

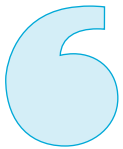


Young Listeners
healthwatch
Dorset



Young Listeners Project

Bringing positive change to
young people's health and care
services in Dorset



November 2021



Contents	Page
Introduction	3
Who are the Young Listeners?	4
What we did	4
Who we listened to	6
What young people told us	8
Key themes	12
Case studies	16
Recommendations	18
What we will do next	20
Stakeholder responses	20
What Young Listeners gained from the project	20
Thank you	22
Appendices	
• A: Questions used by Young Listeners	23
• B: Demographics	23

© Healthwatch Dorset

The material must be acknowledged as Healthwatch Dorset copyright and the document title specified. Where third party material has been identified, permission from the respective copyright holder must be sought.

Any enquiries regarding this publication should be sent to us at enquiries@healthwatchdorset.co.uk

You can download this publication from healthwatchdorset.co.uk

Introduction

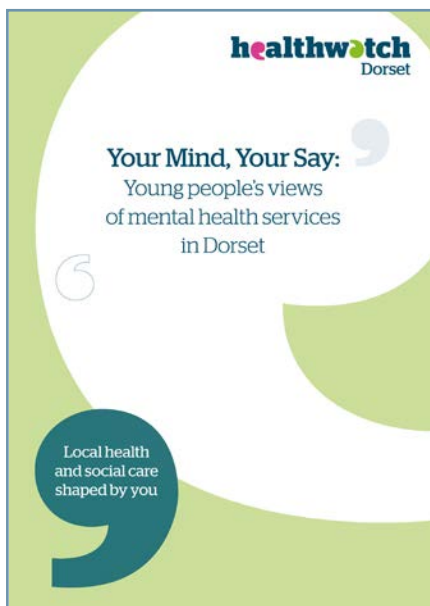
About us

Healthwatch Dorset is your health and social care champion. We listen to your experiences of using local health and care services and hear about the issues that really matter to you. We are independent and impartial, and your feedback is confidential. We can also help you find reliable and trustworthy information and advice to help you to get the care and support you need.



As an independent statutory body, we have with the power to make sure that NHS leaders and other decision makers listen to your feedback and use it to improve standards of care. This report is an example of how your views are shared.

Background



The Young Listeners project builds on our previous work in 2020, gathering feedback from marginalised young people, which informed Dorset Clinical Commissioning Group's (CCG) review of Children and Adolescent Mental Health Services (CAMHS). Our 2020 project report [***Your Mind, Your Say: Young people's views of mental health services in Dorset***](#), also highlighted that young people feel they are not always listened to. A report from Healthwatch Wiltshire, *Listening to Children and Young People: Your Experience of Health and Social Care* (2016), also highlighted that young people don't feel heard.

From experience, we know that children and young people open up more and engage better in conversations with their peer group. Children and young people can also feel that they don't have the opportunity to share their experiences and ideas.

We wanted to give children and young people an opportunity to share their experiences and feedback about the health and care services they use. And, as peer-to-peer engagement works so well, we decided to recruit and train a group of volunteer Young Listeners aged 16 to 24 to plan and deliver the project.

Aim

The aim of the project was for our Young Listeners to engage with children and young people to find out what it is like to be a young person using health and social care services in Dorset. We wanted to make sure that those responsible for health and social care in the county heard how young people would change and improve the services they use, to influence future re-design.

Who are the Young Listeners?

Through networking with people who work with young people in Dorset and using social media and radio advertising, we raised awareness of our Young Listeners project and the opportunity for young people to get involved and volunteer to become a Young Listener.

In February 2021, after a thorough application process, we appointed eleven Young Listener volunteers aged between 16 and 23. They are either at school, university or working, and they all have an interest in or experience of health and social care services in Dorset. They represent each geographical area of Dorset, coming from Purbeck, Bridport, North Dorset and Bournemouth.

An enormous thank you goes to our Young Listeners Lee, Sophie, Olivia H-C, Olivia M, Liv, Kate, Millie, Venerly, Tawana, Lerryn and Jessie, as well as to their families who supported them to be part of the project. Read our Young Listeners reflections on the project on **page 20**.



Volunteer with us **healthwatch Dorset**

Be part of the positive change we're bringing to young people's health and wellbeing services in Dorset.
mental health · GPs · hospitals · dentists · pharmacies · NHS 111 · leaving care · SEND support

Aged 16-25? Become a Young Listener
Find out what young people think about the health and wellbeing services they use and what changes they want to see.

- Gain new skills and valuable work experience
- Get support and accredited training
- Build your confidence and resilience
- Meet other young people and work with them to influence positive change.

Get in touch

☎ 0300 111 0102 🌐 healthwatchdorset.co.uk
✉ enquiries@healthwatchdorset.co.uk 📱 📺 📷 🌐

What we did

Training our Young Listeners

This project was led and designed by the Young Listeners with our support. They began by completing a training programme designed to help them carry out peer-to-peer engagement with other young people in Dorset.

Their training included safeguarding, communication skills, unconscious bias, data protection, equality, diversity and disability awareness. This was delivered by our Youth Engagement Officer, The Chatterbox youth disability group, and an organisation called Worth-It for positive mental health and wellness. Some of the training was accredited by AQA (Evolving Communities CIC, which runs Healthwatch Dorset, became a registered training centre to provide this). The Young Listeners were also given the opportunity to complete certified online training from Health Education England and Healthwatch England. They also received well-being training from Worth-It and a volunteer expert in nutrition and fitness, to ensure their own resilience and well-being. In addition, the Young Listeners were DBS checked.

