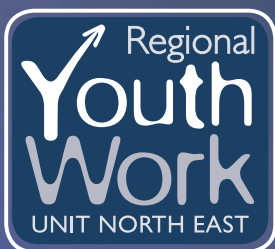




## You're Welcome Training Evaluation Report



Undertaken by the  
Regional Youth Work Unit - North East



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# Executive Summary

First published in 2005, the You're Welcome (YW) quality criteria set out principles that will help health services, in hospital and community settings, to become young people friendly. They aim to improve the acceptability, accessibility and quality of services for young people.

The participation of children and young people is at the very heart of You're Welcome. In order for services to achieve You're Welcome, they must be able to demonstrate and provide evidence that they have in place systematic arrangements to enable the voice and influence of young people over services that are delivered.

The purpose of this commissioned piece of work was to ensure the active, on-going participation of children and young people in the roll out of You're Welcome in the North East. The Regional Youth Work Unit - North East (RYWU-NE) was awarded a tender to deliver training to both health professionals and young people with the joint aims of:

- Enhancing the knowledge and skills of health professionals to enable their effective engagement with young people in health service planning, delivery, assessment and evaluation.
- Skill up groups of young people to assess health services against the You're Welcome quality criteria using a range of appropriate methods.

The training was designed to take place over a one day session and a key learning component of the training was to bring together young people and health professionals to share their own experiences and learning. The training days were therefore delivered simultaneously to young people and health professionals.

The young person's element of the training focused on: You're Welcome quality criteria, what young people expect from health services, identifying and overcoming barriers, how young people want to be involved in planning, monitoring and evaluating health services.

The health professional's element of the training focused on: What is youth participation, policies and legislation that support youth participation, models of participation, an understanding of the sound principles of participation, benefits of youth participation, an understanding of what things health services should be putting into place to ensure meaningful young person's involvement around section 7 of the You're Welcome self assessment toolkits.

The joint element of the training focused on: Feedback from both groups about their learning from the morning session, troubleshooting health professionals' fears, evaluation and monitoring methods young people can use to assess health services, moving forward – next steps

In total, 32 health professionals attended the training. In addition to this, 4 youth workers that work on health related projects also attended the training as participants. 42 young people attended the training along with 9 youth workers that came along in a supportive capacity.

A wide variety of professions and roles were represented at the training, from an equally wide variety of organisations.

# Findings

## *Findings from the health professionals*

A number of health professionals expressed a lack of confidence around engaging with young people and would feel more confident working in partnership with an experienced participation worker

The health professionals were at different stages of engaging young people, from initial thoughts through to established groups. The opportunity to network and for discussion in the training greatly benefited the participants.

The health professionals that had not yet started engaging with young people were finding this a daunting task, however through the training realised that there was no fixed way of doing this and that a different approach needs to be used for each service/ situation.

The need to be open and honest with young people throughout the process was a common theme when discussing the principles of participation.

Another common theme was about the possible conflict between what young people want and what the service can realistically put in place.

## *Findings from the young people*

Young people showed a good awareness of young people's health issues, as well as national health priorities and concerns for their future health.

Young people tend to go to informal settings for health advice such as friends and family, before seeking professional services. This may be down to a lack of awareness of what services are available.

Young people are keen for health services to come to them in their settings to give information, such as youth clubs and schools.

Young people generally rated health services that they access quite well.

When given a free reign to design the world's best health service, the young people's suggestions were realistic and by no means unachievable. The health professionals highlighted this as a key learning point.

The young people's solutions to overcome the barriers that they face when accessing health services were deemed to be realistic and achievable by health professionals.

The young people expressed a desire to work with health services to help them improve. They felt that it's not difficult to involve young people, but opportunities need to be created and publicised.

# *Joint findings*

Of those who attended the training, only the health professionals with a specific Paediatric role have been trained to work with young people, and this training is purely medical in nature. None of the health professionals have been trained in engaging with young people.

All of the health professionals would welcome being trained by young people either when starting a new job or at any point in the future

The health professionals all admitted at some point using too much jargon, and felt that they needed to be more aware as to how this can be difficult for young people to understand. Health professionals also said that they sometimes struggled to understand words (Jargon) that young people use!

Outcomes young people wanted from being involved in youth participation initiatives were; to make new friends, something to do, trying new things, something for their CV, a certificate/accreditation and to learn new skills

Young people are happy to be contacted in a number of ways, including letters, text messages, e-mail and especially Facebook.

The young people did not expect financial rewards (i.e. payment) for their involvement.

Most of the young people would be willing to spend their time on youth participation activities. This varied from a few hours to 2 -3 evenings per week.

The main barrier to young people getting involved is not knowing what opportunities exist for them to have their say.

The young people felt that the best way to keep young people engaged is to make sure that the staff are friendly and approachable and that they don't talk down to young people.

## **Recommendations**

### *Recommendations for commissioners*

**Use of Social Networking:** Further research needs to be carried out to support the benefits of using Facebook as a tool for youth participation work. This was a common theme throughout the training, young people like to be contacted by Facebook but almost all of the services reported restrictions.

**Train young people as trainers:** We would recommend training up a regional group of young people that could deliver youth participation training to health professionals.

**Bespoke training:** We would recommend offering drop-in troubleshooting, support and advice sessions for those participants that are undertaking You're Welcome. A trained regional group of young people and experienced participation workers would conduct these sessions.

**Coordinated work with young people:** We would recommend coordinating a regional

group, bringing together local groups of young people involved in health services to facilitate the roll out of You're Welcome. Such opportunities should include local and regional moderation, assessing toolkits and running training with health professionals.

## *Recommendations for health professionals*

**Link up with existing youth participation workers and projects:** Participations workers can advise and support health professionals to set up youth participation activities in their service.

**Start from a strong ethical base:** Health professionals should personally buy in to the values and principles of youth participation and encourage others in their service to do the same.

**Understand the broader implications of youth participation:** Creating a society where young people feel valued, empowered and listened to, and where services are accessible will have massive benefits for young people across the board, particularly in safeguarding and the early identification of risk.

**Get started, even if it is a small change:** Young people generally do not ask for unachievable changes and appreciate small efforts. Everyone has to start somewhere and it will get easier with experience.

**Create different opportunities for different young people to get involved:** The levels at which young people will want to get involved will differ. Some young people will be happy to fill out a questionnaire, others may wish to sit on a youth advisory board. Embrace young people's enthusiasm, skills and knowledge and use these to your advantage.

**Consider writing a participation strategy for your service:** This will help to get senior managers buy in and will show a strong commitment to engaging with young people.

**Involve young people in staff training and recruitment:** Consider training staff that have contact with young people in how to engage effectively with young people. It can also prove beneficial to involve young people in recruitment of staff that will have direct contact with young people.

**Act on what young people say:** Don't involve young people just to tick a box, explore the possibilities. If changes can't be made this should be explained clearly to young people why not. If changes can be made, involve young people at each stage.



# Background

The You're Welcome (YW) quality criteria set out principles that will help health services, in hospital and community settings, to become young people friendly. They aim to improve the acceptability, accessibility and quality of services for young people.

First published in 2005, the You're Welcome quality criteria support implementation of Standard 4 of the National Service Framework for Children, Young People and Maternity Services. They are based on examples of effective practice working with young people under the age of 20. Updated in 2007, the second edition of the You're Welcome quality criteria covers the following ten topic areas:

- Accessibility
- Publicity
- Confidentiality and consent
- The environment
- Staff training, skills, attitudes and values
- Monitoring and evaluation, and involving young people
- Joined-up working
- Health issues for adolescents
- Sexual health and reproductive health services
- Child and adolescent mental health services (CAMHS)

A number of government strategies include reference to You're Welcome, and its profile is increasing locally and nationally. You're Welcome is highlighted in the National Strategy for Children and Young People's Health, Healthy Lives, Brighter Futures (Department of Health (DH)/Department for Children, Schools and Families (DCSF) 2009), the government's National Healthy Child Programme 5 – 19 (DH/DCSF 2009) and the national strategy to promote the health and well-being of children and young people in contact with the criminal justice system, Healthy Children, Safer Communities (DH/DCSF 2010).

