The Impact of Forced resilience on Health Inequalities

Core Health:
A youth voice enquiry into the development of Children and Young People's Core20Plus5 Policy & Practice.

Peer Power Youth
December 2023

"Access and experience of healthcare should be the same for everyone".



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Acronyms

SPC	Senior Project Coordinator
SYW	Senior Youth Worker
PEW	Peer/Youth Engagement Worker
HMPPS	His Majesties Prison & Probation Service
NHSE	National Health Service England
LAC	Looked after Child
YOI	Young Offender Institution
SCH	Secure Children's Home
YJS	Youth Justice Service
YOS	Youth Offending Service
HCP	Health Care Professional
IEP	Incentives and Earned Privileges

To the Reader

This is a notice of upcoming sensitive content of this report that may have a negative impact on someone.

The topics mentioned in this report may be triggering to the reader. Topics include racism, sexual exploitation, violence, weapon-Use, drug use, child neglect, sexism, talk of depression, anxiety and mental health.

We recommend that readers always prioritise their own wellbeing and self-care. Please take breaks in between reading if necessary.

Contributors & Acknowledgements

All quotes presented in bold green capture the direct speech of the children and young people we worked with throughout this project.

This report is the result of a collaborative effort that includes the voice of children and young people within secure settings and within the community via Peer Power Youth's 'Young Partner' group and networks. The lead author is Nic Kidston who is Co-CEO within Peer Power Youth's team. Nic has worked closely with Kloe Hampton (Senior Project Co-ordinator), who has been instrumental in managing the delivery of this project on the ground. Also, to Alexys and Megan (Peer Leader and Peer Power Expert) who helped co-develop the surveys and workshops and were fundamental in supporting the writing of this report.

We would like to thank the Young Partners working with Peer Power Youth, who have been at the centre of our discussions and planning on actioning youth voice in this work. We are very grateful to the Young Partners who offered their time to share their insights, lived experiences, and skill set. Thank you to Alexys, Megan, Iesha, Rose, Dani, Lele and Beth for taking part in this project.

Beyond Peer Power Youth spaces, we recognise this project has only been made possible following the commissioning of Peer Power Youth by HMPPS & NHS. We would like to thank Chandraa Bhattacharya, Senior Health Inequalities and Improvement Policy Delivery Lead, for their belief, commitment, and support of this project.

We extend our thanks to the secure settings we worked closely with, for working with us to facilitate the site visits and discussion groups. Also, to the NHS England Health & Justice team for promoting this consultation across the health teams in secure settings.

We reserve a special mention for the participating children and young people at the secure settings and those with lived experience in the community for sharing their experiences. They remain at the heart and soul of this report and at the forefront of our wider goals, as we continue to elevate the voices and experiences of children and young people in decision-making forums.

Who are Peer Power Youth?

Peer Power Youth is a national charity that does vital work to support young people dealing with trauma. We connect with young people aged 13-25, who have described themselves as being 'abandoned by society'. The childhood

trauma they have experienced may include abuse, exclusion or being in care. Inequalities such as racism, disabilities and poverty also have a huge effect on these young people. They are the most under-supported and unheard voices in our society.

As a social justice charity - we want to change this. We build on strength and lead with empathy, which means that we know what's needed to build trusted relationships and improve support services, because many of us have had similar experiences. Despite their circumstances, we see their power and potential.

We provide young people with life skills and work experience and support them to lead on improving services across health, youth justice and social care.
Our role in the development of the Children and Young People's Core20PLUS5 is to facilitate youth voice from across secure settings and in youth justice in the community and to ensure that child's voice is included in the next steps of Core20PLUS5 strategy to reduce health inequalities in health and justice.

In all our project work, we lead with our core values of empathy, respect, positivity, openness and honesty, love and fairness; and in that regard, this project is no exception.

Find out more about us at: www.peerpower.org.uk and sign up for our regular newsletter here.

Background

To engage children and young people in Core20PLUS5 consultation, Peer Power Youth worked with stakeholders nationally in a co-productive effort, to learn more about experiences in secure settings. Understanding healthcare from a youth voice perspective is an intrinsically personal and community-based challenge. It is a challenge that cannot be reduced to statistics alone. For this reason, we focus on qualitative approaches to capture the very 'human' element of what it means to be healthy or unhealthy; to understand healthcare; to feel cared for or neglected; to experience policy in action as a child in justice settings.

It is important to note that the experience of healthcare, particularly in youth justice context is complex to explore and unpack as the experience of health is both social and emotional, it is present in mental, relational and physical spaces. This is heightened with added dimension of being in a secure setting.

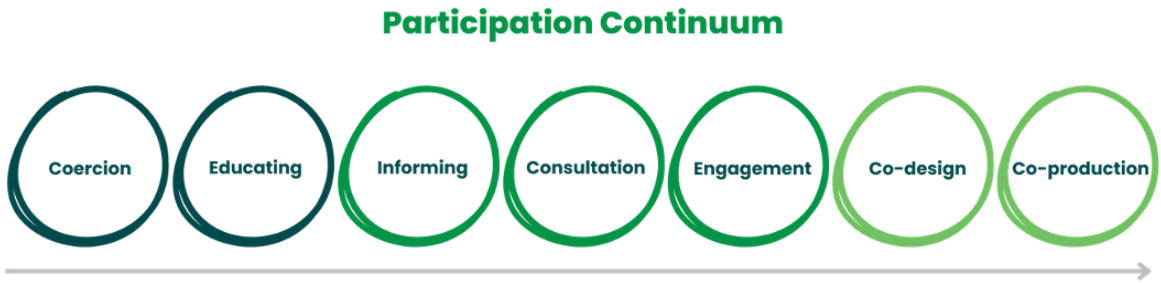
The methodology used across Peer Power Youth's work responds to this complexity through using a range of flexible and diverse peer-led approaches to

storytelling and narrative inquiry in workshops as well as working with Young Partners to produce a peer-led survey.

Methodology: Co-Production

In line with our principles of reciprocity, we offer payments for young people involved in the project for their time and expertise. Where possible, we offered a form of payment for the children and young people based at the secure settings. On this point, it is important to recognise that our methodology has been built from and around our ethos of treating the voices and participation of all stakeholders with equal respect and value. Although resource-intensive, this is also why we actively choose co-productive models wherever possible.

Peer Power Youth approaches co-production within its wider context on a continuum of participation methods. We recognise that our participatory approach isn't fixed, and at times, we must combine different elements across the spectrum to balance individual needs and sensitivities and being able to respond to context and places, with their limitations and opportunities. In this sense, we see co-production and its position along the continuum as foundational to our culture and approach. As stated in our report on *Co-creation and Participation in the Youth Justice System*[1], "what is most important is the intention of [meaningfully] involving children at all levels" of services and systems as we aim to generate positive change for community benefit, by cocreating diverse and collaborative spaces where both practitioners and young people with lived experience could share their perspective.



VISUALISING CO-PRODUCTION ON THE PARTICIPATION CONTINUUM

Ethical Considerations & Limitations

We must recognise that this project is limited by its timeframe and available resources. Furthermore, as Peer Power Youth practitioners, we are bound by an ethical framework, the influence of which we will discuss in more depth. There

[1] https://www.peerpower.org.uk/wp-content/uploads/2021/09/Long-Report-YJB-Design-by-Lizzie-Reid-final-1.pdf

have been times where we have struggled to define the scope of this exploration, since healthcare-related issues are often pervasive and reach almost all aspects of everyday life for children and young people. This line of thinking was present within the young people we met with. Essentially, health and wellbeing issues are everywhere; and healthcare is everybody's responsibility.

When considering our own positionality, we must accept that we are imperfect facilitators and researchers. We have our own set of biases, dispositions, and limited lenses. As an example, the ethnicity of the facilitation team and author group are four White British individuals, one mixed Asian Caribbean British individual, and one Black British African individual. Across this group are intersections of gender, disability, lived and learned experience, sexuality, and class. To deepen perspective, we have tried our best to open this project up to multiple lenses, both internally within Peer Power Youth, and externally among our partnerships and have made use of quotes throughout for direct voice. Although we have been successful in diversifying the voices, experiences and viewpoints that have been active in the building and delivery of this project, we also recognise that our recording and reporting on demographics has been limited. To promote respect, equality, and mutually beneficial working relationships, we offered forms of payment to participating children and young people where possible. Objectively, expertise is valuable, and lived experience expertise is no different.

Our data collection has been bound by principles of informed consent, confidentiality, anonymity, reciprocity, and data security. We didn't collect any unnecessary personal information and only recorded relevant statistics or identifiers. Any personal or sensitive data we did collect was bound by security measures, with limited access and destroyed unless included in this report with consent. We worked closely with each secure setting to understand how to navigate sensitivities within each specific context. The Peer Power Youth team are highly experienced in handling protected data and have worked meticulously to process records in a safe and secure way. All participants consented to the recording of their responses and were fully informed on how their data would be used.

Special consideration was given to each secure setting in view of staff shortages and sensitive environments. We are very much aware that the mode in which we carried out each youth voice survey and workshop was dependent on staff and their capacity to support the project. We were also prepared for capacity levels to change day-to-day, as we know secure settings often sit in a state of flux. For this reason, our youth engagement approach is flexible, adaptable, and responsive. We made it clear to practitioners and children that their engagement with us was

entirely voluntary, on their own terms, and came with the right to withdraw consent at any time. We ask the reader to remember that one day in a secure setting can never be fully representative of the entire healthcare ecosystem there.