Designing the project

Through a day's facilitated workshop, our Young Listeners decided independently on the focus for the project. While they wanted to find out about all young people's health and social care experiences, they also wanted special focus on the following areas:

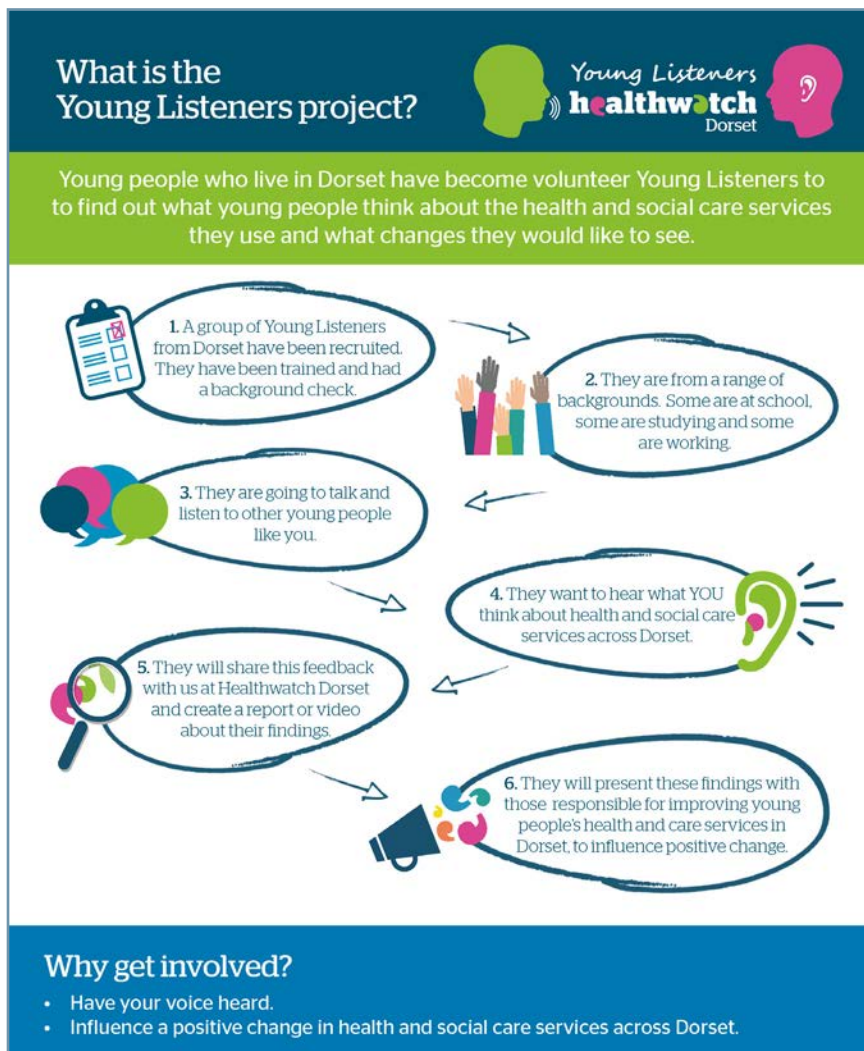
- Young people's experiences of moving between children and adult health and care services.
- The quality and availability of information about health and care services and support.
- Health inequalities, including access to information and barriers.
- How services work together in collaboration.

With our support, the Young Listeners decided on the engagement methods and interview style they wanted to use, and they developed an interview questionnaire (see **Appendix A**) to make sure that they explored issues that are important to young people.

Our approach of empowering the Young Listeners to lead the project, was highlighted as one of the things they enjoyed.

Listening to young people

After several weeks of training, our Young Listeners felt confident and ready to begin engaging with young people and listening to their health and care experiences.



We contacted local organisations and councils who work with groups of young people and requested 'listenings' with them. We designed communication materials, including an infographic and an Easy Read poster. We asked organisations to share these with their networks and we ran a social media campaign.

A calendar of listening engagements was drawn up and coordinated with our Young Listeners. Several of the Young Listeners also organised their own listenings with their contacts or schools.

The listenings took place across Dorset, either via video link, telephone, or face-to-face. They were in one-to-one or group situations, sometimes with one Young Listener or the Young Listeners worked in pairs or as a team.

In total 70 listenings were carried out during June and July 2021 (mainly with young people, but also with parents and carers where appropriate). Feedback was recorded anonymously on our online reporting system.

The Young Listeners also spoke with the Chatterbox group who fed back their findings from talking about health and social care services with 46 young people with disabilities, as included in their [Summer 2021 magazine](#). This is not included in our demographic data but their feedback highlighted common themes, for example: "I always try to put off going to the doctors as I always have a bad experience. Mainly the way they talk to me really upsets me. They always talk to my mum and not to me."

Covid-19 impact on the project

The project started in September 2020 and was completed in September 2021, during the Covid-19 pandemic which included two nationwide lockdowns. This had several implications for the project.



- The effects on young people's mental health and well-being meant that some Young Listener applications were withdrawn, so the initial group of 16 became a group of 11.
- All meetings, except one workshop, were held virtually online every week from March to September 2021, instead of face-to-face.
- All training was completed virtually, instead of a preferred residential training weekend; this was the major regret for the Young Listeners. Training resources and techniques had to be adapted.
- The social benefits of the project for the Young Listeners were reduced, although Tawana still feels she has made a 'friend for life' in Venerly.
- The timescale of the project was shifted and was not ideal, with listenings taking place during exam time for many of the Young Listeners.
- A change in circumstances for many of the Young Listeners challenged their commitment to the project. For example, going from volunteering as unemployed to finding full-time employment, changing exam and school timetables, change of job, and added personal pressures of having Covid-19 or self-isolating.
- Three large listening events were cancelled by stakeholders as a direct result of Covid-19.
- Extra workload of adhering to Covid-19 regulations and updating risk assessments in line with national safety guidelines.

Who we listened to

70 young people shared their health and care experiences and feedback with our Young Listeners.

