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Introduction
In March 2016, Healthwatch Essex published the first SWEET! report, which engaged seldom heard young people living in areas of recognised deprivation in South Essex. This work was produced in partnership with sport-for-development charity, Achievement Through Football, to understand these young people’s lived experience of health and social care.

The SWEET! Report informed local and national conversation; informing the Essex Health Oversight and Scrutiny Committee’s task and finish group, the Suicide and Selfharm Prevention Working Group, and the ‘Open Up, Reach Out’ young people’s mental health transformation plan. As well as this, it has reached a whole host of organisations and events, including the Social Mobility Select Committee, NELFT Nurses’ Day, Southend Youth Council, and beyond.

Healthwatch Essex has continued to gather the lived experience of seldom heard young people for this SWEET! 2 report, this time in a different area of recognised deprivation in the county. This has allowed us to recognise similarities in lived experience within the two areas as well as identifying where there may be issues unique to the area, and why this might be.

Jaywick, in the Tendring area of North East Essex, is consistently named the most deprived area in England. Healthwatch Essex partnered with Tendring Enterprise Studio School (TESS) whose students included those who had been absent for large parts of their schooling, had been excluded from mainstream education or had left their previous schools due to issues such as bullying; as well as young people from other seldom heard groups such as gypsy, traveller and Roma communities, looked after children and young carers. Regrettably, TESS closed down in the summer of 2016.

Throughout this report, Healthwatch Essex provides a snapshot these young people’s lived experience, and explores the different factors that impact on their health and social care needs. SWEET! 2 collates these findings in a way we hope will allow the needs and experiences of these seldom heard young people to be considered by commissioners, providers and practitioners when making health and social care decisions.

How we engaged
Healthwatch Essex recognised the importance of establishing trust and rapport with SWEET! 2 participants, many of whom had become mistrusting of services and authorities. Therefore, partnering with TESS, who had built strong relationships with their students, was crucial to the success of our engagement.

Staff and students considered the Jaywick area to be over-engaged; telling us that numerous consultations and documentaries had taken place there, but feeling that nothing changed as a result. This meant it was important to show participants that Healthwatch Essex would work hard to make their investment of time and trust worthwhile.

We began the SWEET! 2 project with an informal introduction to the school, where we chatted with students and observed them in class. We later came back to present an assembly on the work of Healthwatch Essex and the importance of listening to young people. We used this opportunity to talk about the great outcomes our young people’s engagement had already produced to highlight our record of using lived experience to influence decision making. We asked TESS students for their permission to undertake SWEET! 2 at TESS, and all were in favour of this.

The majority of TESS students were taking vocational classes and considering their future careers so Healthwatch Essex organised a panel of local health and social care professionals to speak to students. In the first event of its kind, these young people, working towards gaining employment...
after education, were given the opportunity to converse with health and social care professionals about the types of roles available in these fields, and why they should consider them. In doing so, Healthwatch Essex was able to show students they could form part of the solution to a challenging health and social care landscape, and that they were valued. The film of the SWEET! Debate is available to watch at: https://www.youtube.com/watch?v=8ET1Hso1E8

Through these activities, Healthwatch Essex became familiar to, and trusted by, the young people, who would greet us by name and talk freely to us when we visited the school. It was only then that we began our engagement sessions with the young people, knowing they would feel able to open up about their (often difficult) lived experience. These sessions consisted of small groups of 3-8 students who felt comfortable with one another, taking place in familiar areas of their school.

In the final stage of our engagement, self-selecting students had the opportunity to speak to us on a one-to-one basis. It was often these sessions that were the most powerful, and the most valuable to our study, showing the importance of a considered and personalised model of engagement.

Zoe told us she was initially planning on speaking to us about her experience of calling an ambulance, but went on to open up about a number of difficult experiences across a range of health and social care issues. She said “I wasn’t expecting to tell you what I told you, but you gave me a friendly approach and I felt I could just open up.”

As well as this, Zoe clearly felt empowered to help drive our engagement by recommending friends of hers in the school who were known to be quite guarded around adults, but had lived experience that would be useful to our study. She advised us how we should approach them, and to let them know she had already spoken to us, so they would know we were trustworthy.

Healthwatch Essex also interviewed staff at TESS to gather their understanding of the health and social care issues affecting this group of young people, as well as the unique support they felt their school was able to offer.

Through SWEET! 2, we engaged with 59 students and 13 members of staff. All names have been changed.

**Key findings**

Though our engagement covered a broad range of health and social care topics, a number of themes emerged from the young people’s lived experience that seemed consistent across these subjects.

- **Disengagement and distrust:** SWEET! 2 highlighted that many young people simply felt they were not listened to. Across a range of services, young people felt that they would not be taken seriously, that their opinion would not be considered, and that they were not involved in the planning of their care. This led to feeling victimised by services that were there to protect them, and in turn resulted in disengaging with services to the detriment of their health and wellbeing.

- **Someone to be there:** Young people wanted to feel confident that they could find support when they needed it but often felt let down by the difficulty in making health appointments, a high turnover of social workers, and the closure of services that had previously supported them. The best outcomes seemed possible when a trustworthy adult could provide consistency in their work with a young person, and could guide them across multiple agencies.

- **The role of education:** Through our partnership with TESS we were able to observe a model of joined-up working in practice, where Student Advocates liaised between home
life and education, and support staff worked closely with a range of services across social care, mental health, youth offending, safeguarding, health, and employment services to secure better outcomes for their students. Improved health and wellbeing led to improved educational attainment which bettered the young people’s prospects of escaping poverty and the associated factors of poor health and wellbeing.

- **Lower awareness, higher need:** As we discovered in the first SWEET! report,¹ young people engaged in SWEET! 2 showed less awareness of services and public health messages compared to more mainstream samples of young people.² Despite this, these young people were likelier to engage in risky or unhealthy behaviours - and at an earlier age. Participants told us they wanted the relevant information to make informed decisions for themselves and earlier in their lives before they had adopted behaviours they learned from peers or family that became hard to break.

- **Seeing the whole puzzle (and not just the piece):** Every person’s health and social care needs are multifaceted, but SWEET! 2 participants in particular had needs across a range of health and care areas that could not be addressed simply by looking at an isolated part of a wider picture. Lindsay’s story involves drugs and alcohol, safeguarding, education, justice, social care, mental health and the broader health of her family:
  
  When Lindsay was 12, a family friend took her to the supermarket and bought her alcohol. She drank the alcohol at his house, where he spiked Lindsay’s drink and made her smoke marijuana (although she did not know that was what it was at the time). He then sexually abused her. Lindsay confided in a school friend and said that within hours news of the incident had circulated round her school. Lindsay told us: “No one believed me. Everyone turned against me.” Several pupils made threats of violence towards Lindsay, and the police were called due to concerns for her safety. Children’s Services were also called, and Lindsay was asked to repeat everything she had disclosed to her friend.
  
