Suffolk Young Peoples’ Health and Wellbeing Profiling Project 12 to 21: Ref: SRGA: 225

5/3/2016
[Addendum 07/14/2016]

Vanessa Rawlings
Dr Sarah Coombs

With
Dianne Belcher-Hackett
Johnathan Dotchin
© iSEED 2016

Whilst every effort has been made to ensure that the information contained in this report is accurate and up to date, neither the authors nor iSEED can accept legal responsibility or liability for anything done by readers as a result of any errors or omissions.

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system or transmitted in any form, or by any means, electronic, mechanical, photocopying, recording or otherwise, without prior permission of the publishers, iSEED.

Published by:

iSEED

University Campus Suffolk
Waterfront Building
Ipswich
Suffolk
IP4 1QJ
Contents

Acknowledgments.................................................................................................................. 3

What is health and wellbeing? .............................................................................................. 4

Executive summary .............................................................................................................. 5

Research objectives ............................................................................................................ 5

Objective 1 ............................................................................................................................ 5

Objective 2 ............................................................................................................................ 6

Objective 3 .................................................................................................................................. 6

Objective 4 .................................................................................................................................. 6

Objective 5 .................................................................................................................................. 6

1. Introduction ....................................................................................................................... 7

2. Research design ............................................................................................................... 7

  2.1 Focus groups .................................................................................................................. 8

  2.2 Staff and young people’s workshops ........................................................................... 8

  2.3 Ethical considerations .................................................................................................... 8

3. Findings and discussion .................................................................................................... 9

  3.1 National perspective ..................................................................................................... 9

  3.2 Rurality .......................................................................................................................... 11

    3.2.1 Advantages ............................................................................................................. 11

    3.2.2 Challenges ............................................................................................................... 11

  3.3 Education ...................................................................................................................... 12

    3.3.1 Perceived limitations ............................................................................................. 12

    3.3.2 Resources ............................................................................................................... 13

    3.3.3 Bullying .................................................................................................................. 13

    3.3.4 Pressures: family and school expectations ............................................................. 14

    3.3.5 Self-awareness and relationships ......................................................................... 14

  3.4 Barriers .......................................................................................................................... 15

    3.4.1 Stigmatisation and labels ....................................................................................... 15

    3.4.2 Socio-economic status ......................................................................................... 15

    3.4.3 Service provision and delivery ............................................................................. 16

    3.4.4 Overcoming barriers .............................................................................................. 17

  3.5 Local and national context ............................................................................................ 18

    3.5.1 Differences in the local context ............................................................................ 18

    3.5.2 Differences from national context ........................................................................ 19

    3.5.3 Similarities with national context ......................................................................... 19
4. Conclusion........................................................................................................................................19
Appendices........................................................................................................................................21
Appendix One: Methodology for staff and young people’s workshop.............................................21
   Participants .....................................................................................................................................21
   Design ........................................................................................................................................21
   Materials .......................................................................................................................................21
   Researchers .................................................................................................................................21
   Procedure ......................................................................................................................................21
   Activity one: Definitions .............................................................................................................22
   Activity two: Experiences ...........................................................................................................22
   Activity three: Improvements .....................................................................................................22
   Plenary and feedback: Summary and Q&A ..................................................................................22
   Close........................................................................................................................................22
Acknowledgments
The researchers thank Suffolk County Council’s Public Health and Protection Directorate and the Directorate for Children and Young People’s Services. In particular we thank Dr Mashbileg Maidrag, PhD, FFPH, Consultant in Public Health Suffolk and Natacha Bines, Joint Strategic Needs Assessment (JSNA) Programme Manager. We are grateful to the Children and Young People’s Services team, in particular Susie Tulk, Co-Production Advisor and Pauline Henry, Engagement Hub Manager who facilitated access to schools and the outreach youth group.

We would especially like to say a huge thank you to all the young people who participated and shared their experiences with us.
What is health and wellbeing?

‘Health and wellbeing encompasses a person’s life experience and includes a sense of physical, mental and social wellbeing. Many factors contribute to a person’s wellbeing for example how safe they feel in their community and whether they are able to find a job. Through working jointly across health, local government and wider communities we can make a real difference in improving the health and wellbeing opportunities for all those in Suffolk,’ ¹

Executive summary

This report represents the findings of a research study commissioned by Public Health Suffolk and carried out by researchers from University Campus Suffolk (UCS). The report details both adults and young people’s perspectives on issues related to health, wellbeing and life chances in Suffolk. The report is based on focus group and workshop discussions. All participation was arranged and co-ordinated via Children and Young People’s Services at Suffolk County Council (SCC). The focus groups included seven young people (12 to 15 years old) from two rural schools in the county, separate workshops included seventeen adult staff from local authority and non-governmental organisations and seven young people (16 to 19 years old) from a Lesbian, Gay, Bisexual and Transgender +(LGBT+) Outreach Group. The group predominantly discussed issues around mental health reflecting a synergy with the national context. However, other aspects were specific to their LGBT+ status and these have been specifically highlighted as such throughout the report.

The purpose of the research was to engage both adult staff and young people in discussions on health, wellbeing and life chances. Furthermore it aimed to empower young people to actively participate in the project, and facilitated the sharing of their unique and personal perspectives on this topic.

