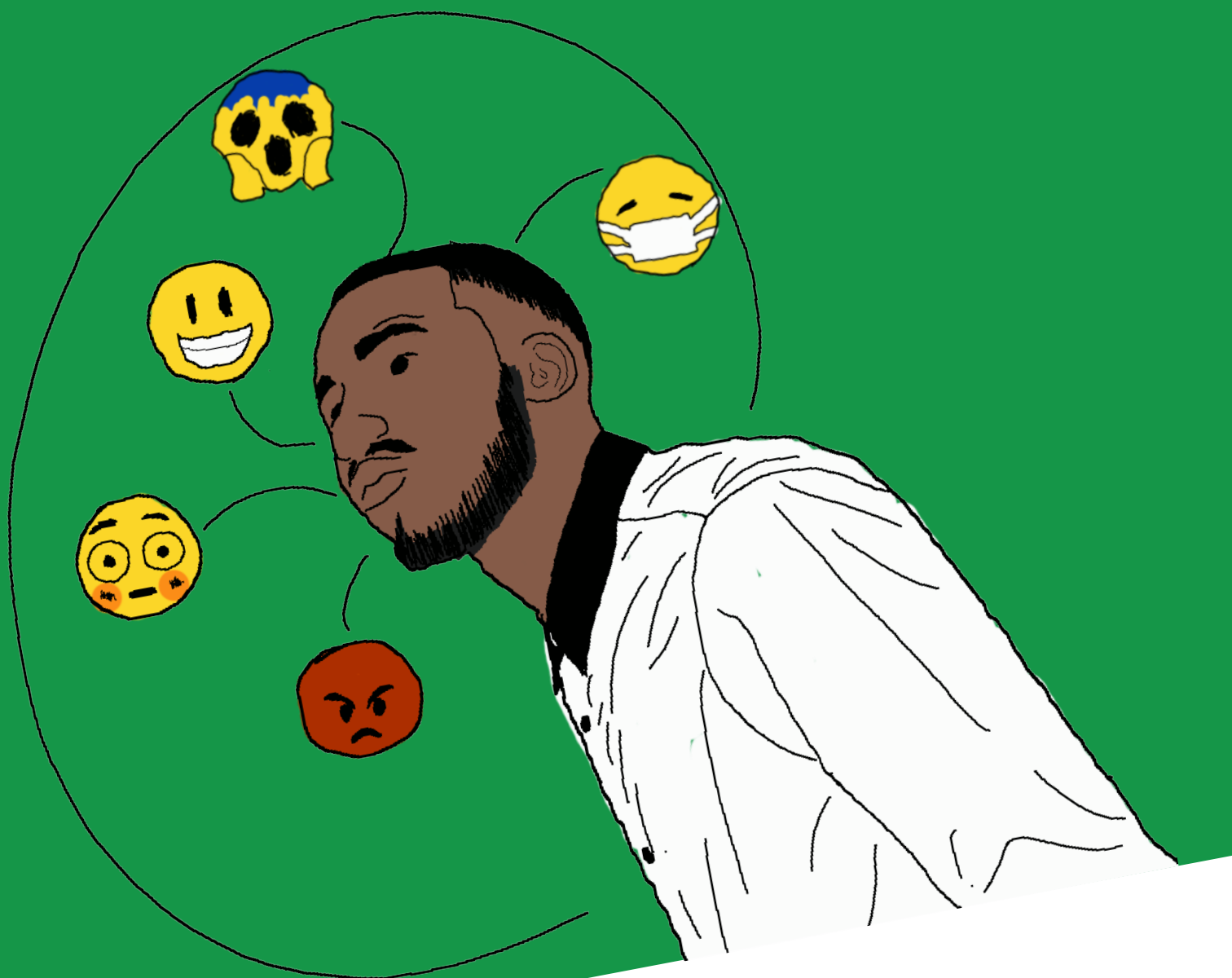


JUST HEALTH

AN ENQUIRY INTO THE
EMOTIONAL HEALTH AND
WELLBEING OF YOUNG PEOPLE IN
THE YOUTH JUSTICE SYSTEM



AUTHORS

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We appreciate the support of our collaborative research team – Alhaji Leigh, Dimple Hirani, Natasha Jung, Tyrone Jervier, Yana Berahavaya and all the people who aided us in completing our research project.

Our thanks extend to all the young people that participated in our focus groups, Peer Power sessions, and attended our consultation event, as well as, to all of the Youth Offending Teams, who took part. Lastly, we would like to thank ClearView Research, a youth-led, experienced team of researchers, who supported us with conducting focus groups, analysing the data collected for this project and writing this report. Peer Power worked with ClearView Research on this project, as both organisations share similar values in tackling social injustice and finding leading solutions to issues affecting marginalised groups in society.

ABOUT US

Peer Power

Peer Power is a social justice charity that is rooted in the promotion of empathy.

Our work supports the most vulnerable children and young people in society; those impacted by adverse childhood experiences, which may include abuse, trauma, rejection, and loss. There are also those, who are most excluded and not heard in society, and those often with experience of social care and youth justice agencies. We support them, and the agencies that are involved with them, to aid recovery through empathy and stronger relationships, improving emotional health and wellbeing, and through working together to transform services for children.

Our team are highly experienced in user engagement and consultation with young people experiencing youth justice and care services. Recent partners include numerous Youth Offending Services nationally, Youth Justice Board, Office of the Children's Commissioner, Ministry of Justice, and Together UK.

Mission Statement

Peer Power believes in the potential of children and young people. Utilising positive psychology and person-centred approaches to improving emotional health and wellbeing, we support the development of trusting, supportive and consistent relationships to maximise every individual's potential.

Peer Power is a catalyst for positive change. We collaborate and work in partnership with a wide range of professionals and organisations to develop higher standards of empathy, inclusion, diversity, and whole system transformation.

Peer Power empowers children and young people. We create platforms for the voices of those who have lived with the experience of these issues, through storytelling and peer engagement to improve empathy; public perception and better understanding; as well as care and compassion for those who rarely have a stake in society.

www.peerpower.org.uk



ABOUT US

ClearView Research Ltd

ClearView Research Ltd is a leading edge youth-led consultancy. We provide specialist research services and produce solution-focused reports.

Unlike traditional research companies, we do not rely solely upon desktop research. We take our research a step further and conduct advanced social action research. We believe it is vital that our researchers work with and, in many cases, co-create our reports with the same individuals, communities and groups of people that are the focus of our research.

Our diverse team of young researchers and experienced consultants, allows us to bring an unusual wealth of experience and authenticity to our research projects. Our organisation has been commended for our writing style, innovative reports and our ability to describe complex findings and analysis in an accessible and engaging manner for a non-technical audience.

Our team also has a lot of experience of working with young people on research projects and we pride ourselves in ensuring that our research is always: **accessible, engaging and inclusive** for a wide audience.

Our social mission is to empower through research, grassroots organisations, and key stakeholders in society that are striving for social, racial and economic justice.

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BACKGROUND INFORMATION

Between May and November 2016, Peer Power were commissioned by NHS England (London) to facilitate a consultation with children and young people, who had been in contact with the youth justice system. The aim of the consultation was three fold:

1. To hear from young people, who may have been seen by Liaison & Diversion services;
2. To hear from young people, who have been in the youth justice system, in order to understand what has helped them on their journey to a more settled and safer way of life and, or, what could have helped to bring them to an earlier point of change in their life; and
3. To ensure, that the experiences and voices of young people inform the future design and delivery of health and wellbeing services, commissioned by NHS England (London), for young people in the justice system.

The consultation was to be facilitated by Peer Leaders that had experience of justice services.

As part of the consultation, a film, that explored the views and experiences of five young people with experience of youth justice and health agencies, was also produced.

There is a range of Youth Justice Liaison & Diversion providers across London that span across adult and children's mental health providers and statutory youth justice services. This significantly impacted upon Peer Power's ability to reach young people, who had been involved with these services, as many providers were unable to reach, or did not respond to requests regarding, children and young people who had been through the service.

A stakeholder event was held on November 9th 2016, where over 100 delegates, including young people and decision makers, came together to hear testimonials from young people and to co-create a vision for future health and wellbeing services.

Benefits to Young People Participating

In line with Peer Power's ethical framework for the participation in research projects, the young people that engaged with the consultation, whether as participants or facilitators, were:

- Offered to be notified about additional Peer Power opportunities that they could participate in, which arise nationally through our networks;
- Encouraged to use their involvement as evidence for their CVs;
- Remunerated for their time and, or, their expertise while engaged with the project, reimbursed for any travel expenses, and given food if the session ran into lunch or dinner;
- Given feedback on the resulting actions following the consultation, in an accessible way; and
- Offered to continue with their involvement in the project e.g. those that attended focus groups were asked if they wanted to attend the stakeholder consultation event.

