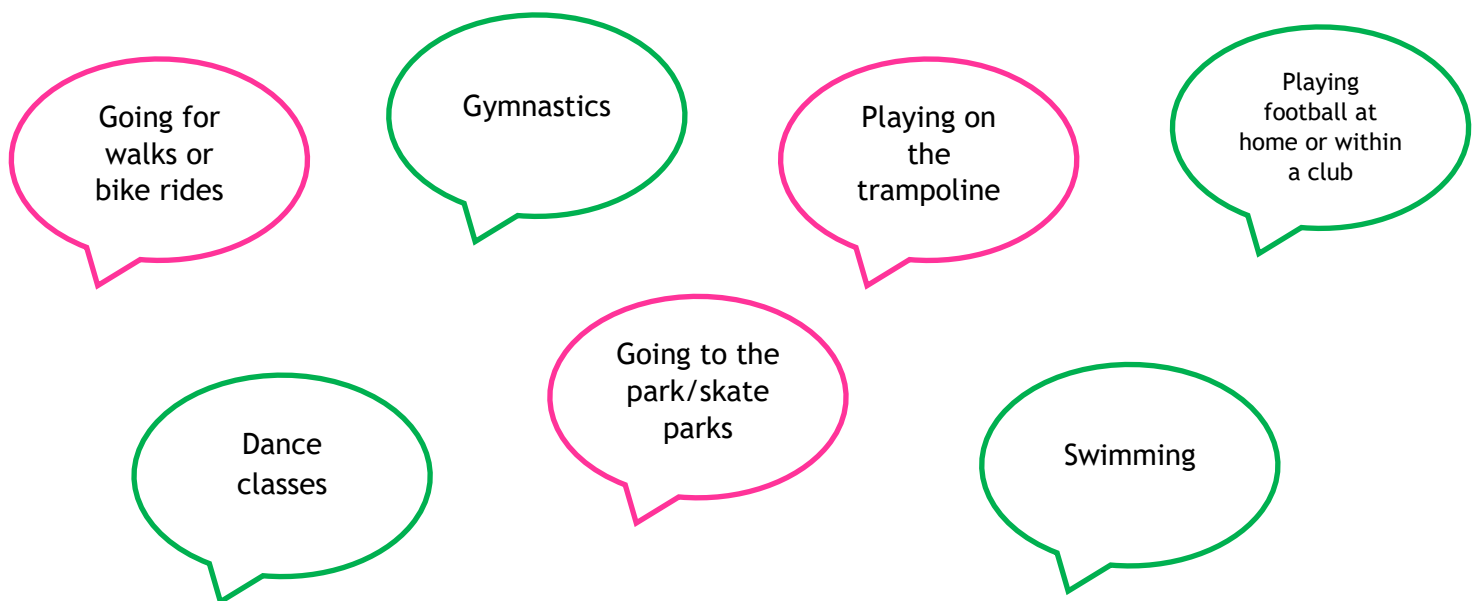
- Salad bars and more fruit available within schools and colleges
- Instead of getting discount at restaurants with your college card, you should get free gym sessions.

Encourage people to make their own healthy choices

- Parents/carers said that the traffic light system is really starting to make a difference about the types of food that people buy or how often they buy it
- People felt there should be more ownership placed on people to be healthier and make it clear that they have a responsibility to look after their own health
- Educate young people on what a healthy weight is and how they could check their own BMI
- More education needed around being underweight. “No one ever talks about it, it is just all about obesity.”

7.3 Low exercise levels

What children and young people told us they enjoy:



Why is low exercise levels an issue for CAYP in Derbyshire?

Exercising in groups and peer support

- A number of CAYP explained being able to exercise with their friends or within groups was key
- CAYP wrote down which activities they like to do and there was a massive emphasis on being more active when you are with your friends; the influence of peers on positive/negative decisions at a very impressionable age is key.

Sample of comments:

- “There should be sports clubs and teams that are open to people regardless of their ability. For example, most football teams are based on ability and league

performance. If you are not a good player, you are excluded. What about teams that just play for fun?”

Social media and young people staying indoors

- A number of people simply said Wi-Fi, Facebook, Twitter, Instagram, Xbox and PlayStation are all very big issues when it comes to exercise and getting young people out of the house. Some people also explained how much these can all impact upon mental health as young people become ‘hooked’.

Sample of comments:

- “My phone is my life.”
- “Social media and Instagram”
- “Lots of people would rather sit at home and use video games or watch TV”
- “X-box and PlayStation are big issues, but I don’t think it just impacts on low exercise levels, it also affects their mental health as they become so hooked on it. I think it is difficult for parents to get their children to go out and play because their friends are also glued to their TVs. The games are often so violent as well, so young people think that it is ‘normal’ in life and it doesn’t shock them.”

Safety

- A number of parents in less affluent areas explained their concerns around the safety of their children playing out compared to families in more affluent areas who explained they often enjoyed walks in the local area, i.e. along the canal or by the river
- Some people explained their local parks are often ‘vandalised’ and therefore children do not feel safe.

Sample of comments:

- “It isn’t safe to let your kids out to play anymore. We are lucky as we have a big garden and have a climbing frame and trampoline and there is still room for them to run around and play.”
- “I do not let my kids go out without me especially to the local parks or even the skate park in Swadlincote because young kids go down there drinking and taking drugs so there are needles and stuff up there. It isn’t safe.”
- “Young people like to be outside; parents can be a child’s worst enemy and just sit them in front of the TV.”

Cost

- A number of CAYP as well as parents explained that the cost of activities could often be a barrier
- Some people gave positive feedback about parish councils that fund exercise initiatives

- Some parents spend a lot of time taking their children to activities after school and some parents expressed that this could be expensive especially when there are more than two children. Parents also said it is more expensive in the holidays finding 'active' activities that are affordable
- A number of people said that gym membership is often 'too expensive'.

Sample of comments:

- "It costs me £100 a month for my daughter to do three activities a week. Not all parents could afford this, and there should be cheaper alternatives."
- "When parents are on benefits it is more difficult to join groups, one because of the price and two the children have to have kits/uniforms which not everyone can afford."
- "I want to join the gym but it depends on cost. I would join if it was free or cheap."

Confidence

- A number of people explained that they do not feel comfortable exercising in front of people as it makes them feel uncomfortable and they are worried about 'body shaming'.

Sample of comments:

- "I don't like people watching me when I exercise; it makes me feel uncomfortable."
- "I'm self-conscious about doing exercise."
- "Some are not confident exercising in front of others because of 'body shamers'."
- "If people are suffering with their mental health they may have less motivation and some people feel anxious and worried about people watching them do exercise."