The report includes the perspectives and experiences of 31 participants and their suggestions for health and wellbeing provision in Suffolk. It equally summarises key findings and needs of young people in Suffolk.

Addendum: It should be noted that whilst opportunity sampling is sometimes viewed as a less robust form of sample selection (than, for example, a random sample strategy more commonly used in large scale surveys), it is widely accepted in the research community as being employed by social researchers studying hard-to-access groups or when little is known about the topic. Although concerns may be raised from a positivist perspective over the small sample size, and the difficulty in replicating and generalising from the study, these are common disadvantages associated with qualitative research.

Research objectives

The objectives of the study were defined by SCC were:

1. Provide a short overview of available evidence detailing factors relevant to young people nationally (England/UK), in terms of their health, wellbeing and life chances.
2. Identify if there are any particular advantages or challenges for young people living in Suffolk.
3. Consider why, despite Suffolk being perceived as an affluent county, young people do not appear to be achieving as well as they should be academically. Are there Suffolk specific factors in play?
4. Examine the barriers to health, wellbeing and life chances that young people in Suffolk face. Identify what young people think may help to reduce these barriers.
5. Identify where differences exist between groups of young people within Suffolk. Explore whether Suffolk young people differ from or are similar to other young people across the country.

Objective 1

The national context, based on the Children’s Society Report (2015) ², indicates that 5-10% of young people (10 to 16 years) experience some form of negative wellbeing, identified as poor physical and

mental health problems. The YMCA (2016a,b) focus more closely on the older age group (16 to 25 years), specifying a number of areas of negative wellbeing; mental health, education and lack of job opportunities. The HM Government (2011) ‘No Health without Mental Health’ report identifies the need for adequate provision and effective service delivery, whilst the Kennedy Review (2010) highlights the need for better joined up working in children and young people’s services.

Objective 2
Rurality was a key theme identified as both an advantage and as a disadvantage to young people living in Suffolk. Young people (12 to 15) experienced rurality as an advantage in the sense of belonging to and connection with their local community. However, young people (16 to 19) experienced it as a disadvantage due to lack of facilities and opportunities. Adult staff saw both advantages and disadvantages, with a potential for the lack of resources to be negated by community engagement.

Objective 3
Suffolk is perceived as an affluent county, in which it has been identified that students are not achieving the success they deserve. Suffolk young people (12 to 19) and adult staff saw the potential of schools as a location for, and provider of holistic education around health, wellbeing and life chances. However, a variety of limitations within the wider education system were pinpointed as threats to potential opportunities. These were identified as lack of resources and implemented provision (over-use of supply teachers, under-staffing, and lack of special educational needs support); the promotion by schools of exam results above mental health care needs; bullying resulting in stress; and differing levels of pressure to succeed from both family and school. In order to address some of these issues all young people (12 to 19) identified a combination of strong individual and group identities as contributing factors to their health and wellbeing. Equally, the young people (12 to 15) saw the value of close relationships with friends and family as integral to their wellbeing. It would appear from these discussions that young people identify relationship as central to supporting their resilience and therefore fundamental to successful outcomes.

Objective 4
Stigmatisation and labelling, socio-economic status and variation in service provision and delivery were identified as barriers to health, wellbeing and life chances. Young people (12 to 15) identified that health and wellbeing services are available to them through their schools but adult staff and older young people (aged 16 to 19) focused on the lack of and inconsistencies in service provision in regard to mental health services. Professionals also recommended the need for forward thinking and planning in terms of health and wellbeing service provision. In addition, working in collaboration with young people was seen as integral to positive service outcomes.

Objective 5
Specific differences were identified between groups of young people in Suffolk. The 12 to 15 age group are happier with their health, wellbeing and life chances than the young people (16 to 19). In particular, the older young people raised specific concerns in relation to their mental health and the lack of services available to them in this area. They demonstrated a deep and profound understanding of mental health issues in the wider societal context, whilst expressing that their own experiences are belittled and

---

undermined by the adults around them. In a similar way to national findings on health, wellbeing and life chances, Suffolk young people discussed exam pressures, mental health difficulties, lack of services and poor life chances. Where Suffolk differs from the national context is the theme of ‘rurality’ and issues related to it (accessibility to services, cost and travelling distance).

1. Introduction
This report represents the findings of a research study commissioned by Public Health Suffolk and carried out by researchers from University Campus Suffolk (UCS). The report details both adults and young people’s perspectives on issues related to health, wellbeing and life chances of young people in Suffolk. The report is based on focus group discussions with seven young people (age 12 to 15) from years 8, 9 and 10 from two different schools and separate workshops with seventeen adult staff and seven young people (age 16 to 19 years old). It includes participants’ perspectives and experiences and suggestions for health and wellbeing provision in Suffolk.

The purpose of the research was to explore young people’s unique and personal understanding of health, wellbeing and life chances in Suffolk. The report summarises the key findings and provides SCC with current information about the issues and needs of young people in Suffolk.

2. Research design
A qualitative research design with appropriate methods was used to engage participants in an exploration of and reflection on their experiences. Active discussion and dialogue enables the elicitation of deeper understanding and elaboration of themes and issues affecting or impacting on participants’ experiences.

Participatory research methods were used to engage contributors in knowledge exchange, sharing experiences and consideration of public discourses. These methods provide individuals and groups with opportunities to explore differing perspectives, clarify definitions, and identify practical concerns and potential resolutions. Focus group discussions and whole group workshops allow for a dynamic exchange of ideas, which elicit the emergence of rich contextual data that is only achievable through the explicit use of group interaction.