Aims of the Project

In addition to the threefold aims of the consultation, we identified the further aims of:

- Capturing the experiences of young people in police custody more generally;
- Capturing the experiences of young people, who have been arrested and are in police custody and seen by L&D services, in an effort to examine:
 - What is most helpful?
 - What happens after you have been referred for further support?
 - Whether young people get support from a community link worker?

- Eoring the practices of the YJLD services from a service user perspective;
- Exploring the perceptions and experiences of L&D services amongst young people;
- Identifying areas of improvement for future policy and practice, in order to provide recommendations regarding the design and delivery of L&D services to young people;
- Producing a youth-led report, which is written in a style that is accessible by all and engaging.

NHS ENGLAND COMMISSIONED SERVICES

Introduction

Nationally, NHS England Health & Justice Teams commission health care for Children and Young People in the following settings:

- Young Offender Institutions
- Secure Children's Homes
- Secure Training Centres
- Police Stations and Courts (Liaison & Diversion services)

The London Health & Justice Team is responsible for commissioning health care services in Her Majesty Young Offenders Institution Feltham and Liaison & Diversion services across London.

Whilst the main focus of the consultation (see page 6) was to hear the views of young people, who had been in contact with Liaison & Diversion services. The views of young people, who had been through other justice settings, were also gained, in order to fully understand needs across the youth justice pathways.

Liaison & Diversion Services

Liaison & Diversion (L&D) services aim to provide early intervention for vulnerable people as they come to the attention of the justice system. L&D services provide a prompt response to concerns raised by the police, probation service, youth offending teams, or court staff. They then provide critical information to decision-makers in the justice system, in real time, when it comes to charging and sentencing these vulnerable people.

Additionally, L&D services act as a point of referral, and are assertive with follow-ups for these service users, to ensure they can access and are supported to attend treatment and rehabilitation appointments. Moreover, L&D services are expected to help reduce reoffending, reduce unnecessary use of police and court time, ensure that health matters are dealt with by healthcare professionals, and reduce health inequalities for some of the most vulnerable in society

L&D service providers deliver an all age service across all sites available, to all points of intervention in the youth and criminal justice pathways. This enables providers to address a wide range of health issues and vulnerabilities, relevant to those with protected characteristics, as set out in the Equality Act 2010.

The L&D service must be accessible at the earliest stage once an individual is suspected of having committed a criminal offence. It must also be available at the point of need and at all relevant points of the youth and criminal justice system.

Improving the Health offer for Children & Young People in the Justice System across London

There are ten boroughs across London that have a dedicated Youth Justice Liaison & Diversion (YJLD) service, all of which are integrated into local Youth Offending Services or structures. The services work in partnership with adult providers of Liaison & Diversion services across London, which form part of the 'all age' offer.

In practice, this means that adult practitioners may at times screen and/or assess young people, for example, out of usual office hours or when the YJLD practitioner is unavailable. Agreements should be in place in local areas between Youth Offending Teams (YOTs), the Police, adults and YJLD practitioners about protocols and where to refer young people in the absence of the YJLD practitioner.

Health & Justice commissioners are working with local Clinical Commissioning Groups (CCG's) across London, to build capacity in the remaining 22 London boroughs in order to provide a dedicated YJLD service. All YJLD services will be expected to work in partnership with adult providers of L&D, meaning that there will be a comprehensive offer for young people across London, who come into contact with the justice system. The outcome of the consultation exercise will help shape the future of these services.

METHODOLOGY

This project was commissioned because NHS England (London Region) wanted to establish the best cause of action, to provide young people with emotional support, in line with the aims of the L&D services, and to understand how other justice settings can improve services to help young people live a safer and more settled lifestyle. In order to assess this purpose, in the most complete and accurate way possible, three evaluation questions were created:

1. How effective is the L&D services with young people, who come to the attention of the Youth Justice System?
2. How can the L&D services be improved?
3. What are the barriers to engagement and what are main issues that affect young people, who come to the attention of the Youth Justice System?

In order to answer the research questions in this report, we undertook a process of triangulation and used several ways of gathering data to validate our findings.

Focus Groups

As part of this research project, we conducted five focus groups across four London boroughs. These focus groups were conducted between June 24th 2016 and October 27th 2016. There was a total of 17 participants, aged between 13 and 17 years old, from all the focus groups.

Since, we wanted to collect in-depth insights and information on young people's attitudes, experiences, beliefs, and perceptions towards the support they are provided with, in regards to emotional support and wellbeing, whilst being in contact with the criminal justice system. On this basis, it was concluded, that conducting focus groups was the best way to extract valid and reliable information from young people, who are currently attending their local Youth Offending Team.

Naturally, conducting a focus group would be subjected to several biases including: response biases, selection bias, facilitator bias, and method error. In relation to method error, we ensured that all the focus groups were conducted in a standardised, semi-structured, and open-ended interview manner. This process was quality assured, as one main facilitator attended all the focus groups to ensure, that all the focus groups were conducted in the same way. This also, in turn, reduced facilitator bias as all participants were exposed to the same personality.

In regards to selection bias, the selection process involved young people being put forward by the Youth Offending Teams. Therefore, there is a possibility, that the participants were selected on predetermined factors. However, it is very unlikely that all the participants were selected on the exact same predetermining factors and, therefore, the selection process is likely to be randomised. We also aimed to mitigate selection bias by making participation in our focus groups voluntary. This meant that all young people who took part in our focus groups were informed they did not have to participate in the focus group, if they did not want to. In relation to method error, we ensured that all the focus groups were conducted in a standardised, semi-structured, and open-ended interview manner. This process was quality assured, as one main facilitator attended all the focus groups to ensure, that all the focus groups were conducted in the same way. This also, in turn, reduced facilitator bias as all participants were exposed to the same personality.

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In relation to response bias, which include factors such as the participants being shy, dominant, amongst friends, amongst strangers, or were simply having a bad day. We aimed to make the young people feel as comfortable as possible. This involved taking measures such as ensuring that the participants were aware that their answers would be anonymous, they were free to say as much or as little as they wanted, and that they could have a member of staff in the room should they wish.

A short questionnaire was also given to all participants of the focus groups to fill in, prior to the focus group, in order to capture information from all of the participants on an individual level. In order to reduce social desirability bias, it was made clear, that they were not under any obligation to fill in the survey and that any information collected as a result of the questionnaire would remain anonymous. The anonymity of the participants was ensured by not collecting any identifiable data, outside of gender and age.

Case Studies

In addition to the focus groups, we conducted 4 one-to-one interviews to collate a series of case studies, which documented the experiences of vulnerable young people, who have been through the youth justice system. These case study interviews were conducted between September 2016 and November 2016. The young people interviewed were all aged between 15 and 18 years old.

As with focus groups, conducting interviews carries biases, which include interviewer bias, response bias and selection bias. In regards to selection bias, we aimed to mitigate this risk by making participation voluntary; therefore, the young people did not have to be interviewed if they did not want to.

In relation to interviewer bias, similar to the focus groups, the questions for all the interviews were the same open-ended questions and were conducted in a semi-structured manner, with the same interviewer, conducting all the case studies interviews.

In regards to response biases, in a one-to-one interview, this would relate to providing answers, which are socially desirable or exaggerated.

Therefore, in order to mitigate this risk, we reminded the participants, before and after the interview, that their answers would be anonymous, they were free to say as much or as little as they wanted, and that there case study could be removed from the report at any point before publication.

Stakeholder Consultation Event

On November 9th 2016, we held a stakeholder consultation event, where there were 112 attendees. The attendees included young people from across London boroughs, including some, who had been involved with Peer Power previously with one young person attending the session with their Youth Justice Service practitioner. The areas that young people were from included:

- Kensington & Chelsea;
- Redbridge;
- Southwark;
- Tower Hamlets;
- Woolwich;
- Kingston & Richmond;
- Islington, and
- Hammersmith & Fulham.

Other delegates were also invited from the following areas:

- The London CCG Children's Commissioners;
- The Youth Justice Board;
- The Metropolitan Police Service;

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- The Youth Offending Service (including Targeted Youth Support Service Managers and Practitioners); and
- Health and CAMHS practitioners.

The consultation event consisted of two sessions.

The first session involved attendees, divided randomly into eight small groups, to address four questions, similar to the ones asked in the focus groups and the case study interviews. In each group, there was a facilitator to aid mitigation of any response biases i.e. dominance, shyness, social desirability, or expectancy bias. This approach was concluded to be the best suited way to extract as much information as possible from the attendees.

The second session involved attendees being free to address six different questions.

The options that related to some of the questions, were based on the responses the attendees had provided in the first session.