  Lindsay arrived home to find Children’s Services had already searched her house and questioned her mum. Lindsay felt that her case had been “handled really badly,” which had “broken” her mum. Before the incident, Lindsay’s mum had given up smoking, but the stress of being questioned with no knowledge of what Lindsay had been through caused her to start chain smoking. Lindsay blamed herself for the effect this has on her mum, explaining “it’s all my fault,” and that “she was terrified she was going to lose me.”
  
  Later, Lindsay had to give a statement in court, but a ‘lack of evidence’ meant that no charges were made. After voicing concerns for her safety, she was told a restraining order was in place to protect her from this man…though she later found out this had never been the case. “I was lied to,” she said.
  
  Lindsay said that the incident “crosses my mind every day.” She began counselling shortly after, but felt the counselling “made it worse” as the counsellor became frustrated when she was unable to remember events of her early childhood. This experience caused her to say “I am done with counselling. I would never have counselling again.”
  
  Lindsay went on to have a boyfriend who pressured her into taking drugs, and was abusive if she did not comply with his demands. She told us he controlled who she could talk to, and what she could wear. She wanted to leave, but because she lived with him most of the time, she felt herself unable. Despite still being deeply affected by this period of her life, Lindsay now has an understanding boyfriend, though she sometimes panics when he shows physical affection. She

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hoped to achieve good grades at TESS that would allow her to work towards starting her own catering business.

Achieving better health and wellbeing outcomes for young people like Lindsay won’t be possible if we only seek to improve isolated fragments of a person’s health and social care journey. Lindsay wanted to be listened to and treated seriously, to work with services rather than have them make decisions without her input. When we look at Lindsay’s experience as a whole we see that her health and wellbeing is determined by a whole host of factors beyond physical and mental health. The need for services to work together to share best practice, identify risk and exchange information to secure improved outcomes for both vulnerable young people and the broader population alike becomes evident when we recognise that, as the Mental Health Taskforce (2016) has said: “Helping people lead fulfilled, productive lives is not the remit of the NHS alone. It involves good parenting and school support during the early years, decent housing, good work, supportive communities and the opportunity to forge satisfying relationships. These span across national and local government.”

**Recommendations**

**Meaningful engagement**

Ensuring that seldom heard young people have their voices heard can take time, trust and the right method of engagement. Yet the benefits from this investment will be exponential, and understanding the needs of those that stand to benefit from services the most is the first step to securing better outcomes both for them and for future generations of health and social care users. Healthwatch Essex is delighted that organisations across the county are increasingly seizing the imperative to engage with young people, in line with the CQC’s recommendation that “all children are involved in giving feedback on and co-designing their local services, ensuring they are as accessible and relevant as possible.” With a county-wide move toward co-production and transformation, now is the time to embed the lived experience of all young people into the services they use. We must be mindful that our engagement is meaningful, and extends beyond the usual platforms of youth parliaments and patient forums in order to find the ‘hidden voice’ of the most vulnerable young people in our county.

Healthwatch Essex continues to gather and report on the lived experience of young people in our county, and welcomes continuing partnerships with health and social care organisations where we may represent the voices of the young people we engage with.

**Establishing trust**

Many young people who need the services the most often feel they have been let down in the past, and it will take hard work to overcome their reluctance to engage with these services. Establishing the trust of young people who feel disengaged or apathetic toward their health and social care is crucial to improving outcomes for this group.

We recognise the mounting pressure that health and care professionals face, making it difficult to build relationships. We want services to push for a system where all health and social care staff are enabled to invest the time needed to build trusting relationships with the young people they see in order to uncover issues that might be hidden from view, understand the young person’s perspective and allow them to make informed decisions about their care.

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3 Mental Health Taskforce (2016) ‘The five year forward view for mental health.’ London: Mental Health Taskforce: p. 15

Seek to empower
Every child and young person has the protected right to be involved in all decisions affecting their lives. This includes the right to make decisions about their care, but SWEET! 2 participants rarely reported being given this opportunity. Young people who have been taken into care, who have relatives in prison, who care for others, and so on, can feel powerless. Yet the CQC says “Children want to be respected, involved in decisions and plans, and informed of the outcomes of assessments and decisions that affect them. This empowers them and gives them confidence and competence. The extent to which children are listened to significantly influences how safe and happy they feel.”

Health and social care professionals working with young people should take a person-centred approach that recognises the individuality of each young person and what might work best for them, working with young people at every stage of their health and social care planning. Two-way communication is essential in empowering the young person both by allowing them to express their views, and to receive an explanation as to why certain decisions are made in order to be involved in an understanding as opposed to feeling decisions are intentionally made in spite of their opinions.

Joined-up working
The integration of health and social care services is gathering pace due to the challenges of resourcing and the changing nature of the population’s needs. We must seize this opportunity to identify how services can work together to transform outcomes for young people with the most complex needs, such as SWEET! 2 participants. Increasingly, the case is being made for multi-agency teams within services that can provide expertise or experience across a range of issues in spite of mounting pressure on time and resource. As the CQC has said, “health professionals are in a strong position to address children’s health and welfare needs and identify safeguarding concerns, but no single person can have a full picture of a child’s circumstances.”

Through working with TESS, we were able to see first-hand the effectiveness of a team of staff with contacts and knowledge across mental health, social care, home life, safeguarding (and so on) and how this allowed for a connected pathways for the young people.

Investment in the area
We heard from SWEET! 2 participants that the Jaywick area was over-engaged, with little change coming about as a result of their feedback. We recommend that further engagement in this area is considered, and takes place within a clear framework that will bring about actual change.

In the current economic climate we understand a prevailing savings-based focus, but without investment in the most deprived we can expect to see increased social and economic costs, which we know that investment can reverse in the long-term. Since the closure of TESS, we are unaware of any similar provision for young people in the Tendring area where the young people we spoke to demonstrated a very real need for information and awareness on a broad range of health and social care topics and surrounding services.

“It would be good to know more about smoking, sexual abuse, illness...we need more advice about it all.”

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6 Care Quality Commission (2016) p. 9
7 Care Quality Commission (2016) p. 4
8 House of Lords (2016) ‘Overlooked and left behind: improving the transition from school to work for the majority of young people.’ London: Authority of the House of Lords: p. 5
Children’s Services and family life

Children’s Services

Participants had largely experienced a form of intervention with Children’s Services. More than half of SWEET! 2 participants identified themselves as having had contact with these services, compared to 1 in 10 from the more mainstream participants engaged in our YEAH! 2 report.9 We learned of the young people’s experiences of family intervention, social workers, and being taken into care.