Creating safer spaces within secure settings is complex. In line with Peer Power Youth's values, we take a relational approach to working with children and young people. Influential power dynamics were mitigated by asking the children and young people who they wanted in the room with them and how they felt most comfortable sharing their experiences. The option was given for staff members to leave the space to allow the participants to speak freely. We assured young people that their responses would be anonymised. We started with connection exercises to build rapport and encouraged participants to speak their truth. We used interactive games, asked open-ended questions and followed up responses with clarifying questions.

Working with lived experience is resource intensive. It comes with an increased risk of harm and necessitates extra layers of safeguarding. All interactions with vulnerable participants (especially with children and young people) have followed strict safeguarding policy and procedures to prioritise safety and wellbeing. Time and resources were set aside exclusively for wellbeing checks and to respond to any matters that could resurface or create trauma. We worked with all stakeholders on safeguarding and recognise that safeguarding children and young people is everyone's responsibility.

On multiple occasions during the project, young people asked, **"is anything actually going to change?"**. It is important to be authentic and exercise care when inviting children and young people to share their stories. Young people tell us that storytelling can be tiring and it has the potential to re-traumatise. Young people feel it when they see no meaningful action after being asked to share their inner thoughts multiple times. For us to carry out our role ethically, we are clear on the fact that accountability and action cannot be an afterthought and having clear feedback loop outlined at the start is vital. Accordingly, if it is safe to do so, we do not censor the voices of the children and young people we work with. We create space for them to speak openly about how they feel on crucial ethical points such as accountability and lack of action. We ask the reader to bear this in mind when reviewing our recommendations and to take the invitation to make change happen.

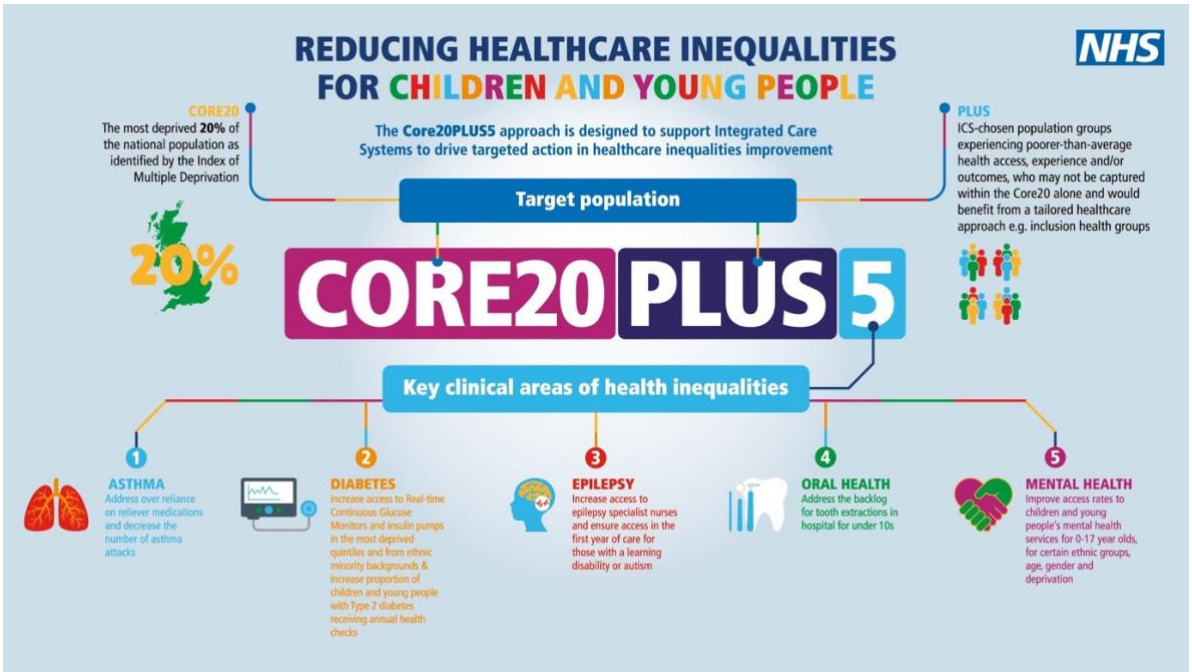
We would like to note that these engagement sessions hold a spotlight on why engagement over a longer period is more meaningful. It is important to know that long-term engagement creates *true* engagement. Peer Power Youth hopes to be

given the opportunity to accomplish this through a full feedback cycle of this project.

Scoping the consultation activities

The team facilitated conversations with Peer Power Youth Young Partners in the community, around the key areas of Children and Young People's Core20PLUS5 to prepare for the engagement with children and young people in secure settings. They explained the target population and clinical areas of health inequalities. These conversations centred around statistical health inequalities, lived experience of healthcare in secure settings, physical health, mental health, neuro-disability care, substance misuse, dentistry, and oral health; in addition to the overarching clinical areas of Children and Young People's Core20PLUS5- diabetes, asthma, epilepsy, mental health and oral health. We also explored the importance of safeguarding and inclusive facilitation practice.

We then worked Peer Power Youth Young Partners to co-produce the activities ensuring the voice of young people remain at the heart of this project. Our engagement is rooted in creative and artistic methods, such as free writing and spoken word. Through design and delivery of sessions, we promoted an understanding of how healthcare and justice sectors connect, we clearly outlined the session's objective and explained the incentives young people would receive for participating and their expertise. A key part of the engagement session was adding games to promote a fun and informal space to connect with young people relationally.



Below are some of the main topics generated from the scoping activities (with Peer Power Youth Young Partners) that led to the co-design of themes for the workshops and surveys.

Together we identified the **higher priority and significant topics**, in addition to the topics with the widest scope for **transformative action:**

- Importance of physical and mental health needs, in particular when looking at the statistics around health outcomes
- Transitions - the gap and difference in experience between adult and child services and between custody and community
- The need to tailor support for children and young people, it is important to have an intersectional approach to health policy that includes all aspects of a persons' identity
- Assumptions can be made around health risks, for example, young people talked about profiling for race or weight
- Importance of clear and appropriate communication and health education
- Considerations around gender in accessing healthcare, for example, young people talked stigma for young men accessing healthcare
- Mental health experiences can stop preventative healthy habits
- Neurodiversity is significant and needs to be separated from mental health Physical brain differences can impact upon health behaviours and accessing support and treatment
- Sexual health, drugs and alcohol need to be considered
- Waiting times and confidence in health care teams, with trusted relationships will make a real difference
- Important that data collected represents diverse communities in secure settings, across justice and welfare



Narrative Inquiry: Co-creating a Youth Voice Workshop

The initial plan was to run workshops in a minimum of three different secure settings and one in the community, however, workshops were only possible in two secure settings. Although we booked workshops in other secure settings, these were cancelled on multiple occasions due to the current pressures and serious incidents at the settings.

A total of 22 children and young people participated in the workshops that inform the findings in this report. One in a Youth Offending Institute (YOI), one in a Secure Children's Home (SCH) and two in the community with young people with lived experience of secure settings and youth justice. The workshops allowed children and young people to explore their healthcare experiences and views through interactive activities and peer group discussions.

We were initially advised that most engagement in the SCH would be on a 1:1 basis due to mixing restrictions imposed by the setting. However, we were able to hold a group with 3 children together. This group dynamic enabled deeper engagement and children involved fed back that they valued the approach and interaction. **"I like meeting new people like you guys."**

Staff-also gave feedback on the session: **"I have never seen her (the young person) smile like that. She's usually very disengaged."**
"It makes me quite emotional seeing them mix together positively."

Co-creating a Youth Voice Survey

The youth engagement team worked with Peer Power Youth Young Partners to co-produce a survey with the identified themes that were **higher priority** and with the most potential for **transformative action,** with the intention of engaging a broad and diverse group of children from across the secure estate and the community. This was distributed across the NHS Health and Justice network for health care professionals in secure settings in England to complete with children in their settings.

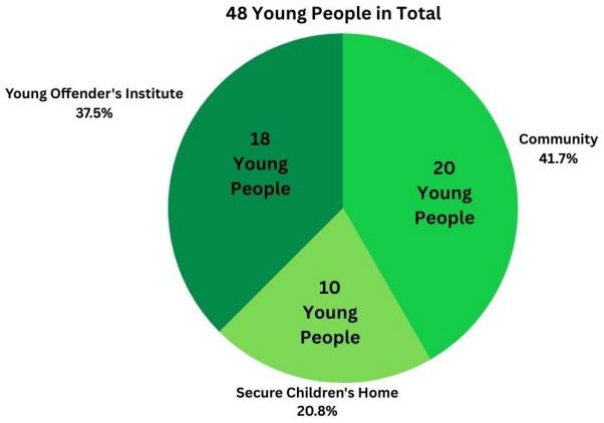
Peer Power Youth Young Partners connected with their peers in the community to complete surveys where they have relevant lived experience.
Further to the workshops, 26 children and young people completed surveys that inform the findings of this report.

After the content of the workshops and survey were drafted, they went through a stage of peer review, after which changes were made to the language and direct focus of the questions. We reviewed the survey again to include relevant speech and language guidance and incorporated necessary prompts for accessibility. This meant we could tailor the survey to meet the needs of the children while they were interacting with it and maximise engagement.

