Enjoy, Achieve and Be Healthy
The mental health of Black and minority ethnic children and young people

Mhemooda Malek
July 2011
“Need to have good relationships before problems start. People won’t go to anyone they don’t trust & when they have problems that person (who can help) already needs to be around. You can’t think straight or build relationships in middle of problems.”

(Young participant)
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The Afia Trust commissioned this report as we recognised for some time that Black and Minority Ethnic (BME) young people have increasingly been failed by the education system, the criminal justice system, as well as health and social care services.

From our experience in campaigning and lobbying for better mental health services for adults, we have realised that Child and Adolescent Mental Health Services (CAMHS) and all the tiers of support for helping young people with mental health problems were not addressing the cultural and social needs of BME young people.

For this reason it was important to have a detailed report to capture the views and perspectives of young people, including the current challenges around services and policies which are aimed at young people. This report, like some of our other reports on mental health, again highlights that as a society, we are still one million miles away from a post racial Britain, where the colour of your skin, faith or gender is still a major factor to be discriminated and marginalised. These experiences impact on one’s identity and self esteem, thus potentially young people will carry some of these experiences in to their adult life. Equally, mainstream services and policy makers still fail to understand young people’s wants, desires and experiences. With the government now having a clear systematic attack to undermine and diminish the duties under the Equalities Act 2010 on the pretext of red tape, what chance do young people have to receive or work in an inclusive service free of racism, sexism and homophobia.

Afia Trust intends to use the report to further highlight the plight and condition of young people experiencing inequality, disparity of services and growing evidence of structural racism which affects their life chances and choices. As a member of the Ministerial Advisory Group for mental health I will personally present this report to Paul Burstow, Minister for Social Care, to ensure that the implementation of the new mental health strategy reflects the real time experiences of young people and their families. It will be a major indictment if after five years these young people become part of the conveyor belt of over representation and misery in the mental health system which for the past 30 years has failed to effectively tackle issues around racial inequality. We also hope to engage with the Young People’s Mental Health Coalition as they represent all the mainstream children and mental health charities. Afia wants to call to account the Coalition that will ensure that BME young people and BME-led organisations are not left out in future campaigns, plans and strategies. Also, we want to support and work with the Time for Change campaign to ensure they have dedicated resources and a BME-led campaign around stigma and discrimination aimed at young people and our communities.

We are concerned that the proposed NHS reforms in the revised White paper on Health may potentially have a negative impact on young people as their views and experiences were not taken in to account. The debates have been dominated by adults from the medical establishment and professional bodies who seem to forget that young people are going to be the future beneficiaries as patients, tax payers and NHS staff. We now need to ensure that BME young peoples’ voices and experiences are recognised and respected within GP commissioning services, when national and local Healthwatch appoint members and, that Health and Well Being Boards like Youth Parliaments have a parity of representation.

Afia hopes to build on this report to develop a strategy and plan of action about how to develop a network around the health and well being of young people. We
are exploring with a number of funders and sponsors to develop a new charitable structure within the Afiya family called ‘Young Afiya’ so that we can support and develop the leadership and campaigning skills of the next generation of BME young people who will be doctors, nurses, managers, social workers, politicians, human rights campaigners and third sector leaders as part of the ongoing historical and future development of multicultural Britain.

Patrick Vernon
CEO, The Afiya Trust

“The question ‘Where you from?’ is more than where you were born but that is what people are asking, you or your parents birthplace.”
(Young participant)
The mental health needs of Black and minority ethnic (BME) children and young people have received scant attention in public policy and service provision. The relatively sparse published information indicates that they are under-represented in child and adolescent mental health services (CAMHS), not because they don’t experience mental health difficulties but because they are more likely to be identified as being in need of support at the point of crisis. Some concerns have also been expressed about the ability of mainstream children’s services to provide interventions and support that are culturally appropriate and sensitive to the needs of service users from specific BME groups. While they are under-represented in CAMHS, children and young people from some BME groups are over-represented in other situations and systems that are said to have a negative impact on their mental health, such as exclusion from school and young offender institutions. A further consideration is the over-representation of adults from some BME groups as mental health in-patients and the extent to which this is due to a lack of appropriate interventions at an earlier age, especially as mental health problems experienced by adults are said to have started to develop by the age of 14 years. It is also unclear how the range of initiatives aimed at prevention and early intervention are able to effectively engage BME children and young people and provide relevant interventions and support.