Focus groups were used with young people in schools and a workshop format was designed for both the adult staff and the older young people (16 to 19). The utilisation of focus groups and two workshops enabled a comparison of similarities and differences between the experiences and perspectives of young people (12 to 19) and adult staff in relation to health, wellbeing and life chances.

All participants were asked to focus on three key areas in order to elicit participant-led responses around definitions, experiences and recommendations of health, wellbeing and life chances. These were adapted slightly according to the participants’ age and position.

Young people focus groups (12 to 15):

1. What do health, wellbeing and life chances mean to you?

---

8 Ibid.
2. Thinking of health, wellbeing and life chances can you tell us about what it’s like and your experiences of growing up in Suffolk?
3. Do you have any ideas or recommendations about health, wellbeing and life chances in Suffolk?

Adult staff workshop and young people (16 to 19) workshop:

1. How do you define health, wellbeing and life chances? Explore how you think health, wellbeing and life chances can be measured.
2. What are your experiences of young peoples’ health, wellbeing and life chances in Suffolk?
3. What recommendations do you have for young peoples’ health, wellbeing and life chances in Suffolk? How might any recommendations be achieved?

2.1 Focus groups
Focus groups were used to engage young people (12 to 15) in mainstream education and explore issues pertinent to this age group. Schools were invited to participate via SCC Children and Young People’s Directorate. The research was conducted in two rural educational settings from within the county. The groups were audio recorded and the resulting qualitative data were thematically analysed by the researchers.

2.2 Staff and young people’s workshops
The workshops were designed to obtain qualitative data from both adult staff and young people aged 16 to 19. The participants were again invited via SCC Children and Young People’s Directorate, who also arranged the date, time and location.

Participants in the adult staff workshop were local representatives of county council services and non-governmental organisations providing support for young people in rural, semi-rural and urban settings. Participants in the older young people’s workshop were members of a local outreach youth group (LGBT+) aged 16 to 19 who were invited by SCC to participate.

An informal workshop environment with structured activities was designed to examine both adult staff and older young people’s understanding and experiences of health, wellbeing & life chances. Participants took part in three workshop activities based around definitions, experiences and improvements (See Appendix 1).

2.3 Ethical considerations
All young people (12 to 19), who volunteered to participate, were provided with written and verbal information about the research project and the intended dissemination of the findings. Written consent was obtained from young people (12 to 19) and parents of those 18 and under. On the day, verbal consent was elicited and young people (12 to 19) were again informed about their rights to anonymity, confidentiality and right to withdraw from the research. Each focus group began with these issues being verbally emphasised and young people reading and signing a short confidentiality statement. This highlighted the importance of respect for each other’s experiences and that shared information should remain within the group. To ensure that disclosure procedures were in accordance with good practice guidelines, a facilitator was provided by SCC and the role of the facilitator was discussed with participants before the focus groups took place.

The research project was subject to UCS ethical approval and SCC Governance procedures. The research complied with the British Sociological Association (BSA) and the British Psychological Society’s (BPS) Guidelines. Adherence to guidelines set out by the United Kingdom Research Integrity Office’s (UKRIO)
3. Findings and discussion

3.1 National perspective

| Objective 1 | Provide a short overview of available evidence detailing factors relevant to young people nationally (England/UK), in terms of health, wellbeing and life chances |

Health, wellbeing and life chances were explored through available literature to gain an insight into key issues for young people aged 12 to 21. The national context provides a useful backdrop for the purposes of comparison to the context of Suffolk. The comparison between the two contexts allowed objective 5 to be addressed.

The national context has been drawn from a number of published research sources illustrating the issues and concerns of children and young people aged from eight to twenty-four years old. Children and young people’s health and wellbeing needs have long been subsumed into wider healthcare, health provision and evaluation research data. However, this has resulted in a lack of recognition of the unique nature of the health and wellbeing needs for this specific group.

The Children’s Society (2015) report (largely based on data from children aged ten to fifteen years old) states that 5–10% of children in the UK experience low levels of wellbeing. This is linked to negative physical and mental health problems and poor outcomes in later life. The evidence shows that as children progress into adolescence the decline in wellbeing increases; with 2.4% of ten year olds having low levels of life satisfaction in comparison to 8.2% of sixteen year olds.

Some groups of children are at greater risk of poor long term outcomes with more than half of those living in care having lower levels of life satisfaction, compared to fewer than one in ten of those who live with their family. Although, Save the Children Fund (2005) reported income/living standard indicators were improving, the current economic context has had an impact on children in lower socioeconomic groups and those experiencing family deprivation. These children are more likely to present with a higher occurrence of disorders. The increase in negative levels of wellbeing has been rising steadily over the past few years. The NSPCC (2015) reports a significant rise in children and young people accessing the support of online counselling continuing to grow; rising from 68% in 2013/14, to 71% in

---


2014/15. Equally, ChildLine reports that referrals to external counselling services have increased by 124%29.

The Jacob’s Foundation report (2015) seeks to explore the lives and wellbeing issues of ten and twelve year old children from fifteen countries across four continents. Specific to the United Kingdom were aspects of school dissatisfaction and peer bullying, low self-perception and negative body image. Overall the children in this age group evaluated their lives as positive. They felt that family, friendships and local areas were positive aspects in their lives. However, it was also reported that UK children spent a lot of time by themselves and the least amount of time on homework20.