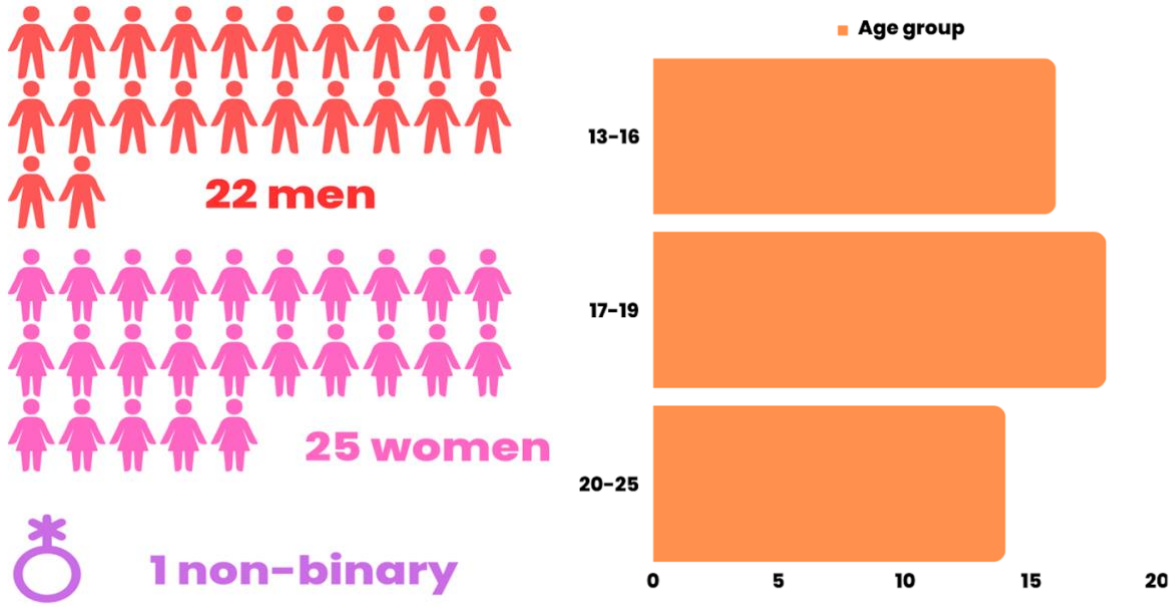
Question Areas Covered in the Survey include:

- Lived experience & connection to justice
- Lifestyle
- Health needs including diagnosis, medication and mental health
- Access to healthcare support and relationships with healthcare professionals
- Identity and inequalities
- Transitions and pathways
- Symptom knowledge of 5 clinical areas: asthma, diabetes, epilepsy, oral and mental health
- Knowledge of what it means to be 'healthy'

Demographics







Overall, we worked with 48 children and young people with lived experience of justice and secure settings on this project covering an age range of 13-25. From that group, six are connected with Peer Power Youth in the community as 'Young Partners' or 'experts by experience', who are predominately based in and around London. All participants from the community group at Peer Power Youth were paid for their time and expertise. Young Partners shared the survey with their peers with similar experience. A total of 20 young people were consulted in the community.

28 children and young people involved, were living in the secure estate at the time of engagement, and those in custody covered an age range of 13-18.

Of those 28; 18 were living in a Youth Offending Institute (YOI), and 10 were living in a SCH. The YOI we visited was male-only. One SCH is an all-female welfare-only unit, with the other SCH being mixed-gender.

The gendered nature of secure settings is reflected in the participant demographic, which also reflects the contrast in population size between YOIs and SCHs.
The settings also differ in age range; the YOIs are designed for 15-18 year olds and the SCHs provide care for 10-17 year olds.

Lived Experience of the Justice System

Of the 48 children and young people involved shared their experience:

- 21 have experience of living in a YOI
- 19 have experience of living in a SCH
- 31 had experience of Youth Justice Services or Probation
- 33 had experience police custody
- 20 have experience of a family member being in prison
- 7 were young parents

Within this participant group was a range of lived experience of health, justice, and care experience.

Sexuality and Gender

Sexuality was highlighted by children and young people in the workshop discussions as important considerations for healthcare.

44 of respondents identified as heterosexual and 4 preferred not to respond to this question. Consequently, there is no explicit direct lived experience identified to represent those other than heterosexual. However, participants did mention near lived experience through those they had been in secure settings with.

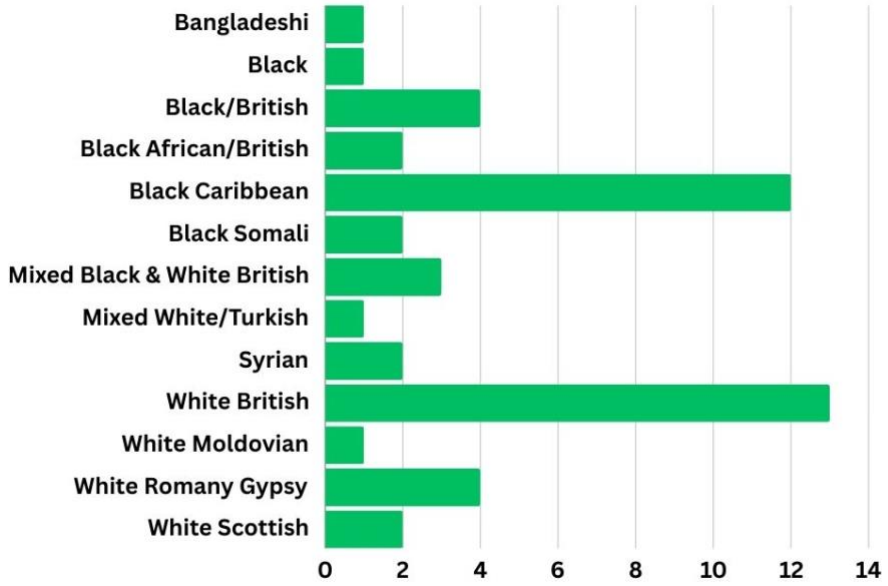
Disability & Neurodiversity

Over a third of children and young people responding **(35%)** shared their lived experience of neurodiversity diagnosis. Out of a total of **17** young people 14 young people named ADHD, eight named ASD, and six named Dyslexia. This includes those with multiple diagnoses.

Race and Ethnicity

Across the demographic of young people there are significant intersections of race, culture, and ethnicity. The table below shows the range. Please note we

asked participants to self-identify what their race, ethnicity and nationality is.

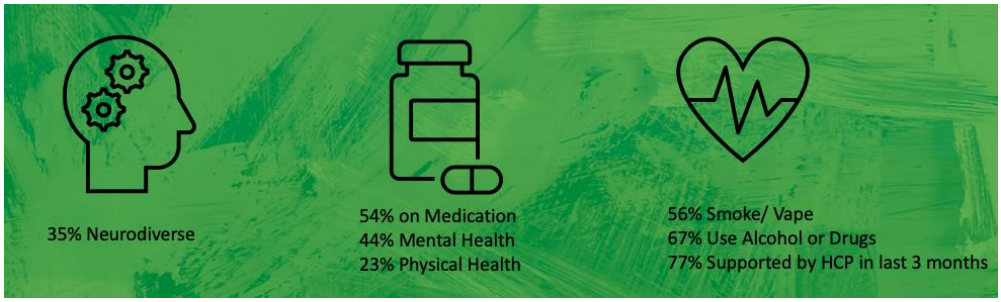


Health Diagnosis & Medication

Young people were asked if they had a current health diagnosis. 11 young people (23%) reported physical health diagnosis, including six with asthma, and two with epilepsy. 21 young people (44%) were currently being treated for mental health conditions spanning anxiety, bi-polar disorder (BPD), depression, low mood, post-traumatic stress disorder (PTSD) and chronic stress. Many young people experienced more than one mental health condition.

Wider health factors in the demographic:

- 26 young people (54%) answered 'yes' to being on medication currently.
- 27 smoke or vape (when not in a secure setting)- this was named as a mix of tobacco and cannabis
- 32 use alcohol or drugs
- 37 young people are registered with a GP or health service, 22 young people needed help to do this
- 35 out of 45 young people responded they have been supported by a healthcare professional in the last 3 months

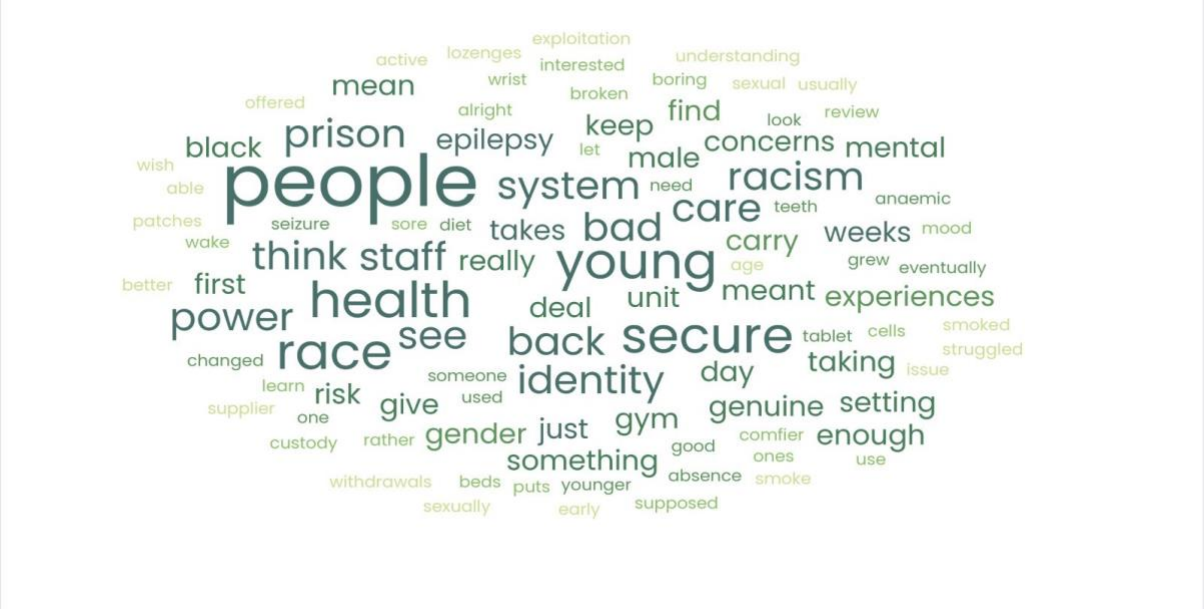


Messages from Children and Young People

This section outlines the responses to the surveys and the workshops. The facilitation and author group worked together to group them under thematic headings. Each section outlines the key messages young people shared. It includes direct quotes, in green.