Time

- There appeared to be some gender difference as it was mostly mothers who said that they did not have time to exercise and spend time ensuring their children were active. They would like to do more activities as a family but this is not always possible as parents often do shift work and so share the childcare
- Some young people did not feel that 'exercise' outside of school or college was a priority.

Sample of comments:

- "Priorities, if you are at college all day you just don't want to do exercise when you finish."

PE and sports at school

- Many CAYP explained there is a lack of 'choice' offered within PE at schools

- A number of girls explained that PE at school is more tailored to suit the boys and also within breaks at school boys are encouraged to play football/basketball, etc, and there is no sport activity for the girls to get involved in
- A number of concerns were expressed around the cuts in PE within schools resulting in fewer sessions
- A number of parents explained they appreciated the activities that schools provide but the cost of activities is not something they would regularly be able to afford for their children. Parents felt their children may not get the opportunities to try activities like trampolining and gymnastics if it was not offered at school.

Sample of comments:

- “At school, in break time and lunch time, it is football and basketball so it’s boys only.”
- “You develop your habits at school; PE lessons are being cut so fewer people develop a like for exercise or sport and then they carry this into their later life.”
- “Some sports at school are more for boys like football, so girls don’t always want to do this.” The young people explained that in PE at school they are often given a choice of two sports, but usually the boys win the vote.

Suggestions to improve exercise levels for CAYP in Derbyshire

More activities which are free or cheap

- More ‘app’ activities, for example, like Pokémon Go to help encourage young people to ‘get out of the house’
- More activities similar to the South Derbyshire mobile event provided by the District Council
- Cheaper activities to make them more affordable for all people/families
- More group exercises and activities to do in the evening and weekends which are inclusive of all abilities.

To encourage more involvement in sport and activities within schools

- All schools should do the ‘daily mile’
- Offer a wider variety of PE at school and to encourage young people to find a sport or activity that they enjoy and/or are passionate about.

Other suggestions

- Improve the infrastructure which would allow for more safe daily activity. Try and find ways of incorporating exercise into daily life rather than making it a separate activity
- To have exercise which is tailored to suit young people, with ‘young people access time only’

- Responsibility of the parent/carers to ensure their children are encouraged to partake in activities or just to ‘go outdoors’.

7.4 Smoking, drugs and alcohol

Why are smoking, drugs and alcohol an issue for CAYP in Derbyshire?

Mental health and ‘coping’ with daily life

- Many people said they smoke, drink or use drugs as a way to ‘relax’ and/or ‘get rid of stress’
- It seemed many young people would use substances to ‘self-medicate’ when they were feeling low as they were much quicker to access than mental health support
- Many people felt that for young people experiencing ‘difficult’ home lives they would be likely to use substances to help with their feelings/mental health
- A group of three care leavers explained people may turn to drink, drugs, or alcohol when they leave care because they are just ‘dropped’ at the age of 18.

Sample of comments:

- “To take their mind off things happening in their home life”
- “There is too much stress on young people.”
- “I drink alcohol when I’m sad or depressed.”
- “Mental health, when you have a problem you can go to the student services but there is a stigma in doing so, or there is no one available. It is easier to drink or take drugs as a way to help.”
- “I think people are smoking and using drugs because they need more support with their mental health. It is like a getaway for people. They need more support groups like CAMHS.”
- “People take drugs as an escape. I think if they improved access to mental health services for younger people and raised awareness of the dangers of using drugs people may try and get help and support for their mental health.”

Peer pressure and online influencers

- A number of people felt a high proportion of children and young people who use substances often start by trying to fit into a group, trying to become cool, etc
- ‘Drugs’ are very visible on many TV shows and on YouTube channels.

Sample of comments:

- “Drugs are on everything.” [TV shows, Netflix]
- “YouTube influencers like Jeffree Star are really influential to the LGBT+ community and promote smoking weed.”
- “Wanting to fit into a group”
- “Because friends are doing it and they don’t want to be left out”

- “There are a lot of people around who can influence them.”

Boredom

- A high number of people explained there is nothing to do in their local area so young people often turn to substance misuse ‘for something to do’.

Sample of comments:

- “Boredom, there is nothing to do in Ashbourne. It is more for older people around here. All we have are antiques shops or pubs.”
- “Nothing to do - easy to get hold of”
- “Education about the problems of drink/drugs will only go so far if alternative activities or options are not made available. It is cheap and easy to access alcohol. It is harder and more expensive to access sport, music, other leisure activities. It is also socially acceptable to access alcohol. A lot of education about drugs and alcohol makes it sound as though all young people are doing this so it almost feels like this is the ‘norm’ for them.”

Knowledge around substance use

- A number of people explained young people often take drugs, smoke or drink alcohol because they are not aware of the side effects (short term or long term)
- Young people are not aware of the dangers of substance use, which is often down to miscommunication/understanding
- Not enough education about the side effects, some young people felt schools cover the main drugs, i.e. cocaine, but the drugs which are more common and easier to get hold of are not mentioned, i.e. the recreational drugs.

Sample of comments:

- “There is blurred information on recreational drugs and clinical drugs. For example, young people believe people use cannabis for health reasons so it must be safe.”
- “There is no education around drugs.”
- “With THC being legalised in other countries it takes the ‘danger’ aspect away and there is a misunderstanding.”
- “I believe that schools need to talk to students earlier (Year 9). It will always happen, teens will always experiment, you cannot stop it, but people need to be educated.”

Suggestions to limit the use of substances for CAYP in Derbyshire

Improve mental health services for CAYP

- One person explained, “Boredom and difficult family life. Mental health services need improving. If people need support or medication to help them it takes ages to go through everything but illegal drugs are easier and quicker to access.”
- To have more people in schools who can offer support to children and young people with their mental health
- More support outside of a school setting which offered support for young people
- Offer weekly mental health support groups for young people.

More education and honest communication about smoking, drugs and alcohol

- More awareness within schools regarding the consequences of substance use and for honest conversations to happen with regards to how they can affect your health
- More education on the side effects and long term effects of using drugs, i.e. what is the risk of taking the drug? What is the actual content of the drug?
- It was felt people with past experiences of using drugs should be able to come into schools and share their story, to show how drugs can impact on your life
- Better education in schools, and for it to be delivered at a young age (i.e. Year 8) and for teachers to be trained to inform students.

More activities for young people to do

- To have a ‘shelter’ or a social place for young people to go in the evenings and at weekends that is ‘warm and has Wi-Fi’, for example, youth groups/clubs, bowling, cinema, etc
- More activities for young people to do in the evenings and at weekends.