Some of the young people we spoke to were able to reflect on the positive impact these interventions had had:

Leah recalled 6 interventions from Children’s Services from a young age, saying their assistance in managing various aspects of her life (such as moving to a new home) had “made life better.” Maisie told us that while “it was hard to be taken into care,” she now realises it was the best course of action, and has allowed her to lead a “better life.” Katie said she was grateful for Children’s Services intervening in family life, as their concern for her safety assured her that it was unacceptable for parents to be violent towards their children. Their actions justified the upset she experienced in her home life, as she described previously feeling as though she was overreacting and it was “all in my head.” She also felt that without the intervention of Children’s Services, she may have gone on to repeat these behaviours to her own children one day, had it not been confirmed that this was unacceptable parenting.

As we found in our SWEET! and YEAH! 2 reports, SWEET! 2 participants still referred to Children’s Services as “Social Services,” and often participants felt afraid or mistrusting of these services. These feelings came from the widely-held belief amongst participants that Children’s Services were simply an agency that intervened to separate children and young people from their families. “I’m scared of Social Services because they might take me away.”

Pastoral support staff at TESS were frequently in contact with Children’s Services, which they told us was usually beneficial, although it could be frustrating when cases reached no resolution. They explained the presiding fear among students that Children’s Services would destroy the family unit, saying that this took the form of an “us and them” attitude which had resulted from negative experiences of the services in the past, or from overhearing negative experiences from friends and family members.

Staff told us that the mention of Children’s Services evoked a panic response in the young people, who feel guarded about their experiences and want to avoid contact with the services. We heard from some participants who had previously disguised the issues they faced at home in fear of being separated from their families.

Kaya’s mum had been physically and verbally abusive to her, and Kaya described an incident where she said “the verbal abuse was so painful, I told her I’d rather she hit me instead.” Children’s Services came to Kaya’s home on numerous occasions after concerned relatives had contacted them. But because of Kaya’s role as a young carer, she felt her younger sibling needed her at home and therefore convinced Children’s Services there was nothing to worry about. This anxiety around Children’s Services was also fuelled by the perception that services could act on false accusations which had created a fear of families being separated without cause. It was not only the young people who were affected by this fear, but their parents too:

Children’s Services visited Ethan’s mum’s house during a custody dispute following their separation. Ethan told us that because the visit was unexpected and the house looked untidy, he and his siblings were almost removed from the home. Ethan told us that his mum phoned the school, who were able to convince Children’s Services to let the family stay together, as they were

9 Fletcher (2016) p. 25
able to vouch for his mum’s parenting. While Ethan was grateful for the part played by the school, he said the fear of having her children taken away caused his mum to have a nervous breakdown.

Lindsay was sexually exploited by a family friend when she was younger, and through confiding in a friend Children’s Services came to her school and asked her to repeat what had happened. Before Lindsay could tell her mum, Children’s Services searched her home and questioned her. Lindsay told us she felt the services had “handled it all really badly,” which had “broken” her mum. Before the incident, Lindsay’s mum had quit smoking, but following the stress of the intervention started to chain smoke. Lindsay told us that this was because her mum “was terrified she was going to lose me.”

Interventions such as these had a lasting impact on the young people, and often caused them to view services as “unfair.”

When Tia’s uncle went to prison her cousins were taken into care, and were not allowed contact with Tia or her family until they turned 18. She found this unfair, and as though the whole family had been “punished” by a father’s criminal activity; a theme that also arose in our first SWEET! report.10

We understand that every case is unique, and that our study only provided us with a part of the picture. However, it is clear that the young people with positive experiences of Children’s Services were those who understood that interventions from services had been in their best interest. Those who had disengaged with services, or were mistrustful, were those who feared services would not consider their point of view, or allow them to make decisions about their care.

“My social worker doesn’t listen to me, so I don’t communicate with her.”

“My brother was abusive towards my mum because he has ADHD. We had a social worker come round every few months, but not anymore. Now they don’t do anything for him. He was more calm when they came to see.”

The Children’s Commissioner has noted that “Too many children are not consulted about decisions about them and are not able to understand or influence what happens to them.” And that there is a need to “…secure a seismic shift in ambition for all children in care which puts the voice of the child, continuing and constant relationships and a focus on recovery at its heart.”11

Some participants acknowledged that Children’s Services were there to protect them and felt that if young people felt more informed and involved in every aspect of their care it could resolve some of the fear and distrust that leads to disengagement.

The NSPCC estimates that for each child identified as in need of protection from abuse, there are another eight who suffer in silence.12 The CQC iterates that “trust in the professional is crucial and [young people] won’t open up about issues unless they feel that the person actually cares.”13

We recognise that the current social care landscape is wrought with challenges that include a high turnover of staff, stretched resources and difficulty in ensuring all young people are given the time they need. But if staff are enabled to take the time to build trusting relationships with the young people they work with, the benefits of which would seemingly be exponential.

Adoption and foster care

It was uncommon for SWEET! 2 participants to live in a traditional two-parent home, with many living in single-parent families, with grandparents or in foster care. When we asked these young people their experiences of foster care, we mostly heard from young people whose parents fostered. They told us about the effect this could have on family life. For some participants, their
families had agreed to short-term emergency placements, but a shortage of suitable placements led to them having to foster these children long-term.

Clare’s foster-sister will now live with the family until she turns 18, but her parents had initially only agreed to a short-term emergency foster placement. Clare told us she felt “pushed out” of the family by her foster-sister (who she does not get on with), and felt that her family had not been given a choice in this long-term arrangement.

Gary’s parents initially agreed to foster 2 young children over one weekend, but the children have been in their care for over 18 months. It was 9 months until Children’s Services processed the paperwork for the family to receive payments, and it took a year for his parents to be granted protection of the children. These delays had made family life stressful.

Families who foster provide a vital service to improve the safety and wellbeing of many children and young people. At a time when more foster carers are needed, services should work with families to ensure that the prospect of delayed payments and protections does not deter families from fostering. It is vital that both the voice of the young person being fostered, and the young person already in the family, are heard and considered when making decisions.

Young carers

It was not uncommon for SWEET! 2 participants to have caring responsibilities for a family member, although the majority of these young people did not always realise they were young carers. Participants spoke to us about their experience of helping care for others affected by a range of issues such as disability, mental illness, and addiction.

Several participants told us that caring for their siblings frequently impacted their educational, employment or social availability, often combining seeing friends with childcare.