Where there were reflections shared by professionals in the setting these are included as well as any complimentary data from other youth voice work in justice settings across Peer Power Youth. These are clearly referenced.

Overall, feedback and knowledge of services was good. Children and young people had many positive things to say and most have empathy for health care professionals and the system they work within. All young people were able to give an answer on how they would get support and who they could talk to.



WORD CLOUD GENERATED USING THE RECORDED RESPONSES FROM YOUNG PEOPLE

What's Working

Children and young people shared a number of areas in healthcare that are working for them. These included:

- Some YP said dentistry is good 'when it needs to be' and that they have 'regular' access
- Physical Healthcare - "They'll make the time if they have genuine concerns."
- Therapeutic Support - "We have set appointments for therapy."
- Allowing the space for groupwork/group engagement
- Peer Support
- Some feedback and complaints process

Due to the focus on health inequalities and improvement, this report focuses on the areas for transformational action.

The following thematic areas came up consistently across the workshops and survey. Young people were able to share what worked, what doesn't, and what could improve.

Emerging Themes



1. Priority Health Areas:

Though overall young people were satisfied with the healthcare they received, physical and mental healthcare were noted as a key area for improvement. This section covers the Children and Young People's Core20PLUS5 clinical focus areas as well as wider areas of health that young people spoke on. The feedback raised in this section applies across all ages and settings.

We explored Children and Young People's Core20PLUS5 clinical focus areas, asthma, epilepsy and diabetes to gauge the understanding of young people on their symptoms.



Asthma

All young people were able to recognise the key symptoms of Asthma – Shortness of breath, asthma pump, inhaler, chest pains, wheezing, shortness of breath.

In terms of prevalence of these clinical areas across the group, 3 young people we spoke to choose to share that they had asthma.



Epilepsy

Young people were able to recognise some of the key symptoms of Epilepsy: fits, flashing lights setting off, absences, zoning out, seizures.

Several young people stated they wanted to learn more about epilepsy.

2 young people shared that they had childhood absence epilepsy.

"I used to have epilepsy when I was younger. Like epilepsy absence. I grew out of it eventually and haven't had a seizure since."



Diabetes

The children and young people we consulted with were able to explain some of the basic symptoms of diabetes: low or high blood sugar levels, injections, sugar intake, blood pressure, insulin.

As part of the workshop's, the health statistics and outcomes linked to these three diseases was shared. Across all workshops, young people were surprised at the statistics relating to diabetes.

Diabetes is one of the most common long-term conditions in children and young people.

In England in 2015/16, children and young people living in the most deprived areas were 60% more likely to have an emergency hospital admission for diabetes than those living in the least deprived.

Ref: https://stateofchildhealth.rcpch.ac.uk/evidence/long-term-conditions/diabetes/



Oral Health

A key clinical focus area of Children and Young People's Core20PLUS5 is oral health. Young people shared concerns about dental services. ***"They're good when they need to be.... not enough dental care."***

All young people said they have regular access to the dentist, but waiting times can sometimes be an issue- ***"It takes 4-6 weeks to get someone to come in and look at my teeth"*** This is compounded if a young person is told they are being placed elsewhere within 6 months of their secure placement.

One young person mentioned that throughout their time in a SCH (9 months) they "***received no dental check-ups",*** when national recommendation for oral health is to have a dental check-up every 6 months.

Staff Feedback

We also spoke with healthcare professionals about our project. They noted the following in relation to the clinical focus areas in Children and Young People's Core20Plus5:

"We've had lots of young people come in with asthma."

"In the 2 years that I've been here, we've never had a young person with epilepsy or diabetes."



Mental Health

Out of 48 CYP, 21 were currently being treated for mental health conditions including: anxiety, bi-polar, depression, post-traumatic stress disorder (PTSD) and chronic stress.

Many young people experienced more than one mental health condition.

Young people acknowledged challenging mental health experiences can stop preventative healthy habits and that positive health choices can support positive mental health.

Young people also recognised that neurodiversity is significant and whilst it can impact on mental health it needs to be separated.

Young people were able to recognise the direct links between drug and alcohol abuse and poor mental health.

'My mental health was really bad because of withdrawals.'

Children and young people also highlighted how elements of being in the youth justice system can negatively impact mental health. Mental health is a thread that runs through other thematic areas in the report including power and choice, forced resilience, trusting relationships, inequalities and access to healthcare.

Out of all statistics we shared with young people, data related to mental health shocked young people the most:

Young people in the justice system are 18X more likely to commit suicide.

https://assets.publishing.service.gov.uk/media/5a80c3e240f0b62305b8d06c/Mental_health_of_children_in_England.pdf

1 in 5 children and young people have a mental health disorder.

https://www.england.nhs.uk/2023/11/one-in-five-children-and-young-people-had-a-probable-mental-disorder-in-2023/#:~:text=The%20Mental%20Health%20of%20Children,%2Dolds%20it%20was%2021.7%25.

'I knew a lot of young people at some point has struggled with mental health, but I didn't know so many struggled that bad.'

'It just shows the lack of varied therapeutic support is on offer for us.'

Enabling Healthy Choices

Most young people were able to identify ways in which they could support their own physical health. Common responses were around healthy eating - fruit and vegetables, regular sport exercise, positive relationships, and relaxation. Notably, many young people also described constraints which meant they were not able to make healthy choices.

"***I am anaemic, and the prison haven't changed my diet they just give me one tablet a day".***

"They'll see you if you have genuine concerns. They're alright. I'm supposed to have a review for a broken wrist but haven't yet. They won't let me use the gym because of it."

"If someone (a YP) kicks off, it takes time away from staff spending time with you."

Heath Priority Areas from CYP

As part of the workshops young people were shown the 5 clinical focus areas for Children and Young People's CORE20PLUS5. Young people were invited to share their reflections and own healthcare priorities. Priorities mentioned included: Sleep, Drugs & Alcohol, Violence, Self-Harm, Mental Health, Cancer, Disordered Eating, Obesity, and Visual health. The headings below expand where young people shared more detail on a priority area.

All young people stated that if the healthcare concern doesn't affect them directly, then they don't care for it. All young people chose their healthcare priorities with this view in mind. One young person repeatedly stated, ***"I don't care about health.".*** After asking why the young person responded, ***"It's boring, I'd rather learn about something I'm interested in."***

Sleep

All young people with the workshops at secure settings mentioned the beds and how badly they affect their sleep hygiene, leading to being in, quoted as a ***'s*** ***place'*** mentally the next day. Young people expressed that mattress are thin blue mats that lie on top of concrete. Staff members confirmed this also.

'You wake up sore, and that puts you in a bad mood for the day.'

'The beds in custody cells are comfier than the ones here.'

Drugs and Alcohol

Whilst not a health condition, young people in workshops all raised the impact of drug and alcohol use (including smoking) on physical and mental health, and as a factor to increase health inequalities. The physical challenges on arrival in secure settings linked to withdrawal are significant and were important to the young people involved in the project.

> ***"I smoked when I came in here. They offered me patches and lozenges, but I never got them because there was an issue with the supplier. I really struggled with not being able to smoke."***
>
> ***"I smoked weed and took coke every day. I was f***** when I came in because I had to deal with withdrawals."***
>
> ***"Going cold turkey affected how I slept. I had mad dreams and couldn't sleep. My mental health was really bad because of it."***
>
> ***"Of course, 'they' (****referring to staff/people in power****) wouldn't know what it's like they'd never take the time to come here."***

Sexual Health

Sexual health, and healthy relationships were raised as key areas of healthcare that young people thought could be more prioritised.

Sexual health was mainly raised by the female young people we engaged with, who mentioned the need for more engaging and open support around healthy relationships and contraception. Females are offered contraception when first arriving at SCH, and depending on the reasons for them arriving, may be asked to take a pregnancy test. A young person reflected on their time in a secure unit and stated the following:

"Young people at risk of sexual exploitation are usually sexually active at early age. I wish I had a better understanding of what it takes to be a mother, tasks like having a baby doll for parental preparation would have been helpful, especially during my time in a mother and baby unit. Most young people who spend time in secure children's home are at risk of falling pregnant as soon as they come back into the community, and then they're put into a mother and baby support unit."