7.5 Teenage pregnancy

Why is teenage pregnancy an issue for CAYP in Derbyshire?

Education

- In terms of sex education within schools many young people felt the sessions are often delivered too late when people are already sexually active and also that it is not taken seriously by pupils
- Young people felt sex education sessions are taken more seriously when an ‘outside agency’ delivers them as young people are able to have open/honest conversations. One sexual health worker explained, “We approached all senior schools in Derbyshire and offered to go in for free. Some said no and either said they do it themselves or they pay organisations to go in. However, they are often not experts in the area and are not approachable to pupils if known to teachers.”
- Many people felt young people are not educated enough around contraception
- Some people felt that young people are often too embarrassed to talk to adults about being sexually active, i.e. parents, doctors, teachers
- A number of people felt that young people feel they ‘need’ to have sex if they are in a relationship.

Sample of comments:

- “You only get one sex education session in Year 9 and it isn’t taken seriously.”
- “Sex education at school - you just learn how to put a condom on; it is very basic. But they get around this by saying they hold well-being sessions but they do not do them.”
- “Sex education was awful and embarrassing. We had to answer questions with the teachers. I hated it.”
- “In sex education at school they showed us a ‘Teen Consent’ video and everyone just made a joke of it. I am not sexually active, so I didn’t listen. I think they should ask you if you want to take part or at least put you into smaller groups so people pay attention.”
- “We had an outside group come in to do our sex education which was better than a teacher doing it because you could be more open and have a laugh.”
- “They don’t listen when people come in to talk about sex, like learning to put a condom on when it’s in front of a class of 30.”
- “When it is the teachers we get too embarrassed and they just use a PowerPoint which isn’t helpful. If it was professional people, you could ask questions openly without embarrassment.”
- “You get sex education too late.”
- “Sex education often concentrates on the mechanics rather than the relationships. People should be empowered to say ‘no’.”
- “People aren’t educated on protection properly and have accidents such as getting pregnant.”
- “People would probably turn to the internet for information, for example, around safe sex or around pregnancy.”
- “Also the idea that in a relationship young people should be having sex. There appears to be no idea that this is not necessary or compulsory within a teenage relationship.”

Accessing contraception

- A number of young people explained they felt ‘too embarrassed’ to pick up contraception, however, in some parts of the county having a C-Card seemed to be ‘fashionable’
- The availability of the C-Card varied; some young people knew where they could access free condoms and others did not
- Some young people felt there was no ‘discreet’ way of accessing contraception.

Sample of comments:

- “Young girls are too embarrassed to buy things like condoms and carry them.”
- “[Named school] didn’t want to have the C-Card in school, so the only place you can get them from is the local hospital.”
- “People can actually see you go in to get condoms, it isn’t confidential at all.”

- “It seems fashionable to get a C-Card; there has been an influx of 13-year-old boys coming to get them. Some are sexually active, but some aren’t.”
- “Young people are refusing to use condoms. They have now said that they will only come and get a C-Card if they can get a free glow-in-the-dark sperm keyring.”

Peer pressure and curiosity

- A number of young people felt that people may feel pressured into having sex as their friends have and/or it is seemed to be ‘cool’
- Also, the idea that in a relationship young people ‘should’ be having sex. There appeared to be no idea that it is not necessary or compulsory within a teenage relationship
Young people simply want to experiment but often do not have all the relevant knowledge around contraception, etc.

Sample of comments:

- “It can be a bit of a competition, for example, so people can say that they have had sex.”
- “To look better and brag about sex”
- “A lot of girls my age [15] are broody.”
- “I think the media has a big influence and how it portrays sex; it makes people curious.”
- “Everyone thinks it is ‘cool’ to be pregnant, but the age needs to be put up higher.”

Seeking affection and/or purpose

- A small number of young people felt that people may become pregnant at an early age as a way of seeking affection and gaining a ‘purpose’. It was also suggested that for some young people within the care system it is an escape route.

Sample of comments:

- “It is an escape route, i.e. if you get pregnant you might get a flat.”
- “Looking for affection, especially people in the care system”
- “They want a child young because they did not feel loved at home and want someone to love them.”

To get out of school

- A few comments suggest some people feel young people become pregnant as an escape from school and to be able to claim benefits due to the perceived idea that benefits are better with children.

Sample of comments:

- “People wanting to get out of school and it’s a longer excuse.”
- “Some girls like to get pregnant to get out of school.”

- “Some teenagers get pregnant so they can leave school.”
- “People have kids for the money.” [benefits]
- “You get money for having a baby from the government and not from going to school/college.”
- “A lot of girls my age [15] are ‘broody’.”
- “More attention if you get pregnant”

Suggestions to improve teenage pregnancy in Derbyshire

Improve sex education at school

- For professionals/outside agencies to go into schools to teach sex education and for it to be delivered to young people at an appropriate age (i.e. before they are sexually active)
- To have a smaller amount of people within a sex education lesson to help young people feel more comfortable to have open discussions
- To educate young people on consent and sex within relationships
- One person explained, “In sex education, boys and girls should be separated. There should be smaller groups of people and teachers shouldn’t do the session; you know them and they know you so it is hard to talk about sex with them and then go back to a lesson with them as you might be worried they would judge you. It would be better to have a stranger that you would probably never see again.”

More discreet ways of accessing contraception

- To have more discreet ways of getting condoms. It was suggested that this could be done with either a sexual health advisor in a private room where people can drop into privately or to enable young people to email and request for condoms to be sent to a chosen address
- One person explained, “There needs to be a discreet service to get condoms because you can get them at college but in a place that is visible so some people are too embarrassed to get any or if they do they just get laughed at.”
- To make sure all schools are part of the C-Card scheme and to have more advertising of the C-Card as well as to make sure people are aware of where to go for condoms
- Better awareness of the sexual health service and what help and support it can provide for young people still at school or college. Have more sessions at schools and colleges ‘but not boring assemblies’.

Encourage and educate parents to have conversations with their children about sex and relationships:

- Young people felt that parents should be able to go on a course to learn how to talk to their children about sex, relationships and consent. The feeling was that some parents are too embarrassed to have these conversations with their children

which in turn causes their children to be too embarrassed to start a conversation with their parents.

8. What should happen now?

1. We ask the Children's STP Board to consider and explore the difficulties and barriers CAYP have experienced (highlighted in pink).