When Gemma lived with her family she explained that every morning she would wake her brother up, make him breakfast and get him dressed for school. She would then make a coffee for her mum, and wake her up too, before getting ready herself and walking her brother to school. Gemma told us that although her mum had been abusive to her, when Children’s Services intervened she pretended that everything was okay in order to remain caring for her brother.

Martha and her mother were responsible for the care of her grandfather. Martha’s mother worked night shifts, and so Martha stayed at her grandad’s house overnight. She would wake up many times in the night to check on him, and to give him his medication. She said it was a lot of responsibility for someone her age, but that it was worth it because it gave her the chance to repay her grandad for taking care of her when she was younger.

For many of the young people at TESS, the ability to participate in vocational education was regarded as their pathway out of deprivation. We know that young carers are more likely to live in a household where no adults are in work, and on average live in households with an average of £5,000 a year less than families without a young carer, but that caring responsibilities are a risk factor for being NEET. As the eligibility requirement for carer’s allowance requires a person to be 16 or over and not in full-time education or earning more than £110 a week the odds of breaking the cycle of deprivation seem stacked against young carers.

More must be done to identify and support young carers in order to minimise these odds. More flexibility is needed to allow young carers to participate more in education, employment and training opportunities without impacting their eligibility to receive an allowance. As CentreForum says, “A young carer becomes vulnerable when the level of care-giving and responsibility to the

14 Frith, Emily (2016) ‘CentreForum Commission on Children and Young People’s Mental Health: State of the Nation.’ London: CentreForum: p. 60
16 House of Lords (2016) p. 87-88
person in need of care becomes excessive or inappropriate for that child, risking their emotional or physical wellbeing or educational achievement and life chances.”

**Housing**

SWEET! 2 participants often lived outside of the family home in foster care, with grandparents, in social housing, on a friend’s sofa or with a partner. These participants frequently felt they had no space that was their own, and often spoke about the types of homes they would like to live in “one day.”

The idea of having a stable and suitable home was, for the young people, interconnected with broader stability in their lives across mental health, employment prospects and general health. It is not surprising that they felt that these things offer suffered as a consequence of unstable home lives, as the Mental Health Taskforce states “Stable employment and housing are both factors contributing to someone being able to maintain good mental health and important outcomes for their recovery if they have developed a mental health problem,” and that “Children living in poor housing have increased chances of experiencing stress, anxiety and depression.”

Abigail ran away from her physically abusive home life. Later, she explained to her grandmother “I’m not worried about the beatings I’ve had, I’m worried about the beatings I’m going to get” and Abigail has lived with her grandmother ever since. However, Abigail says her grandmother can be hostile and make her aware she is unwelcome, and even though she now gets on better with her mum there is no longer room for her in the family home. Abigail felt she had always been a burden to others, and wanted to experience a home of her own.

Despite often living in temporary arrangements, most of the young people were unsure what support existed to help them find housing, and how to access it, which contributed to their feelings of instability and anxiety.

For some female participants, their planned route out of troubled home life or unpleasant social housing (particularly homes with multiple occupants) was to find a wealthy boyfriend to move in with. The concern for TESS staff was that this made it harder to safeguard these young people against abusive relationships and exploitation. On top of this, female students had often been advised by their parents to get pregnant in order to access social housing and welfare. These attitudes made it harder for TESS staff to incentivise these young people into education and employment, which would help them breaking the cycle of deprivation.

Staff told us earlier intervention was needed before these attitudes become so ingrained that young people consider them the most reliable route to housing.

2 participants told us they were grateful for their safe and pleasant social housing placements. 6 others commented on the negative stigma attached to social housing. This, combined with the fact that permission was often needed before they could add their own decorative touches to these properties, caused a feeling that they would never feel they had a “proper” home.

We must not underestimate the benefits of safe and suitable housing for young people such as these, whose lives are often chaotic and filled with uncertainty. A stable home environment can be a huge step toward stability in education, employment and health management, and the Mental Health Taskforce has acknowledged that “Housing is critical to the prevention of mental health problems and the promotion of recovery.”

Young people, such as SWEET! 2 participants, living in areas of deprivation are more likely than their peers in mainstream environments to need earlier alternatives to living in the family home. Unless we ensure they have a stable and safe home environment, they may be left exposed to

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17 Frith (2016) p. 60
18 Mental Health Taskforce (2016) p. 6
19 Mental Health Taskforce (2016) p. 17
exploitation, poorer mental and physical health, and poorer educational and employment attainment.

**Gangs and offending**

Unlike participants in our first SWEET! report, SWEET! 2 participants were less willing to engage around their lived experience of offending (although we knew from staff that a number of participants had previous involvement with the Youth Offending Service). We found that this was because in the same way SWEET! 2 participants felt fearful or mistrusting of Children’s Services, they felt similarly towards the police and the justice system.

We heard from several participants whose male relative (such as a dad, uncle or brother) was in prison, or who had been...most commonly because of misusing or supplying illegal drugs. These participants typically appeared more withdrawn and mistrusting than their peers. As we learned in the section on Children’s Services and family life, having a relative in prison often led to young people being separated from their families.

Despite their disengagement from our sessions, we know that these young people have experiences that can shape our understanding of their needs. CentreForum has said that: “Prisoners’ families face high levels of stigma with nearly three quarters missing out on local help despite having multiple needs. They are often considered a ‘hidden group’ in local service provision with historically poor national and local accountability for the wellbeing of prisoners’ children and families.”

Some of the young people were able to explain their mistrust or fear of the police by sharing their experiences:

Stuart lived with his dad, and his mum has a mental health condition that causes her to experience paranoia. Stuart says she falsely accused his dad of harassing her, and went to the police. Stuart remembers the police coming to arrest his dad and keeping him in a prison cell overnight. His dad received a criminal record which meant he lost his well-paying job. This had been a distressing time for Stuart and his dad, and he feels their lives are worse off now.

Harry, who came from a traveller community, told us the police had not intervened when his family were targeted for hate crime. He had missed several years of education due to behavioural issues and discrimination, in keeping with the findings of the Children’s Commissioner who says “Many Gypsy, Traveller and Roma children miss out on school with a disproportionate number reporting bullying and exclusions.”

Harry told us he was constantly harassed in the community, and that any girlfriend he has will be harassed by association. For this reason, he finds it difficult to integrate with non-travellers who are often prejudiced towards his culture. Before moving to the area, Harry’s family were frequently targeted for crime and violence, until they eventually retaliated and fought with one of their harassers. This resulted in Harry and his family being in trouble with the police.

Harry was currently involved in a dispute with a non-traveller who he had invited to fight him. Even though he fought unarmed, he thought the other boy might bring a knife, and TESS staff were working to discourage him from fighting. However, Harry told us he gets bored easily and engages in risk taking behaviour which has led him to conclude “I will be dead by 20.” He is known to the police in the area, and feels he is unfairly targeted for being a traveller.