"There needs to be more education on consent. I didn't even realise I was being groomed at the time, it just felt like they (older men) were my friends and making me feel special. It happened so much I thought it was normal."

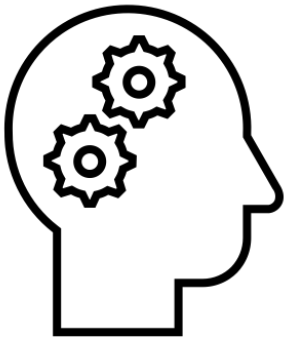
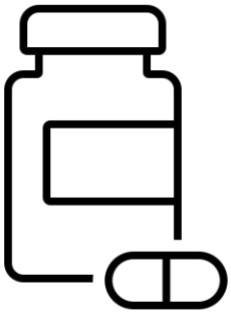
Young people talked about having choice around sexual health. "***Young people are 'coerced' into taking contraception and pregnancy tests when first arriving to unit. They should provide more education around it first – young people often say no because they don't understand."***

Visual Health

One young person said, **"They [opticians] come in, but not regularly."**

1. Priority health Areas: recommendations from young people

- Reflect on whether the clinical focus areas for the CORE20PLUS5 strategy are the '5' most relevant areas for young people in secure & youth justice settings.
- Increase engaging and relevant health education for CYP around physical health, sexual health, consent and relationships.
- Keep healthy choices separate from any consequences for behaviour e.g., do not remove opportunities for exercise and healthy eating when children's behaviour is not acceptable. Positive health activity will improve mood and behaviour, it's hard to "*snap out of it when you are put in isolation".*
- Prioritise sleep hygiene for young people in secure settings as it significantly impacts wider health and well-being.
- Empathic support for CYP around drug and alcohol on arrival in secure settings can create positive relationships and encourage healthy habits.

2. Access to Health:

In the workshops young people focused significantly on issues around access to healthcare due to the ongoing regime at the setting, stating that appointments would be cancelled at the last minute, and they would be placed back on a waiting list. They also raised issues around access to healthy living choices such as exercise.

"They will see you if you have genuine concerns".

"They don't come fast enough".

"We don't get enough gym- once every 2 weeks".

It is evident that waiting times vary dependent on the setting and the day-to-day context, the individual need and the service offering. When asked, "on average how long does it take to see a healthcare professional?" there was a range of responses from ***"Same day or next day"*** to ***"1-3 months"*** and "**you had to wait a long time".**

The data indicates that waiting times are dependent on a range of factors that CYP cannot control and that this wait can cause an issue in terms of health and trust in the system.

"Depends on when health and wellbeing team are available".

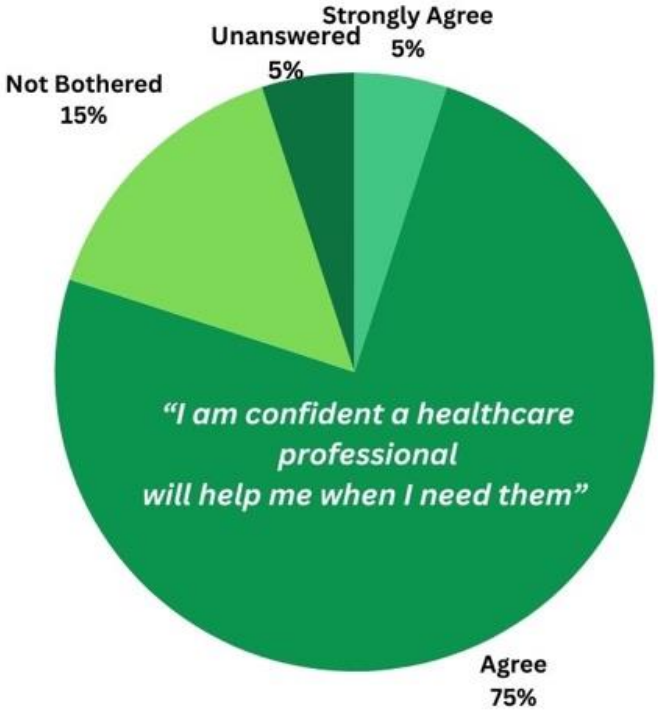
"For therapy it's different – you're meant to have set appointments."

"You just had to suck it up and deal with it".

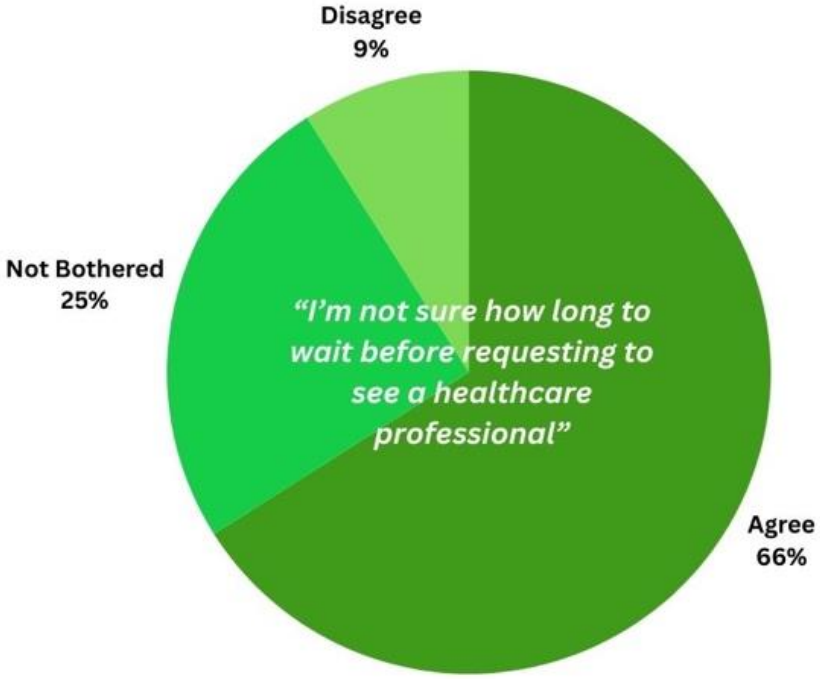
Access to healthcare also requires understanding, confidence, and action from CYP to notice symptoms, know when to share them, report them to a professional and return to a healthcare professional if symptoms continue.

As part of the survey, young people created a set of statements to understand how young people feel throughout this process. CYP were asked to rate this as to whether they strongly agree, agree, are not bothered, disagree, or strongly disagree.

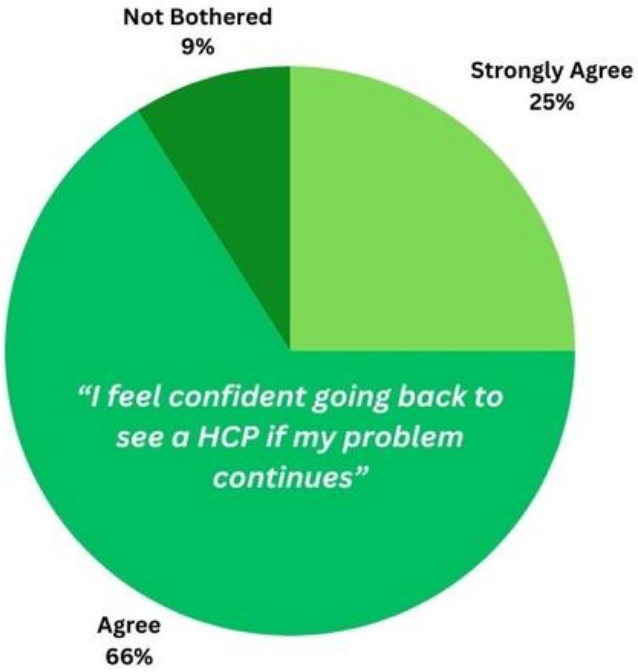
The below graphic demonstrates that most CYP feel confident they will receive support when they need it.



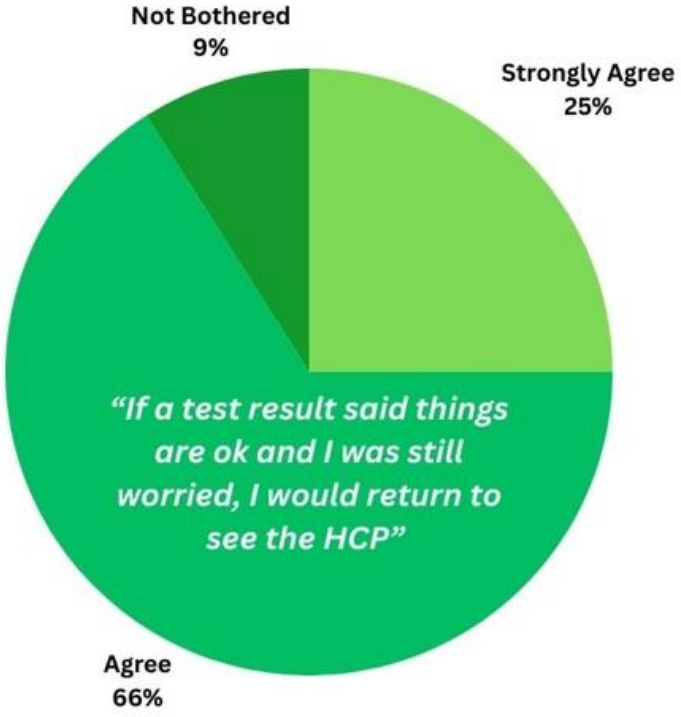
The below graphic demonstrates that two thirds of CYP asked, do not know how long to wait before requesting to see a HCP. Understanding of health needs and levels of health education and health literacy may be a factor.