In addition, the government's response to the national CAMHS Review, Keeping Children and Young People in Mind (DH/DCSF 2010) and the Teenage Pregnancy Strategy Beyond 2010 (DH/DCSF 2010) recommend You're Welcome. National guidance from DH for commissioning abortion services highlights You're Welcome as does the revised statutory guidance on promoting the health and well-being of looked after children and young people (DCSF/DH 2009).

The criteria provide important guidance to support commissioning and service delivery based on good practice within health services regardless of setting. You're Welcome is a way to enable young people to access appropriate health services which meet their needs and to engage young people, laying the foundations for them to be lifelong effective health service users.

All Primary Care Trust (PCT) areas in the North East have signed up to implement You're Welcome and work to the national priorities for the roll out of You're Welcome in 2010. These include general practice, community pharmacies, health services in education and further education settings, contraception and sexual health services, GUM (Genito-Urinary Medicine) and abortion service providers.

The participation of children and young people is at the very heart of You're Welcome. In order for services to achieve You're Welcome, they must be able to demonstrate and provide evidence (in Section 7 of the self assessment toolkit) that they have in place systematic arrangements to enable the voice and influence of young people over services that are delivered. In delivering You're Welcome, the PCT and Children's Trust should ensure that the participation of young people is embedded from the outset, and that young people have shared ownership of the project within each PCT area.

The purpose of this commissioned piece of work was to ensure the active, on-going participation of children and young people in the roll out of You're Welcome in the North East. Engaging young people in participation activities within health and other services is a complex process which requires specific and relevant regional knowledge, skills and expertise. The Regional Youth Work Unit - North East (RYWU-NE) was awarded a tender to deliver training to both health professionals and young people with the joint aims of:

- Enhance the knowledge and skills of health professionals to enable their effective engagement with young people in health service planning, delivery, assessment and evaluation.
- Skill up groups of young people to assess health services against the You're Welcome quality criteria using a range of appropriate methods.

Established in 1989, the RYWU-NE works across the North East of England to promote and support the development of youth work. The RYWU-NE is a focal point for both statutory and voluntary youth sector services to share information, highlight best practice, and co-ordinate the development of youth work and youth services. Their main areas of work are youth participation, workforce development, strategic development, supporting infrastructure development and improving youth work practice in the North East.

A key element of the work of the RYWU-NE is the active participation of young people in the development of policies and practice that affect them and their communities. The RYWU-NE supports this work in a number of ways both in a strategic role and in direct work with young people. The RYWU-NE coordinates the Regional Active Participation Network (RAP) which is a growing network in the North East of England including professionals crossing all sectors and age groups of children and young people. RAP has an extended membership of workers from across the region that meet together to share good practice and promote participation work in its wider sense.

Over recent years the RYWU-NE has established a strong partnership with Government Office North East (GONE). In 2004, building on a number of smaller projects, the RYWU-NE Regional Participation Worker was seconded to GONE to develop their youth participation strategy. This formed the basis of the Our North East event in 2006, which brought young people from the RYWU-NE and different GONE departments together to discuss the key issues that young people face. Following on from this, in 2006 the RYWU-NE worked with the Department for Transport at GONE to set up a Regional Transport Group – the Bus Buddies, to gather North East young people's views on public transport. This successful partnership gained national recognition both from central government and in the national media.

The culmination of these successful projects and the RYWU-NE commitment to improving young people's engagement in services, encouraged the RYWU-NE to apply for the tender to deliver the You're Welcome Youth Participation Training.

# The Training

## Introduction

The Youth Participation Team within the RYWU-NE designed and developed the training building on the joint aims outlined in the tender. This was contributed to by the You're Welcome Regional Lead. The training was designed to take place over a one day session and a key learning component of the training was to bring together young people and health professionals to share their own experiences and learning. The training days were therefore delivered simultaneously to young people and health professionals. With this in mind the training was made available at times appropriate to both groups e.g. a weekend, weekday during school holiday time, weekday during school term time.

To ensure a regional spread in terms of localities for the training one day was delivered in each of the four sub regional clusters, however to ensure maximum take up there was not a limit set for participants to attend by locality.

The dates and venues for the training were as follows:

- Friday 19th February – Durham County Cricket Club, Chester-le-Street (February half-term)
- Saturday 6th March – Wynyard Rooms, Stockton-upon-Tees (weekend)
- Wednesday 24th March – Sunderland Stadium of Light, Sunderland (weekday during school term time)
- Thursday 8th April – Newcastle City Library, Newcastle (Easter school holiday)

In order to ensure a maximum uptake of participants, the training was publicised through a variety of channels, including:

- Regional Active Participation (RAP) network - through RAP we directly contacted organisations currently known to be working on existing participation activities linked to health; including Local Authority Areas involved in the National Children's Bureau (NCB) Young Inspectors Programme and voluntary and community sector organisations working with young people currently identified as facing the greatest barriers to access health services
- Regional You're Welcome leads
- Local You're Welcome leads
- Health Commissioners
- Health Improvement teams
- Teenage Pregnancy Coordinators
- Healthy Schools Coordinators
- Primary Healthcare Networks

Two flyers were produced to support the promotion of the training (please see appendix 1 and 2).

# The Training Framework

The training was designed so that on the morning the young people and health professionals would be trained separately, and on the afternoon both groups would be brought together to share their experiences and to learn from one another.

The young person's element of the training focused on:

- You're Welcome quality criteria
- What young people expect from health services
- Identifying and overcoming barriers
- How young people want to be involved in planning, monitoring and evaluating health services.

The health professional's element of the training focused on:

- What is youth participation
- Policies and legislation that support youth participation
- Models of participation
- An understanding of the sound principles of participation
- Benefits of youth participation
- An understanding of what things health services should be putting into place to ensure meaningful young person's involvement around section 7 of the You're Welcome self assessment toolkits.

The joint element of the training focused on:

- Feedback from both groups about their learning from the morning session
- Troubleshooting health professionals' fears
- Evaluation and monitoring methods young people can use to assess health services
- Moving forward – next steps

A variety of formal Powerpoint presentations and interactive exercises were used which were designed to promote discussion and enable participants to identify key issues they wished to explore. During the afternoon session, the young people fed back their thoughts and ideas to the health professionals, particularly around what they expect from health services, and what they perceive the barriers to accessing health services are. The morning session with the young people was designed to enable participants to identify these issues and to prepare for the feedback to the adults.

## Analysis

In total, 32 health professionals attended the training (in brackets is the number of health professionals that initially signed up to attend the training but later cancelled or did not attend). In addition to this, 4 youth workers that work on health related projects also attended the training as participants. 42 young people attended the training along with 9 youth workers that came along in a supportive capacity. The sub-regional

breakdown is as follows:

| Date & Venue                             | Health Professionals | Youth workers working in health related projects | Young people | Youth workers (support workers) |
|--|----------------------|--|--------------|---------------------------------|
| 19 Feb, Durham, Chester-le-street        | 6 (9)                | 0  | 14           | 1                               |
| 6 Mar, Wynyard Rooms, Stockton           | 5 (8)                | 0  | 12           | 3                               |
| 24 Mar, Stadium of Light, Sunderland     | 9 (10)               | 4  | 9            | 1                               |
| 8 Apr, Newcastle City Library, Newcastle | 12 (15)              | 0  | 7            | 4                               |

Health representatives from the following organisations attended the training:

- Easington CAMHS
- Darlington PCT
- Secondary School Darlington
- Tees, Esk and Wear Valley NHS Trust
- GP Surgery Newcastle
- Northumberland Care Trust
- Secondary School North Tyneside
- North Tees PCT
- County Durham and Darlington NHS Foundation Trust
- Secondary School Newcastle
- Brook
- Stockton CAMHS
- Redcar and Cleveland Borough Council
- Connexions IYSS Stockton
- North Tyneside PCT
- Norfolk County Council

The health representatives came from a variety of professions and roles:

|  |  |
|--|--|
| School Nurse                             | Manager                                    |
| Student Nurse                            | Primary Care Purchasing Initiative - Lead  |
| CAMHS Nurse/Primary Mental Health Worker | Child Health                               |
| Public Health Practitioner               | Health Improvement Facilitator             |
| Sexual Health Nurse                      | Clinical Manager/Health Advisor GUM clinic |
| Boy's and Young Men's Worker             | Local You're Welcome Lead                  |
| Teenage Pregnancy Coordinator            | You're Welcome Worker                      |
| Foundation and Community Engagement      | Administration Manager                     |
|  | Healthy Schools Practitioner               |