This document is based on work undertaken between October 2010 and March 2011 and is presented in two parts. The first section highlights the need for greater consideration to be given to meeting the needs of Black and minority ethnic children and young people in all aspects of children’s services provision. Some of the key themes, policies and programmes are summarised and questions raised about their application to engage with and effectively address the needs of Black and minority ethnic children, young people and their families. Questions that must be addressed if we are to gain a clearer picture about the extent to which current provision addresses the needs of BME children and young people and establish where the gaps are.

Section two presents the aims, methodology and findings of a consultation undertaken with Black and minority ethnic young people in February 2011. Feedback from participants to each consultation question is followed by a summary of the key issues raised by the feedback. Overall conclusions from the consultation are presented at the end of the report.

Acknowledgements

This work would not have been possible without the participation of young people and the staff who facilitated them to participate.

Our sincere thanks to the project staff who were generous with their time and support, going the extra mile in order to facilitate the consultation and enable young people to give feedback.

To the young participants we give thanks for their enthusiasm, time and invaluable insights. We hope this report does justice to their views and efforts.
“Choice of different people getting help from different places”
(Young participant)
Introduction

In recent years there has been some acknowledgement, at the level of both national policy and in relation to service delivery, that many mainstream services are failing to address the mental health needs of children and young people from Black and minority ethnic (BME) communities. The inadequacies highlighted cover both planning (e.g. population needs assessments, commissioning, collection and use of relevant monitoring data) and provision (e.g. accessible, culturally sensitive services and interventions) of appropriate and responsive services. However, an accurate picture of the status quo remains far from clear.

Over the last decade or so, there have been some welcome initiatives and focus on the mental health needs of BME communities, however, these have not given sufficient focus to BME children and young people. One consequence of this lack of focus is that subsequent evaluations/reviews of these initiatives have also failed to look at the nature of impact that policy and practice initiatives have made on provision for BME children and young people. For example:

- It is unclear how ‘Delivering Race Equality in Mental Health Care’ (DRE), the government’s five year action plan (2005 – 2010) to improve the mental health of BME communities has been implemented in child and adolescent mental health services (CAMHS); the review of this action plan highlights some good practice but there is no overview of how the 12 characteristics and related actions have been applied to CAMHS at the national level and the nature of further developments needed. Anecdotal evidence suggests that, with the exception of a few examples of good practice, there has been no significant implementation across CAMHS.

- The Count Me In census of BME in-patients indicates that the number of BME children and young people in in-patient settings is small for some BME groups and average for other BME groups given their numbers in the national population; however, this census only gathers information from mental health in-patient providers registered with the Care Quality Commission and therefore excludes children and young people who may be cared for in other settings such as paediatric wards and social services residential care. The shortage of in-patient facilities for children and young people with mental health problems is likely to contribute to them being cared for in other settings.

- No health without mental health (2011), the current government mental health strategy for all age groups, gives a welcome focus to children and young people and the importance of prevention and early intervention. The strategy has also undergone an impact assessment as required by the Equalities Act 2010. However, the impact assessment gives insufficient focus on BME children and young people and there is no breakdown of figures for this group, either in the section on children and young people or on ‘race’. For example:

  - In any given year 20% of children and young people are said to have a mental health problem but there is no indication of how many are BME children and young people. Without this information it is difficult to gauge the level of need and necessary developments in provision to meet that need.

  - Similarly, percentages given for prevalence of specific disorders in children and young people do not indicate how many impact on BME children and young people and there is no explanation of why this data is not provided. A breakdown of disorders by ethnicity is provided for BME adults.

  - The risk factors indicated for children and young people do not include racism, racist bullying and racial harassment. Previous work, including the review of CAMHS and our current consultation indicate that
these are significant concerns for BME young people.

- The high risk groups listed for children and young people include LGBT, disability, young offenders and others. BME children and young people are not included in this list, yet they are over-represented in many of the groups listed and several studies have highlighted over-representation in youth justice, looked after provision, school exclusion and educational underachievement\(^\text{14,15,18}\). Situations that are said to have a negative impact on mental health.

- The section on ‘race’ does not mention children and young people. Culturally appropriate interventions and treatments, culturally sensitive services, Improved Access to Psychological Therapies and other approaches recommended in this section must be applied to CAMHS. Unless this is made explicit there is a risk that, as with DRE, implementation in CAMHS will be piecemeal or not be implemented at all and not be subject to review.