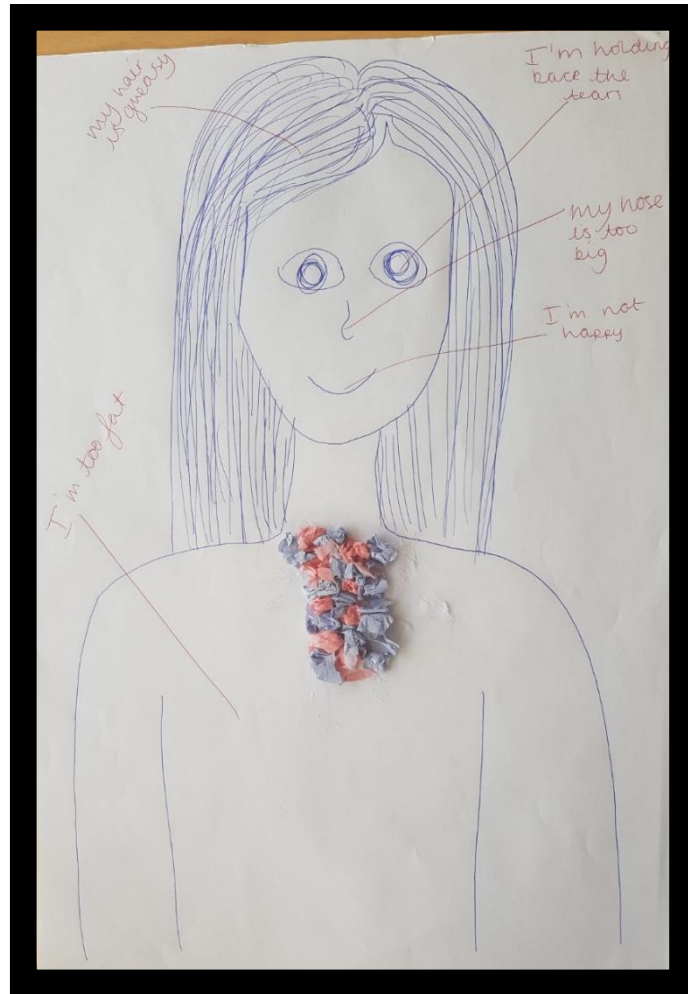
2. For the Children's STP Board to consider the suggestions made by CAYP (highlighted in green) and make a minimum of 10 pledges to help improve the lifestyles of CAYP in Derbyshire (two from each section).

9. Appendix 1: Selection of art work

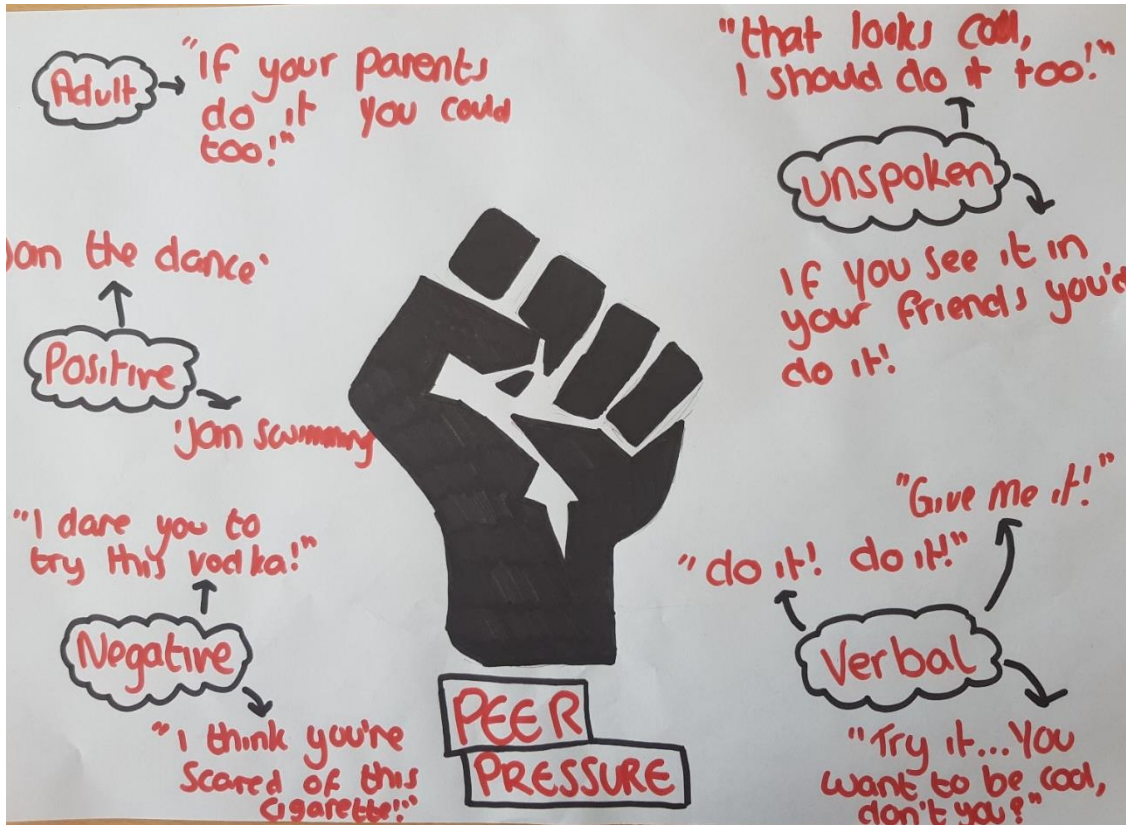
- The young person explained, "My art shows a child's mouth being sown up. This represent how children don't usually get to have a say in things that affect them simply because they are children and more vulnerable than adults":