The second session was entirely voluntary; therefore, attendees had a choice of whether to address the questions or not. This, in turn, would result in a low risk of response bias, but would increase the drop-out rate of attendees participating both sessions.

The two sessions were subjected to different levels of bias; however, to mitigate the biases, a clear structure of the event was created and followed by all Peer Leaders and event facilitators. We accept, that all the biases could affect the validity of results. However, we concluded, that we chose the correct approaches, which would mitigate the risks that could affect the validity.

Analysis

The data from the focus groups and consultation event went through a process of thematic analysis to identify categorising themes.

We concluded that undergoing a thematic analysis was well suited due to the large data set we expected to collect and also because this form of analysis allows for themes and interpretations to emerge organically from the data set collected.

Project Limitations

The project was limited to three factors that were beyond our control:

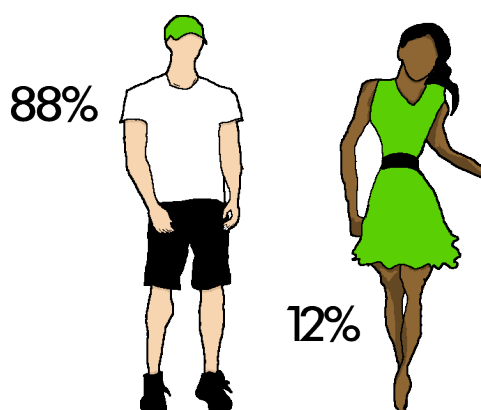
1. Gaining access to young people that attend YOTs and have been screened by L&D Practitioners;
2. The selection of young people asked, or invited, to attend the focus groups;
3. The attendance of young people at the focus groups.



KEY FINDINGS

Our analysis of the focus group data, focusing on L&D screening, has resulted in four common themes being identified:

1. A serious lack of young people mentioning support from a L&D service;
2. Young people having a negative perception of themselves and, or, the way society sees them;
3. An unhealthy relationship between young people and professionals; and
4. Young people having negative perceptions of, and experiences with, the police.



Gender of Participants

It should be acknowledged, that **88% of focus group participants were male**, and, therefore, it is accepted that the responses might not be representative of all young people in contact with the justice system. However, given that **96% of custody population for under 18 year olds in England and Wales is made up males**¹ (as of September 2016), the sample pool is not particularly biased. It is also accepted, that the custody population is not necessarily reflective of all young people that are in contact with the justice system.



Nevertheless, the focus group data is still a good indication of the opinions, criticisms, and thoughts of young people aged between 13 and 17. The conclusions resulting from the focus group data is meant to be taken in conjunction with the data from the consultation event and the anecdotal data from the case studies. The focus groups provided a wealth of information and our analysis for each of the four themes can be seen below:

1. The L&D services are not effective for young people in police custody

The experiences of the focus group participants suggest that the L&D strategy and implementation model is not working. The majority of young people we spoke with, did not recall the actual screening and/or assessment process, which takes place by the Youth L&D service. The experiences of the focus group participants suggest that the L&D strategy and implementation model is not working. The majority of young people we spoke with, did not recall the actual screening and/or assessment process, which takes place by the Youth L&D service.

71% of the focus group participants stated that they either, 'did not have' or 'did not remember' or 'were unsure', whether anyone had come to them to ask or talk about needing or wanting support.

KEY FINDINGS



This is particularly alarming, considering that just over **a third (35%) of all participants self-identified as having support needs** (e.g. language difficulties, learning difficulties, emotional support, ADHD, ADD, physical disability etc.). Of this number **of participants who self-identified as having support needs, only 17% of participants stated that someone had in fact, come to them to ask or talk about needing or wanting support.**

**35% of participants
self-identified as having
support needs**



This highlights, that there is a lack of communication around the support needs of young people, whilst they are in police custody. This also provides evidence, that the screening of young people at the entry point of when they are arrested and in the police custody suite is not working. As not all young people, who are going into police custody, are being screened or having their needs met.

This is further evidenced by the fact, that some focus group participants we spoke to, stated that, in order for them to receive the emotional support they needed, it was in their best interest to lie about having mental health issues, specifically, self-harming. They emphasised, that if they do not do this, then their support needs will not be taken seriously.

**"IF YOU DON'T SAY YOU SELF-HARM, YOU
WILL NOT GET THE EMOTIONAL SUPPORT
YOU NEED"**

This shows the lengths that young people, who need emotional support whilst in police custody, are willing to go to, in order to ensure that their needs are met. Therefore, this issue reinforces the need to review the current processes around screening and/or assessing young people in police custody. More effective emotional health screening processes for young people will mean, that less young people will feel the need to falsely claim to have more serious mental health issues, such as self-harm, as they will be confident that they will get adequate emotional health and wellbeing support regardless.

It is not clear, whether young people we spoke to in focus groups, have been screened by youth or adult L&D workers in police custody, or the community, as they were not able to distinguish a difference between the different people and agencies, that offer them support.

2. Negative perception of self (and, or, perception of societal views on them)

In every focus group we conducted, it was very clear that the young people we spoke with, had a very negative perception about themselves, despite all of them appearing fairly positive about their rehabilitation and their futures. They often referred to themselves very casually in our conversations as either 'criminals' or 'convicts' or 'young offenders'. This demonstrates, that they do not see themselves in a positive light and are victims to their past crime(s) or behaviour. This may also suggest that they are accepting negative stereotypes placed upon them by society.

KEY FINDINGS

The young people we spoke to in the focus groups had a lot of negative experiences, in particular with YOT workers and the police (this is explored in more detail below). These experiences at times made them feel like they were undervalued by others, and that their past was always being “**thrown down their throat**”, whilst others felt “**other people were snobs that looked down on them**”. It can be suggested that these experiences had a negative effect on how these young people saw themselves. It should be noted that, if young people have a negative view of themselves, it will have an effect on their self-esteem, which is not only seen as a basic feature of mental health, but also as a protective factor, which contributes to better health and positive social behaviour.² It can be argued, that by ensuring YOT workers are positive around the young people they work with, the young person’s perception of ‘self’ will improve, which in turn, builds up their self-esteem and therefore helps them improve or maintain a good level of mental health and wellbeing.

3. Unhealthy relationship between professionals and young people

The young people we spoke with in the focus groups, felt that they did not receive much emotional or health-related support from their YOT. They mentioned that at times, when engaging with their YOT workers, they felt “**patronised**.” It was also stated by focus group participants, that the professionals working with them are just doing their jobs, at a bare minimum, and that they do not care about them.

“THEY ARE JUST GETTING PAID FOR IT [...] THEY STILL GET THEIR PAY CHEQUE AT THE END OF THE MONTH.”

It was also felt that many of their appointments with workers were generic and lacked compassion and empathy. It was said that they came across as “**tick box exercises**”. One participant expressed that, “**[it’s] like they [the practitioners] don’t wanna see us get better**”.

This suggests, that the young people felt the services they were receiving, were not individualised, and that professionals were taking a ‘one size fits all’ approach when working with them. It could also be suggested, that they felt at times, nothing more than just paperwork, and that the professionals working with them are not really trying to get to know them or working in their best interests.

YOT workers and health practitioners can play an important role to help screen and, or assess, young people for emotional and mental health and wellbeing issues. However, it is difficult to do so, unless they have built a positive relationship with a young person. Giving paper surveys about their wellbeing and lots of assessments to fill in every three months is, as one participant claimed, “**not sufficient enough to support them**.”

Some young people felt that professionals were not supportive in helping them to achieve their personal goals, despite them offering various services to support them.

“[...] AHH WE CAN GET YOU BACK INTO COLLEGE! WE CAN DO THIS, THAT AND THE OTHER [...] WHEN I GO TO OPEN MEETINGS, MORE TIME IS LIKE, ARE YOU DOING ANYTHING TO REOFFEND? ARE YOU HANGING AROUND THE SAME PEOPLE? ARE YOU SMOKING? ARE YOU DRINKING, ARE YOU DOING THIS? NOTHING ABOUT GETTING YOU BACK INTO SCHOOL.”

Young people also felt that, professionals were more concentrated on their past rather than focusing on their future and helping them achieve their goals. One participant stated

“[...] IT’S LIKE THEY’RE TRYING TO STOP US REOFFENDING, BUT THEY WANT TO TALK ABOUT THE CRIMES AND BEHAVIOUR THAT LEAD US TO WHERE WE ARE. THERE’S NO WAY FORWARD, IT’S LIKE WE’RE ALWAYS LOOKING BACK.”

KEY FINDINGS

There were also many instances, where the young people that we spoke with, made reference to the negative effects of an unequal power relationship, they had between them and practitioners. One group, in particular, stated that they felt, that the practitioners *“looked down on them... because of their criminal past”*. It was also mentioned, that *“they get breached for just doing anything”*.