The emerging picture at the level of national policy is one in which BME children and young people do not receive sufficient and robust consideration either because of their age or due to their ethnicity. It is vital that due consideration be given to the needs of BME children and young people in:

- the planning and delivery of children’s services; and,

- initiatives and approaches that focus on ethnicity across all age groups.

Otherwise BME children and young people remain invisible and insufficiently included, or not included at all, in implementation as well as evaluation and review to inform subsequent developments. This negative cycle must be broken.

**Why look specifically at BME children and young people?**

The 2001 Census figures indicate that BME communities have the youngest age profile overall with some variation between specific BME groups: 50% of the Mixed group, 38% of Bangladeshi and Other groups and 35% of the Pakistani group have young people aged 16 or under compared to 20% of the White British group.

There are a number of reasons why it is imperative that specific consideration be given to the mental health needs of BME children and young people, including:

- Access to CAMHS is limited, the recent review of CAMHS\(^2\) states that children and young people from BME communities were under-represented as service users in the areas visited by the review team. The review goes on to state that the problems of BME children and young people are likely to reach crisis point before they come into contact with services.

- Early intervention is important, especially given that the mental health problems experienced by many adults are said to have started to develop by age 14. Tackling difficulties at an early stage in their development is likely to be less costly in both financial and human terms\(^5\). It is unclear how early intervention initiatives are able to engage BME children and young people.

- Over-representation in adult mental health in-patient services of patients from some BME groups\(^9\), combined with under-representation in CAMHS suggests a link between a lack of effective intervention at an early age and becoming a mental health in-patient as an adult.

- Over-representation in other systems of children and young people from specific BME groups. Young people from some BME groups are disproportionately over-represented in the youth justice system, social services looked after provision, exclusion from school and educational under-achievement \(^\text{11,14,15,18}\). The adverse impacts of these systems and situations on young people are well documented and their mental health needs are identified as a key concern. A further consideration is whether there is a link between the under-representation of BME service users in CAMHS and the over-representation in other systems.

- Developmental age of children and young people must be taken into account to ensure initiatives and interventions are age appropriate. For example,
the age of children and young people is a crucial consideration to developing accessible promotional resources or exercises designed to obtain their views. Initiatives aimed at BME people across the age range must consider this need.

- Structure of services to address the mental health needs of children and young people is fundamentally different to that of services for adults. Actions and recommendations regarding race equality must take this into account in order to avoid adding children and young people on to initiatives and programmes that are developed primarily with a focus on adult services.

There are many other considerations related to the above points such as the extent to which staff are equipped to deliver culturally appropriate and sensitive services, how effectively staff from different disciplines work individually and collectively to address the needs of BME children, young people and their families.

Structure of CAMHS

Services relevant to promoting mental health and addressing mental health problems in children and young people span many agencies and sectors. These are referred to as comprehensive CAMHS and are broadly defined as:

- Universal services – promoting emotional well-being
- Targeted services – providing early intervention for vulnerable young people
- Specialist services – providing high quality mental health provision.

The various services and disciplines relevant to addressing mental health and well-being of children and young people are usefully set out in a four-tier strategic framework. It should be noted that neither services, nor service users, fit exactly into a particular tier. For example, staff may work across more than one tier and service users may need support from a number of tiers at any one time. Interventions may be provided to the child or young person as well as significant others such as parents/carers or siblings.

Allowing for some crossover between tiers, the practitioners and nature of support provided at each tier can be broadly summarised as follows:

<table>
<thead>
<tr>
<th>Tier</th>
<th>Description</th>
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<tbody>
<tr>
<td>Universal</td>
<td>Promoting emotional well-being</td>
</tr>
<tr>
<td>Targeted</td>
<td>Providing early intervention for vulnerable young people</td>
</tr>
<tr>
<td>Specialist</td>
<td>Providing high quality mental health provision</td>
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</tbody>
</table>
### CAMHS four-tier structure