Reception Manager

Participation Lead

Clinical Psychologist

Personal Advisor

Chief Audiologist

Health Promotion

Work Experience Coordinator

Integrated Nurse Team

The majority of the young people, (39) accessed the training through youth projects that were contacted via the RAP network. The other 3 young people were brought directly by health professionals. Interestingly, this occurred on the 24th March, which was a school day, which suggests that it may be easier for health professionals to undertake joint training with young people on a school day. Two young people attended the training independently, the rest were accompanied by a support worker. The organisations that supported young people to attend the training were:

Investing in Children, Durham

Seaham Youth Initiative, Durham

Investing in Children, Darlington

Secondary School, Newcastle

Connexions County Durham

North of England Refugee Service,  
Sunderland

Regional Youth Work Unit, North Tyneside

Gateshead Young Inspectors, Gateshead

Child Health Action Team, Northumberland

Kidz Konnect, Redcar and Cleveland

Northumberland Council, Northumberland

Hartlepool Borough Council, Hartlepool

Stockton Borough Council, Stockton

Unfortunately, 7 out of the 32 health professionals had to leave the training after the morning session, and therefore did not get the benefit of meeting and learning from the young people in the afternoon. Whilst it can be understood that people have different circumstances and had genuine reasons to leave, an almost 25% drop out rate half way through the training suggests that either the training may not have been a priority for some, some may not have had the capacity to undertake such training and that others were instructed to attend by management as a show of commitment that was not backed by action.

# Findings

## Health Professionals

### *Exercise 1 - Expectations*

The first exercise was to discover what the health professional's expectations were for the training. This was to enable the trainers to understand the starting point of the participants and to ensure that the training being delivered was relevant to participants needs. Participants were asked to identify their expectations and these were recorded on flip chart.

The expectations expressed by the participants can be split into broadly four areas:

You're Welcome – participants expressed that they would like to find out more about You're Welcome, particularly how it can be implemented in their service. More specifically, participants identified that they would like to learn about how they can

achieve section 7<sup>1</sup> in their organisations, relating directly to youth participation.

Youth participation – a large proportion of the expectations revolved around how to involve young people in their services, how to gather young people’s views and opinions and to gain more knowledge about youth participation. A few expectations revolved around wanting to understand how to keep young people interested and involved and to feel more confident in engaging with young people in the “right” way.

Personal – a few of the expectations were personal in nature, for example

**“leave today motivated and wanting to make change”**

**“some of my ideas and beliefs were challenged”**

Networking – Participants expressed a desire to use the opportunity to find out other services’ experiences and to network. This worked particularly well when youth participation workers were present supporting young people, as health professionals could link up with the participation worker for their area.

## ***Exercise 2 - Questions to young people***

The health professionals were then given the opportunity to record any questions that they would like to ask young people regarding youth participation. The questions were then passed on to the young people in order they could discuss answers and prepare for feedback to the health professionals in the afternoon session.

Questions posed were quite similar across the four training days, and can be categorised into the following:

- What do you want to get out of being involved?
- How would you like to be contacted?
- What rewards would you like for being involved?
- How long would you be willing to spend each week on youth participation activities?
- What are the barriers for you to get involved?
- What is the best way to value your contribution?
- How can we keep young people involved?
- How do you feel about health services?
- What is the best method to engage with young people?

The findings from these questions are outlined in section 3.3 Joint Training.

<sup>1</sup>Section 7 refers to Section 7 of the Self Assessment Toolkit – Monitoring and evaluation, and the involvement of young people. Within this section, in sub-section 7.2 it is essential for services to achieve the “Meets You’re Welcome” standard in order to be able to achieve the You’re Welcome quality mark.

# Exercise 3: What is youth participation?

To establish the context of the training an exercise was facilitated with the aim of participants gaining an understanding of a definition of youth participation.

The definition provided was as follows:

**Youth participation is about young people having a say in decisions that affect their lives, organisations and communities.**

**It's useful to think of participation as a planned process where people are given the opportunity to express their views and ideas about something, these are recorded and acted upon, and then participants are made aware of the impact of their views on decisions and planning.**

**Participation Works (2008). Listen and Change. A guide to children and young people's participation rights. CRAE, London.**

Most participants had an understanding of youth participation prior to the exercise, but felt that the definition gave them something more structured they could begin their work from. Some participants felt that youth participation was “young people taking part in something” and felt more comfortable with the term “youth engagement” to describe the above. These terms are often used interchangeably, but youth participation is the most common terminology in the youth sector.

The exercise led onto discussions about other areas that young people should have a say in, such as the government or their local councils. Participants were able to explore how different structures are used, such as youth councils, campaign groups and youth advisory boards to enable the participation of young people.

## Exercise 4: Timeline

In order to set youth participation into a historical context, a timeline dating from 1669 – 2008 was produced. Participants were asked to identify where key children's rights events had occurred on the timeline. The aim of the exercise was to give participants an overview of where youth participation has developed from, and the importance of creating an environment where young people feel that they can speak up about their lives.

Across the four training days the participants found this one of the most enjoyable and informative exercises and it raised key issues, including:

- How basic rights that we have come to take for granted only happened fairly recently, such as banning corporal punishment in schools (1986), abolishing the death penalty for under 18's (1933) and lowering the age to vote from 21 – 18 (1970).
- That youth participation is not a recent development, and the first recorded youth participation project happened in 1669.
- How tragedies such as the death of Victoria Climbié and Baby P mirror similar tragedies that happened over 60 years ago.

This exercise helped to highlight the broader benefits of creating a society where young people feel valued and empowered to speak up about their concerns. This would have a positive impact on safeguarding young people, as young people would feel empowered to speak up about their concerns and would access services earlier.

## *Exercise 5: Hart's Ladder*

Hart's Ladder was presented to the participants as a framework for measuring youth participation levels in their service. Hart's Ladder is a visual representation of community (adapted to youth) engagement designed by Roger Hart in 1992 and is used frequently in the youth sector (see appendix 3). Each step of the ladder was explained to the participants and a set of scenarios was given out. Participants were asked to identify where on the ladder they thought each scenario would go, based on the perceived level of involvement of young people in the situation.

This exercise prompted discussion amongst the participants about where their services would be placed. Participants felt their place on the ladder was fluid, and depended on what activities they were undertaking, and which part of their services was being assessed. There was a degree of anxiety from some participants about starting from the bottom of the ladder, however it was explained that it is important to start somewhere and that using the bottom rung to get moving upwards was better than not starting at all.

## *Exercise 6: Values and principles*

Ten key principles of youth participation were presented to the participants and a discussion was facilitated about how these principles can translate into practice for their particular organisations. The discussion points are described below:

### **Principles (1 - 10)**

1. Young people are involved because they want to be – this raised issues about how to recruit / attract young people to get involved and how to balance the desires of the young people vs. the needs of the organisation. Solutions to these dilemmas included writing to young people inviting them to attend a meeting, setting up a Facebook page, organising an Agenda Day / open day with an incentive to attend. The need was also raised to be honest with young people about what they were getting involved in, and what they could and couldn't change.
2. Young people have a choice about how they get involved and at what level –

discussions centred on what opportunities were currently available in participants' services, and how this could be improved. Some participant's services already offered opportunities for young people to get involved such as patient forums, whereas others were looking for suggestions as to how they could begin. This prompted discussion and suggestions were made such as starting with a focus group and seeing if any young people from the group would like to form a youth advisory board. The conclusion was made that each individual service will need an individual approach to youth participation that best suits their needs and demands.