The YMCA (2016a,b) survey identified four key priorities in the lives of young people’s lives; education, employment, health and well-being and housing21 22. Educational concerns for this group relate to exam pressures particularly around A-levels, and the quality and cost of higher education study. Employment concerns for young people generally relate to lack of work experience, job opportunities and low pay.

After education and employment, health and wellbeing is identified by the YMCA as the third area of concern for young people. Mental health is recognised as the biggest issue facing young people today, closely followed by self-confidence, body image, lower self-esteem and overall wellbeing. Physical activity and sport are also seen as integral to improving young health and life chances with young people expressing real concerns around the lack of community spaces and the cost of participating in physical sports and activities23. Furthermore, young people highlight that being in a low income bracket and the lack of affordable housing has the greatest impact on their wellbeing24.

Increasing policy concerns around children and young people’s health and wellbeing, particularly mental health, have led to increasing strategy reviews. The National Service Framework for Children, Young People and Maternity Services (2004)25, set specific targets that by 2014 children and young people with mental health needs would have better access to high quality integrated services. Whilst there has been a substantial financial investment in NHS Child and Adolescent Mental Health Services (CAMHS), there has been an equally significant increase in the number of children and young people requiring its services. Greater emphasis on education and awareness strategies are now seen as key to supporting children and young people’s mental health26. UNICEF (2007) identified the United Kingdom’s (UK) low ranking in children’s wellbeing27, and the following Kennedy Review (2010)28, recognised a need for better joined up and collaborative working between the NHS and wider service providers.

The UK government’s (2011) mental health strategy29 identifies six key objectives essential for effective service delivery. These include; improvements to a person’s long term outcomes; good individual physical health; positive experiences of care, treatment and support; protection from avoidable harm; prevention of premature death; minimisation of stigma. However, despite this initiative, challenges with
implementation across systems have continued, and an increase in demand for mental health services has led to inadequate provision and deterioration in individual outcomes.

3.2 Rurality

| Objective 2 | Identify if there are any particular advantages or challenges for young people living in Suffolk. |

Duenckmann (2010:284) argues that ‘rurality is neither a simple nor an exactly definable concept’. Instead it can be seen as both an individual perception and a social phenomenon.

3.2.1 Advantages

In contrast to often discussed wider concerns that rurality can encompass geographical limitations and therefore problems with accessibility to services, the adult staff offered a more optimistic perspective. They suggested that support networks, predominantly families and schools, can play a huge part in the longer term outcomes for young people. Arguing that:

“What you put in is what you get out, more about the people you know than the places you live.”

It was also evident that many young people (12 to 15) identified rurality as a sense of belonging within a community. School, geographic location (town, village, place where I live) were identified as beneficial and positive aspects in their lives. Young people (12 to 15) from the north-west of the county said that they happily live and participate in leisure activities in the same geographic location. They also identified future possibilities for employment within the area. These young people (12 to 15) suggested that there were good ‘opportunities’ for young people generally, both within their specific localities and across Suffolk, comments included:

“[Opportunities are] readily available in Suffolk. In every town and village there is an opportunity to do something.”

“We’ve had a good education in a nice local area.”

“I’ve kind of grown up here, it’s a nice life!”

The young people aged (16 to 19) saw no advantages whatsoever of living in rural Suffolk, as there is:

“Nothing to do.”

“No work experience.”

“Limited life chances.”

“Just drugs and sex.”

These points represented the succinct and negative views of young people (16 to 19) and emerged from discussions of what it is like to live in Suffolk.

3.2.2 Challenges

Issues specific to Suffolk were identified by adult staff as related to rurality. Difficulties in access to services both in terms of geography and availability were seen as a county-wide issue, although no specific services were mentioned at this point. However, one Youth Support Worker (YSW) identified a general lack of funding for and provision of in-county services for young people, resulting in the use of costly, but more readily available out of county services (unspecified). Stating that:

“This situation is currently negating the education and care offer in Suffolk and points to expensive out-of-county colleagues that provide a holistic service.”

Staff identified an issue with travel to and from services compounded by the complexity of individual and family circumstances (accessibility, work commitments, financial situations). It was clear that these were not always considered when services were offered. This was explored by another YSW who provided insights into the life of a young person isolated at home, becoming increasingly anxious and unable to use public transport to access appointments, resulting in:

“...no social experiences, no education, reduced life chances...little progress.”

In contrast, most young people (12 to 15) saw their geographical location as a positive thing. However, the young people (16 to 19) identified rurality within the county of Suffolk as problematic:

“I drive to Outreach, we drive half an hour. Before I could drive it was a 45 minute bus journey to the only youth service. It’s ridiculous; it’s expensive, very expensive.”

“They’re like closing down even just normal youth clubs. People need community when they are young because there is nothing to do in Suffolk, they need people they can relate to and they need services that bring people together otherwise everyone just gets isolated.”