<table>
<thead>
<tr>
<th>Tier 1</th>
<th>Practitioners</th>
<th>are not necessarily mental health specialists and nor do they work in specialist mental health services. For example: GPs, health visitors, school nurses, teachers, social workers, youth justice workers and voluntary agencies provide services at tier 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nature of support</td>
<td>provided includes mental health promotion, early identification of problems, treatment for minor problems and onward referral to more specialist services.</td>
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<tr>
<th>Tier 2</th>
<th>Practitioners</th>
<th>are mostly specialists in mental health who work in community and primary care settings and usually through a uni-disciplinary approach. Primary mental health workers, psychologists and counsellors (who may deliver support through GP practices, paediatric clinics, schools and youth services) work at tier 2.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nature of support</td>
<td>provided includes provision of information and advice to families and other practitioners, outreach work, assessment of individual need and training to practitioners at tier 1.</td>
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<tr>
<th>Tier 3</th>
<th>Practitioners</th>
<th>at this tier are usually part of a multi-disciplinary team based in community mental health clinics or child and adolescent psychiatric outpatient services. Members of the team may include child and adolescent psychiatrists, social workers, clinical psychologists, community psychiatric nurses, child psychotherapists, occupational therapists and performing/visual arts therapists.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nature of support</td>
<td>provided will be specialist interventions to address severe, complex and persistent disorders. This may include assessment of individual/family need, individual or family therapy, use of medication and referral/support with accessing relevant other agencies such as housing, education or employment services.</td>
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<tr>
<th>Tier 4</th>
<th>Practitioners</th>
<th>will be similar to those identified at tier 3 who are qualified to deal with the most serious mental health problems. Practitioners may work as part of a team in secure forensic units, eating disorder units and specialist neuropsychiatric teams.</th>
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<tbody>
<tr>
<td>Nature of support</td>
<td>provided will be to address a range of serious mental health problems such as eating disorders, anorexia, offending behaviour and so on. The settings in which support is provided may include day units, highly specialised outpatient teams and in-patient units that may serve more than one district or region.</td>
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Policy Context

Services and programmes that aim to promote mental health and to address mental health problems in children and young people span a number of professional disciplines and services. Furthermore, some policy initiatives apply across the age range and include children and young people. Consequently, relevant legislative, policy and other guidelines are wide ranging and go beyond those focusing specifically on mental health.

Currently a wide range of government policies are relevant to children and young people and their mental health, too numerous to cover all in any detail here. Furthermore, the policy landscape continues to change and more so following the election of a new coalition government. Irrespective of policies changing or being amended, a key question regarding BME children and young people is the extent to which the various programmes, policies and initiatives are applied to identify and address their needs appropriately and measure outcomes; this is also a legal requirement of the Equalities Act 2010.

The following policies and programmes are some of those relevant to the mental health of children and young people.

National Service Framework for Children, Young People and Maternity Services (NSF)

This NSF is a 10 year programme that introduced 11 standards to support the health and well-being of children and young people. Standard 9 focuses specifically on mental health and the underpinning principle is that access to CAMHS should be available to all children and young people regardless of their age, gender, race, religion, ability, class, culture, ethnicity or sexuality.

The following specific recommendations regarding BME communities are included in standard 9 of the NSF:

- Localities with a significant population of refugee and asylum seeking families may need to make specific arrangements to provide appropriate mental health care for children and young people from such families.
- CAMHS needs assessments should be representative of specific BME groups within each community.
- Primary Care Trusts and Local Authorities should ensure that local directories of services for BME groups are available to enable children, young people and their families from these groups to receive appropriate support.
- All staff working within CAMHS should be sensitive to the particular needs of children and young people from different minority ethnic groups.
- Training is available to staff to work effectively with families from specific BME groups within their community.
- Services aim to recruit and train professionals from BME communities for whom services are being provided.
- The provision and training of interpreters is reviewed to ensure that best practice is achieved.

In addition to these specific recommendations for BME communities, it should be noted that all recommendations across all eleven standards have relevance for BME communities. The Equalities Act 2010 requires that all policies and services be assessed for their impact on race equality. The focus, therefore, should not be solely on recommendations that are specific to BME communities. For example, other recommendations in standard 9 that relate to areas such as disability, out of hours provision and transition to adult services should also be considered regarding impact on BME children and young people.

Questions that arise regarding BME children and young people are:

- What progress has been made in implementing the specific recommendations in the NSF regarding BME children, young people and families?
To what extent are the needs of BME children, young people and families considered in the implementation of broader recommendations?

Independent review of CAMHS

An independent review of CAMHS was carried out in 2008 and concluded that three fundamental changes are needed in order to better support children’s mental health and emotional well-being:

- The need for everyone, including parents and carers, to know what part they can play in helping children grow up and where to access help and information.
- A better understanding in local areas of the needs of all children and young people at both the population and individual level, combined with effective engagement with children, young people and families to develop approaches that meet those needs. Parents, carers, children and young people should feel listened to, know what is available and be “able to access help quickly and in places they choose to go to.”
- Staff across all relevant universal and specialist services to have a clear understanding of their own roles and responsibilities and those of others to have an appropriate range of skills and confidence.