Figure 1: Age and gender of respondents

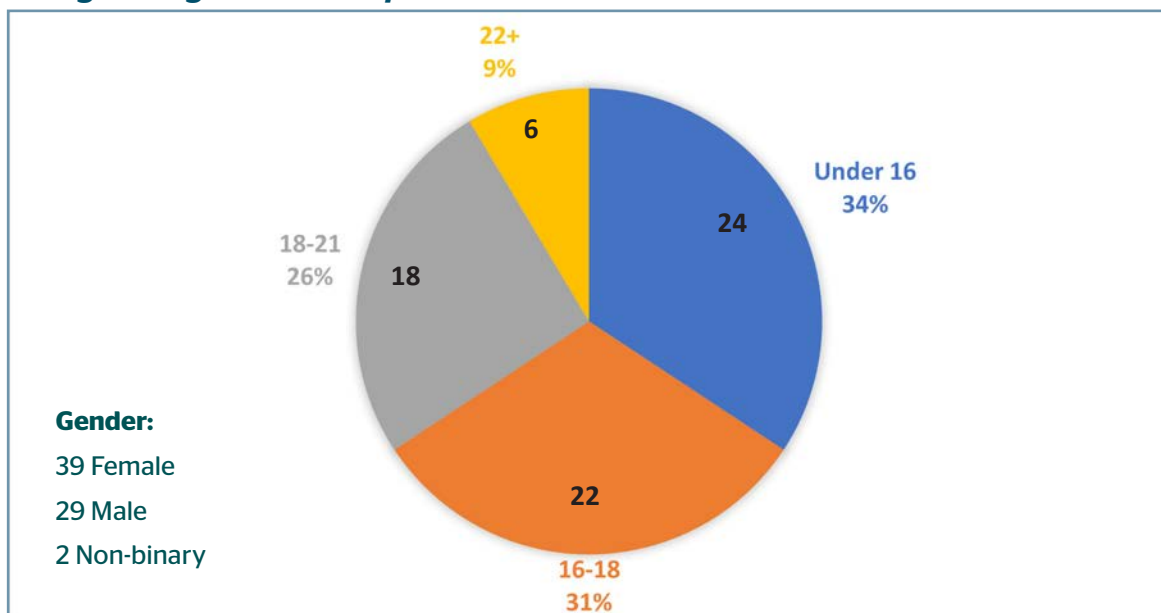
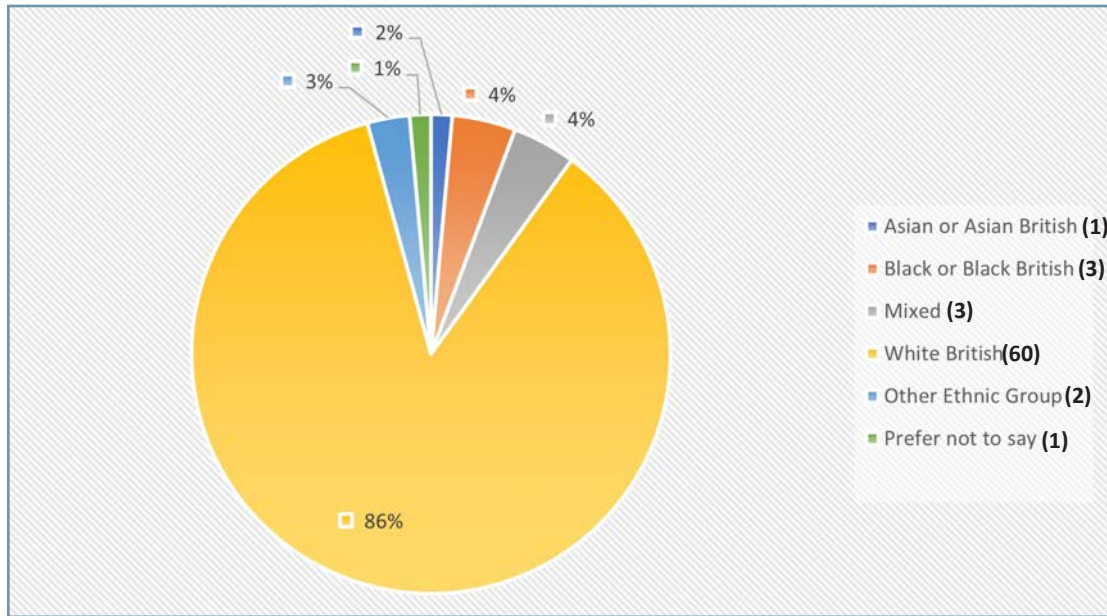


Figure 2: Ethnicity of respondents

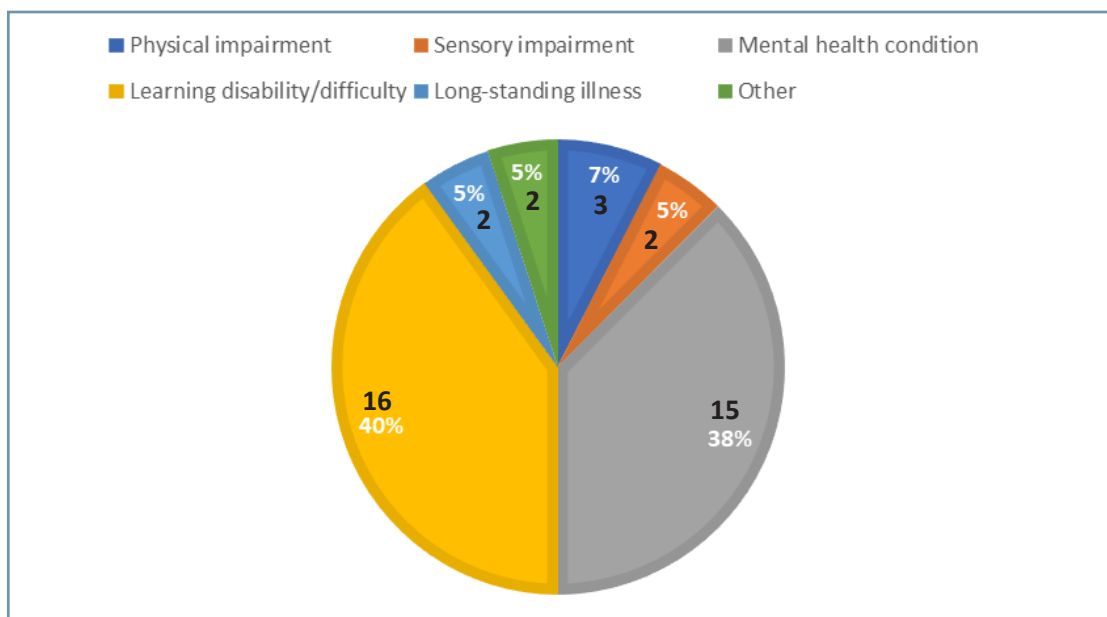


Generally, 95.6% of Dorset’s population is White British. See **Appendix B** for full breakdown.

Disability

In total, 40 (57.1%) of the young people we spoke to considered themselves to have a disability, impairment, long standing illness or health condition.