### 3.3 Education

<table>
<thead>
<tr>
<th>Objective 3</th>
<th>Consider why, despite Suffolk being perceived as an affluent county, students do not appear to be achieving as well as they should be academically. Are there Suffolk specific factors in play?</th>
</tr>
</thead>
</table>

Suffolk is perceived as an affluent county, in which it has been identified that students are not achieving the success they deserve. Suffolk young people (12 to 19) and adult staff saw the potential of schools as both a geographical location and provider of education as a foundation for positive health, wellbeing and life chances. The adults proposed that schools should be an integral point of access, particularly in more rural schools in Suffolk, as they provide a routine context in student’s everyday lives, which:

“Actually inform[s] ideas, thoughts and pathways for the future.”

Some young people (12 to 15) recognised that schools provide them with regular routines alongside specific knowledge. They highlighted that they enjoyed being at school “[I]like the lessons”, as well as valuing the support and guidance provided to get help for problems and issues. In both participating schools the young people stated that school provided them with access to a number of internal and external support mechanisms; teachers, specialist services and school nurse. One specific example highlighted a text line available in school to:

“Get all your problems sorted.”

However, a variety of specific issues highlight the difficulties that Suffolk young people face within the education system.

#### 3.3.1 Perceived limitations

It was suggested by young people (16 to 19) that schools only care about exam results, stating:

---

“Students don’t get enough care, mental problems are considered less important than grades and if you have trouble you are forced to work despite it so [school] work suffers.”

They also emphasised a very real need for specific sexual health and relationships education. They also expressed wider concerns about the lack of awareness and understanding by teachers of young people’s mental health issues. They suggested teachers are not ‘trained’ to deal with young people’s mental health problems:

“Teachers cannot deal with mental problems. One teacher told me to ‘Stop being silly and just calm down’ during a panic attack.”

3.3.2 Resources
Suffolk young people (12 to 15) commented on specific factors which affect their learning and wellbeing. They identified teaching cover and behaviour management in class was problematic, which they stated led to inconsistent discipline, causing missed opportunities for learning, uncertainty and increased anxiety:

“Some lessons we get supply teachers. Quite often...they’re not good and don’t [do the job properly]...you don’t learn anything from the lessons with supply teachers.”

Similarly, their physical health and wellbeing was negatively affected due to staff shortages:

“We do have some football pitches at the top of the field but can’t use them cos there’s not enough staff on the fields.”

Notwithstanding the lack of teaching cover, young people (16 to 19) also highlight the lack of provision for special educational needs (SEN), commenting that:

“[Name] has dyslexia and was going to her help but they never did.”

Although many of these young people (15 to 19) spoke of their ongoing challenges, their dedication to their studies was evident.

“I feel like my teachers think I’m not trying. I am trying very hard and am coping as well as you would expect any survivor.”

3.3.3 Bullying
Young people (12 to 15) mentioned bullying as an issue resulting in distress and “upset” for those involved. One Year 8 indicated that there was a clear distinction between friends and close friends when dealing with bullying. When asked where help might come from in this situation, the young person stated that it comes from ‘closer friends’:

“... his really close friends not the friends that were bullying him.”

Young people (16 to 19) more specifically talked about sexual threats and abuse and the impact of ‘bad’ relationships on their mental health.

“Toxic friendships messed with my mental health!”

Particular notions of safety and protection in school, and in wider society, were also raised by young people (16 to 19):

“He attacked me and one other person...my tutor told me to be thankful that what happened to me wasn’t that bad.”
I don’t ever really feel safe due to being transgender.”

3.3.4 Pressures: family and school expectations
Young people (12 to 15) expressed views around pressure in their lives in respect to educational achievement. They were very aware that pressure was part and parcel of school life “picking my GCSE’s this year” and that in order to achieve and be successful they would have to cope with these stressors. Specific examples highlighted greater pressure from home compared to school, as family expectations were centred on young people achieving better results than their parents had. Equally young people also felt a sense of obligation to not let their parents down. One young person articulated their personal experiences with regard to family pressure:

“[there’s] a lot of pressure actually...but more at home, I always get told by my parents...that I’ve got it in me so there’s constantly that pressure. It’s just like all the time I feel I have to do well or I feel I’ve let them down.”

However, the young people (12 to 15) stated that pressure could also be a good thing in order to motivate them. Overall, they felt there was very little peer pressure or competition as they had a sense of unity with their peers, which also provided a positive sense of wellbeing. Whilst the adult staff concur that pressure can be positive in the sense of motivation and achievement, they also stated that academic attainment is not necessarily an indicator of positive wellbeing.

Young people (16 to 19) expressed concern that the pressure exerted on them by schools and teachers was stressful:

“Mocks are really stressing me out, it’s difficult to work...you tell the teachers but they say it’s fine and will help you get used to it for the ‘real thing’. We’ve been doing exams since year 7... if we were used to it...we should be, but we’re not.”

The overarching view by staff and young people (12 to 19) was that education is (and should be) the hub through which better health and wellbeing outcomes can be achieved. They felt, however, that there was a need to redress the dominance of academic achievement in favour of a more holistic approach. One young person (16 to 19) stated:

“[It] makes me sad that school is just about exams, a degree, a better job. It should be about learning [for learning’s sake] because we want to learn and skills for life. But it’s not.”

3.3.5 Self-awareness and relationships
Young people (12-19) identified their own self-awareness and relationships as key to overcoming these issues and positively addressing their health, wellbeing and life chances. Young people (12 to 15) discussed how they defined themselves, stating:

“We’re each individuals with different personalities and different ways of life.”