The graphic below, indicates that CYP are comfortable to return to HCPs should a healthcare issue persist.



The right graphic, above, indicates that CYP are committed to seeking healthcare solutions when they are worried about their health.



As you will see in the 'Trust & Meaningful relationships' (5) theme below, for young people to access health care, it does also require positive relationships and trust with health care professionals.

"I wouldn't tell them (healthcare team) if I had a problem, I'd just keep it to myself."

The final area of enquiry around health access was understanding if CYP understood how they can access healthcare. All respondents to the survey were able to give an answer to the question: ***If you need to see a healthcare professional, how do you contact them?***

Answers included both direct and indirect contact with healthcare, and requesting appointments through:

- The landing officers
- The laptop and sending the health and wellbeing team an email.
- Speaking to care staff/ an officer / a governor
- Seeing healthcare staff in the canteen and quickly chatting to them
- Primary Healthcare staff and contacting them through officer staff

Throughout the workshops and in response to open questions in the survey, CYP referred to their lack of agency in being able to contact healthcare directly, and that referrals to healthcare are often second hand, rather than direct and then discussed the barriers that can present:

"Officers judge how quickly we need them [healthcare] – can't make that decision ourselves".
"I think cos lists are long, that's why young people give up and don't go to appointments because it takes a long time, and by the time it comes, they don't wanna do it".

The 2022 Peer Power Youth report for the refreshed Standards for Children and Young People in Secure Settings (CYPSS) drew similar conclusions stating:

"The overall feedback from young people made it clear that on the topics of access, experience, and continuity, they [CYP] did not feel the standard of healthcare available to them met their needs.

A key concern was the repeated use of paracetamol as a 'quick fix' or a 'catch-all' solution. When we asked the young people why they think paracetamol is suggested frequently, one young person said,

There was confusion among the young people over how often they can access healthcare specialists, and who to go to."

The 2023 Peer Power Youth report exploring EHCP and SEND inequalities in YOIs also noted similarities:

We reflect that through Peer Power Youth's work in secure settings, we often find that YOI officers are the first point of passage for young people to receive support. In some cases, this can pose barriers for other staff to access young people and offer them other types of support.

*We explored some suggestions from the young people on what would make it easier for them to access support. One young person said that YOIs usually have the means for support in place, they just do not implement them; "If the prison actually done s*** they said they will we wouldn't be left to suffer."*

Another young person suggested having access to a laptop or tablet to make appointments with staff and contact them for support.

Access: recommendations from young people

"Access and experience of healthcare should be the same for everyone".

Young people suggested the following as solutions to make access to healthcare in secure settings simpler:

- **Phone numbers for different healthcare professionals**
- **An online booking system**
- **Having a choice of appointment**
- **Having appointments at the weekend**

3. Inequalities:

Another key concern from young people concerned inequalities within wider healthcare systems. Young people highlighted high rates of poverty for people of colour in the justice system, with one young person stating, ***"We get s*** healthcare outside because of where we live. There's nothing out there to support us. At least in here (secure setting], I got an assessment to check if there was anything wrong with me."***

"Sometimes they try to tailor to what they think community needs are - there is a quick assumption that some groups are diabetic, and health factors screen for...some racial profiling going on. Different ways to approach different people."

There is a defined split in the responses to the survey around perceived impact of identity.

50% of CYP who completed the survey said they believed that their identity was a factor in the quality of the healthcare they received and 50% responded to say it was not.

There was no evident correlation between the respondent's ethnicity, sexuality, or gender and their response.

Race, ethnicity, and identity

It was evident from the data that children and young people felt more confident that their identity was not a factor in the care they received, during times when the identity of healthcare staff was reflective of their own identity, particularly with race.

"If staff are black then it's chill if not its long"

"I think my race impacts it. There's only white healthcare staff."

"Staff have favourites, and you can see who they are. They give something to some people but not others. That is disgusting- adults should know to treat children the same."

A young person in the community reflected:

"In prison what you get is the bare minimum so it is really sad that they think this is good when it's not it's the minimum!" and another ***"experiences in the community can be amplified in secure settings."***

Gender

One young person with experience of SCH, reflected upon the gender inequalities in SCH and YOIs. Many of the children in secure children's homes are females at risk and CYP noted that this needed to be considered in the way in which services were provided and to ensure a gender and trauma-informed approach.

Sexual health and healthy relationships were also identified as important to girls and young women. Discussions reflected that the absence of care and attention to this aspect of health and well-being could have a negative impact on girls and young women who were living in and leaving secure settings.

The male identity was also noted as something with can influence health inequalities as highlighted in the following quote:

"I think me being male sets me back as I think women are more heard and listened too, men's rights don't matter because as a male we are always thought to keep everything in as we are males, we aint allowed to show how we feels because it would mean I'm less of a man".

Whilst there was only one self-identified non-conforming gender individual in the group of CYP, the community workshop highlighted the importance of ensuring this group are responded to, and recognised the associated challenges and risks:

"I have observed mean behaviour towards girls not identifying as female in an all-female setting".

"Experiences of non-conforming gender individuals, are that they can have difficult experiences".

"Gender affirming care is important as it can be isolating experience."

Lived experience

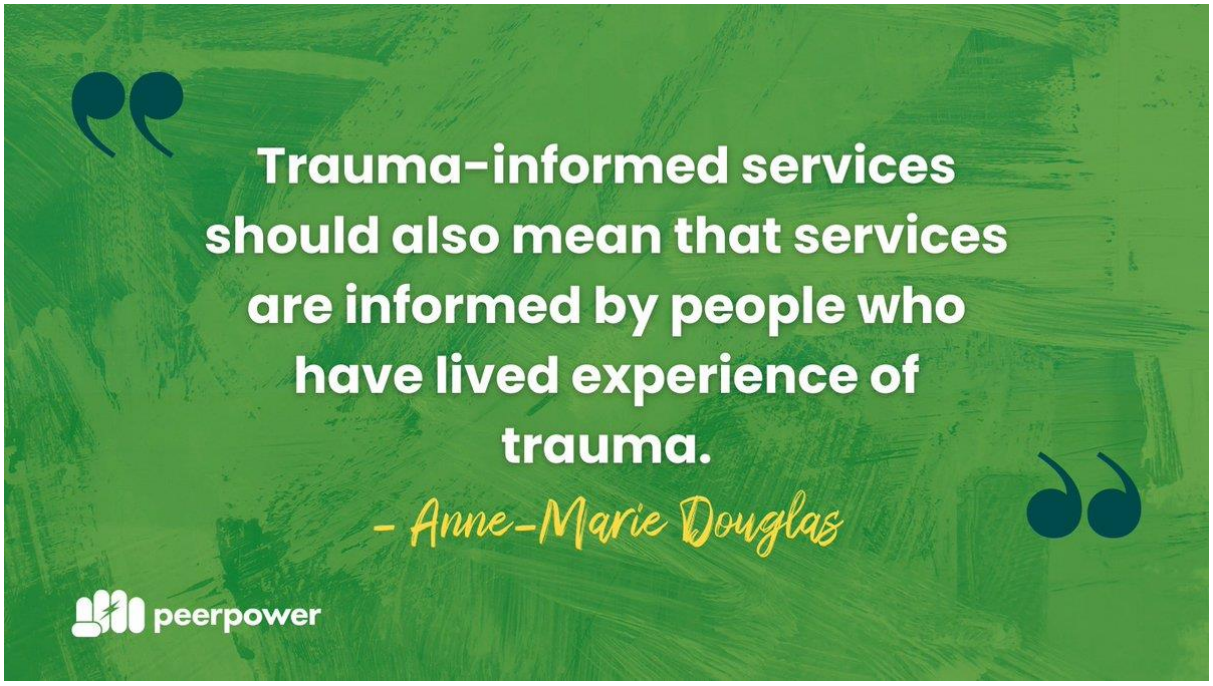
Life or lived experience was also a clear factor of identity where children and young people felt it impacted their healthcare experience. Young people highlighted throughout the project that they felt they had to mature emotionally a lot quicker than other young people due to their lived experience. This included the influence of where they grew up, family dynamics and getting involved with criminal activity at a young age.

By contrast, some young people stated that they felt some professionals in secure settings were 'emotionally immature', reflecting on experiences when staff in the setting would be reactive toward them, rather than demonstrating empathy for them, and responding through a trauma-informed practice approach.

'I don't let what's happened to me determine how I treat others. I think they (professionals) need to learn the same.'

Inequalities: recommendations from young people

- Accommodate for every individual's needs. Be open minded and know that everyone is different
- Ensure all children and young people, whatever their identity, feel safe, comfortable recognised and validated
- Employ healthcare staff that reflect the identity and experiences of the young people
- Consider treating lived experience as a protected characteristic



4. Forced resilience

The theme of "forced resilience" was consistent throughout the conversations with CYP in the workshops and can be seen in the responses to the open questions in the survey.