Figure 3: Types of conditions reported by respondents



Location

We asked people which area of Dorset they lived in.

- Bournemouth: 19
- Christchurch: 3
- Poole: 9
- Dorset: 39



Comments following the listening sessions:

“It was our pleasure to be involved and thank you for all your help.”
Stephen Foster, Manager, Separated Children Seeking Asylum, International Care Network



“Thank you for coming in. I think the service users felt really listened to which is their number one problem with services, so that was great to witness. They all felt really comfortable and would definitely give feedback again.” **Support worker, Sevenoaks supported accommodation**

“I heard some great feedback from the carer about the young person who spoke with them.”
Sophie Barton, Partnerships and Engagement Officer, Dorset County Council

“The experience was completely fine. The questions weren’t too long or complicated. It was relatively simple, but it was nice to take part in something I knew could help services around mental health.” **Young person.**

What young people told us

Access to information

The Young Listeners asked if there was enough information for young people about health and/or social care in their area.

Initially, they found that many young people didn’t know what was meant by health and social care. One young person commented that this, in itself, was a comment on information about services.

They found that 90% of young people thought there was not enough information about health and social care services in their area., information has to be sought out, and the information that is available isn’t always directed at young people.



A common theme was that there are just helplines and young people need more information about services upfront, without having to call a helpline. Several young people suggested more information could be made available through greater advertising and use of posters.

“You have to go looking for it (information). You get sent around the block.” | “It’s ridiculous how little information there is.” | “There is information, but you have to know where to look.” | “What’s the point of having services if young people aren’t aware. There is little promotion through schools, it’s not the teacher’s fault, they’re not aware either. It’s pretty shocking.”

Some young people said they found their youth club or youth worker helpful and that’s where they had successfully found information in the past.

The Chatterboxes surveyed 46 young people and they found that only 11% of them knew that they were entitled to a free annual health check.

Our Young Listeners wanted to find out if there was enough education and information about health and social care services in schools.

80% of those asked thought there is not enough information in schools. Some thought there was too much emphasis on information about sexual health or Covid-19. They wanted more information, particularly about mental health support, with teachers providing clearer signposting and showing greater sympathy and understanding. This was particularly commented on by several young carers, who felt that teachers did not always understand their circumstances and caring responsibilities.

“I don’t feel comfortable sharing my problems with others, so there needs to be more information out there of where to go rather than having to contact someone for help, for example, teachers. I also do not want to worry my mum, who is disabled, about my problems.”

Access to support

Our Young Listeners asked young people where they would access support from, now or in the future, and if they are able to access the support they need.

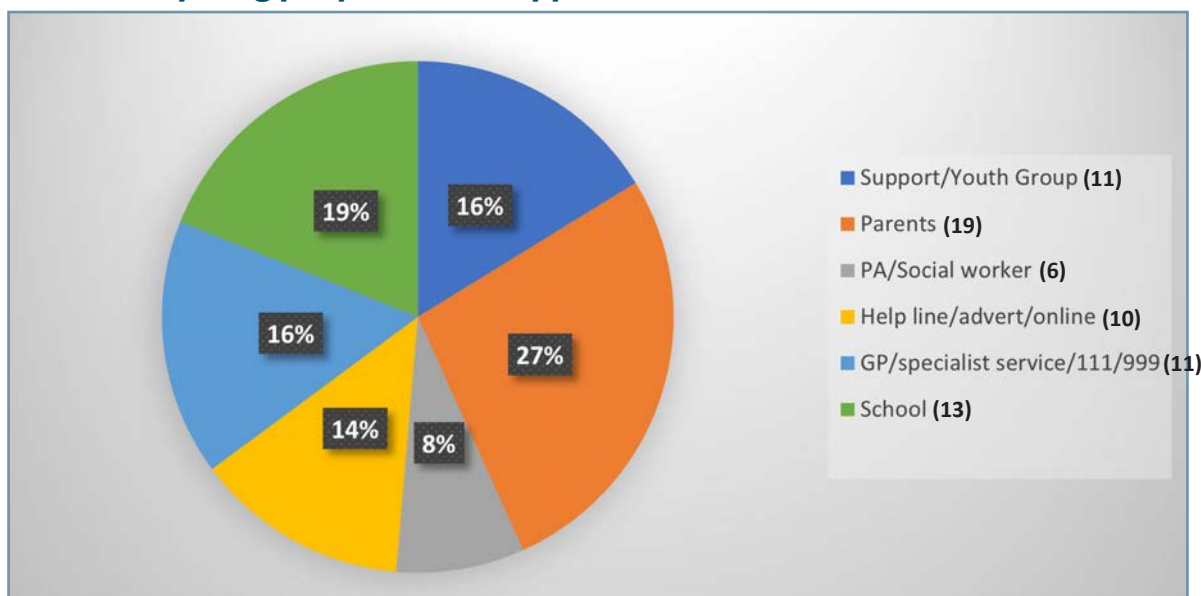
83% said they knew where to go to get support, but only 63% felt that they were able to access the support they needed. They said that information on posters needs to be improved and that just a phone number is not enough.

19% did already access information from school. However, it was suggested by several young people that how to access information and support could be taught in PSHE lessons at school, so that it would be easier to find and increase understanding. They reported that although schools are starting to give out information, it’s not specific enough and needs to be clearer. Generally, they wanted to get this information more through school.



Young people with Special Educational Needs and Disabilities (SEND) felt that they needed information to be broken down step-by-step and, in general, preferred hard copies of information.

Figure 4: Where young people access support



Barriers to accessing information

Our Young Listeners wanted to identify what would stop a young person getting information about health and social care services or the help they need.