There were examples made by different young people on instances, where they breached, or nearly breached their orders, for what an average person may consider minor violations. For example, one participant spoke about the fact that, if he was *“ten minutes late or something yeah, they’ll say ‘you breached’ but, when they are ten minutes late it’s not [a] problem”*. Others in that particular focus group agreed and had similar stories. It could be said, that these example highlight minor cases of the negative effect of the unequal power relationship between the young person and the professional worker.

Young people we spoke with also mentioned that, at times they felt there was nothing they could do about their assigned workers and they *“could not go to someone above”* to resolve their issues. It is important to understand that despite these issues, the young people did speak highly about some of the YOT workers and health practitioners, they have engaged with over the years, who they commonly described as *“down to earth”*.

It was only with these workers, who they had positive experiences with, young people were more likely to open up and reveal the issues, they might be facing, or ask for support they needed. As one focus group participant put it – *“if you don’t wanna help [yourself] it’s not going to work”*. It was clear through the focus groups we conducted, that young people need and want to work with skilled and empathetic practitioners, who they can build on-going trusted relationships with and approach for support.

4. Negative perception of, and experience with, the police

It was evident in each and every focus group that, all young people who had been in police custody had a very negative perception of the police. This was by far, the biggest topic of conversation in all the focus groups we facilitated, and it was at times, difficult to determine what, if any, additional support or screening had occurred in police custody, due to young people having a lot criticism about the behaviour and conduct of the police.

“THEY DO NOT REALLY CARE ABOUT YOU, ALL THEY CARE ABOUT IS THE MONEY AND GOING HOME”

It was clear from the focus groups we facilitated, that all the young people who took part, had a distrust of the police. They were not willing to engage with them and some made it clear, that they would not ever engage with the police or any organisation associated with the police. The majority of participants had a negative perception of the police and many complained that, whilst they were in custody, they had received no offer of emotional support.

“I WOULD NOT SPEAK TO ANYONE INVOLVED WITH THE POLICE”

This provides clear evidence that, if any emotional health and wellbeing support was to be assessed or offered to young people in police custody (at entry point), it would have to be seen as independent from the police and offered genuinely, with care, and different to a paper based assessment or tick box exercise

Though some of the focus group participants were still very young (i.e. 13/14 years old), their strong views of the police and their role in society heavily shaped their responses to questions proposed. It was difficult to encourage them to discuss support coming from agencies, which work with the police because they simply do not expect to receive support from the police, as they do not trust the police to offer them such support.

KEY FINDINGS

There were, however, some balanced comments by participants, for example:

"I THINK PEOPLE STEREOTYPE THE POLICE TO BE SOME 'THEY'RE OUT TO GET YOU' KIND OF THING WHEN, I USED TO THINK LIKE THAT, BUT NOW I JUST REALISE THEIR JOB AND LIKE, IT'S JUST THEIR JOB, YOU'RE THE ONE DOING ILLEGAL STUFF."

It is important to note that, recent studies have demonstrated that a wide range of adversities in childhood, and not just sexual abuse, are indicators of many forms of mental illnesses and one of these adversities is criminal behaviour.³ The police are the entry point into the justice system and, therefore, negative treatment or perceived negative treatment will undermine the police's ability to address the emotional needs of young people, whilst they are in police custody.

Most participants stated that, if police spoke to them on their level, with mutual respect and tried to have a genuine conversation with them, they would engage better with them.

Young people stated that they can sense when a professional, whether that is a police officer or youth worker, is "**not being real and down to earth with them**" and as a result, they will not discuss any issues they may be dealing with; especially, when there is a chance, that what is said to an adult in confidence, will be used against them in a negative way. Some participants did express the need of having someone supportive at the police station, who are independent of the police that they can talk to "**even if they are just going to vent and tell them absolute nonsense.**" On the other hand, it was also suggested that this person for example, an appropriate adult, could act as an independent witness of the custodial process and oversee the processing of young people at police stations to ensure there is no abuse of power.



PEER POWER EVENT

As part of the research project Peer Power organised a consultation event on November 9th 2016, where Peer Leaders facilitated several exercises and thought-provoking conversations. The event consisted of two sessions, with the data being collected through different methods.

First Session

The first session involved eight small workshop groups each with 12-14 people each, with a mixture of young people and adults from a range of organisations. The eight groups all addressed four key questions:

4. What are characteristics of good mental health and wellbeing for young people?
5. Who can help you/young people/friends have good mental health and wellbeing?
6. What services or places are there, that can help improve young people's health and wellbeing?
7. What works well to help young people with their emotional health and wellbeing? You can use your own experiences from own experiences, work or friends and family?

The fourth question was allocated more discussion time to allow for a more in-depth conversation between the attendees, to collaboratively come up with solutions on best practice services to help young people with their emotional wellbeing based on their personal experiences and expertise.

Attendees responses to questions asked in the first session can be seen below. It should be noted that some responses to the questions below could not be categorised and therefore are not included in our number of responses categorised.

Question 1: What are characteristics of good mental health and wellbeing for young people?

Based on the responses of the attendees, our textual analysis suggests that 'having good emotional wellbeing' means being able to express emotions in a controlled and healthy way. Attendees did not provide characteristics of what 'having good emotional wellbeing' looks like, as this was very difficult to establish. Instead attendees mentioned a list of factors that help a young person improve and maintain their mental health and wellbeing at a 'good' level. These factors include:

- A safe and stable environment (at home, school, or at work);
- A good level of sleep;
- Listened to;
- Self-esteem;
- Self-motivation;
- Resilience;
- Ambition;
- A good healthy and balanced lifestyle;
- Positive emotional expressions, outlook, or environment;
- Emotional intelligence (in order to communicate any issues they have);
- Emotional stability;
- Good people skills;
- Self-love and feeling loved;
- Optimistic;
- Happiness;
- A sense of belonging;
- Sense of purpose; and
- Support.

It is clear from attendees' responses to this question that there is no ultimate factor needed to help a young person improve and maintain their mental health and wellbeing at a 'good' level but rather a wide range of factors are needed. This highlights the clear complexity with mental health and shows that a one-size-fits-all approach to offering mental health services is not practical. The data from this question makes the case that every young person must be treated as an individual in their own right and offered a tailored and empathetic service that works for them.

PEER POWER EVENT

When attendees' answers were categorised into the categories list on page 17. Our analysis showed which factors attendees ranked highest and believed would help a young person improve and maintain their tmental health and wellbeing at a 'good' level (see Table 1). In total, we categorised 124 responses for this question.

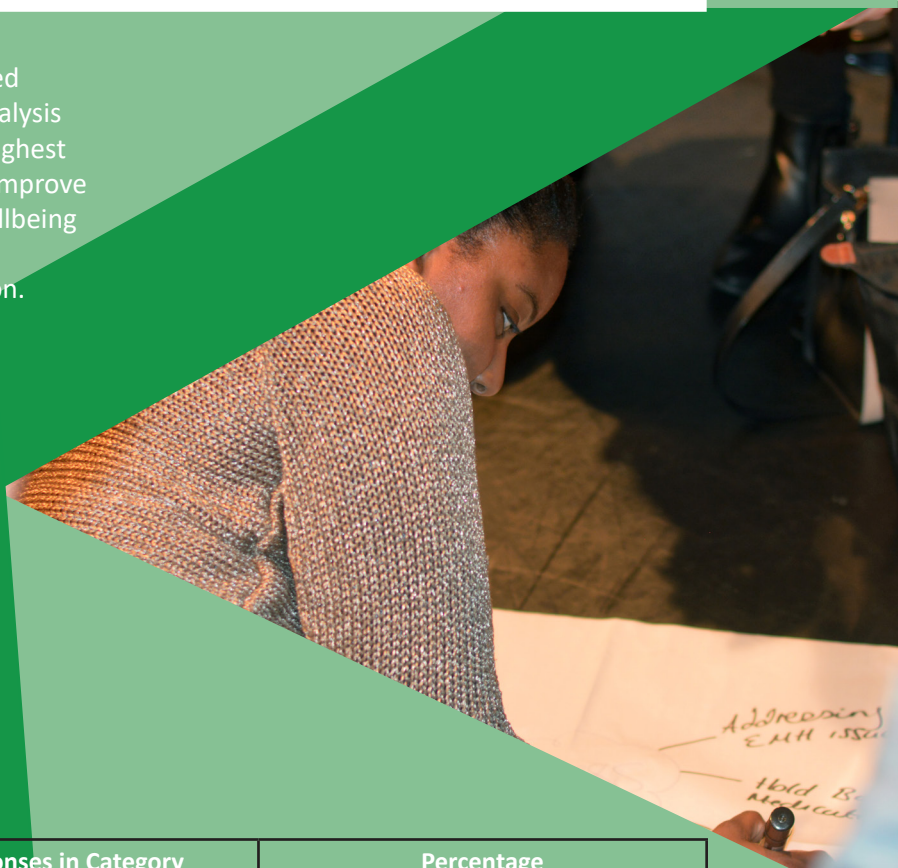


Table 1

Categories	Responses in Category	Percentage
Emotional intelligence	22	17.74%
A safe and stable environment	18	14.52%
Positive emotional expression, outlook, or environment	17	13.71%
Self-esteem	10	8.06%
Support	9	7.26%
Emotional stability	8	6.45%
Listened to	6	4.84%
Optimism	5	4.03%
Healthy lifestyle	5	4.03%
Happiness	4	3.23%
Sense of purpose	4	3.23%
Good people skills	4	3.23%
Loved	3	2.42%
Resilience	3	2.42%
Good sleep	2	1.61%
A sense of belonging	2	1.61%
Ambitious	1	0.81%
Self-motivated	1	0.81%
Totals	124	100.00%

