

NORTH WEST
CATALYST EVENT
ADOLESCENT
HEALTH AND WELLBEING
RESEARCH

REEBOK STADIUM, BOLTON, 12TH JULY 9.30 - 4.30

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Today has been really interesting from my perspective. What came across is how intertwined voluntary and frontline care is and how important it is that we work together. We need to continue to work closer because the gap needs to be closed



WORKSHOP SUMMARY

The event was organised as part of a programme of Catalyst Events being organised by NHS North West to bring together key stakeholders in health-related research to raise awareness of their expertise to colleagues in other NHS Trusts, Higher Education Institutes and the Public Sector and Voluntary Sector.

PURPOSE

The event brought together prominent people from diverse backgrounds across the North West of England who have an interest in the health and wellbeing of adolescents in the region. It is hoped the event will allow attendees to begin collaborative work across their organisations, with a view to developing innovative bids for National Institute for Health Research (NIHR) funding.

The event was conducted using a forum known as 'Open Space' led by Steve Pashley

(www.stevepashley.co.uk). The method is designed to enable people with mutual interests to meet and progress ideas in a short period of time. Participants have control over what is discussed and can choose to include themselves in various forums generated on the day. At the conclusion of the various forums, decisions are made about outcomes and further steps to progress them. Participants are expected to contribute further via the networks developed on the day.

A summary of the open space discussions, including the names of participants and those expressing an interest in being contacted at a later date, form the basis of this workshop summary.

The discussions are presented in an alphabetical order and do not reflect the popularity or other merit of the research themes. Some themes are closely interlinked and could be collated.



GROUP 1

Accessing evidence, intelligence and data and support/advice available for help with research.

Convenor - Lynn Deacon.

Participants - None.

Key points from the discussion

- Enormous range of evidence and intelligence available through ChiMat from different sources.
- Can access information flexibly.
- Information covers a range of issues that have a direct and indirect influence of health.

Next steps

- Sign up to ChiMat e-bulletins.
- Promote to colleagues who may find the information useful.

Others interested in further contact; g.rabie@chester.ac.uk, l.webb@mmu.ac.uk, spagett@uclan.ac.uk, c.whitneycooper@chester.ac.uk.

GROUP 2

Adolescents accessing pornography and the impact it has on their sexual relations.

Convenor - Sue Capstick.

Participants - Mark Limmer, Jane Muller, Anna Pearson, Margaret Clugston, Carol Easton, Carol Atherton.

Key points from the discussion

- To what extent do young people feel their sexual experiences are consensual?
- Counterpoints and free of reference for sexual behaviour.
- Insecurity of body image; where's that come from?
- Impact and influences of pornography – why are some interested and some not?

Next steps

- Looking at young people's experiences of sexual behaviour.
- Evaluation of work by community sexual health co-ordinators.

Others interested in further contact; carol.easton@knowsley.gov.uk.

The discussions have been helpful to move us forward, need to keep the links we have made today and share our procedures

GROUP 3

Child obesity.

Convenor - Colin Atherton.

Participants - Darren Parsonage, Carol Easton, Claire Malkin, Clare Whitfield.

Key points from the discussion

- Does peer pressure lead young adults into fast food?
- Alcohol consumption leads to hunger and eating fast food.
- Loss of family meal and irregular working hours leaves adolescents to 'fend for themselves'.
- Lack of education in primary and secondary school.
- Effects of pressure from retail industry and advertising.
- Lack of government intervention and regulation for corporation companies.
- Should obesity be recognised as a psychological illness?
- Does breast feeding have an impact on future health?

Next steps

- None given on the day.

GROUP 4

Encouraging exercise in young people.

Convenor - Dr Christine Whitney-Cooper.

Participants - Lisa Davies, Sue Quayle, Mark Limmer, Nick Fayers, Gay Rabie, Tony Long, Rick Howell.

Key points from the discussion

- Informal/formal activities should be considered as well as exercise.
- Explore a positive issue – what factors affect young people joining and sustaining exercise.
- Use young people as researchers to gain a true perspective.
- Consider differentials affecting participants including geography, classes, finance, and adolescent changes.