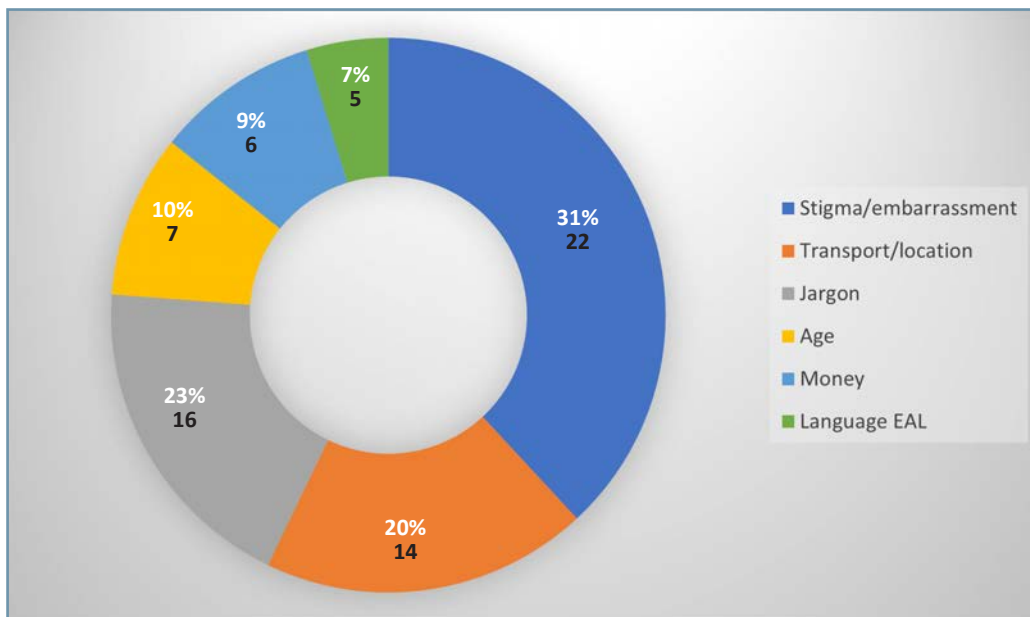
The biggest barrier to young people getting the support or information they need is a feeling of embarrassment, stigma or being judged.

“Some of CAMHS are terrible, they can make you feel insecure and intimidated and pressurise you to open up to them relentlessly. They ask if you mind your parent staying in front of them, so you can’t say no, so you don’t get the help, because you don’t open up.”

For those who live rurally, their location was an added barrier. They could not access support without their parent’s knowledge or without their parent being present, because their parent had to provide transport.



Figure 5: information barriers



“I know where some information is, but I don’t feel comfortable to ask to use it.” | “I’ve always been the kind of person to think I have to deal with things on my own, so even when I’ve needed (information) I’ve gone, ‘no you don’t.’” | “I do not feel comfortable sharing my problems with others, so I need to find information myself easily as I don’t want to worry others about it.” (Young carer)

There were other barriers encountered and young people felt it was because services didn't use a person-centred approach.



“I am an agoraphobic so I couldn't leave the house to get help. Home visits would be better.”
| “I had to make a phone call to get help, but I couldn't make the call because of my anxiety.”

Language is a barrier to good communication and accessing information and services, both in terms of English as a second language and because health professionals use jargon and technical language that young people don't understand. Young people want to have more information in a clear, concise, and simpler format.

“They either use confusing language and don't make sure the young people understand or say too much in front of parents instead of just the user.” | “I was not spoken to in a language I understand.” (Translated) | “Use more consistent language that everyone can understand.”

There were also common concerns about the expertise in schools and confidentiality across different schools.

“Information seems to go around the school if reported.” | “The school didn't make it clear what you could use their service for. I would say this feeling of not having a big enough problem or not knowing what the school could do to help was a barrier. My student support advisor gave me no other option but to pay for counselling.”



Our Young Listeners asked people what age they were when health professionals communicate directly with them, rather than their parent or carer. They found that the average age when a health professional communicated directly with a young person is 16, but 11 of those aged 15-18 had never been spoken to directly, and three young people aged 19, 23 and 25, had never been spoken to directly.

“I've seen CAMHS (with parent) about self-harm. I can't open up as it's obvious then what I'm talking about, and I don't want my parents to know.” | “Never have (been spoken to directly), the professional always talks to my parent.” (Age 25)

Misdiagnosis

Our Young Listeners wanted to find out if young people had suffered a misdiagnosis.

31% of those spoken to felt they had been misdiagnosed. They commonly talked about fighting for a diagnosis or professionals arguing over a diagnosis and being given 'wildly' differing information and treatment.



“I have been given different diagnosis and feel very confused. I am currently unmedicated and undiagnosed despite showing symptoms of bipolar.” | “I was diagnosed with anxiety and depression when I actually had autism. They put my behaviour down to teen worries, so I had to go through a lot needlessly and it affected me a lot.” | “I had a learning disability but was labelled as, ‘just thick’. It wasn’t until I went to university that I was diagnosed correctly with dyslexia and dyspraxia.”

Key themes

Poor communication

There were common concerns raised about communication between services, communication with young people, and about communication between services and the young people’s school or college.

“Communication is a massive problem... there is no link or flow to anything, and I think that is a big mistake.”



Young people felt that services do not communicate well with each other or with them about their care. They suggested that different teams had different priorities, that services don’t co-ordinate and that this held back progression or resulted in lost time. Only 5% felt that communication between services had been good and didn’t need improving.

“Some do it well and do it all the time (The Horse Course).” | “They don’t (communicate). Services keep asking you the same questions as they aren’t joined up.” | “Communication is awful. I repeated stuff with my one-to-one counsellor because it wasn’t shared with her what I’d already done. If she had known I would have been able to progress further.” | “Communication online can be better but can also have technical problems and can invade my safe space (bedroom).” | “They’re patronising, they talk to me like I’m five. CAMHS and Connections need better training and communications skills. My needs felt neglected.”

It was also felt that prevention and crisis services could be improved through better communication.

Our Young Listeners asked if services had communicated with the young people's school, college or university. While 51% of young people did have experience

of services communicating with their school, 70% of them had not found it helpful. This was because it had not been acknowledged or emails weren't read or followed up on by the teachers. It was commented on, several times, that schools were good at talking but took no action; they made empty promises and that young people had to ask to get someone at school to listen.

"I went to hospital, and they had no information about me. They also should have explained more to me." | "Prevention services could be improved with better communication."

"I got a letter from my GP to explain my condition, with recommendations, which I showed directly myself to my teachers as I couldn't trust them to communicate." | "Schools are communicated with by the services but then don't read the information in emails." | "There was no communication between CAMHS and my school." | "The school nurse was good, but my family had to coordinate and instruct others to share information."