PEER POWER EVENT

Based on the table above it can be seen that emotional intelligence is the key factor needed to improve or maintain a young person's mental health at 'good' level. Emotional intelligence can be defined as ***"the ability to monitor one's own and others' feelings and emotions, to differentiate among them, and to use this information to guide one's thinking and action."***⁴ In other words, emotional intelligence is the ability to be; (1) aware of your own emotions and that of others, (2) able to manage your emotions; and (3) able to utilise your emotions in the way you think and act.

If a young person does not have any emotional intelligence, they will find it hard to understand their emotions or understand when emotive language is being used towards them and why they are feeling a particular way, as well as, what they can do to control or change that way they are feeling.

Question 2: Who can help you/young people/friends have good mental health and wellbeing?

Our textual analysis of the responses provided by the attendees to Question 2, enabled us to group answers into one of the 25 categories below:

- Family;
- Friends;
- Young people (themselves);
- Teachers;
- Youth workers;
- Mental health services;
- School support worker;
- Boyfriend or girlfriend;
- Healthcare professional;
- Youth groups;
- Trustworthy person;
- Faith groups;
- Sport coaches;
- Vloggers and bloggers;
- Pets;
- Social workers;
- Role models;
- People in the community;
- Police officers;
- General practitioners;
- YOT workers;
- Mentors;
- Psychologists;
- Celebrities and influencers;
- Support workers; and
- Youth services.

Based on the categories above alone it is clear to see that there are various people (excluding pets) who can help young people overcome mental health issues or 'have good mental health'. Some of these people may be very obvious, such as family, friends, and youth workers and some may not be as obvious such as General practitioners, or vloggers and bloggers. However, they all play an important and specific part in helping young people to 'have good mental health'. For example, a young person can speak with their youth worker about issues or matters that they may be facing that they would not speak to their friends or family about, as they see the youth worker as a trustworthy person, who will not judge them like their family or friends would. On the other hand, a young person could be inspired to overcome their own issues or gain a better understanding of what to do if they ever feel down or not themselves by watching videos made by a vlogger on YouTube who talks about mental health and their own personal journey.

The highest ranked category was;



PEER POWER EVENT

Who, the attendees thought, could help them/ young people/friends have good mental health the most, can be seen in the Table 2 (based on the categories on page 9). In total, we categorised 117 responses for this question.

Table 2

Categories	Responses in Category	Percentage
Family	16	13.68%
Youth workers	14	11.96%
Friends	10	8.55%
Mentors	10	8.55%
Trustworthy person	8	6.84%
Teachers	7	5.98%
Mental health service professional	6	5.13%
Faith groups	6	5.13%
Healthcare professional	4	3.42%
YOT workers	4	3.42%
Youth service professional	4	3.42%
Yourself	3	2.56%
Boyfriend or girlfriend	3	2.56%
Social workers	3	2.56%
Role models	3	2.56%
People in the community	3	2.56%
Vloggers and bloggers	2	1.71%
School support worker	2	1.71%
Sport coaches	2	1.71%
Pets	2	1.71%
Police officers	1	0.85%
General Practitioners	1	0.85%
Psychologists	1	0.85%
Celebrities and influencers	1	0.85%
Support workers	1	0.85%
Totals	117	100.00%

PEER POWER EVENT

From the data collected for Question 2, there were a number of people that could help a young person deal with their emotional wellbeing. Family, youth workers, and friends (in respective order) were the three most common responses.

The groups felt that the safety and consistency of a family member or social worker was beneficial to a young person's emotional wellbeing, rather than a support worker who will essentially be there to tick boxes, rather than help the young person with their emotional needs. It is accepted that pets are not 'people'; however, the categories inclusion is to reflect the human like relationship some people have with pets (i.e. pets being considered as one of the family).

Question 3: What services or places are there that can help improve young people's health and wellbeing?

Our textual analysis, based on attendees' responses to Question 3, enabled us to categorise their answers into the following 8 categories:

- Recreational environment;
- The justice system;
- Health services;
- Trusted space outside of the home;
- Government institutions or services;
- Youth groups;
- Family home; and
- Support services.

Based on the responses we analysed for this question, it is clear that a safe space for young people to express themselves and any mental health issues they may be facing is extremely important. Trying to work with a young person outside of their safe space will make engaging with them a very difficult and unproductive task.



PEER POWER EVENT

The service or place attendees felt could help improve young people's health and wellbeing the most, can be seen below in Table 3. In total, we categorised 98 responses for this question.

Table 3

Categories	Responses in Category	Percentage
Trusted space outside of the home	23	23.47%
Recreational environment	17	17.35%
Government institutions or services	16	16.33%
Health services	15	15.31%
The justice system	12	12.24%
Youth groups	11	11.22%
Family home	2	2.04%
Support services	2	2.04%
Total	98	100.00%

From the table above it is also clear that engaging with young people in a trusted space outside of their home is essential, when supporting them with emotional or mental wellbeing services. One facilitator's group stated that, working with young people in a safe place where they do not feel pressured, will help them feel relaxed and allow them to be more likely to open up about any issues they may be facing.



PEER POWER EVENT

Question 4 (Extended discussion topic): What works well to help young people with their emotional health and wellbeing?

We grouped attendees' responses to this extended discussion question into 7 categories, which can be seen below:

- Engaging with youth groups;
- Access to a safe space;
- Engaging in meaningful activities;
- Having stability and sense of security;
- Speaking with a trustworthy, consistent and empathetic person;
- Empathetic and inclusive support services; and
- Listening to young people.

It is clear, from the answers we received for this question, that listening to young people is key when trying to help them overcome their mental health issues.

There is a clear sense from younger attendees that they do not feel listened to or heard by professionals who have worked with them. However, it is equally important that whoever is listening to young people is also a trustworthy, consistent and empathetic person.

As this allows young people to openly express themselves easier and become responsive to receiving the help or support they may need. As one young person stated in the event it's important that professionals ***"listen to me from a position of not knowing"***.



PEER POWER EVENT

Table 4 shows what attendees believed worked best to help young people with their emotional health and wellbeing, in order of ranking. In total, we categorised 90 responses for this question.

Table 4

Categories	Responses in Category	Percentage
Speaking with a trustworthy, consistent and empathetic person	31	34.44%
Empathetic and inclusive support services	17	18.89%
Engaging in meaningful activities	14	15.56%
Access to a safe space	9	10.00%
Having stability and sense of security	9	10.00%
Listening to young people	8	8.89%
Engaging with youth groups	2	2.22%
Totals	90	100.00%

Based on our textual analysis of the data collected for Question 4, it is evident that young attendees felt that their issues have been heard but not understood. They also felt that when giving professionals insight into how they are feeling, their issues were just brushed aside. Based on our research, it is clear that one to one support is more favourable than receiving support in a group setting.