Whilst the 12 to 15 year olds acknowledged themselves as ‘young people’ they expressed a clear preference to be identified as “young adults”. It was also recognised by these young people that adults want to protect them and often perceived them as “vulnerable”. This was a concept that was strongly objected to by one year 10 young person because it was perceived negatively, positioning young people as:

“Weak, fragile...and easily targeted.”

All young people’s friendships were hugely important to them. The young people (12 to 15) saw friendship as the:
“Best thing to have.”

Young people (16 to 19) identified themselves specifically as members of an outreach group in which they found supportive relationships, understanding and acceptance. As a group these young people were unified by their shared experiences. Stating:

“Outreach has made me a lot safer and a lot more happy not only with LGBT issues but just mental health stuff because I can relate to all these guys and it’s just horrible that there is not enough youth services anywhere, anymore.”

3.4 Barriers

Objective 4  Examine the barriers to health, wellbeing and life chances that young people in Suffolk face. Identify what young people think may help to reduce these barriers.

3.4.1 Stigmatisation and labels

The adult staff identified social stigma and the labels that young people experience as barriers to positive health and wellbeing. The use of labels and the societal interpretation of these were identified as beyond the control of young people. Professionals highlighted that, once a young person is attributed with a medical or social label it can become like:

“[a] dark cloud’ that can follow a young person around, leading to stigmatisation, prejudice, decreasing [or] lack of confidence, being part of a minority.”

The young people (16 to 19) often identified with these negative labels and the associated stigma. One young person stating that they had been referred to as:

“Disgusting, offensive, It.”

Frequently being incorrectly referred to or ‘mis-gendered’ by others is also seen as a form of stigmatisation, which is fuelled by people’s objections to change and ignorance of difference. The young people acknowledged there was a need to address wider discrimination and provide more education:

“On ableism, sexism, racism, homophobia, transphobia, and rape culture.”

They argued that notions of normalisation are needed in order to redress stigmatisation. Arguing that:

“Things need to be normalised and changed to make a difference.”

3.4.2 Socio-economic status

Socio-economic status was identified by the adult staff as a key factor in the expectations and opportunities available to young people across Suffolk. Stating that:

“Money opens doors.”

The adult staff reflected on the differences and unequal nature of young people’s life chances across Suffolk. Suggesting that:

“Not everyone gets the same chances; [depends on their] environment, money, housing.”

However, the adult staff agreed that although life chances vary, they might be overcome:

“Life chances are what you are dealt, life choices are what you make of them.”
The young people (12 to 15) explained that although there were opportunities available to them that these may differ depending on how and where a young person is brought up:

“Things are different for them where they are. They think differently because of how they’ve been brought up ... and where.”

3.4.3 Service provision and delivery

The majority of adults mentioned a variation in general service provision for young people across the county. There was collective confirmation that services could provide effective support but that often difficulties arose from availability and accessibility, summarised in the comment:

“Services themselves are good, it’s how to access them.”

They further mentioned:

“Gaps in service, changes to services, or in some cases no service at all.”

One YSW made reference to the Suffolk Wellbeing Service and the differing experiences young people had with Mental Health provision. Specifically commenting that there were:

“Massive variations in support, with no logical explanation.”

Professionals questioned their own service delivery and procedures. Asking:

“Do we put our ideas of ‘good enough’ onto our families?”

“Do our services contribute to young people’s wellbeing?”

With regard to service provision a number of themes were identified by adult staff: a lack of joined up working, inconsistent and fragmented provision of resources and a lack of useful effective communication between agencies. Professionals also perceived inadequate signposting to services for young people, and specifically identified the need for practitioners to actually listen. This reflects a previously identified county theme for improved access to health and wellbeing services32.

Adult staff argued that varied provision creates ‘silos of working’ which need to be challenged and shifted towards preventative and integrated care33. Highlighting that:

“Education, health and care should be working in partnership but health is not particularly present.”

Adult staff felt that the lack of services throughout the geographic locations in which they worked compounded issues of delivery, increasing their frustration and ability to work effectively in an integrated way. However, there was a consensus amongst adult staff that to overcome gaps, variations and lack of partnership working a more person-centred approach to young people’s emotional wellbeing would be preferable. They advised this could be delivered through community and school based approaches, which embrace cultural relevance.

In discussing services the young people (12 to 15) focused on educational provision. Two of them felt that there was a need for greater consistency in staffing within their specific school to minimise the impact on their education from staff shortages (or changes):

“We want teachers who are actually in the school, so that they don’t have to come from other schools.”

There was also a complaint that existing school structures and routines were lacking in stimulation. One year 8 student commented that:

“Every day, every week’s kinda the same, like nothing really changes.”

In accordance with adult views, young people (16 to 19) also identified huge challenges in mental health service provision in Suffolk.

“My mental health isn’t good. I suffer from depression and anxiety. Suffolk’s mental health trust ‘thing’ isn’t very good and I’d like to see it improve. Waiting lists are too long and more time needs to be spent per person. More attention to mental health is needed in work and schools.”

They focused on the short-comings of the mental health service in Suffolk. The mention of Suffolk Wellbeing Service elicited nothing but laughter, furthermore one young person responding to the issue of long waiting lists, stated:

“You can’t have that ‘cos’ people die.”