Having poor communication with the dentist was also commented on.

"The dentist didn't do my referral efficiently." | "The dentist practically ignored me." | "When I changed dentist, I had to restart my whole braces treatment as they didn't send a letter so there was no communication between them."

Young people still don't feel listened to

A theme which came across strongly was that young people do not feel listened to by health professionals. While a few young people did feel listened to, most did not.

"There are some really good professionals and some who don't listen." | "People don't listen. Why do they think people kill themselves, when you ask for help you don't get it." | "Communication varies - it depends on the health professional. Some can be subtle, but some don't have any communication skills or listening skills as they have never experienced it themselves, so I feel misunderstood. If they did understand they wouldn't be saying what they have said. It would be better if they said, 'I don't understand but I could help you this way.' It's better to be honest, not treated like a 'messed up kid'. And if a service is going to tell parents, we need to know first."

Some young people who had experienced a transition between services didn't feel listened to.

"My needs weren't considered at all. I didn't feel listened to." | "My opinion was not acted upon."



Too much repetition

92% of young people said they had to repeat their background story to different services, due to a lack of communication or poor communication between services.

Figure 6: Words young people used to describe how they found having to repeat their story



“After repeating my story so many times I started to play down my problems and didn’t always give the whole picture.” | “I have a rule I stick to of only repeating my background twice, then I confront the professional if they still don’t know it.” | “This (repetition) is an uncomfortable experience as I realise that people can’t relate to my story, and I find it hard to repeat what is happening at home.”
(Young carer)

“It’s their job to know and I feel like they don’t know.” | “It’s infuriating, especially between NHS trusts. At some point it becomes easier to record an audio transcript and send it in advance to the consultant instead of spending an hour repeating it at every meeting. NHS admin services are hit or miss, so often I have to repeat the appointment before care can continue.”

Poorly planned transition between services

Our Young Listeners wanted to find out about young people’s experiences of transition between child and adult services. This was rated as very low by all but one of the young people spoken to. Poorly planned, uncoordinated, and disjointed were words commonly used to describe their experience.



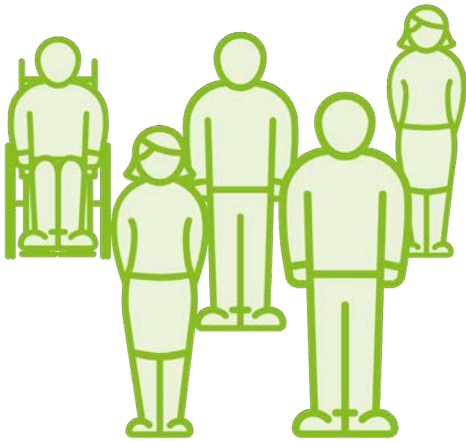
“I got prepared but then nothing happened. I was in limbo, waiting between CAMHS and the CMHT (Community Mental Health Team).”

Young people with special educational needs (SEND) and/or their parents and carers commented on their poor experience of transitioning to adult services.

“It was like falling off a cliff. Everyone you are dealing with suddenly changes but your needs haven’t. You have to have a lot of extra assessments just to keep the things you are already relying on.” | “Transition wasn’t the best. There have been multiple people who have taken charge of the transition and now there is a dispute. Six people weren’t able to get anything done.” | “Transition - there just isn’t, there is nothing, nothing at all.” | “Price and money were the main motivators considered above needs.”

Poor transition from social care rather than health care was a reoccurring theme.

“Social care was all talk and endless delays. Three years later it’s still not sorted. Some needs were completely disregarded which was damaging and caused stress.” | “Needs were considered by carers but not by companies or businesses. For example, there was poorly designed and harmful housing which was not dealt with properly.” | “A complete shambles - mainly from social care.”



Use a person-centered approach

Generally, young people feel strongly that there is a lack of a person-centered approach.

“It needs to be more personalised, flexible.” | “It’s all too generalised, not personalised enough.” | “I feel categorised and labelled as a depressed teenager.” | “It sounds like they are reading from a textbook, could show more emotion/sympathy.”

This theme reoccurred in relation to different areas of health and care services, including transition between services:

“I went from a social worker to a Personal Assistant but there is no difference, they still treat me like a child.” | “They just threw me at my Personal Assistant with no explanation.” | “They don’t consider my point of view; they make me feel weird.”

And in relation to prevention services:

“They need more training.” | “I was left to figure out everything on my own. There’s just a tick list with no substance behind it.”

The theme was mentioned in relation to how well services communicate with each other:

“They pin pointed things that weren’t important to me.” | “Different teams have different priorities, which is inconsistent.”



More time for appointments, less time waiting for care

Having a lack of time with health professionals was highlighted, as well as waiting times, which were also a deterrent to accessing support.

“I can access support, but the waiting lists are huge so it’s off putting, pointless and frustrating.” | “All talk and no action. Getting information was easy but the waiting lists took months. It’s just not ok.” | “Technically you can (access support) but waiting times are so long you don’t get it.” | “I was left in the dark on a waiting list for about five months.”



This was also a problem for those who had experienced a mental health crisis.

“Mental health crisis information is accessible but waiting times are too long. I was in crisis and I was told to have a cup of tea and a bath!” (By Connections)

Case studies*

Neil’s story

Neil is 15 and from Dorset. He has PTSD and has been with CAMHS and a behavioural therapist.

He feels that schools don’t know how to support his mental health. He felt that his school was failing him, and it took him two years, after a breakdown and suicide attempt to find a school which could give him the support he needed. However, subsequently, he said he had to choose between the ‘lesser of two evils’, as he felt that, although the mental health support was better at the specialist schools, the education standard was poor.

He said that, in his experience, he had suffered due to poor communication between services and because of this he has lost five out of 12 sessions of therapy for PTSD.

He said that his family had emailed the travel team numerous times to tell them not to send a driver who smoked, as cigarette smoke was a trigger for his panic attacks.



He wants professionals trained to understand how to communicate better with young people. He said that he can’t be open at CAMHS; they ask if he minds his parents staying for the session, in front of them, so he feels that he can’t say no, but this then inhibits him from opening up. **“They (CAMHS) pressurise you relentlessly to open up to them and they made me feel insecure and intimidated.”**

* All real names have been changed.