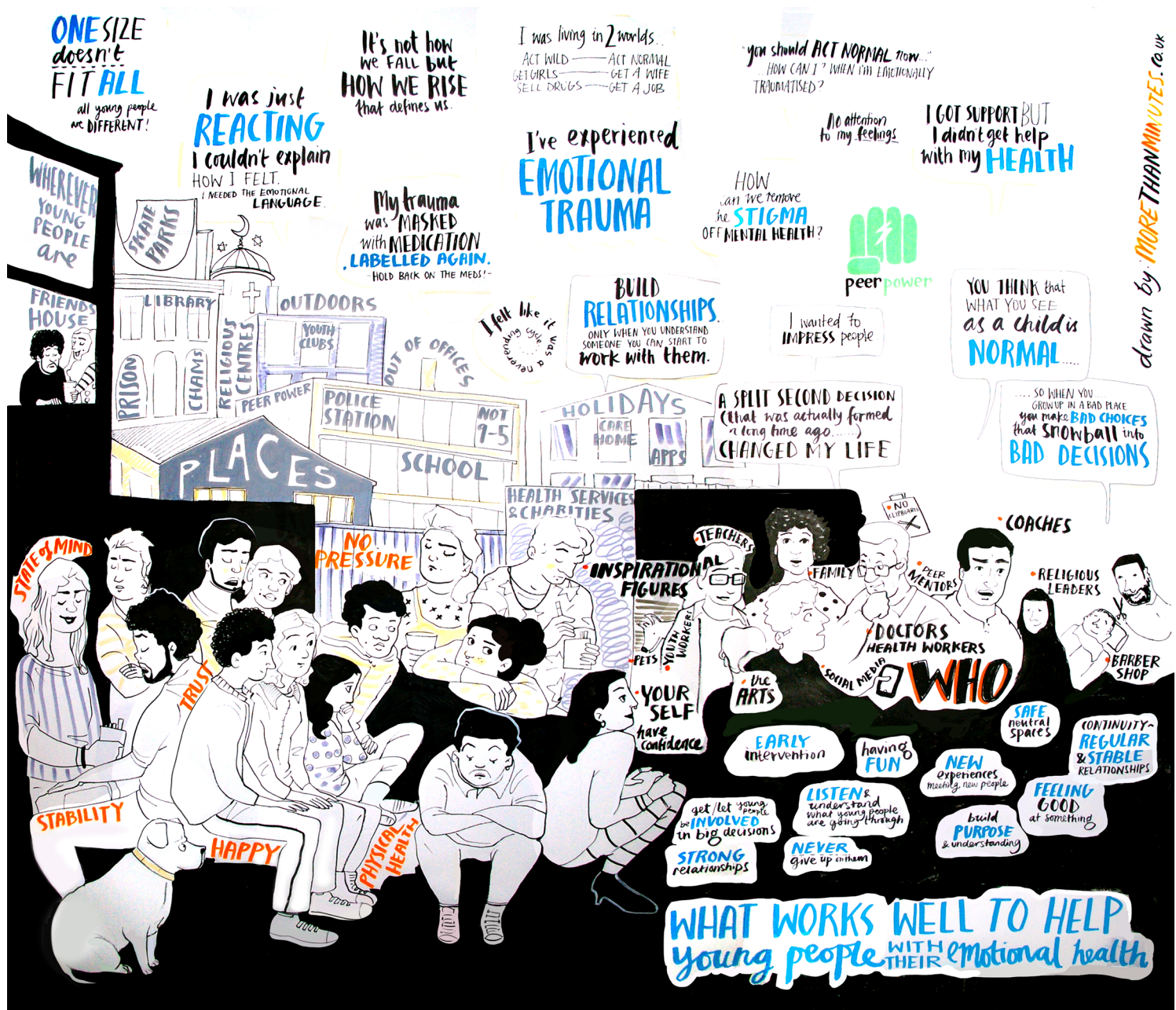
For example, only 2% of attendees suggested that getting support in a group setting was favourable compared to 34% for one to one support. One facilitator's group felt that engaging with young people and involving them in decisions made about them, will help build strong relationships and understanding between young people and practitioners.

The event structure resulted with the first session getting a mixture of young people and key stakeholders exchanging ideas that would all be noted down. In addition to this, by having eight small groups, discussing the same questions, it would allow for us to reach data saturation and ensure that all our data was valid.



PEER POWER EVENT

The ideas from the small workshops were also being recorded visually and can be seen below:



PEER POWER EVENT

Second Session

The second session involved six different 'market stalls' where attendees were encouraged to visit each one voluntarily and address a question that was being asked.

This session took place during a time period where individuals could also network and when the most of the young people had gathered to speak with Fola's Group.

The group of Fola's friends mentioned in the case study later in this report had offered to do a Q&A with attendees at the event, during the marketplace about how to better support young people like them who had suffered from bereavement, as a result of serious youth violence.

Many young people and professionals in attendance were keen to attend this Q&A with Fola's Group, and this impacted upon the number of responses received during the marketplace session.

The questions and the options that related to some of the questions were based on the responses the attendees had provided in the first session. The six 'market stalls' questions were:

1. What should decision-makers spend money on to help the emotional health and wellbeing of young people?
2. What qualities do people need to help young people with their emotional health and wellbeing? What are they like? What do they do?
3. Who can help you/young people/your friends have good emotional health and wellbeing?
4. What sort of things might have happened to young people so that they need extra help from emotional health and wellbeing services?

7. What services or places are there that can help improve young people's emotional health and wellbeing?
8. What are the barriers to young people seeking help if they needed it?

The second session resulted in young people and key stakeholders demonstrating their support for the ideas that had been jointly raised and 'co-created' in the first session.

This session also provided an opportunity for those less able to contribute to discussions in the first session, the chance to provide any extra commentary they wished to.

Attendees' responses to 'market stall' questions asked in the second session can be seen in the following pages by a breakdown of young people and adult respondents.

PEER POWER EVENT

Question 1: What should decision-makers spend money on to help the emotional health and wellbeing of young people?

Table 5

Young People	Adults
More youth clubs/centres	Youth clubs/centres
Sports organisations	Therapy services
Emotional intelligence training	University grants
Mentorship programs	User friendly venues for Youth Offending Teams
Educational services	Early youth engagement via local community centres, police and Youth Offending Team
Sports centres	Creating youth boards that actively provide ideas on how money on services that affect them is spent
	Multi-support spaces (i.e. youth clubs with health staff, sports coaches, teachers, etc. under one roof)
	Educating professionals and funding centres that support the youth
	More joined up commissioned services (i.e. LA/PH/CCG)
	Training and long term funding so sustain staff, to ensure consistency for young people
	Early intervention services
	Services for young children to learn emotional language/ emotional intelligence
	Long-term supportive relationships NOT only short-term interviews with CAMHS
	Specialist youth justice liaison & diversion services
	Multi-disciplinary services located in young people friendly sites (i.e. youth clubs)

As the data in Table 5 shows, there were many things that the attendees felt that money should be spent on to help the emotional health and wellbeing of young people. Adults named more things than young people, but both young people and adults agreed that more funding was needed for youth clubs. Given the rise of the closure of youth clubs nationwide, funding for these services, is evidently needed. Another key investment area mentioned was sports centres. This is also a practical solution because when we asked the attendees in the first session about what works well in supporting young people's emotional health and wellbeing, engaging young people in meaningful activities (such as sports) was the 3rd highest ranking.

Both adult and young attendees also recommended that emotional intelligence training should be offered to young people, ideally through schools and youth groups. This recommendation supports our data from session 1, which clearly highlighted emotional intelligence education as the key factor needed to help young people with their emotional health and wellbeing.

One element that was identified by adult attendees was that there should be more joined up commissioning of services for young people. More of the key stakeholders across the health and voluntary sector who are delivering services to help young people with their emotional health and wellbeing should collaborate. They also need to work closer with local authorities by sharing best practice about delivering high quality services to young people.

Another important thing to invest in raised by adult attendees were, effective training and long term funding to sustain staff and ensure consistency of relationships professionals have with young people. This is a critical investment that is needed given that attendees in the first session overwhelmingly stated that having a trustworthy, consistent and empathetic person was key to help with improving and maintaining the emotional health and wellbeing of young people.

PEER POWER EVENT

For professionals to be empathetic and understanding about the complex needs of young people they need access to good training. And in order for them to be consistent, it is important that they have job security to continue providing one to one support to young people they work with. Without this security there is a lot of progress that might have been made in a young person's life, through that relationship that could be lost because that individual is not there anymore. Long term supportive relationships are also key in the development of young people.

Question 2: What qualities do people need to help young people with their emotional health and wellbeing? What are they like? What do they do?

Table 6

Young People	Adults
Non-judgmental	Empathy
Acceptance	Good listening skills
Respectful	Open-mindedness
Understanding	Honesty
Honest	Self-love
Trustworthy	Understanding
Patient	Relationship skills
Courage to speak to people that will acknowledge your views	Empathetic
Love of self	Clear communication skills
	Consistency
	Similar experiences to young people they are working with
	Nurturing
	Patient
	Non-judgemental
	Trustworthy
	Genuine
	Authenticity
	Flexible
	Respectful
	Knowledgeable of services available
	Good sense of humour

PEER POWER EVENT

There are several qualities people need in order to help young with their emotional health and wellbeing. Adults and young people were in agreement of three qualities. These qualities are being trustworthy, patient and non-judgemental.

Other qualities identified as important were having good listening skills and being authentic.

Question 3: Who can help you/young people/your friends have good emotional health and wellbeing?