While several participants had moved to the area from London and felt it was comparatively safer, many others were concerned about the increasing presence of gangs in their community. Gang members operated in their estates and were present in the surrounding town centres, which

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20 Fletcher (2016) p. 20
21 Frith (2016) p. 58
made them feel unsafe and wary out in the community. Participants commonly attributed the increase in local gang activity to the relocation of people from London. TESS staff told us that because many of these young people were vulnerable they were more likely to be enticed into crime, and were therefore targeted for recruitment by gangs. When it was announced that TESS would be closing, staff noticed that gangs had started to congregate in the area that had not done so previously, and that gang-related incidents affecting TESS students were increasing.

With the school closing, staff were fearful that students with fewer alternatives into education or employment would be exploited by gangs making false promises of wealth and safety. Investment is needed in the most deprived areas in order to provide alternative opportunities to crime in order for young people to break the cycle of deprivation. When young people in such areas reach working age, many employment opportunities take them out of the locality. This perpetuates deprivation as the area is disproportionately inhabited by those who cannot find work. Both staff and students commented on the negative impact caused by numerous documentaries about Jaywick’s deprived status, which had a knock-on effect on housing prices and negative stereotyping of residents of the area. The only positive that could come from these shows, staff felt, was that it would make it harder to ignore the need for investment in the area. The Children’s Commissioner says “We want to see new investment in children in the poorer areas of the country to turn around the odds through practical support such as children’s centres to help children and their parents escape poverty.”

Without this investment we know that the cycle will only continue – those eligible for free school meals are more likely to be NEET, as are those who have turned to crime and had contact with youth offending services. The cost of this goes beyond the direct experiences of the young people themselves, as we know each young person who is NEET is estimated to cost the economy £56,000 through benefit payments, lost tax revenue and youth crime and healthcare costs.

Additionally, more research is needed around the health and social care lived experience of young people with a family member in prison. Prisoners’ families are likely to miss out on local provision, but as long as their voices remain hidden we will fail to understand how we can reverse these odds.

**Mental Health**

1 in 10 young people are believed to have a diagnosable mental health condition, but this applied to more than half of SWEET! 2 participants. This difference may be explained by the fact that young people living in deprived areas are more likely to report lower life satisfaction, and that those who are looked after or adopted, victims of abuse or exploitation, have been involved with the justice system or are members of gangs are particularly vulnerable to developing mental health problems as well as having a parent who has had mental health problems, problems with alcohol or has been in trouble with the law; having parents who separate or divorce; having been severely bullied having been physically or sexually abused; living in poverty or being homeless; experiencing discrimination perhaps because of race, sexuality or religion; acting as a carer for a relative, taking on adult responsibilities; having long-standing emotional difficulties.

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24 Delebarre (2016) p. 8-9
28 Frith (2016) p. 12
As CentreForum states:
“Social disadvantage and adversity increase the risk of developing mental health problems. Children and young people from the poorest households are three times more likely to have a mental health problem than those growing up in better-off homes.”

As we found in our first SWEET! report, many SWEET! 2 participants spoke about the mental health of their parents, with several assuming a pivotal role in the care of their parents and siblings.

SWEET! 2 participants spoke about their experiences of living with mental health conditions such as depression, anxiety, addiction, eating disorders and OCD.

“The counselling was good, but I don’t get that anymore so I can’t vent my emotions and my friends are getting the bad end of it.”

Staff at TESS worked closely with the Emotional Wellbeing and Mental Health Services (formerly CAMHS) to broker referrals on behalf of students, and were concerned about the impact the school closing might have.

Zach told us he had known for a long time that he was gay, but had always been unsure of how to deal with his sexuality and the stigma surrounding it, or where to find advice. Because of this, Zach spent a number of years feeling “completely alone” with no idea of who he could approach. He described reclusive behaviour and a deep sense of unhappiness.

Eventually, Zach approached the school counsellor who was unable to give him any advice or signposting. Confidentiality was a worry, and it took Zach a great deal of courage to approach the counsellor. He said that not everyone in his situation would have that courage.

While Zach has many questions on this topic, he has told a few trusted people that he is gay. He said that had he not done this his sense of isolation would only have increased. “Being gay is a big part of me,” he said, “and it was bad for me to keep it hidden away because of fear.” He felt that everyone should be informed about LGBT relationships and identities, rather than individuals having to try to find support. He also felt this would go a long way in reducing the negative stigma which can have a sizeable impact on the mental health of young LGBT people.

Zach spoke about the discrimination and bullying he experienced at his previous school, and the negative impact this had on his mental health and therefore his education. Zach’s experience shares similarities with Harry’s, whose we looked at earlier on in this report. Harry missed several years of education because of the harassment he faced as a member of a traveller family. Marginalised groups such as LGBT people and those from Gypsy, Roma and Traveller communities are at greater risk of mental illness, perhaps in part because of the negative stigma these groups face.

Not only can bullying contribute to mental illness, but mental illness can lead to bullying. A survey by Time to Change found that a quarter of young people with a mental health condition avoided education because of stigma and bullying.

Megan was also bullied in her previous school to the extent that she was now fearful about applying to college in case she will face further bullying.

Megan also attributes her mental illness as a consequence of the physical and verbal abuse she had once experienced in her home life. Her symptoms include paranoia, anxiety and hearing voices. While she has a counsellor now, it has taken her many years to access this support – in the past she went to her GP in hope of a diagnosis, but after a blood test her GP never got back to her.

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29 Frith (2016) p.5, 12
30 Fletcher (2016) p. 32
31 Mental Health Taskforce (2016) p. 7
Body image was a concern for female participants who often told us that their physical appearance was the biggest contributing factor to their sense of self-worth. Some went so far as to say that looking good was more important than academic or career success, and insecurity prevented them from exercising outdoors or participating in team sports. Staff recognised that this low self-worth contributed to the young people being vulnerable to eating disorders and exploitative or abusive relationships. However, with the local eating disorder charity overstretched and facing closure there was uncertainty of where these young people could be referred in future. National findings have recently emerged showing that the wellbeing of girls has deteriorated in recent years. A large-scale study by Ipsos MORI found that girls were more likely than boys to have low levels of life satisfaction, with 46% of girls seeing themselves as “too fat”...and we know that there is a link between body image and the levels of life satisfaction young people report.

Despite being at higher risk of mental ill health by a number of factors, the vast majority of SWEET! 2 participants (a higher proportion than their mainstream peers) had not received information on mental health and the surrounding services. Understandably, participants unanimously agreed that it was crucial for them to be informed on this topic in order to seek timely support and reduce the negative consequences poor mental health could have on their lives.