Next steps

- Develop a research proposal to ask about positive factors that keep children maintaining exercise.

Others interested in further contact; g.rabie@chester.ac.uk, lisa.davies@trafford.nhs.uk, m.limmer@lancaster.ac.uk, squayle1@uclan.ac.uk, k.george@lmju.ac.uk.

GROUP 5

Engagement barriers to care pathways with regards to substance misuse and social exclusion.

Convenor - Lucy Webb.

Participants - Paul Goodwin.

Key points from the discussion

- Open service provider profile - risk taking, gender, primary care, probation.
- Ideas for exploration – influence of advertising and the internet.
- Emergent evidence - bottom up approach.

Next steps

- Widen service provider profiles to include health, youth services. Keep as 'street level' first engagement services.
- Arranging Manchester-based meeting for provider stakeholders on a broader spectrum.

GROUP 6

Engaging young people with health promotion in Prison.

Convenor - Morag MacDonald.

Participants - Rebecca Cheung.

Key points from the discussion

- Users developing content of health messages via 'life channel' or prison radio.
- Engage with prison staff – offer health promotion to staff as well as young people.
- Linking health promotion with young person and family to sustain young person's learning when out of prison.
- Need to celebrate young person's success.

Next steps

- Widen service provider profiles to include health, youth services. Keep as 'street level' first engagement services.
- Arranging Manchester-based meeting for provider stakeholders on a broader spectrum.

 I've found it really exciting and engaging. It was a change to talk about areas of adolescent health that wouldn't have been discussed in a Powerpoint. 

I enjoyed today and am pleased to be able to encourage patient/public involvement.

GROUP 7

How can improving health in adolescents reduce re-offending?

Convenor - Maria Jiacomini.

Participants - None.

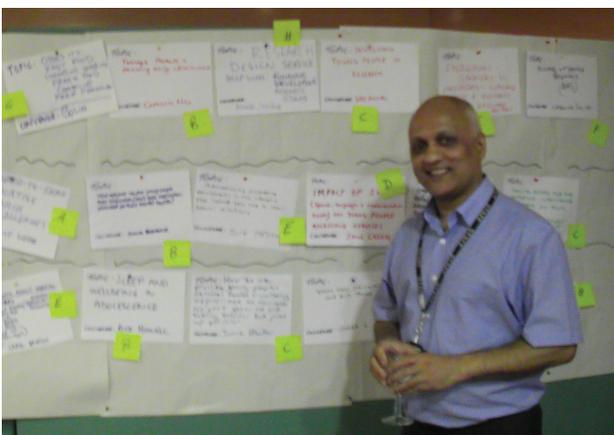
Key points from the discussion

- Will a healthier community contribute to reducing a crime or are you more pre-disposed to offending behaviour if you are unhealthy?
- High risk behaviour gives buzz – exercise gives bus also. “Cycling cured my ADHD”
- What is the link between physical exercise and mental health?
- Gang cultures. As a team sport like basketball helped to rejuvenate?
- Diversion theories – how do we embed healthy persons self identity?
- Health will assist in re-defining yourself.

Next steps

- Can service user evaluations be more outcomes focused?
- Why are you not offending now?
- Ask youngsters to rank what has been most important e.g. probation, anti-smoke programmes.
- Find a way to prove being healthy will reduce re-offending.

Others interested in further contact; carol.easton@knowsley.org.uk, morag.macdonald@bcu.ac.uk, g.rabie@chester.ac.uk, rebecca@partnersofprisoners.co.uk, Street Soccer Academy in Manchester.



GROUP 8

Impact of parental imprisonment on adolescents.

Convenor - Rebecca Cheung.

Participants - Anna Pearson, Morag MacDonald, Russell James.

Key points from the discussion

- Impact on children of foreign nationals – expense/ issues around maintaining contact/relationships.
- Children in care – children taken into care as a result of imprisonment.
- Change of family dynamics on release – supporting evidence for ‘through the gate’ family services.
- Detention under the Mental Health Act/ indeterminate sentences – impact on their children/families.
- Impact of arrest on children, particularly in the family home.
- Impact of policing on children – especially children arrested with adults.