3. The diversity of young people is valued – this raised discussion about ensuring that young people from a wide variety of backgrounds could have their say. The health professionals felt that this involved removing barriers to young people taking part, such as having printed materials available in different languages, or using an interpreting service if needed.
4. Participation is accessible to all young people – participants felt that this involved removing barriers that certain young people face, such as providing transport and holding meetings at a venue and time convenient to young people.
5. Everyone is honest and open about process – discussions centred on how to balance the needs of the service vs. the desires of the young people, without being tokenistic. It was felt that as long as services were open with young people from the beginning about what influence they can have over decisions then this can be achieved.
6. There is equal partnership between adults and young people – the health professionals were asked if they would be willing to share their power with young people to create an equal partnership. This caused confusion as most of the health professionals did not see themselves as having power. This provoked discussion about power and what constitutes power i.e. the power to make decisions.
7. Young people are encouraged to come up with their own ideas and solutions – examples were given from health professionals that have achieved change in their service from young people's ideas and solutions. This occurred where young people have designed a confidentiality poster that explains what confidentiality is in a young person friendly way. Once again the issue of compatibility between young people's ideas and the services needs was raised. This appeared to be an ongoing issue.
8. Barriers that stop young people from getting involved are challenged – as discussed in principle 3 and 4 the concern about how to challenge managers that are creating barriers was raised. Some participants felt that this situation may occur. Suggestions were made to highlight the benefits of the young people's suggestions to managers, and to present managers with a case for change.
9. The value of young people's work, ideas and skills is recognised – health professionals felt that they could recognise young people's contribution by providing certificates, letters of thanks, references for CV's and publicising the work that the young people had contributed to. This led on to a discussion about providing incentives, such as cash payment or vouchers. The consensus was that although this is a nice gesture, there is no evidence to suggest that this increases young people's participation, and that young people tend to get involved because they feel strongly about something.
10. Young people's involvement makes a difference – this raised concerns about what if young people have suggested is not practical, or costs too much money. This issue

was brought back to point 5, that as long as young people understand why and receive honest feedback then young people usually understand.

## *Exercise 7: Benefits of youth participation*

Participants were asked to identify what they would perceive are the benefits to their organisation from having young people involved in the planning, monitoring and evaluation of services.

The benefits identified can be categorised into broadly four areas:

- To bring a fresh perspective to the organisation – participants recognised that young people are often full of new ideas and have a different outlook on how things should run. Young people were seen as having more ability to think outside of the box, which can lead to workable ideas, even if they do need to temper this with a little realism.
- To ensure that the service is valued by young people and meeting their needs - participants recognised that one of the key benefits of involving young people in service monitoring and evaluation is to ensure that the service is what young people want, and what improvements can be made to make the service better. Participants also felt that one of the key benefits is to “ensure that services are young people friendly”.
- To bring in extra funding and resources – participants felt that if they show a good track record of involving young people in decision making, this would help them attract funding and extra resources in the future.
- More young people will benefit from the service – it was recognised that as services improve as a result of involving young people, more young people will be attracted to the services, thus attendance will increase.

In addition to the benefits to the organisation, the benefits to young people were also discussed, particularly: learning new skills, meeting new people, having new experiences, feeling valued in society and increased self esteem and self confidence. One participant, who has a well established youth participation project within their service, had a psychiatric practitioner refer a young person to their participation project as they recognised the positive impact this would have on the young person’s self confidence.

## *Summary*

To summarise:

- Participants’ expectations from attending the training varied from finding out more about You’re Welcome, learning about youth participation, personal reasons and to network.
- Some health professionals had a lack of confidence around engaging with young people and would feel more confident working in partnership with a participation worker

- The health professionals were all at different stages of engaging young people, from initial thoughts through to established groups. The opportunity to network and for discussion in the training really benefited the participants.
- Those health professionals that had not yet started engaging with young people were finding this a daunting task, and through the training realised that there was no fixed way of doing this. A different approach needs to be used for each service.
- It was important to have a vision for the type of society that will benefit young people, which was achieved through the timeline exercise.
- The need to be open and honest with young people throughout the process was a common theme when discussing the principles of participation.
- Another common theme throughout the discussion about principles was about the possible conflict between what young people want and what the service can realistically put in place. This was based on assumptions about what the health professionals thought the young people might want. It is important to find out about what young people want first, before worrying about compatibility issues.

## Young People

### *Exercise 1: Health needs/ concerns of young people*

The young people were asked to consider what health concerns/needs they and other young people have. To make this exercise interactive the young people drew round the outline of one of the participants and identified on the body health related problems they were aware of. Issues raised were:

- contraception,
- sexually transmitted infections,
- pregnancy,
- acne,
- drugs and alcohol,
- depression,
- stress,
- weight issues,
- smoking,
- eating disorders,
- behavioural issues (ADHD)
- body image.

The young people also showed that they had knowledge about what was going on nationally and current priorities with regards to health, for example: swine flu and cervical cancer (the Jade Goody effect and lowering the age to begin having cervical smears).

Interestingly, young people mentioned bullying on more than one occasion as a health concern and drew the link between bullying, mental health and physical health, in terms of physical violence. Family life as a health concern was also identified, again drawing on the link with mental health and stress that this can create.

An interesting point to note is that young people were also aware of their health concerns for the future, mentioning things such as: cancer, Alzheimer's and obesity.

## ***Exercise 2: What health services do young people access?***

Continuing to use the drawing of the body the young people discussed the health service that they access about the health concerns they had identified. These can be categorised broadly into four categories:

**Advice** – the young people discussed where they would get advice on health issues from and expressed that they felt more comfortable going for initial advice in a more informal way, for example: to youth workers, friends, family and some teachers. When this was explored further, the young people expressed that this was because they wouldn't necessarily know where else to go, so these informal advisors were acting in a way to signpost young people on to services.

**Information** – the young people were also asked where they would prefer to get information from. They mentioned TV and radio adverts, and the internet, specifically NHS Direct website, Salvation Army and Talk to Frank. Interestingly, one young person had very strong feelings about the Talk to Frank advert, with the talking dog. She felt that it was a scary image, and a confusing message to the one it was meant to be portraying. In addition to this, the young people liked the idea of health professionals going to them and seeing them in young people's settings. For example, giving talks in schools and youth clubs, running drop-in's in schools and youth clubs and the idea of running a health bus that would travel to different areas for young people to access.

**General health services** – services that are open to the general public to access, including: hospital, chemist, walk-in centre, GP, clinic, dentist, family planning clinic, opticians, psychologist.

**Youth health services** – services that are open to young people in a specific age range (usually up to 25), including: college drop-in, YMCA, school counsellor, Streetwise, Connexions, school nurse, after school session, Brook, "Johnny Bus", health bus, teenage pregnancy clinic, CAMHS, stop smoking clinic, C-Card providers.

# Exercise 3: What do young people expect from health services?

The young people were then given the task of designing what they would think the worlds worst health service would look like, and the worlds best health service would look like. Using this as an interactive way to gauge young people's expectations from the services that they receive, they were asked to discuss and identify the components that would make these services the worst/best Ideas that young people identified are listed in the table below:

| The world's worst health service  | The world's best health service   |
|---|---|
| <ul style="list-style-type: none"> <li>• Would be in the middle of nowhere, not on a public transport route</li> <li>• The building would be a shack/ portakabin which is cold, dirty, smelly and damp</li> <li>• There would be animals in the building</li> <li>• People would be smoking in the waiting room and in the consultation rooms</li> <li>• It would be run down, derelict and have lots of spiders and cobwebs</li> <li>• The staff would be people that you know, such as friends or family (confidentiality)</li> <li>• The staff are unfriendly, disrespectful and would tell everyone your business</li> <li>• The service would charge you to use it</li> <li>• There is no advertising and it is difficult to find, don't know the opening times</li> <li>• There would only be one health worker and be massive queues and long waiting times</li> <li>• There are no magazines, music or posters in the waiting room</li> <li>• The waiting room has no colour on the walls or pictures.</li> <li>• The waiting room is minging</li> <li>• If there were posters on the walls they are scary</li> <li>• The equipment is dirty and unsanitised</li> </ul> | <ul style="list-style-type: none"> <li>• In a town centre but off the main street, so it's easy to get to</li> <li>• It is chilled out and a relaxed environment</li> <li>• The staff are really friendly</li> <li>• The staff have had experience so they can empathise with your problems</li> <li>• The service is confidential and this is publicised well</li> <li>• The waiting room is eye catching and colourful</li> <li>• There is a friendly environment</li> <li>• No smoking environment</li> <li>• You can get free contraception</li> <li>• The information is up to date, modern and young person friendly</li> <li>• There are things to do in the waiting room, such as magazines, quizzes, computer games and music</li> <li>• It is open every day of the week from 9am – 7pm so young people can access it</li> <li>• There is a call line open 24/7</li> <li>• They have a mobile health service i.e. van or bus to visit rural communities</li> <li>• The service is well advertised and in places that young people use, such as youth clubs, schools and on Facebook</li> <li>• Young people are involved in staff training</li> </ul> |