“I would like it if there was more help to deal with emotions. I’m currently shut off from the outside because of recent bullying.”

“I think children and young people should be educated from a young age about mental health...but not with school friends....they should mix with other schools and have small workshops, therefore they won’t be judged by school friends.”

We know that mental health impacts the likelihood of poorer educational attainment, involvement with the justice system and becoming dependent on drugs, as well as being more likely to smoke and drink, and earn less money or experience unemployment as adults. With suicide now the leading cause of death for males from the age of 15 upwards we must ensure that all young people, particularly the most vulnerable in society, have the opportunity to receive timely and quality care. As well as the personal cost to the young person and those around them, we cannot ignore the £105 billion social and economic cost of poor mental health in England each year.

Healthwatch Essex is delighted that young people’s mental health has become a policy priority in recent times, but there is still a long way to go to minimise the factors contributing to poor mental health. With the most vulnerable young people in society far likelier to experience mental health problems, the Mental Health Taskforce advocates for the reduction of inequalities in improving mental health for young people, and while Mind acknowledges the increased investment in mental health they state: “...there’s still a lack of recognition that mental health can be as much a social issue as a clinical one. If we fail to address the underlying social issues which may have a bigger impact on people’s lives and health than treatment or therapy, we undermine any potential benefit from health services. It’s vital that local commissioners are decision-makers act now to protect and improve these community services.”

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34 Ipsos MORI (2016) p. 9
36 Frith (2016) p. 5-6
37 Mental Health Taskforce (2016) p. 10
38 Mental Health Taskforce (2016) p. 23
Drugs & Alcohol

As with the first SWEET! report, we found that larger numbers of SWEET! 2 participants engaged with drug and alcohol use than more mainstream samples of their peers. Again, cannabis was the most commonly-used drug among participants, with several saying they smoke it habitually. Participants largely felt that cannabis was a “good” drug as they knew adults who used the drug to ease pain or anxiety, and several thought it would soon be legalised — one of the young people told us her father had smoked cannabis habitually for 22 years for back pain. However, participants seemed unaware of the risks associated with early cannabis use such as psychosis, other mental health issues and poorer general health. More than half told us they regularly “binge drink,” with only 4 claiming they knew how to drink responsibly. About a third of participants said it was difficult to manage their own drinking, saying that each drink tended to lead to another.

Some participants felt that habitual drug and alcohol use was a factor of life in a more deprived seaside town, saying that these substances were sometimes used to self-medicate or pass time — feeling that there was little else to do by way of employment or leisure.

“[I] smoke green but I want to quit.”

Peer pressure was another key factor in participants’ introduction to using drugs and alcohol: Lindsay told us she first smoked cannabis at the age of 12, after a family friend gave it to her and told her it was “something nice, called Rainbow.” This family friend also bought her alcohol. Later, Lindsay had a boyfriend who pressured her to take drugs with him, and would become angry and aggressive if she did not comply.

Jay’s friends encouraged him to smoke cannabis with them when they went fishing. He did this for a while, but he had bad reactions and decided to stop. He was unsure where to get support to quit, and Jay said he now feels he needs to smoke something when the group goes fishing so has switched to cigars.

Several of the young people spoke of the disruptive effects of a relative’s addiction, which had caused parents to separate and had even resulted in the death of one participant’s relative. Participants were worried about addiction in their own friendship circles, voicing concern for friends whose drinking habits involved drinking daily, drinking large quantities or neat spirits, or drinking alone.

The majority of participants felt it was therefore important to have reliable information on drugs, alcohol and addiction. They said curiosity about such things was part of being a teenager, and therefore it would be more useful to learn how to drink responsibly than told not to drink at all.

Because of their particular lived experience, SWEET! 2 participants also wanted the chance to learn about addiction, and personal safety (around topics such as drink spiking, and being targeted for crime or exploitation when drunk). As their peers were likely to use drink and use drugs, the young people explained they were naturally curious about why people engaged in these behaviours, and what the effects felt like.

Jamie’s friend used cocaine, and have asked him to use it too. He observed that his friends didn’t seem concerned about their health, even though they always regretted taking the drug the next day. Jamie said he wanted to understand why his friends want to take this drug, and how it makes them feel.

Despite being more likely than YEAH! participants to engage with drink and drugs, fewer reported receiving information on these topics. Roughly a third told us they received no information and
those who had reported inconsistency in how or what they learned. Getting such interventions right is crucial in allowing young people to make informed decisions, as 2 participants who felt they had received a good education on these topics told us that their learning had satisfied their curiosity enough to deter them from engaging with risky behaviours.

Young people’s illegal drug use continues to be a key policy concern for the government, and the Children’s Commissioner aims for raised awareness of the dangers of drugs and alcohol. With this demographic of young people likely to be exposed to drugs and alcohol at a younger age, it’s important to deliver interventions before they begin engaging in these behaviours.

**Sexual Health**

As with drugs and alcohol education, several young people claimed to have received no information on sexual health, and those who had found it inconsistent: some found it too limited and others found it too overwhelming. Yet SWEET! 2 participants wanted clear information on sexual health so they would be able to make informed decisions.

Liam is gay, and said he’d only ever learned about heterosexual sex and relationships, which didn’t apply to him. He was unsure if condoms were necessary in same-sex relationships, as STDs had only ever been spoken about as occurring between a man and a woman. Liam felt “incredibly isolated” by sex education classes, as he felt there was no alternative to being straight. Because of this, he didn’t come out as gay, or seek a relationship, for many years. Liam wanted the chance to learn about his own sexual orientation, and how to have safe sex and healthy relationships. He thinks it would be good for others to learn about same-sex relationships too.

There was a drive from both students and staff of TESS for sex education to include discussions on healthy relationships, and signs of exploitation or abuse. With many female pupils planning on starting a family as soon as they finished school, staff felt it was important to educate young people on the emotional motivations and consequences of sex, and the potential impact on mood and self-esteem. Staff went on to say that these young people often feel obligated to have sex, and it would be good for them to develop confidence and defence mechanisms.

Furthermore, findings by the Children’s Commissioner reveal that young people who had been sexually exploited felt they would have benefited from good relationships and sex education in school.

The need for consistent and reliable information on sexual health, sexual orientation, relationships and consent among all young people is evident. For SWEET! 2 participants, there is also a clear need to deliver this information at an earlier age when they are exposed to attitudes about sex and pregnancy in their home, community and school life.

**Nutrition and Exercise**

SWEET! 2 participants felt confused by the conflicting information they received on healthy eating, with debate around whether a healthy diet meant eating lots of salad, or buying diet microwave meals. There was also apathy amongst participants towards their current and future health, claiming they didn’t care about the benefits of eating healthily.