Furthermore, they expressed their concerns about over-prescription of medication as opposed to any other forms of help, commenting:

“They just give medication...not going to cure everything. Not a one size fits all.”

Young people (16 to 19) were particularly aggrieved at the lack of adolescent services. They also highlighted being pushed from one service to another, being “in the system” but not treated appropriately. One young person’s story illustrating this point:

“I have anxiety and depression and am currently on medication. In the mental health system I have been through CAMHS and this was unhelpful [I] was then sent to a workshop full of adults talking about alcohol. Was further sent to CBT where I was told she couldn’t help me because she didn’t deal with trans-people.”

They also mentioned issues specific to their identity and status:

“Very limited support for Trans youth.”

“No help for those who are homeless.”

“Lack of LGBT support in Suffolk.”

Despite a predominantly negative view of service provision by adult staff and young people (16 to 19) the young people (12 to 15) conveyed a more positive outlook demonstrated by an awareness of the support mechanisms available to them through school. They felt generally content and happy that their health and wellbeing needs were being met largely within this context. In evaluating the support provision in schools young people (12 to 15) felt that it was invaluable to their individual needs, one year 10 reflected:

“I don’t think I’d cope if I didn’t have that support.”

3.4.4 Overcoming barriers

Whilst the young people (12 to 15) were generally satisfied with their lives, the adult staff identified the need for forward thinking and planning in terms of services. This was summarised in the comment:
“So when you think about how we develop our services we need to think more about how we target our children rather than let’s put services in a specific place and let’s have everybody go to that service.”

Significantly, the adult staff felt that the answer to overcoming barriers lay within the remit of young people themselves:

“[see] young people as part of the solution.”

The staff indicated that the onus of responsibility should fall to adults to engage and focus on “pro-active and positive” person-centred planning with young people, and through active “collaboration with young people”.

It was clear from the young people (16 to 19) that parent’s opinions were more valued by professionals than their own views and that adult-advocated collaboration is not a consistent practice across Suffolk. One young person highlighted a situation in which they were made to feel very uncomfortable:

“Forced to show my scars in [the] first session [the adult saying] I can’t help you unless I’ve seen what you’ve done.”

### 3.5 Local and national context

| Objective 5 | Identify where specific differences exist between groups of young people in Suffolk. Explore whether Suffolk young people differ from or are similar to other young people across the country. |

#### 3.5.1 Differences in the local context

A distinction was made by young people (12 to 15) that within Suffolk there were some locations that are “better” than others. They identified that some places were considered “rough” and demonstrated awareness that other young people’s experiences may not be the same across Suffolk. This was indicated in the remark:

“There’s another town here and it’s known for being a bit rough. If I grew up there I know I’d have a different mentality.”

It was clear in a remark made by a young person (12 to 15) that this age group have an intuitive understanding of real life situations:

“Not everyone’s life is perfect. No-one’s life is perfect!”

Young people (16 to 19) also conveyed an astute and informed understanding of the realities facing young people with mental health issues in Suffolk. In discussing their health, wellbeing and life chances encounters they discussed how their life experiences are not valued, authenticated or treated as genuine by adults. Stating:

“Young people with mental health are not respected like adults who have mental health issues because [adults say] we haven’t experienced enough.”

They also commented that adults often define their difficulties as “Just a [being] teenager”, “teenage-angst”, “You’ll grow out of it”, “It’s a phase!” Furthermore, highlighting how adults always appear to draw comparisons with those ‘worse off’ than themselves, they argued that:

“Just because someone else has things worse doesn’t make your own issues invalid.”

Reflecting on the funding of services, one young person (16 to 19) stated that:
“I think it’s all to do with funding to be honest. So much funding’s been cut from Suffolk mental health services because [they think] we’re all farmers.”

Another young person suggested their only recourse would be to take their concerns straight to central government:

“Unless you can go straight to the top, walk into David Cameron and say... Yo Bro! Can we have some dough [money] please?”

3.5.2 Differences from national context
Prominent in Suffolk is the previously discussed key theme of ‘rurality’. However, in contrast to the national picture with concerns around poverty and family deprivation, Suffolk young people (12 to 15) were more positive about many aspects of their lives. These include; “good” schools, the environments in which they live and the availability of a range of local activities. Overall these young people felt optimistic about their lives and opportunities, both for themselves and for other young people in Suffolk. Furthermore, the young people (12 to 15) had a strong sense of self identity strengthened by specific support programmes available in schools. However family expectations of academic success were deemed to be an additional pressure to school, which might negatively impact on their achievements through a sense of obligation to their parents. The young people (16 to 19) identified issues specific to their LGBT+ status, relating to discrimination and prejudice in schools and amongst teachers and peers across Suffolk. They highlighted a need for better understanding, information and tolerance from people generally about LGBT+ and gender identity.

3.5.3 Similarities with national context
A number of similarities are identified between young people nationally and locally. These include the importance of relationships, the impact of bullying, exam pressures, poor mental health services, lack of service provision and poor life chances. For all young people (12 to 19) the impact of bullying, pressures from school and family to succeed academically, and poor mental health services were similar to the national context alongside the value they place on supportive relationships. However, the young people (16 to 19) focused more particularly on poor mental health services, lack of service provision in this area and the impact these have on their life chances.