|   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• No choice of gender for staff undertaking examinations. (this was a comment made from a female that felt that it would be uncomfortable to have a male doctor examine her)</li> <li>• The opening times are when we are at school so we can't access the service</li> <li>• The door to access the service is on a main road so everyone can see you go in</li> <li>• There are loads of forms to fill in</li> <li>• Unsure of what is confidential</li> <li>• The staff don't take you seriously or listen to your concerns and laugh at you or think you are lying</li> <li>• The staff ask intrusive questions</li> <li>• You have to have your parents with you</li> <li>• Having to talk to a machine/intercom instead of a receptionist</li> <li>• There are loads of stairs and no ramps or lifts for disabled people</li> <li>• There are hard plastic chairs</li> <li>• There is only granny magazines</li> <li>• The staff are snotty/not trained/not bothered</li> <li>• There are no private areas</li> <li>• Out of date/not very good information</li> <li>• They discriminate because you're young</li> </ul> | <ul style="list-style-type: none"> <li>• Refreshments are provided in waiting rooms, such as tea and coffee and juice</li> <li>• The service does surveys to find out what we think of the service</li> <li>• There are plenty of staff and the waiting times aren't too long</li> <li>• The staff are polite and make you feel welcome</li> <li>• There are young people only clinics</li> <li>• The staff use language that young people can understand</li> <li>• You can choose who your wish to see i.e. male / female staff</li> <li>• Informative young people's posters on the wall</li> <li>•</li> </ul> |
|---|---|

The young people were then asked to rate a health service that they had used on a scale of 1 – 10, with 1 being the world's worst health service, and 10 being the world's best health service. The young people tended to rate the services that they used a lot **higher** than we expected. This was true for services across the board, not just for specialist services that work solely with young people.

Interestingly, when given a free reign to suggest the world's best health service, with no limitations, the young people did not suggest anything unachievable. When this was fed back to the health professionals on the afternoon session, there was a general realisation that young people aren't asking for unrealistic changes, just small things that will make their experience better.

# Exercise 4: Barriers to young people accessing health services. Solutions to barriers.

The young people were asked to identify what barriers they perceive there are to them accessing health services. The barriers were then grouped under the You're Welcome Criteria. The young people then worked in small groups to identify solutions. The table below highlights the young people's views.

| <b>Barriers</b>   | <b>Solutions</b>   |
|---|--|
| <p><i>Access</i></p> <ol style="list-style-type: none"> <li>1. Not allowing friends in with you</li> <li>2. Opening times not suitable i.e. when we are at school</li> <li>3. No female doctors for female patients</li> <li>4. Waiting times are too long</li> <li>5. Hard to get to/we don't know where it is, no signs, transport cost – buses are too expensive</li> <li>6. English not first language which makes it difficult</li> <li>7. Forgetting appointments</li> <li>8. Not having money on phone to book appointments</li> </ol> | <p><i>Access</i></p> <ol style="list-style-type: none"> <li>1. Being allowed a friend in with you so you feel better and less embarrassed.</li> <li>2. Flexible timings – longer opening times, open on evenings and weekends. Keep a proportion of after school times for young people</li> <li>3. Have a choice of male and female staff or be allowed to ask for specific doctors that you like</li> <li>4. Provide things to do in waiting rooms so waiting times aren't as boring</li> <li>5. Coordinate with bus companies so buses go past the place, reimburse travel costs, advertise bus routes and street maps on website</li> <li>6. Providing an interpretation service, or being able to contact interpreter</li> <li>7. Get text reminders on appointments</li> <li>8. Free calls to book appointments</li> </ol> |
| <p><i>Publicity</i></p> <ol style="list-style-type: none"> <li>1. Lack of information on where and when to go and what services are offered</li> <li>2. No/not enough advertising</li> <li>3. If it's popular or not/if other young people use it</li> <li>4. Use of language – too much jargon</li> <li>5. Leaflets have too much writing and not enough colour</li> </ol>   | <p><i>Publicity</i></p> <ol style="list-style-type: none"> <li>1. Advertise opening times on social networking sites and websites so young people can search for services. Use Facebook!</li> <li>2. Put posters in shops where young people will see them and in schools and youth clubs. Once registered with a service send text message updates if we sign up</li> <li>3. If it's a good service word of mouth will spread</li> <li>4. Use simple words that young people will understand</li> <li>5. Get young people to "youth proof" them</li> <li>6. Get young people design posters and information leaflets so that they look fun and colourful</li> </ol>   |

|   |   |
|---|---|
| <p><i>Confidentiality &amp; Consent</i></p> <ol style="list-style-type: none"> <li>1. Thinking they might tell your Mum and Dad</li> <li>2. Don't get told that the appointment is confidential</li> <li>3. Don't know what is and what isn't confidential</li> <li>4. No posters on confidentiality, or they are hard to understand</li> <li>5. Have to have parents go in with you if you are under 16</li> </ol> | <p><i>Confidentiality &amp; Consent</i></p> <ol style="list-style-type: none"> <li>1. There needs to be better information about confidentiality. There should be posters explaining what it is that young people have designed and that use young person friendly language</li> <li>2. Health professional should go over it with you at every appointment and explain limits</li> <li>3. Get shown a confidentiality statement before your appointment</li> <li>4. Explain on publicity e.g. leaflets that it's confidential</li> <li>5. You should be able to see a health professional if you are under 16. Organisations should change their policies on this. There are lots of reasons why we don't want to see people with our parents</li> </ol> |
| <p><i>Environment</i></p> <ol style="list-style-type: none"> <li>1. Poor hygiene, the place looks scruffy</li> <li>2. The hospital smell</li> <li>3. Uncomfortable seats</li> <li>4. Old people's magazines</li> <li>5. Boring waiting rooms</li> <li>6. Nothing to do</li> </ol>   | <p><i>Environment</i></p> <ol style="list-style-type: none"> <li>1. Display hygiene certificates and have hand sanitizer around. Make sure the place is clean and tidy and looks modern.</li> <li>2. Get air freshener to get rid of the hospital smell</li> <li>3. Put softer comfortable chairs in the waiting room</li> <li>4. Get magazines of different ages. Ask young people which magazines they like to read</li> <li>5. Paint the waiting rooms a cheerful colour; get young people to help decorate it. Get young people to paint a mural on the wall. Have TV's and computers to use whilst you wait</li> <li>6. Play modern music, have refreshments e.g. tea and coffee or water</li> </ol>   |
| <p><i>Staff training, skills, attitudes and values</i></p> <ol style="list-style-type: none"> <li>1. Lack of respect</li> <li>2. Staff being unhelpful</li> <li>3. Miserable staff</li> <li>4. Being judged on age</li> <li>5. Ignorance</li> <li>6. Snobby staff</li> <li>7. Nobby (nosey) staff</li> </ol>  | <p><i>Staff training, skills, attitudes and values</i></p> <ol style="list-style-type: none"> <li>1. Staff should be friendly, supportive and positive and shouldn't judge young people, they were young once</li> <li>2. Have different gender staff so you can see someone of the same gender</li> <li>3. Get young people involved in training staff</li> <li>4. Get young people involved in interviewing staff</li> </ol>  |
| <p><i>Joined-up working</i></p> <ol style="list-style-type: none"> <li>1. There are too many forms to fill in</li> </ol>  | <p><i>Joined-up working</i></p> <ol style="list-style-type: none"> <li>1. Have all of our details saved on computer so we don't have to keep filling forms out whenever we go to a new service</li> </ol>   |
| <p><i>Involving young people</i></p> <ol style="list-style-type: none"> <li>1. Health professionals not wanting to get us involved</li> <li>2. Not asked to get involved</li> <li>3. Don't know how to get involved</li> <li>4. It can be boring</li> </ol>   | <p><i>Involving young people</i></p> <ol style="list-style-type: none"> <li>1. Display opportunities as to how we can get involved</li> <li>2. Write us a letter and invite us to a meeting</li> <li>3. Designing posters</li> <li>4. Create opportunities for us to volunteer</li> <li>5. Ask us the best ways we want to be involved</li> <li>6. Do surveys and questionnaires</li> </ol>   |

Overall, the young people felt that the best way to overcome the barriers was to involve young people at an early stage and to ask young people for feedback on services. It is interesting to note that none of the solutions were unachievable or particularly expensive, as with the world's worst/best exercise.