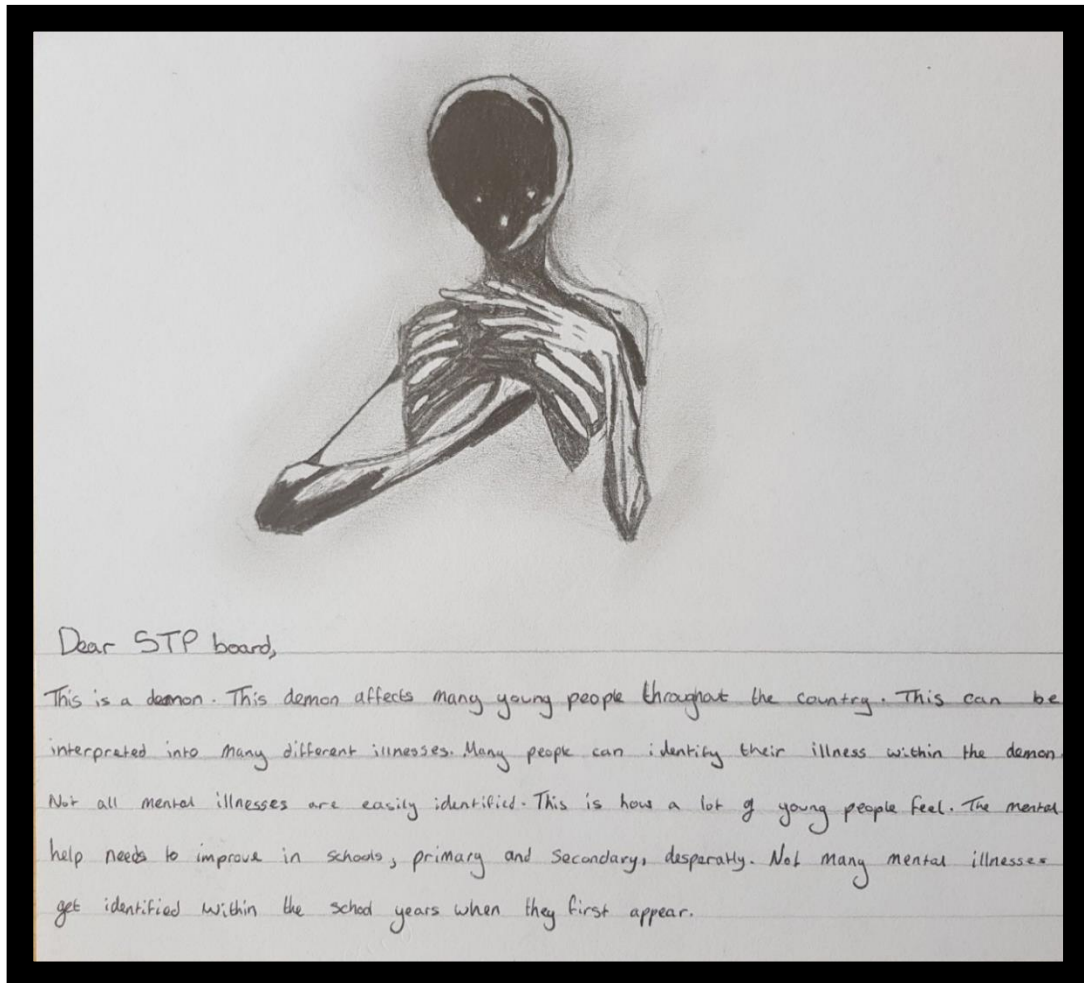
- The young person explained, “Some people see me being ‘fat’ before they see me... I feel too ashamed of myself to eat in front of others or to join in social and physical activities. Healthcare professionals focus on my diet... I just want someone to listen to how I feel... until my mental wellbeing is addressed, nothing will really change”:



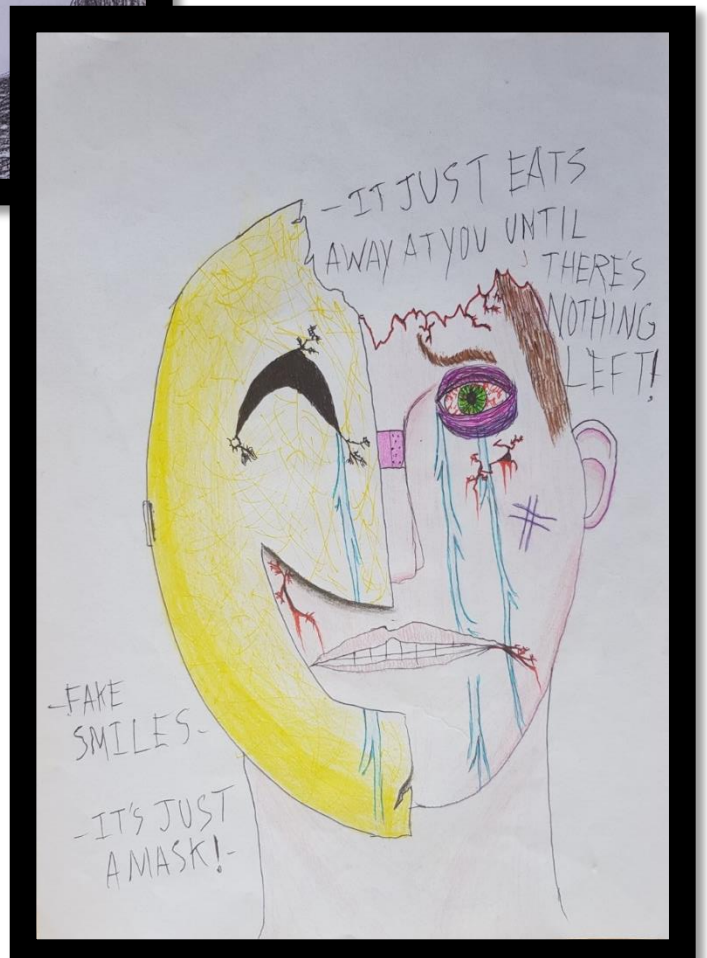
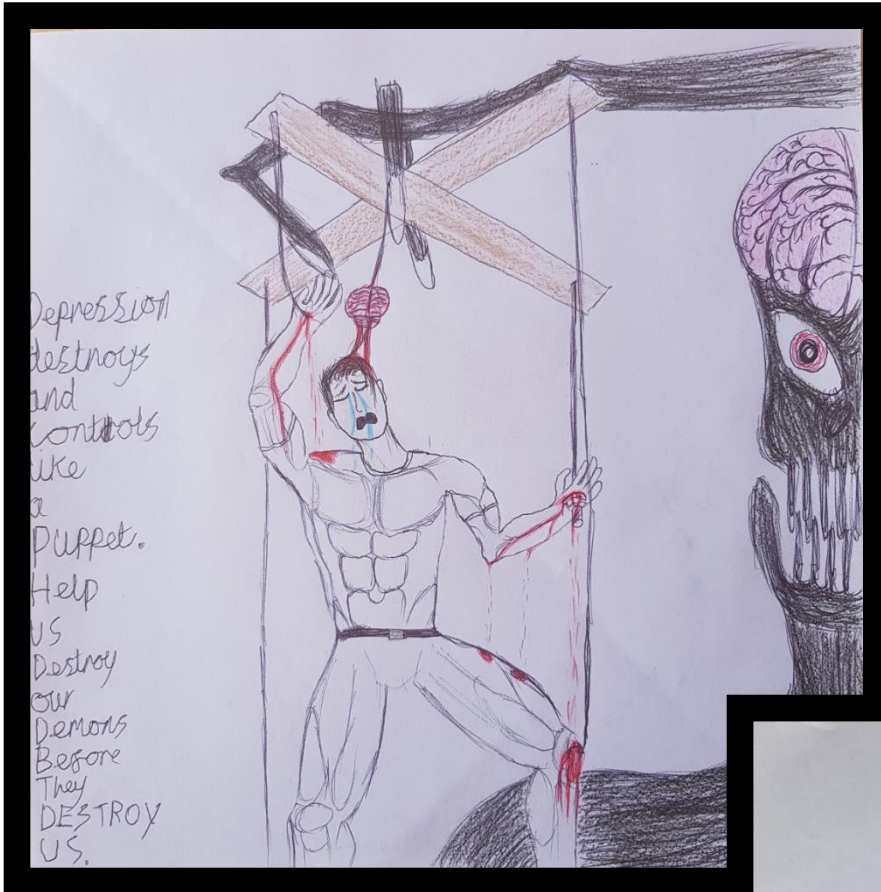
- One young person explained how peer pressure can affect them and other CAYP, the image demonstrates the environmental factors:



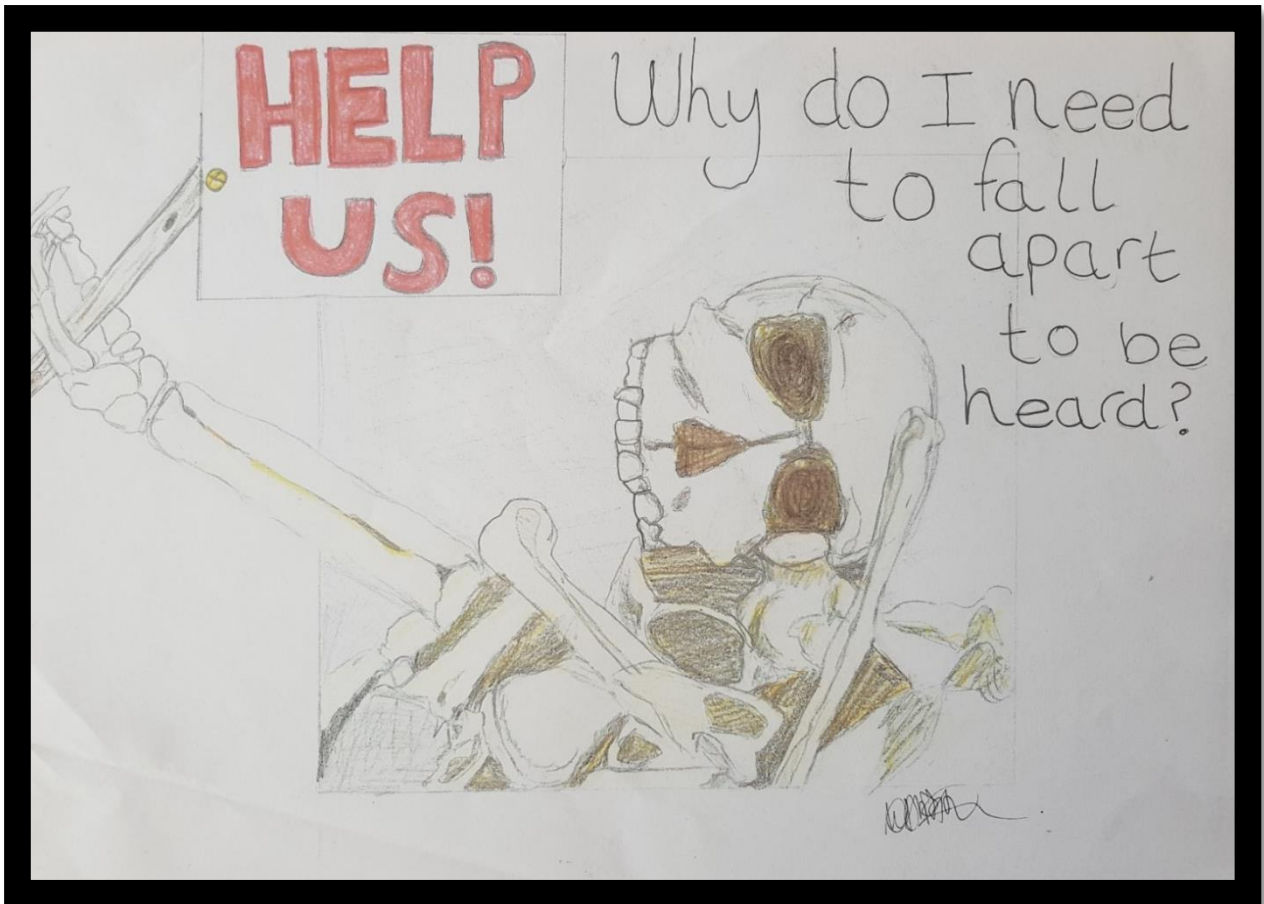
- One young person said, “Dear STP Board, this is a demon. This demon affects many young people throughout the country. This can be interpreted into many different illnesses. Many people can identify their illness within the demon. Not all mental illnesses are easily identified. This is how a lot of young people feel. The mental help needs to improve in school, primary and secondary, desperately. Not many mental illnesses get identified within the school years when they first appear.”