Participants were also frustrated that healthy food was more expensive than unhealthy fast-food...they explained they would be able to buy several burgers for the cost of the ingredients for a salad, and research has shown that young people from the most deprived areas are less likely to get their “5 a day”. Some of the young people worked in fast-food outlets where they were allowed to eat for free.

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43 Fletcher (2015) p.21
44 Ipsos MORI (2016) p. 16
45 Children’s Commissioner (2015) p. 8
Expense also played a role in their ability to exercise, with participants saying that gym memberships were not affordable and that exercising outdoors was often not possible due to concerns for their safety in the community, and feelings of self-consciousness and low self-esteem. Again, research has found that young people in the most deprived areas are the least likely to achieve an hour of moderate/vigorous exercise in a week. 48

SWEET! 2 participants wanted clear direction on how to achieve a healthy diet, with a third saying they had never had the chance to learn about this. A popular idea was to use school time to plan healthy meals, and as some were responsible for the cooking at home they felt this would also benefit the health of their families.

As mental health problems were prevalent among these young people, staff felt information on nutrition and exercise should highlight the potential mental health benefits of a diet and exercise. Staff also felt there was a need for a clearer message around balance and moderation, as the young people often described feeling guilt about their food choices which could lead to disordered eating.

**Smoking**

Research shows that young people living in areas of deprivation are likelier to smoke 49 and that those with mental health conditions are twice as likely to smoke. 50 The majority of TESS students were smokers, most commonly telling us they began smoking between the ages of 12 and 14, and smoking an average of 10-20 cigarettes a day.

Staff explained smoking was a learned behaviour that frequently began at home, and the young people confirmed that the main reason for starting was because friends or relatives smoked...in fact several of the participants’ parents were the ones who provided them with cigarettes.

Lee began smoking when he was 13, because both of his parents and all of his siblings were smokers. For this reason he felt it would be particularly hard for him to quit.

Few participants reported having received information on the negative effects of smoking and how to quit. Those who had said that while sessions were off-putting, they had yet to quit.

Again, participants often displayed apathy toward the impact of smoking on their health, with some saying they were unconcerned about their futures, and others feeling that they wouldn’t need to change these behaviours until they were older. One participant went so far as to tell us “Smoking will kill me, but I’m not fussed.”

Participants felt that the most effective deterrent from a lifetime of smoking would be to receive key information on the harmful effects before they started smoking. They explained that this information was less effective once they become addicted, as quitting was very difficult. People with prolonged mental illness are at risk of dying 15-20 years earlier than other people, and the Mental Health Taskforce acknowledges the prevalence of smoking among this group, calling for integrated services that offer health checks and smoking cessation programmes to those effected by severe mental illness. 51

**The Role of Education**

CentreForum states “Education is one of the strongest predictors of good health; the more schooling people have the better their health is likely to be. More formal education is consistently associated with lower death rates. School exclusion can often be a life-changing decision and experience. It often adds to already accumulating risks in a child’s life.” 52 Yet many SWEET! 2

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47 Ipsos MORI (2016) p. 11
48 Ipsos MORI (2016) p. 10
49 Ipsos MORI (2016) p. 12
50 Mental Health Taskforce (2016) p. 14
51 Mental Health Taskforce (2016) p. 6, 14
participants had dropped away from mainstream education through exclusion, bullying, caring responsibilities, chaotic lifestyles, mental health issues and truancy before enrolling at TESS. So far in this report we have established the link between young people living in areas of deprivation and poorer health and social care outcomes, and the support needed to help young people break the cycle of deprivation. The House of Lords has said “Getting a job is one of the most direct routes out of poverty,”\textsuperscript{53} but we know that those living in deprived areas, from poorer backgrounds, with low educational attainment, and so on, are disadvantaged in their chances of moving up the social ladder later in life.\textsuperscript{54}

In working with the school it was evident that TESS refused to accept these odds for their students, and placed value on vocational skills. Tailored guidance was in place to minimise disruption to the students’ education, as well as pastoral staff able to refer the young people and their cases to Children’s Services or the Emotional Wellbeing and Mental Health Services. A Student Advocate was in place to communicate with parents and carers to bridge the gap between home life and school, which could positively impact both environments for the young people. We also observed classes in which staff used the subjects they were teaching to cover themes that were relevant to the young people’s health (for example, in an English class, the teacher had chosen to cover a book which allowed for discussion around mental health, self-esteem and drugs) which demonstrated a whole-school approach to promoting good health and wellbeing.

These staff spoke of the importance in taking the time to build a personal relationship with a young person that could overcome trust issues and aggression and reach a point where they were able to intervene in the students’ decision making processes. TESS students often praised the “safe space” they felt TESS provided where they were able to focus on their education away from bullying, troubled home lives and pressures to reach an academic standard they were incapable of. Archie said TESS offered “loads of support” and a “small, friendly environment” to learn in. He explained he achieved more at TESS than at his previous school which was exam-focused and high pressured, where he was also bullied. Archie told us TESS works with pupils on their personal goals and growth, rather than being completely focused on academic results. Archie spoke about the positive impact this environment had on others, noting that a classmate of his had severe anger issues and was aggressive to staff and students but is now one of the highest achieving pupils in his class.

TESS staff told us that not every young person’s strengths lie in academia but as this is the focus of mainstream schools a young person’s confidence and self-worth can be depleted if they feel unable to reach the educational standards expected of them. At TESS the young people were able to study vocational modules in mechanics, catering and childcare and work towards employment. A teacher explained “They may not get A-C grades, but their lives are changed.” Students told us that because they often took on responsibility for the lives of themselves and others the emphasis on life skills helped prepare them for an independent future.

A report from the House of Lords has found that “The transition from school into work is a vital point in the lives of young people. Making a successful transition through a high quality and valued pathway can mean a successful career. Becoming trapped in poor quality and under-valued alternatives can mean a lifetime of poverty.”\textsuperscript{55} But with TESS closing staff expressed great concern about young people’s ability to make this transition without this structure in place. Staff explained the inclusive and encouraging nature of the school helped deter young people from crime and drug use and kept them focused on goals that would better their futures. The value of the school

\textsuperscript{52} Frith (2016) p. 60
\textsuperscript{53} House of Lords (2016) p. 26
\textsuperscript{54} House of Lords (2016) p. 20
\textsuperscript{55} House of Lords (2016) p. 4
was obvious, as later in our engagement when the school’s classes had stopped young people were still coming into the building to spend time around staff.