A further point to note is that across the training young people advocated for the use of Facebook, as a way that young people can access information, opening times etc. When this was fed back to the health professionals, almost all said that Facebook was not allowed by their organisation due to safeguarding issues. This needs further consideration, as using Facebook would have a significant impact on how young people engage with health services.

## *Exercise 5: Questions to health professionals*

The young people were given the opportunity to identify questions that they would like to ask the health professionals about their service. These questions were then passed onto the health professionals, to enable them to prepare answers which would be fed back to the young people in the afternoon session.

Questions identified across the four training days were similar and can be categorised them into the following subjects:

- What is confidentiality?
- How old do you have to be to go to a health service without parents?
- Do you get trained to work with young people?
- Would you let young people train you?
- Why do you use long words that we can't understand?
- Do you want to work with young people or do you do it because you have to?
- How much do you get paid?

The findings from the questions are outlined in section 3.3 Joint Training.

## *Summary*

To summarise:

- Young people showed a good awareness of young people's health issues, as well as national health priorities and concerns for their future health.
- Young people tend to go to informal settings for health advice such as friends and family, before seeking professional services. This may be down to a lack of awareness of what services are available.
- Young people are keen for health services to come to them in their settings to give information, such as youth clubs and schools.
- Young people generally rated health services that they access quite

well.

- When given a free reign to design the world's best health service, the young people's suggestions were very realistic and by no means unachievable. The health professionals commented on this during the afternoon feedback.
- The young people's solutions to overcome the barriers that they face when accessing health services were also deemed to be realistic and achievable by health professionals.
- The young people expressed a desire to work with health services to help them improve. They felt that it's not difficult to involve young people, but opportunities need to be created and publicised.

# Joint Training

To initiate the joint training session an icebreaker exercise was undertaken with the aim of enabling all the participants to identify common areas of attitudes and views. The session then moved on to the feedback exercises, whereby the young people fed back the world's worst/best activity, and the barriers and solutions activity.

Following the young people's feedback the health professional's fed back their answers to the questions posed by the young people.

The Key findings from this are detailed below:

- Confidentiality was explained to young people; however young people still remain suspicious of health professionals telling their parents.
- Different health services have different policies on at what age a young person can be seen without a parent. For some services, under 16's had to be accompanied by an adult. The young people expressed that this was off putting for them regardless of the service. The opportunity to be seen alone is also supported in You're Welcome section 1.5.
- Only the health professionals with a specific Paediatric role have been trained to work with young people, and this training is purely medical in nature. None of the health professionals have been trained in engaging with young people.
- All of the health professionals would welcome being trained by young people either when starting a new job or at any point in the future
- The health professionals all admitted at some point using too much jargon, and all felt that they needed to be more aware as to how this can be difficult for young people to understand. On the flipside, health professionals also said that they sometimes struggled to understand words that young people use!
- Some of the health professionals had made a conscious choice to work with young people, such as CAMHS workers and school nurses. For others they have no choice as they work in a general service. None of the health professions expressed that they did not like working with young people.

The young people prepared their own answers to the questions posed by the health professionals on flip chart paper and worked in small groups with the adults to discuss

their answers in more detail.

Key findings from this are detailed below:

- The types of outcomes that young people wanted from being involved in youth participation were to make new friends, something to do, trying new things, something to put on their CV, a certificate/ accreditation and to learn new skills
- Young people are happy to be contacted in a number of ways, including letters (addressed to them, not their parents), text messages, e-mail and Facebook. Once again Facebook was raised as an issue for health professionals. Young people reiterated that this is one of the best means of maintaining contact with them, and this should be explored further.
- The young people were not too concerned about being rewarded financially (i.e. payment) for their involvement. They felt that it would be a nice gesture to be taken for a meal or receive vouchers, but they didn't feel like this would encourage them to participate more.
- Surprisingly, despite how busy young people are, most of the young people would be willing to spend a large proportion of their time on youth participation activities. This varied from a few hours to 2 -3 evenings per week. This needs to take into account the other projects that young people are involved in.
- As mentioned previously, the main barrier to young people getting involved is not knowing what opportunities exist for them to have their say. Other barriers included transport and cost. Where possible transport should be provided and travel costs reimbursed.
- The young people felt that the best way to keep young people engaged is to make sure that the staff are friendly and approachable and that they don't talk down to young people. They felt that if they have initial positive experiences then they are more likely to stay involved. The young people also mentioned that they would like regular communication to ensure that they know what is going on.
- The best ways to engage with young people varied. Some young people would prefer to be a part of a group that made decisions and advised the health service about young peoples needs. Other young people would prefer less involvement, such as surveys, questionnaires and suggestion boxes.

## Identifying Handy Hints (Group Session)

Following the feedback sessions the young people and health professionals were split up into smaller mixed groups, and each group was asked to develop their top five handy hints for involving young people. The aim of this exercise was to encourage participants to engage with one another and to discuss good practice for youth participation, using the experts (young people) as a sounding board. Below are the main points taken from across the four training days:

1. Respect our views and get respect back

2. Make it fun and enjoyable!
3. Act on what young people say – give us feedback
4. Go to the young people in their own setting
5. Involve a wide range of young people
6. Give incentives – ask young people what they'd like to get out of being involved
7. Listen to young people
8. Equality between adults and young people – don't treat us any different because of age.
9. Use Facebook to communicate with us
10. Get young people to train health professionals.

Once again the idea of health professionals accessing young people in their own settings, such as youth clubs and schools was discussed. The young people felt that this was the best way of engaging with ready made groups of young people and establishing a relationship with a group. Once this relationship has been established then where and when meetings happen can be negotiated. This raised the question about services getting their service users/patients involved in decision making, health professionals felt that they could find out general information about what young people need from health services by visiting youth groups, but for more specific work they would need to directly access young people that use their service.

The use of Facebook was once again discussed at length. Most services are unable to access Facebook due to safeguarding issues. The young people felt that this should be explored further with senior managers as this was seen as being massively beneficial for engaging with young people.

## Decision Time Activity - Next Steps

The penultimate exercise was for the health professionals to decide their next steps, working with the young people to generate ideas. Suggestions that were discussed included:

- Carrying out some consultation with young people about what they think of the service and how it can be improved. A discussion was had around the best ways of doing this, and included: focus groups, open days and surveys.
- Look into getting a Facebook page. This was a consistent theme throughout the training, and health professionals agreed to push it within their services.
- Develop a youth participation group to work on service planning and evaluation.
- Develop training for other staff that have contact with young people. This was a result of the barriers mentioned by young people, which were miserable and unfriendly staff.

# Impact of the Training

## Health Professionals

### *Letter to Yourself*

The final exercise was to encourage some quiet reflection time amongst the health professionals and to give them the opportunity to think more in depth about how the training would impact on their work. Each health professional was presented with a "Letter to Yourself" and an envelope, which we asked to address to themselves. The letter then asked them to identify "Today has made me think about..." and "In one month's time I will...". The key responses have been categorised below:

#### **Today has made me think about...**

Young people's ideas are realistic – a lot of the responses to this question seemed to revolve around this, such as: "I don't think they ask for much, so as a service provider I feel we should be able to accommodate the wishes of young people that use our service" and "young people already have realistic/sensible ideas and expectations".

Partnership work – quite a few participants mentioned working in partnership with other organisations to deliver youth participation, such as: "Interrelated working practices and how we can more positively work with youth services"; "I am also going to meet with the youth participation worker in my area to find out what is planned and also what has been successful" and "continue to network with other agencies".