CAMHS
100% of adults chose CAMHS

Table 7

	Adults (26)	Young People (4)	Total (30)
Doctors, Health + CAMHS	13	0	13
People that have been through similar things	11	1	12
Youth workers	10	1	11
Family members	8	3	11
Young people (themselves)	9	2	11
Friends	8	1	9
Inspirational figures / Role models	3	0	3
Sports coaches	2	0	2
The arts	2	0	2
Peers	2	0	2
Teachers	1	0	1
The world wide web	1	0	1

In terms of who can help a young person with their emotional wellbeing, doctors, health professionals and CAMHS was the leading answer for adults. Interestingly, 'people that have been through similar things' and youth workers were joint second place, as being best placed to support young people with their emotional health and wellbeing. For young people, family members were easier to talk to, in regards to their emotional wellbeing. It is important to note that many young people did not complete this exercise. However, of those that did, none identified doctors, health professionals or CAMHS, who are best known for work in this area.

75% of young people chose family





PEER POWER EVENT

Question 4: What sort of things might have happened to young people so that they need extra help from emotional health and wellbeing services?

Table 8

Young People	Adults
No confidence in your ability	Decline in health
Having no-one to talk to	Being abused
Being neglected	Young person becomes a carer
	Parental substance misuse
	Recent experience of violence in their community
	They have been a victim of a violent attack
	Been to prison
	Death/separation of carer.
	Problems with family
	Grooming (sexual or otherwise)
	Domestic violence
	Not feeling loved or wanted
	Witnessing friends being stabbed/shot/assaulted
	Recent loss of family member or friend
	No one in their life - everyone needs to be loved.
	Leaving home
	Relationship breakdown - not feeling there is a safety net
	Parental neglect
	Death or loss of friend/parent/loved one
	Feeling rejected

In terms of things that might have happened to a young person so that they need extra help from emotional health and wellbeing services. Neglect and not having someone to talk to, was identified by both young people and adults. It is clear from the data above there is a wide range of factors that could lead a young person to need extra help from emotional health and wellbeing services, such as them feeling neglected, going to prison or witnessing a friend being shot or stabbed.

PEER POWER EVENT

Question 5: What services or places are there that can help improve young people's emotional health and wellbeing?

Table 9

	Adults (26)	Young People (4)	Total (30)
Health Services + charities	11	0	11
Schools	11	0	11
Youth club	7	3	10
YOT	6	2	8
Outside of an office (not 9 a.m. to 5 p.m.)	8	0	8
Where young people are	7	0	7
Computer youth hubs	3	1	4
CAMHS	4	0	4
Police station	3	0	3
Prisons	2	0	2
Skate-park	1	0	1

In terms of services or places that can help improve young people's emotional health and wellbeing. Adults felt that health services, charities, as well as schools, were the leading and most beneficial services and places for a young person to improve their emotional health and wellbeing.

Young people felt that youth clubs were the best place for them to improve their emotional health and wellbeing.

This correlates with our data from the first session showing that youth workers were the second highest category mentioned by the attendees when asked 'who can help you/young people/friends have good mental health and wellbeing?'

PEER POWER EVENT

Young People	Adults
Might feel embarrassed of their problems	Lack of professional understanding
Not in the right comfort zone.	Not living in the area they are familiar in growing up with
Lack of confidence	The service is not the right one for them
People with a lack of confidence.	Childcare
Not having a bond with their peers	Worries about what will happen if you say something
Not feeling as though the help they are getting is useful.	Prejudice
<p><u>Question 6: What are the barriers to young people seeking help if they needed it?</u></p> <p><i>Table 9</i></p> <p>In regards to this question, there is no defining barrier, as there could be many and therefore, it would be misleading to assume one barrier for all young people.</p>	Confidence
	Post-18 continued support
	Stereotypes of particular groups of young people
	Not accessible when they are ready for 'therapy' or change.
	Talking about feelings/hurting those people.
	Lack of out of hour services
	Not hard to reach, hard to access
	Embarrassment
	Peer understanding
	Lack of self awareness
	Service thresholds do not allow them to be seen by certain services
	Unfamiliar/intimidating environments where they won't feel safe.
	Too much paper work where time for direct contact gets lost - Young people benefit from personal relationship not data systems
	Professional working conditions of 9 - 5 Monday to Friday
	No money for travel
	Rigid rules are inflexible
	Lack of understanding of youth culture
	Out of reach to service
	Not understanding young people's language
	Shame
	Distrust
	Stigma
	Embarrassment
	Trusting the person they are talking to, to be confidential
	Communication
	Not having a clear understanding of the help/services available
	Distance to the services
	The waiting lists for specialist services
	Previous bad experience
	Lack of information about the service
	Consistent workers



CASE STUDIES

L'S STORY

L is 17 and lives in supported accommodation. When she first engaged with Islington Targeted Youth Support Service she was homeless.

Over the past 12 months, she had been bereaved twice, losing a grandparent that she had a very close relationship with and her childhood best friend. Her best friend had been at primary and secondary school with her and lived in the house opposite their family home. L was not in education, training, or employment and had been in trouble when she was younger, getting involved with the criminal justice system and had attended the Youth Offending Service.

She described her time at the Youth Offending Service positively, explaining how she had been given the same worker that her sister had previously, which helped because L's family knew her. L described this worker as *"upfront and real"* and that *"she really cared."* The workers knew that being caring and working to help young people were the things that really mattered to L and made her realise a lot.

L has had bad experiences with health services; there were incidents of doctors being rude to her family and she can recall being pinned down as a small child to have a catheter inserted. L also tried seeing a therapist in the past, but describes her experience as being *"really bad."* Her therapist did not listen to her which made her angry. L stopped trusting adults for a while after this, and for years she would not accept help from counsellors or support workers.

When Targeted Youth Support wrote to her about support with housing, L started developing a relationship with a worker there, who she describes as an *"incredible person."* They helped her to find accommodation and she was also able to talk about her problems, describing her as *"very real and I felt like I could trust her."*

L was then referred to a therapist through the service, and again she described this as a positive experience, describing the therapist as *"trustworthy, lovely [and] relaxed in her approach."* She emphasised that the support was voluntary and that it helped. L now lives in a different borough in a hostel and still sees a therapist weekly at her hostel. She said that it makes a difference that the service comes to her hostel and that it is regular support.

K'S STORY

K is 17 and from Kingston. She is looked after by her local authority and is currently in a stable foster care placement. She was diagnosed with ADHD very late; before that, everyone thought she was just naughty and disruptive when she was at school, but in reality she just could not cope with it. She also had problems with social workers in the past, as they could not communicate well, and workers constantly changed.

K is well known to the police at her local station; she says that you can have a laugh with them and they laugh about her being a regular there. However, K has also had difficult interactions with the police when arrested in the past. She says that have hurt her and that they put the handcuffs on too tight, leaving her with bruising afterwards. Because of her past experiences, K does not trust the police or anyone involved with them.

K has been kept in a cell for over 36 hours before. She was told that someone was there to see her to do an assessment, but K only agreed to this because it got her out of her cell for a while. K did not know the person, and they were asking her very personal questions, so she *"chat sh*t to them"* and answered with untruths, so that she could stay out of her cell for longer. It was later discovered that K was screened by a youth liaison and diversion worker.

However, K likes her YOT worker and that through YOT she has had a period of sessions with an emotional health and wellbeing worker. She believes that this service did help her, but she would not trust them too much; the only people she really trusts to help her are her foster carer, YOT worker, and Peer Power staff (voluntary sector).

CASE STUDIES

M'S STORY

M is 18 from Kingston and has been involved with the YOS for some time. He suffers from depression and anxiety and has been to CAMHS in the past. M found the environment difficult at CAMHS, and he found it hard to talk and open up to the people there. He stated that CAMHS has a bad reputation with young people and for M, it takes a long time to build a relationship and trust, before he would ever open up and talk about his feelings. M talked about a drop in service that used to exist just by the youth provision that the YOT uses; it had staff on the front desk and he built a relationship with them. M would have gone there for support if he was feeling worse, but now they are not there because of staff cuts. M knows there is counselling available in YOT, but M does not want to go because he does not know them there. However, he can talk to and trust his YOS worker.

FOLA'S GROUP

In July 2016, seventeen year old Fola, a young resident of the Edward Woods Estate in Hammersmith & Fulham, became a victim of knife crime when he was murdered on Portobello Road following an altercation with a group of young people. Several of his friends were present at the time. Fola's family are well-known and liked amongst their neighbours and local community; Fola's death has had a huge impact on them all. The community is grieving; fearful of retaliation and frightened for the safety and emotional wellbeing of the young people who were his friends and associates. Many of the young people, who knew Fola well, are displaying signs of post-traumatic stress.