Lucy's story

Lucy is 15 and from Mid Dorset. She was undiagnosed with autism until recently.

Lucy said she was only diagnosed because her mum recognised it as it runs in the family. Her mum arranged for her to see a behavioural therapist. She thought it was better to go to an independent therapist "as you don't have to navigate the crap," but didn't see why her family should have to pay. Prior to that, Lucy had experienced severe panic attacks and anxiety.

Lucy said she had been told that she could choose how she felt and that she should choose to be happy. If she had a panic attack at school, she was placed in a room with other young people also having issues which made things worse.

She said that schools don't realise how important the environment is. She has had some virtual counselling, and although it was convenient as it was at home, it was also in her 'safe space', her bedroom, which changed it to feel unsafe for her.

Lucy told us that her school had said they would do things, but they didn't, and she felt let down and it made her feel worse; she felt like no one cared and it made her cry. It had been over a year since the recommendations on her Education, Health and Care Plan (EHCP) were made and they still hadn't been followed up on. She felt that her school didn't read the information sent to them. They constantly asked her if she felt that school was the right place for her. She felt that the school was the right place, but they didn't have the right staff to support her.

She wants other people educated to understand about conditions such as autism, through the use of case stories, for example.

Lucy had received urgent care from paramedics for her panic attacks, but she felt judged and thinks that if you have a physical health problem that more help is available. **"You can't see if someone needs help if they're dying on the inside."**

Julia: a mum's story of caring for a child with educational needs and disabilities

Julia, from Dorset, is the mother and main carer to David, who is age 22. He has special educational needs and disabilities, having autism, dyslexia, and severe anxiety. Julia spoke to our Young Listener, as she felt that she had largely shielded her son from health and social care service experiences, and he would not be able to give accurate answers himself.

Julia thinks that information about health and social care services in Dorset is very poor, and the lack of support for children and parents is sad.

No additional social care or support

After David's diagnosis at age four and two specialist appointments, Julia felt left on her own. Despite David receiving specialist education provision and having an EHCP since he was four, he never received any additional social care support or a social worker because Julia had been assessed as managing well (she had to request the assessment herself). They have no family or anyone else to give them respite care or who they could rely on in an emergency. She had to resort to paying one of David's school teachers privately to care for him a couple of times.



Services don't communicate with each other

Julia said that there is a big communication gap between services, particularly when you have to talk to one service about one element of educational need; it is not joined up enough.

Lack of support with transition to adult services

She reported that her son had no support with transition from child to adult services and she had to fight for what he had got, even having to take legal advice as he had been 'set up to fail' under the current system. This was on top of the normal day-to-day care she provided for David.

A need for linked up services that listen and support

"I suffer from migraines and at that time I had never had so many in my life. David picked up on this and became stressed, so it became a vicious circle. Maintaining day-to-day is hard enough; it is lonely and isolating. Life as a parent of somebody with extra needs will always experience more complications. None of us need that extra pressure.

"I would like to see a system where the local authority links together and starts listening to parents; give some respite and provide some intervention activities before a crisis. Also, a database of vulnerable children would be helpful, as I had to request a social care assessment myself, just to get him on the radar."

Recommendations

These are the actions that our Young Listeners are asking decision makers to take to improve young people's health and care services in Dorset. They come directly from the young people of Dorset who the Young Listeners spoke to and include their words.

1. Improve communication between services to avoid needless repetition and poor communication experienced by so many young people.

Although some form of information sharing already exists, different agencies appear to be using different formats or not using it at all. Young people want greater collaboration between services.

Ask young people to help design a template for sharing information about them between services, including transition services. This may be in the form of a one-page profile or information pack. The young person should be involved in what is chosen to be shared and filtered down to all agencies, and they could also check that it is correct and give their consent.

Agree for a core team to be copied into emails and everyone also notified of staff changes.

Have a learning disability register for everyone who needs a health check, so that they can be easily reminded.

2. Listen! Don't make empty promises.

Summarise points from every meeting and communicate with the school/college/other services to keep them up to date.



3. Personalise services (and speak to the young person rather than their parent).

Create a friendly, more inviting, less formal environment, which also takes into account barriers that young people have highlighted.

Recognise the diversity of need; we are not all the same. Be more aware of individual needs and stop grouping people. For example: not all disabled people need Easy Read versions, sign language or wheelchairs. Focus on the person rather than the disability.

Talk to real people to get their opinions. Visit people in their homes to provide flexible support. Give them the choice.

4. Listen! Don't ignore me or dismiss what I say.

5. Language.

Use simple, clear, and concise language that everyone can understand when talking to young people and in the information that you share.

Be aware of the need for translation into other languages.

6. Listen! Follow up on things.

7. Information.

More information is needed, including about who to contact in different situations.

Put more information online, use adverts, leaflets or posters which provide information directly, not just a phone number or contact to follow up on.

Make information more accessible in schools, and train teachers to provide better signposting. PSHE lessons should be more relevant. Use schools to teach how to find information and access services and help young people to recognise if they need to seek help.

Have more adverts to raise awareness using people's stories, to build understanding about conditions and where to access support, especially if people are in crisis. This would help to reduce embarrassment and stigma.

“Try to access it yourself, if it doesn't work for you then young people can't access it either.”

Young people with special educational needs want more Easy Read versions of information.

8. Training.

Hire service providers who can relate to what young people are going through.

Educate and train people on how to communicate with young people with a range of differing needs, including autism.

Teachers need to be more aware and empathetic to understand the needs of young carers.

9. Funding and waiting times.

More funding needs to be available so services can expand and reduce waiting times.

Give longer appointments.

10. Listen to us!



Pictured: Young Listener Lerryn in our video¹

¹ <https://vimeo.com/644718072>

What we will do next

- We have presented our findings to Bournemouth, Christchurch and Poole (BCP) Council, Dorset Council and Children's Services, and asked for feedback on our report and our recommendations for improvement.
- We will seek a follow-up meeting for three months after we publish our report.
- We will share our report and video with key stakeholders, with all of those who took part in the project and more widely on our website and social media.