The Mental Health Taskforce has said “Employment is vital to health and should be recognised as a health outcome. The NHS must play a greater role in supporting people to find or keep a job,” and it is estimated that educational underachievement costs £22bn per generation. However, the ability for young people such as SWEET! participants to break the cycle of deprivation can be hindered by bullying, troubled families, chaotic lifestyles, caring responsibilities, mental health conditions, substance misuse and involvement in crime. In order to reverse these trends there must be integrated, multi-agency support in place to allow young people to overcome such disadvantages. Failing to invest now will only increase the personal and economic cost of unfulfilled potential.

**Learning disabilities**

We know that those with disabilities are more likely to be NEET and report lower life satisfaction. Most of the students of TESS had a statement for a learning disability or behavioural issues. Combined with the other factors that affected young people in our study, TESS staff were concerned that these students would face even more barriers when the school had closed. The small and personal environment had proved to be beneficial to their learning, and working closely with staff allowed them to work on behaviour. With many opportunities for education and employment taking place out of the area staff felt that the anxieties and difficulties these young people often had in using public transport and entering busier and unfamiliar environments would be a further barrier.

“I have dyslexia and autism which makes it hard to do some things, like making friends.”

Participants with a diagnosed learning disability told us that up to the point of diagnosis they had received no awareness on what a learning disability was, and how it could impact their learning. We learned the confusion that could be caused by not having relevant information, and the value appropriate support could bring.

Amy had an autism diagnosis, but told us she wasn’t informed about what support she would need or how autism would affect her behaviour and ability to learn.

David also had an autism diagnosis. He attended a weekly club which helped him build confidence and become less withdrawn through participating in social activities with others. He also said the inclusive environment at TESS made it easier for him to make friends and feel involved in school life.

Participants with learning disabilities spoke of bullying in their previous schools which they said stemmed from a lack of awareness:

“I have been bullied because of this. It actually started in primary school. I used to get beaten up a lot. I learned that being upset and crying attracted the attention of bullies even more so soon any sadness became anger.”

The National Autistic Society found that only 16% of autistic people and their families think the public understand autism in a meaningful way, but felt that if the public had a better understanding it would improve the health and wellbeing of autistic people and their families, which can also be said for all young people with disabilities who encounter bullying or discrimination. They have said:

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56 Mental Health Taskforce (2016) p. 17
57 Peacock (2011)
58 Delebarre (2016) p. 8
59 Ipsos MORI (2016) p. 27
“Better public understanding of autism would expand these worlds and improve the health and wellbeing of autistic people and their families. We can’t always change all the environmental factors that can make going out difficult, like crowded spaces and sensory challenges, but if the public understood autism better, it would mean anxiety about their reaction is less likely to contribute to these unacceptable levels of isolation.”

**GPs, Hospitals and Additional Services**

Just as SWEET! 2 participants often avoided contact with Children’s Services and the police, they could also be avoidant of mainstream health services. Participants told us it was too difficult to secure GP appointments, which often required calling at 8am the day you wished to be seen and hoping there was a space. “I wanted to make an appointment but all of them were gone. When this happens you have to wait until the next day and go to the doctors really early to try to get an appointment.” “It takes ages to get through to someone and then the next minute all the appointments are gone.”

Even if they were successful in getting an appointment, some told us these appointments usually conflicted with school and work times. While we know that increasing difficulties in accessing services is a national issue, TESS staff told us this could particularly effect SWEET! 2 participants whose sometimes chaotic lifestyles added an extra barrier to booking and upholding appointments.

Tony and his family were travellers, and when they moved to the area they tried to register at their local surgery but were turned away. Tony felt this was because they were travellers. The family managed to register at a different surgery, but Tony explained that the time it took to make an appointment and then be seen meant he went to a walk-in centre or A&E instead. He felt these services were easier to use.

Around half of SWEET! 2 participants had used emergency services in recent years. As this sample of young people largely avoided making appointments at a GP surgery, participants commonly saw A&E as a catch-all service for any medical issue, with some telling us they skipped their GP altogether and went straight to A&E. However, some claimed they would not even attend A&E, feeling they would not be taken seriously.

Despite a high use of A&E, an awareness of 111 and walk-in centres was incredibly low amongst SWEET! 2 participants, with only 2 having heard of walk-in centres, and 1 having heard of 111. However, 5 told us they felt that walk-in centres sounded like good alternatives to A&E, but they did not know where their nearest service was located.

Without a wealth of their own experience with health services, participants mistrust or anxiety was heightened by negative press around local hospitals that led them to believe they could expect long waits and poor standards of care. “My girlfriend’s grandad died in the hospital where he received poor service and neglect.” This fear, compounded with a lack of experience, could produce unpleasant outcomes: Tom felt that because his family had not used mainstream health services very often, they were unaware of how they were expected to behave in them. Tom told us that his relative became very aggressive in hospital when his baby was very ill, and the police were called to take him away. Tom said he had been angry because he was frightened for his baby, and being taken by the police made him feel even less in control.

The House of Commons Health Committee says that “Primary care is the bedrock of the National Health Service and the setting for ninety percent of all NHS patient contacts.” It is therefore a concern that the young people we spoke to in SWEET! 2, who arguably present a higher need of

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62 House of Commons Health Committee (2016) p. 3
such services, are at risk of disengagement. With SWEET! 2 participants often caring for parents or siblings it might be that the needs of those in their care are also affected.

Concluding Thoughts and Next Steps
We are sad to say that TESS closed down at the end of summer 2016. At present, we are unaware of similar provision for young people with similar lived experience in the Tendring area.
Healthwatch Essex has continued to engage with seldom heard young people, going on to gather the lived experience of young people in a secure mental health unit. These findings will produce a SWEET! 3 report.
Last summer Healthwatch Essex carried out the final instalment of the YEAH! project, engaging with around 1,000 young people from throughout the county. This time, we collected their lived experience around public health topics which will form the YEAH! 3 report to be released later this year.
In 2017 we will continue seeking the lived experience of the “hardest to reach” groups of young people in our county in order to embed their voice in health and social care decisions made around services. We will begin to focus on the safeguarding needs of young people who have experienced gang recruitment, sexual exploitation and trafficking.
We hope that the courage of the young people who spoke to us for this SWEET! 2 report will be rewarded by having their voices used to create positive change by those making decisions about the services they access and need. These are some of our county’s most disadvantaged young people, and we must act to reverse the odds that can seemingly be stacked against them. As the Children’s Commissioner has said:
“Disadvantage casts a long shadow over children’s lives – it affects their experience of school and educational outcomes, their ability to participate in their local community, the opportunities they enjoy throughout childhood, their health and ultimately life expectancy.”
As ever, Healthwatch Essex wants to work with commissioners, services and health and social care professionals in order to form part of the solution in these challenging times.

22 August 2017

63 Children’s Commissioner (2015) p. 8