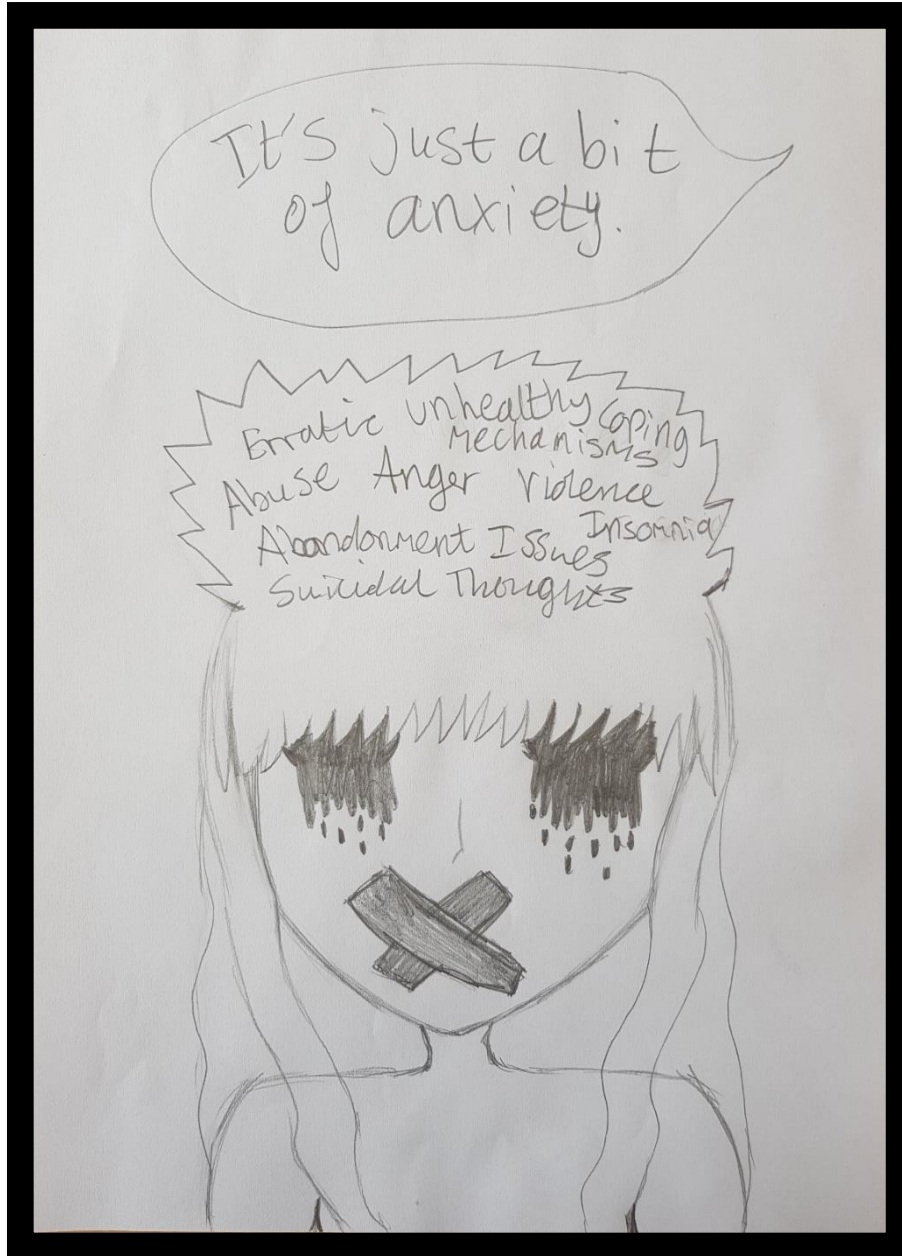
- One young person explained, how it is much easier to access drugs and alcohol than mental health support:



- One young person explained they had tried to access mental health support, but was told their mental health was not 'serious enough.'



- One young person explained their perspective of speak with healthcare professionals:



10. Response from service providers:

Team: Strategic Director
Contact: Andy Smith
Our Ref: AS/JG
Email: andy.smith@derby.gov.uk
Tel: 01332 643556
Minicom: 01332 640666
Date: 12 July 2019

To the young people involved in the CYP Healthwatch Derbyshire work

Re: Children and young people Healthwatch Consultation

My name is Andy and I'm the person who chairs a group on behalf of Derby and Derbyshire which is all about how the different professionals working with children and young people improve health outcomes across the county - you might have heard this referred to as the 'Children's STP Group or Board' (*STP stands for Sustainability and Transformation Plan*).

You are reading this because you have recently been involved in a piece of work Healthwatch led on which was created to gather the views of children and young people about their health and health services. The outcome of this work has recently been presented at our meeting and I agreed to write to you all on behalf of the group to let you know what we are going to do as a result of what you've told us.

Firstly on behalf of everyone who attended the meeting I wanted to thank you for agreeing to take part in this work. We were really impressed with just how many people got involved - over 900 children and young people, their parents and carers across the county. This is really impressive and we were overwhelmed with the response; this just shows how important the health themes you considered are in your daily lives.

As you know, we asked you to consider five main themes:

- Smoking, drugs & alcohol
- Eating well & maintaining a healthy weight
- Low exercise levels
- Teenage pregnancy
- Poor dental health

When we discussed this at our meeting we looked at some of the artwork created to help express views and feelings across the five themes as well as some of the things that could be better. We found the art work so incredibly powerful clearly communicating some of your feelings and views about what could be done differently or what's important to you. It's fair to say we found some of the artwork dramatic and emotive, and we were actually quite moved by some of the images. Many thanks to those of you who took the time to engage in this process so creatively.

We had a good discussion about the range of difficulties and barriers children and young people have experienced in relation to the five areas and looked at the suggestions put forward to make things better.

There's already a lot going on across the county which we think will help deal with some of the things you raise and I have summarised some of these things below. We also agreed that when we are considering the work we are doing across the city and county to improve

health services and outcomes for children, young people and their families that we would look at this alongside the things you thought could make things better.

1. Dental Health

We have an oral health promotion team in the County who focus on training staff working with children around the importance of establishing good oral health routines from birth. The team work within a range of settings to help maintain and improve the oral health of specific groups of people across Derbyshire County. Oral Health initiatives are targeted in areas where there is a higher dental need. The service includes a supervised tooth brushing programme to support children accessing nurseries to establish good routines. Our services encourage the use of “toothbrush DJ” to make brushing fun and to educate staff around diet and sugar consumption.

Results of the latest survey of oral health in 5 year olds in England in 2017 report that in Derbyshire County the proportion of five year olds free from dental decay was 79.6%, which is better than the average for England, better than the average for our nearest statistical neighbours and for the region. Whilst these results are positive there’s always more to do to improve things. However, we know there are some areas within Derbyshire where levels of decay are higher, and we are currently working with Public Health England on an oral health needs assessment to better understand levels of dental decay and access to dentistry services across Derbyshire County.

2. Smoking, drugs & alcohol

In Derbyshire County, the Live Life Better Derbyshire service is primarily focused on helping anyone aged 12 and over to quit smoking. Occasionally we get asked to go to schools to deliver talks to children on Weight Management/Physical Activity/Smoking. For further information visit:

<https://www.livelifebetterderbyshire.org.uk/home.aspx>

Public health services for children and young people include Space 4 U which supports children who are seriously affected by someone else’s substance misuse and Derbyshire CGL which is a free and confidential drug and alcohol outreach service for young people up to the age of 19.

<https://services.actionforchildren.org.uk/derbyshire/space-4-u/>

<https://www.changegrowlive.org/young-people/derbyshire-cgl-young-peoples-service>

Additionally, as part of the wider multiagency offer on substance misuse, the Derbyshire County Council Schools Improvement service offer support to schools to follow Ofsted guidance on substance misuse education, via PHSE and the Science curriculum which advocates a balance between facts and skills, and Public Health in the County are identifying new and innovative opportunities to communicate with young people, in order to deliver messages and promote awareness on a universal basis.