Stakeholder responses

Sally Sandcraft, Director of Primary and Community Care at Dorset CCG



Dorset
Clinical Commissioning Group

“One of the things that we are learning as partners with BCP Council, and Dorset Council, is that we need to have young people's feedback in our forums in which we make decisions and prioritise our efforts for improvement. We absolutely recognise that how we hear young people's voices and experiences within the work that we do needs to be strengthened and we welcome this Young Listeners report.”

Theresa Leavy, Executive Director for Children's Services at Dorset Council



“The incredible work completed by these young people talking and working with their peers in order to support their voices being heard and to shape future services is a huge achievement and we welcome this Young Listeners report. If we really want to see the outcomes for all of our children improve we know that we will do that much more effectively by working every day in co-production with our children and young people and their families.”

What Young Listeners gained from the project

Our Young Listeners were focused and engaged throughout the entire project, and they all completed listenings with young people. They saw their involvement in the project as an overwhelmingly positive experience; this is what they said they gained.

- The opportunity to lead a project in true co-production and decide on its focus.
- Improved self-confidence.
- Training: “I especially found the formal Worth-It Safeguarding training interesting and useful, as I have never had it from any other volunteering role before.” **Lerryn**
- DBS check, which can be kept updated and transferred to other roles.
- Greater appreciation of other young people's experiences and a widening of perspective.
- Improved self-organisation.
- New friends.
- They said that Healthwatch Dorset made them feel special and that they were fulfilling an important role.



Pictured: Healthwatch Dorset Young Listeners

Several of the Young Listeners want to continue to volunteer with Healthwatch Dorset when this project ends.

“Being involved in the project was a chance to do something different but also something constructive and helpful for people, and something which can make a difference.” **Lee**

“It was good to hear about different experiences. Personally, it’s definitely helped my emotional skills and organisational skills as I had to organise the one-to-one listenings and do a lot talking with different teachers, mapping everything out and thinking about consent.” **Sophie**

“I enjoyed the project; I could relate to what they were saying, and I could see patterns and trends. It was nice to feel we could help them as it’s more easy to relate to another child than an adult.” **Tawana**

“One thing that surprised me, in a positive way, was the amount of young people who were willing to share their experiences with me. We’re not always on our phones, so if you want to know what we think you just have to ask.” **Lerryn**

Our Youth Engagement Officer, Lindsey Fish, oversaw the recruitment, training, and ongoing support of the volunteers. She said: **“We have worked with some amazing young people, who have given so much time and dedication during an extremely difficult period of time due to the Covid-19 pandemic. I hope that the ethos of the project, allowing them to lead in the way they wanted, has empowered them, and provided truly meaningful, rich data from other young people, which will influence positive change.”**



Pictured: Lindsey Fish

“I am proud that, despite the obvious draw backs of completing the project during the pandemic, all of the Young Listeners remained engaged. At times the pandemic worked to our advantage, as we had to be more flexible and try new ways to communicate and engage, for example, using video links. This allowed greater accessibility to the project, which they largely preferred, and we might not have done this otherwise. It was a pleasure to work with them.”

Thank you

Thank you to all the young people, their families and carers who shared their stories and ideas to help improve young people's health and care services. Thanks also to all the organisations and people who helped to promote and support the project.



Where we listened:

- B Sharp's Busking Festival 2021, Lyme Regis
- BCP Youth Forum
- CCP (Caring for Communities and People)
- Dorset Young Carers Service
- Dorset Youth Association
- International Care Network, Bournemouth
- Prince's Trust
- Purbeck Youth and Community Foundation, Wareham (Joyce Spiller)
- Sevenoaks, Bournemouth (supported accommodation for care leavers, aged 16-18)
- The Chatterbox Project, youth disability group
- The Horse Course, Weymouth
- YMCA Bournemouth

Other organisations and individuals who helped promote and support the project:

- Bournemouth, Christchurch and Poole Council
- Bournemouth University student volunteers
- Community Action Network
- Dorset Council
- Dorset County Hospital NHS Foundation Trust
- Dorset Mind
- Dorset Wildlife Trust
- Friends of Dorset County Hospital, Youth Volunteers
- My Time Young Carers
- National Citizen Service
- Participation People
- REACH
- Seldom Heard Voices Project, Bournemouth University
- Space Youth Project
- The Purbeck School
- Weymouth College
- Worth-It Positive Education
- Youth Empowerment Platform
- Duncan Randall
- Pete Atkins
- Richie Hodgson
- Tula Brannelly

Appendices

Appendix A. Questions used by Young Listeners

1. Is there enough information about a health/social care service in your area?
2. Please explain your score
3. Are you currently using a health/social care service, or have you in the past?
4. Have you been involved with more than one service at a time?
5. At what age did your health professionals communicate directly with you, rather than your parent/carer?
6. How well do you think your health professional communicated with YOU?
7. How well do health/social care services communicate to EACH OTHER about your care?
8. Have you ever had to repeat your background story to different services?
9. Have services communicated with your school and if so was this helpful?
11. Do you know WHERE to access support if you needed it? How would you find out?
12. Are you able to access ALL the support you need?
13. If you have experienced a crisis,(physical or mental health), how easily was information available to you?
14. Have you got experience of transition between children's and adult services?
24. Is there enough education and information in school about health and care services?
25. Tell me about any barriers stopping you from accessing information, or have done in the past?
26. What advice would you give policymakers about supporting people to access health/social care service information?

Appendix B. Demographics

70 Listeners

How would you describe your ethnicity?	Total
Asian or Asian British (Bangladeshi, Indian, Pakistani, any other Asian background)	1
Black or Black British (African, Caribbean, any other Black background)	3
Mixed (White & Asian, White & Black African, White and Black Caribbean, any other Mixed background)	3
White (British, Irish, any other White background)	60
Other ethnic Group (Chinese, any other ethnic group)	2
Do not wish to disclose this	1
Total	70

Which best describes your sexual orientation?	Total
Heterosexual	40
Lesbian	2
Bisexual	9
Do not wish to disclose this	19
Total	70

Why not get involved?



healthwatchdorset.co.uk



enquiries@healthwatchdorset.co.uk



0300 111 0102



The Bridge, Chaseside, BOURNEMOUTH BH7 7BX



@HealthwatchDorset



@HWatchDorset



healthwatchdorset



healthwatch.dorset