Next steps

- Collate evidence base for areas above and evaluate effective projects.

I’m looking forward to what is going to come out of today in the future

GROUP 9

Innovative research methods, challenges with social exclusion and substance misuse.

Convenor - Lucy Webb.

Participants - None.

Key points from the discussion

- Including benefits as motivation for stakeholders.
- Get peer researchers to interpret instead of researchers.
- Qualitative research hazards – ‘it doesn’t matter what you do so long as you explain it.’

Next steps

- Take on ideas for improving methodology for existing research.

Others interested in further contact – None given on day.



GROUP 10

Link with young men between masculinity and increased risk taking.

Convenor - Mark Limmer.

Participants - Dan Moxon, David Cracknell, Rick Howell, Sue Capstick.

Key points from the discussion

- Do young men avoid GP's/service use/medication to show masculinity?
- Does culture and upbringing have an effect on masculinity?
- Do they take fewer but more visible risks to be centre stage?
- Example of recycling, does a collective activity allow men to be less masculine because they are in a group?
- Masculinity in those who suffer from autism.
- Transgendered.

Next steps

- Look at arenas where masculinity is played out – re-engineering the space to provide alternative performance?
- Do we need to include young women?

GROUP 11

Teenage parents, promoting early attachments from ante-natal period through to third birthday.

Convenor - Catherine Mee.

Participants - None.

Key points from the discussion

- Measuring effectiveness of early attachment work undertaken with parent and infant e.g. readiness for school.
- Benefits of one on one intervention versus group work with this age group.
- Benefits of involving young person's parents in early attachment work.
- Look at children who didn't receive early attachment support.

Next steps

- None given on day.

Others interested in further contact; carol.easton@knowsley.gov.uk, spagett@uclan.ac.uk, c.ridley@mmu.ac.uk.

GROUP 12

Teenage pregnancy, alcohol and foetal alcohol syndrome.

Convenor - Caroline Smith.

Participants - None.

Key points from the discussion

- Research project on incidence of alcohol induced pregnancy and number of affected infants with foetal alcohol syndrome.
- Need midwives/researchers/paediatricians/young people to be involved.

Next steps

- Meet teenage pregnancy midwives.
- Talk to young mothers/parents.

Others interested in further contact; l.webb@mmu.ac.uk, health@ljmu.ac.uk.

 Today was really useful to meet other people from other organisations and to have more detailed conversations.



GROUP 13

The impact of speech, language and communication needs (SLCN) on young people's access to services.

Convenor - Jane Green.

Participants - None.

Key points from the discussion

- 60-90 % of young offenders have SLCN's. Possible that this extends across other services.
- Often SLCN's are not identified.
- Accessing services typically requires communication.

Next steps

- None given on day.

Others interested in further contact; a.rannard@liv.ac.uk, l.webb@mmu.ac.uk.

 I have found it innovative and it was nice to speak to people from other areas. I often feel so focused and coerced so today was refreshing.



GROUP 14

Therapeutic services for children with learning difficulties who have been sexually abused.

Convenor - Bernadette Oxley.

Participants - None.

Key points from the discussion

- Leadership of multi-disciplinary teams.
- Changing financial and policy situations.
- Clarity of purpose.
- Reflective evaluation.
- GP commissioning and commissioning process generally.

Next steps

- None given on day.

As a parent of three adolescents I have gained quite a lot from today myself.

GROUP 15

Transitions to adult mental health services. Vulnerable young people who self harm by means of suicide attempts who go to A & E saying they don't want to die are discharged too soon.

Convenor - Carol Easton.

Participants - Sharon Pagett.

Key points from the discussion

- Would require diagnosis within Mental Health services.
- Risks – Intentional or accidental suicide? Failed suicide with physical and mental consequences.
- Sociological or financially broken families.
- Labelling - access to service/may be wrong label.
- Stigma attached to personality disorders.
- Not a nurturing society, re-parenting the parent via child development pathway.

Next steps

- Collate the above issues into a research question.
- Liaise with further people for their views.
- Include young people.

Others interested in further contact; Spagett@uclan.ac.uk, dan.moxon@nwrywu.org.uk, c.ridley@mmu.ac.uk.