We collectively decided on the term "forced resilience" to explain what children and young people were telling us about the emotions and behaviours that they experience from living in secure settings. To expand on this definition, it was described as put in a secure setting and then having to cope with it. CYP have to deal with whatever they are met with, with little control due to the restrictive factors in the system they are placed and in that, they are left vulnerable and feeling unsafe and insecure.

The lack of choice, and restrictions on their liberty force a survival response, which shows up in a range of emotions and behaviours at different times which can present as strength, anger, or anxiety.

The following quotes highlight this experience of "forced resilience" that was universal across the group and that:

"The system requires you to find the strength, power, to carry on, crawling and getting back up".

'Being in prison makes you resilient.'

'It's (prison) a negative environment. Trying to get out of a bad situation.'

'Not letting the system break you.'

'The establishment is not fit for purpose. We have to hold the government accountable.'

'The system is meant to help you, but you get the opposite. Banging out, lashing out. We have to carry ourselves a certain way which results in internalising our anger.'

'We have to keep it all inside.'

"It's a game of survival".

'We want to improve ourselves, but there's restrictions.'

"You can't be yourself and express your feelings or you get classed as aggressive."

"People taking your power and you fight against it and try to find what power is there"

Reflecting on these quotes a Peer Power Youth Young Partner noted that forced resilience feeds shame and noted the impact of this on mental health and in turn physical health.

In the workshops young people discussed how resilience can become toxic if emotions are internalised over long periods of time. One young person expressed that holding in their emotions was a coping mechanism, otherwise their feelings would ***'break them.'***

"I'm in here for the next 8 years – I can't let this s break me. The prison system is designed to break us, not rehabilitate us. What else do you expect me to do?'***

This highlights the systemic issues that compound CYP experiences and impact on health inequalities. The factors young people noted included:

Environmentally - **"The rooms feel claustrophobic".**

Routine/Activity based - "the weekends are long and there's nothing to do"

System restrictions- "staff won't open the door- what would isolation do to you?"

"Being restrained is harmful and inhumane"

It was clear the negative health implications of this forced resilience for the group we engaged and that without care and support to heal this would likely have long term impact on physical and mental health.

Forced Resilience: recommendations from young people.

- Staff training in therapeutic and trauma-informed approaches.
- A focus more on rehabilitation than punishment
- Lead nurturing spaces which encourage positive healthy development in young people
- Address structural and system factors to reduce harm to children.
- Ensure there is therapy and well-being provision for children and staff to process these emotions

5. Trusting Relationships

Children and young people noted that meaningful and trusted relationships were key to getting support. They all agreed they would be more likely to open and share concerns relating to their physical or mental health with someone they trusted. It is clear from the data that relationships that young people have with staff and healthcare professionals has considerable impact on how they are likely to interact with their health and their engagement with healthcare.

The context around why children are part of the justice system or in secure settings will create a barrier to trust and relationships and young people recognised the extra work needed to overcome this.

"If you're feeling bad (poor mental health), they just chuck you in your room and call the psychologist."

"They don't need to turn the world round for us, we're asking for the bare minimum."

"Screws deliberately hinder you. At the end of the day, we're all meant to get out at some point."

"People work in the prison system can be jobsworths. You can tell the ones who are only here to get paid."

"HMPPS need to change the way the jobs are advertised – they don't tell them the reality of what it's like working here. What the f is a youth justice engagement worker? It makes no sense."***

"There's so much agency staff. I have to spend all afternoon and evening with them but have no clue who they are. It's s."***

"See man's voice (my voice), I ain't sharing nothing unless I get something back. Yous are the adults, you're meant to work it out."

***"Staff rub it in your face- their* freedom and liberty in their life and what children in secure don't say."**

CYP were also able to articulate empathy with staff they interact with:

"I feel sorry for them."

"If I was in their shoes (secure setting staff), I'd be the same."

"There are good and bad workers no-one is ever perfect."

Children and young people identified some of the qualities that foster trust and meaningful relationships as:

- **Consistency**
  "Consistency is key. I've been let down so many times I don't bother no more."

- **Listening, Respect, honesty and authenticity**
  "I hate it when they (professionals) lie to me."
  "When they (professionals) were vulnerable and shared something from their life it made me trust them more."

- **Time to build connection.**
  "No-one does enough sessions to make a bond".

Positive engagement

Children and young people also spoke about the importance of creative engagement to build relationships and trust. This included recommendations for

behaviour and reward mechanisms improvements, which could lead to greater engagement.

"We have a privilege system – bronze to platinum. I'm on gold so I can watch netflix, otherwise there's f all to do."***

Some young people find the rewards systems helpful, though others noted systems in place mean young people must work hard to get things that help them feel better- it's hard to work hard for something when you don't feel good. They noted the systems do not consider 'forced resilience', which can make it hard for some young people to get the rewards.

"The system didn't work for me. I was hardly on it and struggles to feel motivated to work towards it. There was no encouragement from staff as they had decided I wasn't good."

The positive group dynamic in the SCH workshop demonstrated the benefits of a creative work with peer groups, especially children and young people in secure settings that are often separated. We found group and peer work enabled deeper engagement and the children and ***young*** people involved reported that they valued the approach and interaction.

A Peer Power Youth co-produced project in Feltham YOI in 2022 also noted this from young people and gave the following two recommendations:

"Young People need more opportunities to vent or express their emotions using creativity, and there is a clear case to be made for this positively impacting their mental health. This could include creative writing, filmmaking, music making. The YP trust their peers to support them more than professionals so more peer-to-peer support networks would be beneficial, as well as more opportunities to socialise in groups."

"There should be more attempts to build trust and respect between staff and young people, so that YPs feel safe enough to share experiences. There was also a reflection that if more staff were from diverse cultural and socio-economic backgrounds, they would be more relatable to young people."

"Young people were asked: Do you feel supported by healthcare staff at Feltham? There was a mixed reaction. Some feel that they get more support with smoking and other issues Inside Feltham.
There is easier access to the dentist inside than in the community.
Some have been refused dental access inside because of the perceived lack of seriousness of their case."

Trusting relationships: recommendations from young people

- Adequate training for staff exploring empathy, power imbalances and value in lived experience
- Trauma-Informed and Trauma-Responsive Training
- Encouraging the employment of people who have lived experience
- Support for staff – frequent clinical supervision and ability to action suggestions
- Improve HR processes so that any inappropriate behaviour from staff is dealt with immediately
- Model positive relationships
- More robust recruitment thorough vetting of staff
- CYP being more involved in recruitment processes
- Realistic role expectations
- Allowing choice for young people around relationships and who they interact with
- Giving opportunity for choice around therapeutic support for young people- it not being 'forced' onto someone. Allowing choice of therapist to see which one you relate to more, Having therapists with lived experience– "*not using jargon and sounding 'posh'. Be relatable!"*



6. Power & Choice

This section brings together reflections from young people on the level of choice and power they have across their healthcare provision.

"Young people feel they have no autonomy when incarcerated. Power is taken from you."

The power imbalance creates structural inequalities that impact negatively on engagement with health provision.

"I won't speak to new (healthcare) staff as I don't know them- they know everything about us by reading a file which could be inaccurate."

We have already noted the 'forced resilience' experienced by children and young people cross the system. Young people describe this as the result of having their autonomy, choice and power removed. They also noted that this can result in negative behaviours to 'try to regain autonomy or power'.

> ***"I will just kick off when bored as no-one there."***
>
> ***"I only felt heard when they kicked off or was aggressive".***
>
> ***"Refusal or aggression can be a way to get their power back, and this then goes against you. You can get restrained or get privileges taken. No-one ever sits you down and ask you why."***

With little choice or power in the system, one individual shared that;

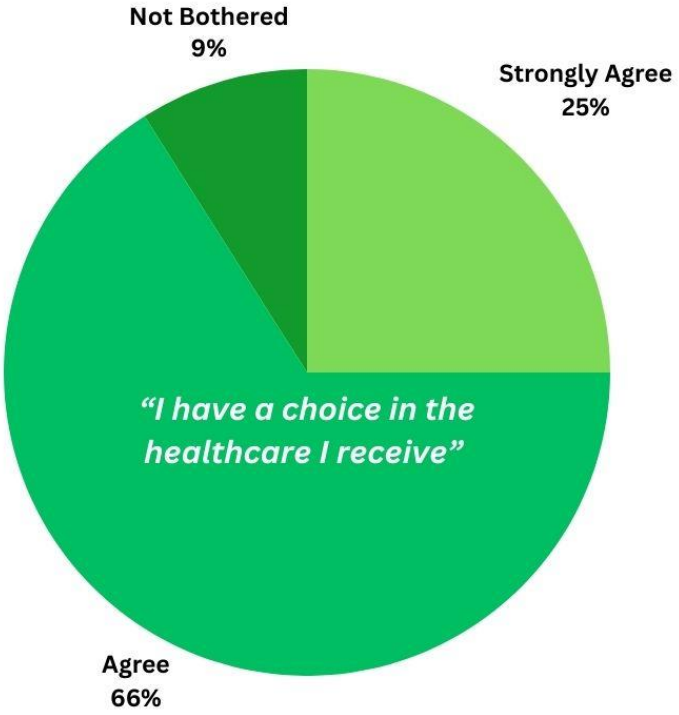
"Small things can mean so much – these things are actually big things when you have nothing".