Already delivering a Young Community Champions on Edward Woods Estate for voluntary sector organisation UPG (Urban Partnership Group) and recognising the need for additional funding to create a swift community response, with Fola's friends they applied for funding from Hammersmith and Fulham Fast Track Small Grants and from Public Health England. Both these grants were turned around and awarded quickly enabling us to cover the cost of a distinct programme running between July and September for Fola's friends and community members. Activities included:

1. Increased detached youth work support

A lead youth worker worked closely with young people on the estate, including visiting the family and spending time with Fola's close friends in his bedroom. A detached approach meant that the youth work team were able to engage with young people living on Edward Woods in an informal manner and in spaces where they meet and feel safe. This approach has been very much welcomed and supported by the young people, Fola's family and residents, as there have also been a number of arrivals into the Estate by a group from another area, who are linked to the death of Fola who are intimidating and threatening young people.

2. One-to-one bereavement counselling

Alongside the expected responses to any bereavement in the case of a family member or friend being murdered, the survivors often react with intense feelings of helplessness, fear, and horror. This can be particularly intensified and amplified for children and young people; the world can now feel like a very unsafe place where the natural order of things is completely disrupted. This has the potential for impacting on their emotional development and psychological health can be affected.

They can become fearful of the future and see no point in investing time and commitment to any positive aspect of their lives. With this type of death, young people can be at significant risk of developing post-traumatic stress disorder, particularly if they witnessed the crime or were involved in some way. The group employed a child psychologist who worked alongside the youth work team to provide individual counselling sessions. The young people who did initially see the psychologist are not now attending, stating that they prefer to receive support from their peers and youth workers.

CASE STUDIES

3. Bereavement group

40 young people signed up to be involved in planning a “Goodbye Day” and to plan a more permanent memorial to Fola. This group was run by the youth work team and supported by the child psychologist.

The purpose of the group was to:

- Remember Fola and to say goodbye.
- To encourage young people to regain a sense of control.
- Provide the opportunity to have fun. As with any death, it is important that young people feel able to continue with activities that they enjoy and give themselves permission to have fun.
- Provide peer support. Young people, who have been bereaved by murder or manslaughter, say that support from peers who have been bereaved in the same way is vital. The shared experience creates an understanding and empathy they feel no one else can offer.

4. Building community resilience and cohesion

They employed an existing Community Champion (a local Somali mum) who led the community response on the estate. This included providing support to the family including childcare, (for Fola’s younger five year old brother), emotional support to the family, the organisation of local people to organise food for the wake following Fola’s funeral and the organisation of a cross-generational coach outing to Bournemouth. A campaign was also launched to help fund the cost of the funeral.

5. A two day residential

A two day residential to Lyme Regis was planned by the youth bereavement group supported by the youth work team. The purpose of this was to:

- To support the young people’s grief process
- To provide young people with the opportunity for some closure, as the new school term started without Fola
- To provide access to those young people at risk of post-traumatic stress and criminal activity, to further counselling support and specialist youth work with St. Giles Trust
- To have fun

In the words of two young people describing the residential:

“IT IS IMPORTANT THAT WE FEEL THAT WE HAVE SOME CONTROL OVER THE DEVASTATING EVENT THAT HAS LEFT US RESENTFUL, SHAKEN AND CONFUSED. SO IN ORDER TO AID OUR GRIEVING PROCESS, WE HAVE BEEN PLANNING A 24-HOUR TRIP, WHERE WE WILL ALL COME TOGETHER TO SAY OUR FINAL GOODBYES FOR FOLA AS IT GIVES US CLOSURE FOR THOSE RETURNING TO SCHOOL WITHOUT HIM AND A TIME TO SEEK SOLACE IN A PEACEFUL AND TRANQUIL AREA.”

Another young person said:

“AS YOUNG PEOPLE DEALING WITH [THE] LOSS OF A FRIEND CAN BE EXTREMELY DIFFICULT FOR US TO HANDLE SUCH TRAGIC EVENTS, AS WE DO NOT KNOW HOW TO COPE WITH SUCH A HUGE LOSS BUT GOING AWAY WILL GIVE US A CHANCE FOR ALL FOLA’S FRIENDS TO BE TOGETHER AND SUPPORT EACH OTHER. THE TRIP WILL CONSIST OF GOING OUT OF BOATS AND WRITING PERSONAL MESSAGES TO SEND AWAY.”

CASE STUDIES

Young people were involved in planning the residential which was attended by 33 young people. The youth work team were accompanied by a caseworker from St. Giles Trust voluntary sector organisation and the Child Psychologist (this was a staff decision) as they wished the group to have access to emotional support during the weekend (should they need it). There were several group members involved in offending and who they felt would benefit from being referred to the St Giles Trust, who were active in the local area. The residential enabled the worker from St Giles to build up relationships with the group.

The Youth Offending Service

Two of Fola's close friends have recently been charged with a stabbing offence. One of these was Fola's best friend who is a prosecution witness, as he was present when Fola was killed. He has been offered witness protection but has refused it. The youth worker was informed by the local Youth Offending Service (YOS) worker that Fola's best friend is not to have any specific trauma work until after the trial but did not explain the reason for this. His family is very concerned about his mental health. Those around him believe that he is clearly suffering from post-traumatic stress and needs expert mental health intervention. Due to the YOS saying he must not have any trauma work until after the trial, voluntary sector organisations advised his parents to take him to the GP or to A&E if his symptoms deteriorate further.

The School's Response

There was no contact with the school that Fola went too but young people reported that they had very little support from the school, stating that Fola's death was mentioned as an 'add on' in a school assembly. They were told that there was counselling available, but no one took this option up.

Future Work

We are continuing to work with the group to plan a fundraising show in February 2017 (on what would have been Fola's 18th Birthday) with the aim of using the money raised to create a permanent memorial for him on the estate.

CONCLUSION

All in all, based on all the data collected throughout the consultation, it can be concluded that young people are not getting all they can from the L&D services. The services themselves are not being questioned, rather, the nature in which they are delivered. This consultation was about listening and engaging 'the right' young people that have been in contact with the justice system, those young people least heard and deemed 'hard to reach'. Therefore, the themes that emerged from the data should be taken seriously and effective service user feedback should be an essential part of all future commissioned health projects.

It is clear that when engaging young people that have been in contact with the justice system, they will often have something to say about the police. This is inescapable and therefore, future consultations could involve more investigation into the relationship between police and young people and links to emotional health and wellbeing of young people in the justice system. Nevertheless, with respect to the current consultation, it can be concluded that services that work well for adults do not necessarily work well for children and young people.

This is best reflected by the attitudes and opinions of young people towards the police compared to their YOTs workers. Young people provided more positive comments about YOT workers than police officers and expressed their YOT as a place people would go for emotional support. This is largely due to the relationship that young people have with their YOT workers.

The providers of L&D services must carefully look at the findings and recommendations of this consultation and seriously consider the nature of their relationship with young people. A relationship that consists of anything less than trust and consistency will not provide a foundation that can be built on, to support young people with the emotional support they need. Health practitioners hold a wealth of knowledge, however, 'people who have been through similar things' can also be a bridge when supporting and engaging young people with their emotional health and wellbeing.

It is felt that based on our findings the issues discussed within this report are fundamentally linked to the commissioning of services and commissioning cycles, which impact upon job security and the changing of workers and services for young people. For this reason, young people should be involved in the design, commissioning, delivery and evaluation of L&D services, because relationships are the key to success.

KEY RECOMMENDATIONS

Based on our findings and analysis from this project, which includes recommendations from young people we engaged with as part of this report project. We recommend the following:

1. The L&D service for young people needs to be redesigned with young people at heart of its development to ensure it is effective for the group it is created for. A 'one size fits all' approach is not suitable.
2. Explore the evidence base for emotional intelligence training for young people in the criminal justice system, to support early intervention and identification of emotional health and well-being needs.
3. Young people who are in the criminal justice system should be more involved in the decision-making process about the individual services they are being offered, similar to Shared Decision Making (SDM) used in other adolescent mental health services and this should be embedded in practice.
4. Consider the use of peer mentors/workers with similar life experiences to help engage young people and provide them with additional support outside of the formal assessment process in custody settings. Utilise peer led and peer trainer approaches to support engagement.
5. Health workers, police or 'support workers' engaging with young people should be given empathy training to improve engagement and increase the likeliness of a trusted relationship forming with young people who come into police custody.
6. Health commissioners should explore less traditional places to offer young people services to support their health and well-being, and these should be facilitated, 'brokered' or even delivered by the people they have an on-going and trusted relationship with and whom they trust, for example youth workers, YOT workers, peer mentors, and at hostels, or the places where young people are.
7. Health commissioners should consider longer funding cycles and the impact of service re-organisation, to support on-going and trusted relationships to be developed with young people without fear of services, and therefore relationships, coming to an end.
8. A joint research project by NHS England, London Region and the Metropolitan Police on the experiences of young people in custody in order further understand whether there is a relationship between experiences with the police and emotional wellbeing.

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