I have met people today who I haven't seen for a long time. I now feel more encouragement to get out and research. Also I really enjoyed constructive questions on my own research proposals.

GROUP 16

What do children and young people perceive as risk taking? What should services look like from their perspective?

Convenors - Nick Fayers and Jane Muller.

Participants - Gay Rabie, Ali Hanbury, Margaret Clugston, Sue Quayle.

Key points from the discussion

- Importance of engaging young people in all discussions.
- Value of joint commissioning.
- Combine education, social care and health care.
- Value of independent research views.
- Encourage positive experiences with risk taking.

Next steps

- Continue rich conversation with participants.
- Decide on the best forum by sharing current practices.

Others interested in further contact; lizhardingelizab@nwrywa.org.uk, l.webb@mmu.ac.uk, carol.easton@knowsley.gov.uk, maria.jiacoumi@manchester.probation.gsi.gov.uk, m.limmer@lancaster.ac.uk

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GROUP 17

What influences whether someone takes or doesn't take medication prescribed for their mental health?

Convenor - Sonia Ramdour.

Participants - None.

Key points from the discussion

- Peers. Medication sets you apart which can be seen as 'cool' but different for psychosis which is seen as 'un-cool' e.g. getting them out of school activities if seen as 'ill'.
- The stigma of having a mental health problem in society.
- Guilt. The impact of your illness on your family.
- Medication is a way of feeling in control, something you can influence yourself.
- Internet, works both ways because you can always find some support for your view. Potentially misleading information on your illness.
- Media influences.
- Religious/cultural influences e.g. conformity.
- Acceptability of prescriber e.g. gender/profession.
- Ability to understand instructions and knowing what questions to ask.
- Comparison with other illnesses in young people e.g. cystic fibrosis.
- Taking medication from diagnosis will lower complications in the future.
- Parental influences e.g. their mental health, finance, consent.

Next steps

- Incorporate discussion into thesis.
- Make contact with people and organisations to increase young people's participation.

Others interested in further contact – None given on day.



It was a brave move to hold an event without an agenda, but it worked.

GROUP 18

What affect do nocturnal sleep patterns have on adolescents?

Convenor - Rick Howell.

Participants - Colin Atherton.

Key points from the discussion

- Services and parents are not confident in dealing with sleep issues.
- Advice and guidance is often focused on other matters such as risky behaviours.
- Energy drinks are omnipresent in young people's lives.
- X-box, smart phones and social media dominate and distract.
- Bedrooms are designed for activity rather than sleep.
- Poor sleep creates pressures on the whole family.
- Sleep problems emerge from early years and are often sustained.

Next steps

- Consider research around sleep, exploring impact.
- Resources need to be developed to assist engagement around sleep.
- Government should get involved and promote healthy sleeping patterns.

Others interested in further contact; g.rabie@chester.ac.uk, david.cracknell2003@yahoo.co.uk, carol.easton@knowsley.gov.uk, catherton@uclan.ac.uk, r.howell@warrington.gov.uk.

I really enjoyed the richness of conversation and being allowed to be curious with other people's ideas.



SUMMARY

This summary is for the purposes outlined at the outset; that is to make notes of the dialogue and to circulate this to the participants as a reminder of discussions and to locate individuals who were involved or who have since expressed an interest to be kept informed.

There are several themes common across different groups. These include:

- Involving and actively encouraging young people to be involved in research.
- The importance of educating in primary school before it is too late.
- The importance of collaborating across all agencies.
- There are still many areas of research that are unknown, some of which could contribute massively to improving the lives of adolescence.

It was also suggested, to further increase the success of the event that those who want to lead research could provide a short summary to be sent to attendees of the event in case any of the research ideas were missed on the day.

I would like to thank everybody for being so open with each other. It was really well organised.

My first experience of open space and I would like to say thank you to my boss for letting me come.



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Very positive in terms of how we are seeing adolescence and there is openness for us to go forward and work together. It will now be a challenge for us to pull it all together and pick out the very good points raised.

Someone told me today that “if birth is the launch pad of life, the adolescence is the booster that sends you into orbit.