Involving young people in a meaningful way – most of the responses mentioned in some way that the training had helped them to think about how they involve/are going to involve young people in the service, such as: "how we can develop young people's participation in services, progressing from consultation. Directly involve young people in meetings and planning and to maintain that involvement"; "to improve our consultancy methods with young people and make it a regular process"; "The ladder of engagement – making it meaningful" and "Getting young people involved with how the service works. Getting their opinions and identify any queries they have. Get them involved in improvements".

Personal – a few comments mentioned personal feelings towards young people, such as: "How much I enjoy working with young people" and "having more respect and understanding and taking a little more time with them".

Involving young people in training – some comments also mentioned the experience of being trained alongside young people, such as: "I am encouraged by enthusiasm of the young people involved in today's training who I found very articulate and friendly" and "The young people's views and involvement made it so much better".

#### **In one month's time I will...**

Find out more about You're Welcome – some of the participants made a pledge to find out more about You're Welcome, such as: "get a copy of the criteria"; "look at how You're

Welcome is working in my area” and “revisit You’re Welcome in relation to my service and keep it on the agenda”.

Practical changes – participants also mentioned some practical changes that they were going to make to their organisations as a result of the training, including: “put literature in toilets, up to date young magazines, have notice board dedicated to young people with information for example opening times, confidentiality/consent guidelines, what we offer etc.”, “developing a young people’s leaflet”, “Suggestion/Questionnaire box” and “Start to highlight on a board the suggestions/questionnaires to let young people know what we are doing with their suggestions and show we are listening”.

Explore Facebook – some participants pledged to look into the issue of Facebook further: “Have a Facebook page set up for our project”, “Hopefully have found out by my line manager if we can set up a Facebook group”.

Carry out consultation with young people – a large proportion of the participants said that after one month they will have planned to or carried out some sort of consultation with young people: “Have sought to gain the views of young people on how I can make the service young people focused and friendly, including advertising and accessibility at the service”, “Hopefully have asked some young people what they want and how we can improve our service”, “be planning consultation to look at a community drop in facility” and “Have met with some young users of our service and asked their opinions on our service, also have some thoughts and discussions about changes we may be able to make, involving them in those changes”.

Feedback with managers/colleagues – some participants mentioned the need to feedback to their line managers and colleagues before implementing any changes: “Have fed back to my service and see if it is possible to incorporate using young people in decision making”, “have spoken to my line manager and given her information from the event, we will work from there” and “Have discussed the idea of consultation with young people with colleagues”.

Set up partnerships with other agencies – a lot of the participants felt that their next steps would be to build partnerships with other organisations to help them deliver youth participation, for example: “Explore young inspectors in my area”, “Meet with the NHS You’re Welcome lead, make contact with the local authority participation officer to discuss working together and how we can jointly work with young people to meet our shared objectives” and “have visited a youth centre and hopefully asked their views on service provision and work more jointly from other venues and with other services, more importantly the youth service”.

Strategic – finally, some participants understood the wider implications for youth participation within their service and showed a commitment to changing the culture of their service, for example: “Revisited participation with my organisation” and “Look at possibly getting something in writing committing to this and help to make it concrete within the service”.

## ***Participants Evaluation of the training***

Health professionals were asked to complete an evaluation form, scoring each element of the training out of 5 and to add any comments.

In terms of responses the average overall mark for the training was 4 (good), there were no marks under a 3 (average) apart from with reference to lunch and venue facilities. From the evaluation forms it is evident that the health professionals particularly enjoyed the afternoon session where they got to interact with young people.

Some of the comments from the evaluation forms are as follows:

**“More time should be given for fluid conversation [with young people]”**

**“Valuable working with the young people”**

**“Really helpful to see young people’s take on things”**

**“Flexibility in approach [to the training] worked well with the group, interesting discussion”**

**“I think the agenda for the day worked really well between the two groups, it flowed well. All facilitators knowledgeable and good at presenting ideas”**

**“Young people’s expectations of services was an eye opener”**

**“Very informative and rewarding day, definitely has motivated me into further action”**

**“Particularly enjoyed the discussion and work with young people – would have liked more time. Excellent enjoyable session, many thanks to the facilitators, excellent”**

**“Enjoyed engaging with the young people best”**

**“It was useful to have a framework [with reference to Hart’s Ladder]”**

# Young People

The young people fed back their evaluations verbally, identifying one thing they enjoyed or learnt and one thing they would improve or change. During the four days key themes emerged and these are highlighted in the table below:

## What I enjoyed/learned...

- Opportunity to work with adults
- Adults are approachable
- Adults listening to us
- Meeting new people
- Working in teams
- Interactive exercises
- Chance to have a say
- Opportunity to put own ideas forward

## What I would improve/change...

- More work with adults
- More breaks
- Better food/refreshments

# Recommendations For commissioners

Based on the findings from the training, RYWU-NE would like to make the following recommendations to commissioners:

- Facebook – further research needs to be carried out to support the benefits of using Facebook as a tool for youth participation work. This research also needs to consider the safeguarding issues for services with the aim of alleviating some of the concerns that services have around using social networking sites to engage with young people. The Facebook issue was a common theme throughout the training, young people like to be contacted by Facebook but almost all of the services were not allowed to use it and this clearly presents a barrier to accessing services for young people. For more information about using social networking to engage with young people, please see Local Government 3.0 – How Councils Can Respond to the New Web Agenda, Local Government Information Unit. [www.lgiu.org.uk](http://www.lgiu.org.uk).
- Train young people as trainers – the evaluation comments support that the best part of the training from the health professionals' point of view was the opportunity to engage with young people and to learn from young people's experiences of health services. With this in mind we would recommend training up a regional group of young people that could deliver one-day youth participation training to health professionals. This would mean that health professionals would still get the opportunity to work with young people, however it would free up more time to focus on youth participation work and action planning.
- Bespoke training – whilst the one-day training was a good starting point for health professionals, we were unable to dedicate enough time to action plan with each individual service. We would recommend offering drop-in troubleshooting, support and advice sessions for those participants that have undertaken the one-day

training. The sessions would use the trained regional group of young people and experienced participation workers to offer a problem solving and action planning service to enable health professionals to take the next steps in setting up successful youth participation projects within their service.

- Coordinated work with young people – there are projects already established to involve young people in the local and regional moderation of You're Welcome, and some health services have already set up successful youth participation services. We would recommend coordinating a regional group, bringing together these young people to capture the breadth of their skills and interests and providing new opportunities for them to be involved in the roll out of You're Welcome. Such opportunities should include local and regional moderation, assessing toolkits and running training with health professionals, as previously mentioned.

## For health professionals

### *Good Practice Guide*

Based on the findings from the training, the RYWU-NE would like to make the following recommendations to health practitioners with regards to involving young people in the planning, monitoring and evaluation of their services:

- Link up with existing youth participation workers and projects - participations workers can advise and support you to set up youth participation activities in your service. Consideration should be given to joining the Regional Active Participation Network (RAP) where there is access to free resources, training, support and advice from participation specialists. Information available at [www.rywu.org.uk](http://www.rywu.org.uk)
- Familiarise themselves with youth participation terminology and policies – this can be done easily through websites such as [www.participationworks.org.uk](http://www.participationworks.org.uk).
- Start from a strong ethical base – personally buy in to the values and principles of youth participation and encourage others in your service to do the same. This includes being open and honest with young people about what they can and can't change.
- Understand the broader implications of youth participation – creating a society where young people feel valued, empowered and listened to will have massive benefits for young people across the board, particularly in child protection matters. You can be part of achieving this change.
- Get started, even if it is a small change – don't be put off by the thought of making massive organisational and cultural changes to your service. Young people generally do not ask for unachievable changes and appreciate small efforts. Everyone has to start somewhere and it will get easier with experience.
- Don't promise what can't be delivered – young people can accept that they don't always get what they wish for, but get frustrated with false promises.
- Don't assume young people won't be interested in being involved –

young people are often a lot more passionate than they get credit for.