'Unless you're part of the higher ups [people with decision-making power], you can't change the system.'

We discussed at length the process of system change and how difficult it can be.

'It's not impossible, but in here I just don't see how it is possible.'

CYP responded positively when asked to rate the following statement:



More than 90% agreed that they did have <u>choice in healthcare.</u>

Involvement in decisions

Contrary to the above, where more than 90% asked agreed they did have choice in healthcare provision, when they were then asked, '***<u>Are you involved in the decisions about your healthcare?</u>***'

There was a wide range of response from children and young people, and as a result, our findings are inconclusive and have a more nuanced response. Half of those answering the survey responded yes and the other half no. However, where

they expanded upon their answer, there was evidently a sense that 'involvement' in decisions was not 'full involvement' and that CYP did not all know how to speak up about, or query, issues concerning their own healthcare.

"We have the power to refuse".

"We do get some choices".

"I was apparently too young".

"Not really, I gave up trying".

Feedback

Feedback is one mechanism for supporting children and young people to have agency in the system they are living in and to respond to their experiences of healthcare provision. In the YOI there was no discussion around feedback, however children at the SCH were confident in how to give feedback and how to make a complaint.

"The complaints process is really good. If I've got an issue, someone will come talk to you and they'll write everything down."

"We can put notes in an anonymous feedback box." Every morning briefing staff discuss complaints and suggestions".

Young people from Peer Power Youth queried whether there was a follow up after feedbacks and complaints had been made in secure settings. Were the feedback and complaints responded to and the outcomes communicated with the children"?

Power and Choice: recommendations from young people

- Ensure staff empathise with the difficulties CYP face when entering the secure estate
- Offer choice and decision-making in as many ways as possible - big & small.
- Take the chance to build connection when CYP are in high emotional state - most responses are a result of losing autonomy.
- Structured guidance for staff to feel confident working with CYP in high emotional state - working with them.
- Isolating CYP risks re-traumatising and developing unhealthy behaviours e.g., shutting down

- Relationships with key workers is vital – especially at point of intervention and de-escalation
- Safe spaces to regulate e.g., 'Quiet Room'

7. Transitions:

We went into this enquiry with the intention to better understand how transitions into and out of custody as well as between age groups can impact healthcare and highlight inequalities. Young people were invited to answer a question around support on leaving secure settings noting. One young person noted the following areas to consider "***injuries, suicidal thoughts, self-harm, mental health checks, nicotine tablets or patches if you're a smoker".***

However, generally young people struggled with these questions and in the workshops, they did not have much to say. It is important to listen to silence with equal concern and ask why there is no answer. Young people in the SCH did not know what a pathway plan was.

The reflection of the team is that the topic of transitions is a whole project in itself and requires a different focussed approach to understanding experiences. It may be that there was little response because the support plan is/was not clear to children and young people or that silence was a trauma-response to a question that links to a traumatic experience.

One young partner reflected:

"For some young people the transition might be very hard as whilst secure settings are challenging you have needs met- 3 meals per day – and on exit this is no longer the case".

We were aware that there were young people in the workshop groups who were due to leave soon. A young partner suggested that transition "*is* ***a triggering topic because leaving can be a big unknown- fearful.***
No-one knew the plan- one YP still didn't know what was happening 2 days before."

"Some young people get moved around often and feel unsettled."
We did hear from staff about a positive example from setting to support travel independent and provide trial runs of the journey with staff to prepare. This was not a usual event that would be supported by the local authority, but Young Partners felt it did demonstrate positive practise.

Transition: recommendations from young people

- Prioritise planning with CYP on what happens when they leave. The plan should be there when they arrive

- Ensure empathy around transitions. Acknowledge that it is scary and that they will be dealing with feelings around it
- This area requires deeper research and exploration to understand CYP experiences

From Storytelling to Action

The recommendations across the report herein have been co-written with the Peer Power Youth group of Young Partners in the community, and the report has been read and edited by this group also.

Among the different perspectives we've reported throughout this project, we found a universal stance that went beyond individual circumstances and experiences. It was clear from most children and young people's feedback that there are significant areas across the secure estate that can **improve** health inequalities. This can be influenced through policy and guidance, but much of it is actionable through 'on the ground' day to day practice.

Though feedback from children and young people was focused on healthcare and inequalities, it was clear there are systemic and cultural issues in secure settings that also impact upon health and wellbeing.

It is also important to note the positive feedback and experiences had by children and young people with experience of secure settings. These examples could be highlighted and explored to identify effective practice, so that they may be shared on a national scale, this could then affect real system change and improvements to health and well-being for young people in secure settings. There are simple actions within the recommendations that could be actioned quickly improve health inequalities across welfare and justice services, in secure settings. Others point to much wider systemic issues within welfare and justice secure settings and are around wider regime and culture.

We have linked the recommendations to the themes throughout the report that link what children and young people have told us throughout the duration of this project. We ask the reader to reflect using their own expertise, to consider how each recommendation may be applied in welfare, health and justice services for children and young people and most effectively incorporated into the Children and Young People's Core20PLUS5 policy and practice. And for those recommendations that require deeper systemic change. How might we identify the levers of change? Where are the areas of tension? Where are the areas for collaboration? Beyond the scope of *our* role as youth voice collaborators, we welcome other partnership spaces designed to explore the ways in which each

recommendation may be written into policy or developed into guidance or practice.

We would like to note that the Children and Young People's Core20PLUS5 policy framework will set out strategic priorities and framework to improve health inequalities for children and young people, and that this is a significant and fundamental step to system change.

The entirety of change that this policy has the potential to create can only happen when practitioners across health and justice apply this framework practically and put it into action. This will require commitment, collaboration, and engagement across the system. It is vital that children and young people remain part of the co-creation of solutions to reduce the significant health inequalities faced by those involved. We hope the recommendations and concluding reflections below can support this.

Conclusion: summarising the recommendations from young people

Whilst this report focuses on the recommended areas of learning and feedback, it is important to note the positive feedback and experiences children and young people are having with health care professionals in secure settings. They note the constraints of the system and empathise with staff.

From the perspective of Peer Power Youth this is not the first time that some of themes this report has been shared by young people. We hear similar experiences and recommendations across all our work in secure settings and with young people with lived experience of justice in the community.

Acknowledging and responding to forced resilience in policy and practise
The most striking theme from what young people reported is the 'forced resilience' linked to a feeling of shame and being incarcerated with lack of power or control and the impact that this can have on health directly or indirectly. This could be addressed by a trauma-informed approach across policy and practise that encourages and models positive healthy development in young people and gives explicit space for power and choice where possible. Young people state feeling a lack of power & choice in decisions about their health.

Ensuring Trusted and meaningful relationships
Children and young people continue to tell us that they need trusted relationships with professionals that children and young people can identify with and relate to, to encourage engagement in healthcare and reduce health inequalities.

Young people suggest that staff are given spaces created in the day to connect and relate to young people particularly when they have heightened emotions as well as giving agency around relationships and who and how they interact.

Children and young people told us having healthcare staff that reflect the identity and experiences of the young people in the setting makes a real difference to positive progress. We recommend this is considered in careful recruitment, selection, ongoing training, development, and emotional and well-being support for staff. It is important to recognise lived experience workforce requires greater investment and support.

Health education and literacy
An interesting finding was that young people were not concerned with healthcare beyond what they directly experienced which indicates that health education and literacy is needed, as well as empathy. There is power in young people supporting their peers with health and wellbeing too!

Young people shared ways which they can be healthy, promoting and rewarding of healthy choices and behaviours as part of the routines across the setting is vital. As well as ensuring that consequences for behaviour do not remove opportunities for healthy living.

Clinical focus areas
We would invite the policy team to reflect on whether the clinical focus areas for the Children and Young People's CORE20PLUS5 strategy are the '5' most relevant areas for young people in secure & youth justice settings. This is a specific population that may benefit from a different approach. Young people told us that drugs, smoking and alcohol, sleep, sexual health, needed to feature more, as well as noting self-harm, violence, and obesity/ disordered eating.

Young Partners noted the importance of continued engagement with young people to seek the voice of young people as this policy area develops and to look for opportunities to co-create solutions to develop and promote it with young people and lived experience expertise. Engagement for co-production projects over a longer period facilitates deeper insights. It is long-term relational engagement that creates true co-production through a project life cycle.

Concluding Thoughts and Reflections – Young Partners

Below are reflections from Peer Power Youth Young Partners after involvement in this project and the editing and writing of this report.

"As I read through this, I can relate to what they're (the young people) saying. It's unfair to give different treatment to young people. It almost feels like young people get through it by not having hope anything will change. Time and time again we see young people having empathy for professionals, so not the other way round. If professionals practice creating nurturing spaces, they will eventually encourage and be successful in leading positive developments in young people."

"It's alright doing this work, going in (secure settings) and speaking with young people, but there needs to be more done about what is actually going to change. I want professionals to read this and take real action to create real change. How much longer do we have to wait? So many children are being failed by the system on a daily basis. How many more?"

"In prison what they get is the bare minimum, so it is really sad that they think that what they is good when it's not it's the minimum!"

"It's sad to think that the same issues keep coming up. I was in a secure unit years ago and young people still aren't being taken seriously – they're all saying the exact same thing - 'I want to feel more understood'. But it does make me feel better that a lot of this report comes directly from young people, and we can see something good come from our work. I want professionals to take this seriously."