4. Conclusion
Health, wellbeing and life chances are central to providing a firm foundation for young peoples’ lives both now and in the future. Good mental health and resilience are fundamental for an individual’s success in the short and long term.14 35 36

This exploration of young people and adult service providers’ perspectives on health, wellbeing and life chances has enabled a comparison between the national and local context of Suffolk. The overall findings conclude that Suffolk young people (12 to 15) are predominantly positive about their health, wellbeing and life chances. Conversely, young people (16 to 19) highlighted a lack of resources and understanding in both health and education professionals. They felt they are not listened to by adults and their problems are dismissed as ‘teenage-angst’. They were extremely honest and open in their evaluation of their own lived experiences, highlighting their personal mental health issues and the negative impact they felt services had on their wellbeing.

16 Ibid
The adult staff highlighted a lack of service provision in Suffolk and the problems associated with working across and between services. There is a widely held opinion by adult staff that current organisational structures and perspectives in Suffolk need to change. Crucially, adult staff perceive young people as knowledgeable and capable of identifying the solutions they need now. Programmes that value and collaborate with young people to implement early intervention health and wellbeing strategies, recognising holistic development around social, emotional and cognitive development, achieve noticeably better outcomes. Despite high-profile national and local awareness that health, wellbeing and life chances are central to young people’s current and future success, young people remain sceptical. One young person (16 to 19) comments:

“I hope something can change but I am really worried it can’t.”

Addendum: It should be noted that whilst opportunity sampling is sometimes viewed as a less robust form of sample selection (than, for example, a random sample strategy more commonly used in large scale surveys), it is widely accepted in the research community as being employed by social researchers studying hard-to-access groups or when little is known about the topic. Although concerns may be raised from a positivist perspective over the small sample size, and the difficulty in replicating and generalising from the study, these are common disadvantages associated with qualitative research.

---

39 The secondary schools in this study have implemented a number of strategies to support young people.
Appendices

Appendix One: Methodology for staff and young people’s workshop

Participants
Adult staff and young people (18 to 21) were invited to participate via SCC Children and Young People’s Directorate, who also arranged the date, time and location.

Participants in the adult staff workshop were local representatives of county council services and non-governmental organisations providing support for young people in rural, semi-rural and urban settings. Participants in the young people’s workshop were members of a local outreach youth group (LGBT+)

Design
A qualitative research design with appropriate methods was used to engage participants in an exploration of and reflection on their experiences. Active discussion and dialogue enables the elicitation of deeper understanding and elaboration of themes and issues affecting or impacting on participants’ experiences.

Participatory research methods were used to engage contributors in knowledge exchange, sharing experiences and consideration of public discourses. These methods provide individuals and groups with opportunities to explore differing perspectives, clarify definitions, and identify practical concerns and potential resolutions. Focus group discussions and whole group workshops allow for a dynamic exchange of ideas, which elicits the emergence of rich contextual data that is only achievable through the explicit use of group interaction.

An informal workshop environment with structured activities was designed to examine both adult staff and young people’s understanding and experiences of Health, Wellbeing & Life Chances. Participants took part in three focus group activities based around Definitions, Experiences and Improvements.

Materials
Activity One: flip charts and pens
Activity Two: plain white cards, flip chart paper and pens
Activity Three: digital voice recorder, flip chart paper and pens.

Researchers
The primary role of the research team was to engage the participants in discussions and dialogue, to facilitate group activities and the refining of discussions to key themes. The principle researcher managed and facilitated the workshop delivery process.

Procedure
Participants were welcomed to the workshop by the principle researcher. They were then introduced to the purpose and aim of the research. The Health, Wellbeing & Life Chances activities were explained to the participants. Each activity was scheduled to take no more than 30 minutes.

---

41 Ibid.
Activity one: Definitions
Activity One required participants to provide responses to two qualitative questions on definitions of Health, Wellbeing & Life Chances:

- How do you define Health, Well Being & Life Chances?
- Explore how you think Health, Well Being & Life Chances can be measured

Facilitators worked with each group to encourage discussion, and then asked participants to record individual definitions and the ways to measure these on separate sheets (identifying their profession where applicable). Groups were asked to produce and record a single overall definition for each concept. Flip charts were displayed for later plenary session.

Activity two: Experiences
Activity Two required participants to reflect upon the following:

- What are your experiences of young peoples’ Health, Wellbeing & Life Chances in Suffolk?
- Identify key themes from examples of practice

Participants were asked to write on plain white cards their profession (where applicable) and examples of their individual and specific experiences. The facilitators encouraged group based discussion and sharing of these to elicit and identify key issues and themes, which were then collated on flip chart paper. Facilitators collected the individual cards and flip charts. The flip charts were displayed for later plenary session.

Activity three: Improvements
Activity Three required the participants to contribute and exchange ideas in a whole professional group based discussion exercise. The key questions were:

- What recommendations do you have for young peoples’ Health, Well Being & Life Chances in Suffolk?
- How might any recommendations be achieved?

The responses are individually recorded on digital voice recorders. The key points were highlighted on flip chart paper by the principle facilitator.

Plenary and feedback: Summary and Q&A
On completion of all three activities, the key themes were summarised and reflected upon. Participants were asked to provide written feedback on:

- Evaluation of the workshop activities
- Three positive outcomes from the workshop
- Additional comments

Any queries and concerns from the participants were addressed. Finally, participants were thanked for their time.

Close