- Create different opportunities for different young people to get involved – the levels at which young people will want to get involved will differ. Some young people might be happy to fill out a questionnaire, others may wish to sit on a youth advisory board. Embrace young people's enthusiasm, skills and knowledge and use these to your advantage.
- Consider writing a participation strategy for your service – this will help to get senior managers buy in and will show a strong commitment to engaging with young people.
- Be aware of cultural needs and young people with extra needs – be prepared to link up with interpretation service, print materials in other languages and provide extra support to disabled young people to get involved.
- Be aware of young people's lives – make sure that meetings are held out of school hours, be conscious of exam periods, provide refreshments at meetings and reimburse transport costs / provide transport.
- Advise young people about confidentiality – even though youth participation projects will operate outside of a clinical setting you still need to be clear about confidentiality and its limits to young people, as disclosures outside of a clinical setting may constitute a child protection issue and confidentiality may need to be broken.
- Recognise young people's contribution – young people will often give up a lot of their free time to take part in youth participation projects. This should be recognised and rewarded by providing certificates, letters of thanks and accreditation where appropriate. Young people do not feel that it is important to be financially rewarded for their involvement but trips and meals out and vouchers are greatly appreciated.
- Ensure effective communication with young people – you should communicate with young people in ways that they are comfortable with, and this may not suit all young people e.g. text message, Facebook, e-mail etc. You should also regularly communicate with young people between meetings to keep them informed of developments and to keep them fully engaged. When communicating with young people through websites and leaflets, consider asking young people to design these and to "youth proof" them so that they are suitable for other young people.
- Consult young people about campaigns aimed at young people – sometimes campaigns that are aimed at young people can often give mixed and confusing messages. For example, the Talk to Frank advert with the talking dog was deemed scary and confusing, as was the Talk to Frank buy a new brain advert.
- Show your personality – young people will respond more to people that are relaxed, friendly and supportive. Activities should be fun and interactive and not just be about talking around a table. Respect young people and take their concerns seriously, do not be dismissive just because you can't see the issue. Remember when you were young and empathise.

- Avoid jargon – this can be a barrier for everyone, not just young people. If you absolutely need to use jargon, consider producing a jargon buster that will explain the key terms simply.
- Involve young people in staff training and recruitment – consider training staff that have contact with young people in how to engage effectively with young people. You could work in partnership with local youth projects to involve them in the training in order to make it meaningful. It can also prove beneficial to involve young people in recruitment of staff that will have direct contact with young people. If you do involve young people in recruitment ensure that their influence on the final decision is negotiated beforehand to avoid disempowering young people.
- Act on what young people say – don't involve young people just to tick a box, explore the possibilities. If changes can't be made you should explain clearly to young people why not, if changes can be made, involve young people at each stage.

## You're Welcome Participation Training: Involving Young People



### Aims and Purpose:

- Enhance the knowledge and skills of health professionals to enable their effective engagement with young people in health services.
- An understanding of what things health services should be putting into place to ensure change to 'young people's meaningful involvement'.

### FREE EVENT

#### WHO?

- Health Professionals
- Health Commissioners
- You're Welcome Leads
- Health Improvement Agencies
- General Practices
- Teenage Pregnancy Coordinators
- Sexual Health Professionals
- Other Professionals who are undertaking the You're Welcome Self-assessment

#### WHEN & WHERE?

**9:30am - 3:30pm**

- Friday, 19 February 2010 - Durham Cricket Club
- Saturday, 6 March 2010 - Wynyard Rooms, Stockton
- Wednesday, 24 March 2010 - Stadium of Light, Sunderland
- Thursday, 8 April 2010 - Newcastle City Library

**BOOK NOW@ [www.rywu.org.uk/yourewelcome/](http://www.rywu.org.uk/yourewelcome/)**

# Appendix 2

## You're Welcome Participation Training: Working with Health Professionals to Improve Services to Young People

**FREE  
EVENT**

**Have  
your say!!**



### WHY?

- This training is an opportunity for young people to work together, and with health professionals to improve health services for young people
- To learn more about You're Welcome criteria

### WHO?

- Young people with an interest in health issues
- Young people with an interest in improving services
- Young people involved in young inspectors projects
- Health and social care students

### WHEN & WHERE?

**9:30am - 3:30pm**

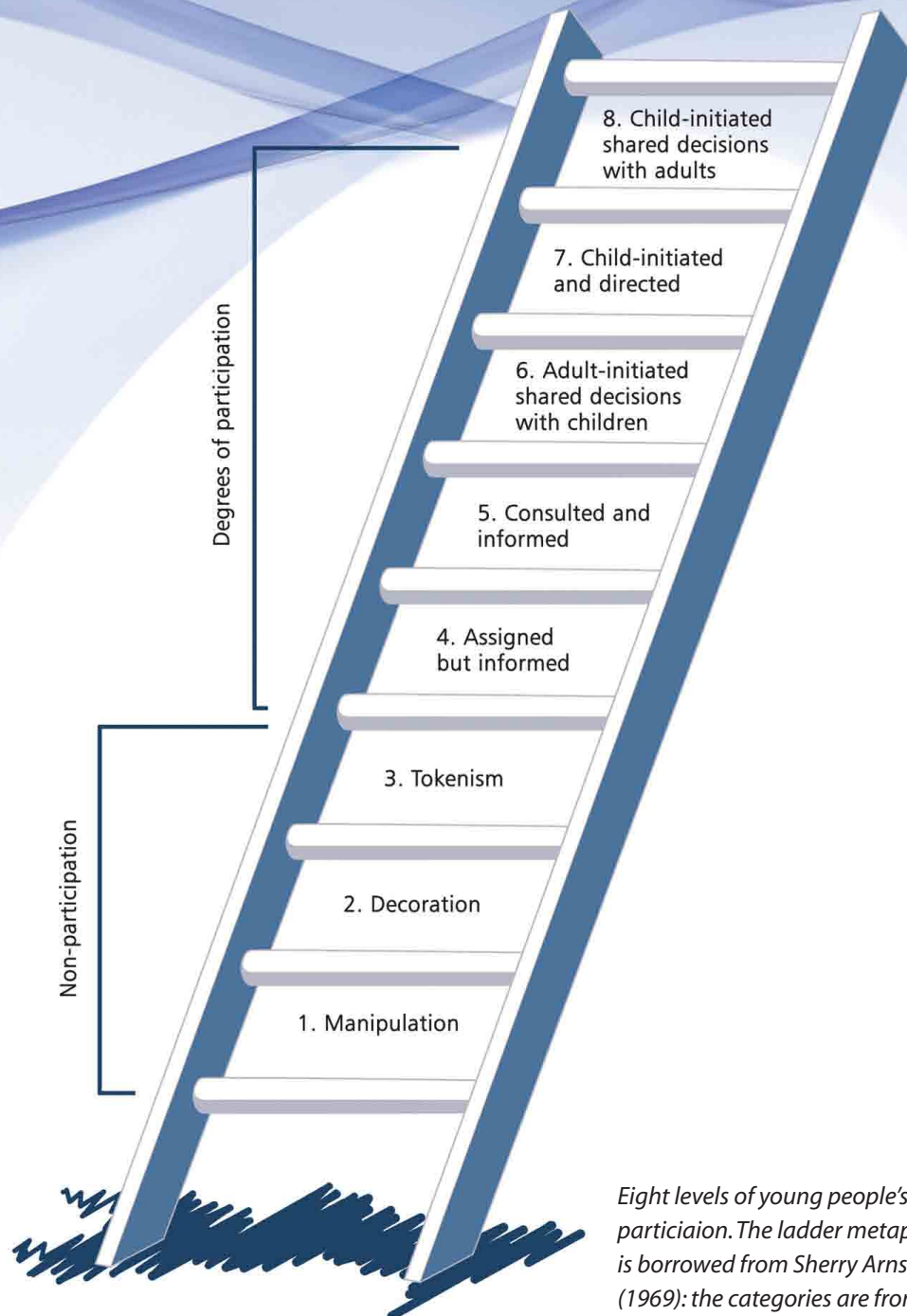
- Friday, 19 February 2010 - Durham Cricket Club
- Saturday, 6 March 2010 - Wynyard Rooms, Stockton
- Wednesday, 24 March 2010 - Stadium of Light, Sunderland
- Thursday, 8 April 2010 - Newcastle City Library

**Get involved!!**

More information contact: Claire Troman on 0191 440 4410

# Appendix 3

## the ladder of participation



*Eight levels of young people's participation. The ladder metaphor is borrowed from Sherry Arnstein (1969); the categories are from Roger Hart.*