In relation to the third recommendation on slide 17 around substance misuse which is a request for “experts by experience” to talk about their substance misuse with children and young people - this has been evaluated both nationally and internationally and the evidence base indicates this can be a damaging intervention. Whilst peer support between children and young people is positive, having adults talk about their experiences of substance misuse to children and young people can have damaging outcomes. As such we would not want to see this promoted as a recommendation to decision makers. In relation to ‘*improve mental health services (access) for CAYP*’ please see section 5. In relation to ‘*more activities for CAYP*’ please see section 4.

3. Teenage pregnancy

Although rates of teenage pregnancy has improved and actually more than halved in the last decade getting feedback from young people is very useful to receive. The “why it is an issue?” and “how to improve?” are points which we agree with young people on. This is a brief update in response to some of these points:

- County Public Health have commissioned Education Improvement to pilot work in schools on the improvement of Relationship and Sex Education with a focus to prepare schools for the new mandated RSE curriculum in Sept 2020. Key action focuses on supporting young people to become RSE champions; work with parents; training with staff; practical resources. Quality of RSE is key in the pilot, which places importance on the whole child to enable healthy and safe relationships.
- Young people’s perception of embarrassment to ask for contraception because it is not private - Services should always be private and confidential for individuals - this feedback will be passed onto relevant services.
- C-Card (free condom scheme for under 25s) is under review to ensure improved access. It is of concern that still the scheme for some young people is unknown and this will be forwarded to services to support the review. Non health sites such as some schools are registered as C-Card sites currently and condoms can be obtained through school health, youth worker staff - however it is important to ensure this is managed carefully to prevent safeguarding risk, Child Sexual Exploitation (CSE) risk. A training programme is in place for professionals delivering C-Card currently.
<https://www.yoursexualhealthmatters.org.uk/contraception/c-card/free-condom-finder>
- A pilot working with maternity in Chesterfield and Derby has begun to evaluate long acting reversible contraception (LARC) delivery to women with vulnerabilities (incl. all presenting under 18s). This seeks to locally evaluate the offer to choose LARC on the hospital ward rather than just the pathway to the GP or sexual health services - which for women with vulnerabilities has a strong evidence base of being more successful on ward than in the community after a longer timeframe post birth. The 2 year pilot receives funding for training from Derbyshire County Public Health.
- The young people responding quite rightly emphasise that teenage pregnancy and other issues are part of a whole and that professionals should be mindful of that. Sexual health professionals work from a holistic premise and engage young people’s voices to support services, endeavouring to link to other health areas including mental health.
- Teenage Pregnancy Framework - work is to commence across multiple organisations to explore the local response to teenage pregnancy - beginning with a review of service position across the whole system, identifying gaps and going forward into action:
<https://www.gov.uk/government/publications/teenage-pregnancy-prevention-framework>

4. Eating well, maintaining a healthy weight and exercise levels

The Derbyshire Healthy Family Service provides education and support for parents to establish healthy eating behaviours from the start. Our school nursing service also supports pupils with dietary advice, and advice on exercise and weight in their 1:1 clinics, and we also have the HENRY programme. HENRY stands for Health, Exercise Nutrition for the Really Young. HENRY is an eight week programme for parents of infants and toddlers aged 0 to 5 years. The Programme helps parents get their children off to the best start in life.

The programme sessions are interactive, fun, practical and informative. For more information please go to:

<https://www.derbyshirehealthyfamily.org.uk/home>.

From the 1st September 2019 Derbyshire County Council is bringing the national childhood measurement programme (NCMP) in house. The current NCMP offer is focused primarily upon the delivery of the service, with only limited advice provided to the parents/carers of children who are identified as overweight/obese. As part of the work to bring the service in house work has begun positioning NCMP within a broader community-based programme to tackle childhood obesity that will include a programme of advice/activity on healthy eating and keeping active aimed at children and their parents/carers. As part of the programme we are looking to include an emotional wellbeing element and it's really useful that this feedback validates that approach. Given the comments on healthy eating and cookery courses we will look at this element as the existing cookery courses delivered as part of heart of Derbyshire are aimed at adults - not children.

In relation to the offer of activities and the promotion of the Daily mile - Public Health in Derbyshire work closely with Active Derbyshire, who have a priority to support people who are inactive to become active, and a focus on addressing inequalities in physical activity and sport engagement for young people. We will ensure relevant feedback from this report is shared with our colleagues at Active Derbyshire.

5. Mental health and wellbeing

Some of the key areas of work in the County at the moment are:

- Awareness of positive mental health and wellbeing through the 5 ways to wellbeing messages
- Whole School Approach - supporting schools in developing a positive and supportive setting
- Training - school and community staff are offered training in mental health and suicide prevention
- Future in Mind Strategy
- My Life My View emotional health and wellbeing survey of young people in Derbyshire
- There is a self-help website called Kooth which all schools and young people have access to which has a range of services and support listed. This can be found at <https://www.kooth.com/>

It's also worth remembering that the Public Health Nursing Service, offer a drop in service in every senior school in the county. The majority of senior schools also support and require an appointment service in order for pupils to be seen for longer sessions where specific and planned advice and support will be offered around all areas of health in particular sexual health and mental health. The Derbyshire school nurse website offers a 24 hour a day information service for anyone seeking health advice around sexual health emotional health and health needs which may be affecting educational attainment and attendance. The Derbyshire school nurse Facebook page is updated daily with different health topics which are both nationally and regionally relevant". Both these services are enabling the school nurse service to be more accessible and relevant to the needs of the Derbyshire population.

I hope this information is helpful in pointing out what is already available and in place across Derbyshire but as I said earlier we will consider your 10 pledges when planning our work to improve health outcomes and services moving forward.

Many thanks for your contribution - it was massively appreciated.

With best wishes



Andy Smith
Strategic Director of People Services and Chair of the Children's STP Group for Derby and Derbyshire

10. Your feedback:

Healthwatch Derbyshire is keen to find out how useful this report has been to you, and/or your organisation, in further developing your service. Please provide feedback as below, or via email.

1) I/we found this report to be: Useful / Not Useful

2) Why do you think this?

.....
.....
.....

3) Since reading this report:

a) We have already made the following changes:

.....
.....
.....

b) We will be making the following changes:

.....
.....
.....

Your name:

Organisation:

Email:

Tel No:

Please email to: helen@healthwatchderbyshire.co.uk or post to FREEPOST RTEE-RGYU-EUCK, Healthwatch Derbyshire, Suite 14 Riverside Business Centre, Foundry Lane, Milford, Belper, Derbyshire DE56 0RN.