The review states that no major shifts in policy are required to facilitate these changes but the full implementation of existing policies is recommended. Twenty recommendations are set out for improving outcomes for children who are at risk of developing, or are experiencing, mental health problems. The issues and needs regarding BME children and young people are considered in the context of ‘vulnerable groups’, described as children and young people who may be vulnerable for a number of reasons including:

- Their problems are hidden from the system – for example, refugees, those seeking asylum, travellers, those who are homeless and young runaways.
- Their problems are not recognised or addressed due to discrimination or lack of awareness – for example, children from black and minority ethnic communities.

The review team conclude from their literature review that data regarding children and young people from BME communities is inconsistent and at times contradictory. Factors such as:

“discrimination, racism, low self-esteem, socio-economic disadvantage and the experience of seeking refuge or asylum may all exacerbate mental health problems. Two risk factors relevant to some young people are academic failure and low self-esteem. For example black young men are three times more likely to be excluded from schools than their White counterparts and are also five times less likely to be seen as gifted.”

With reference to meeting the needs of BME children and young people, the review team found that service users from this group were under-represented in the areas visited by the team. The voluntary sector was identified as an important source of support:

“It can be challenging for children’s services to fully understand how differences within and between communities impact upon mental health needs, and also how to make services more accessible and acceptable. The voluntary sector was seen as providing an important source of help.”

Unlike the review team visits to areas that indicated an under-representation of BME service users, the literature review carried out by the team found inconsistent evidence overall regarding representation of BME children and young people in CAMHS. The differing insights gained through actual visits and literature review indicate the situation on the ground is likely to be different to that indicated by available literature. They conclude that the problems experienced by BME children and young people are more likely to reach a crisis point before they come into contact with services:

“This may be due to the fact that mental health issues are sometimes seen as stigmatising. In some areas there may...
be different referral routes for different minority ethnic groups. Professionals are not always sensitive to different cultural backgrounds, and the use of interpreters can lead to concerns about confidentiality and can make it difficult for practitioners to develop relationships with families.”

(Page 81, para:7.56)

Some of the gaps and pitfalls regarding mental health provision for BME children and young people are highlighted in this review and the need to gather more evidence is clear. Equally important is the need to involve these children, young people and their families in the planning, development, delivery and review of mental health provision.

A key question regarding BME children and young people is:

- How will the implementation of recommendations arising from this review take account of local BME communities and what systems will be put in place to monitor and evaluate outcomes?

Every Child Matters Change for Children (ECM)

This is the government strategy setting out a programme for change in local services for children and young people and is underpinned by the Children Act 2004. The strategy is set around achieving five outcomes:

- **Be healthy** – Enjoying good physical and mental health and living a healthy lifestyle.

- **Stay safe** – Being protected from harm and neglect.

- **Enjoying and achieving** – Getting the most out of life and developing skills for adulthood

- **Economic well-being** – Not being prevented by economic disadvantage from achieving their full potential.

- **Make a positive contribution** – Being involved with the community and society and not engaging in anti-social or offending behaviour.

These outcomes are relevant for all children and young people and should be achieved through improved joint working between relevant agencies. Children’s Trusts were introduced to facilitate agencies to work together to conduct a Joint Strategic Needs Assessment (JSNA) of their local area, publish a Children and Young People’s Plan (CYPP) setting out how the needs of children and young people will be met and commission services via pooled budgets.

Children’s Trusts and Children’s Trust Boards

Some changes have been introduced to the concept of Children’s Trusts through the Apprenticeship, Skills, Children and Learning Act 2009 (ASCL Act 2009).

Children’s Trusts are described as a set of cooperation arrangements and partnerships between agencies that have a role in improving outcomes for children and young people in their locality. The co-operation arrangements and partnerships may relate to, for example, pooled budgets, sharing buildings or equipment, joint training for staff and so on.

A key question regarding BME children and young people is:

- To what extent are cooperation arrangements in place to improve outcomes for BME children and young people?

The Children’s Trust Board is part of the cooperation arrangements and partnerships of the Children’s Trust but should have a clear and separate identity within the Children’s Trust. From 1st April 2010 the Children’s Trust Board has been placed on a statutory footing and has responsibility for developing, publishing and reviewing the CYPP.

Questions that arise regarding BME children and young people are:

- How effectively are the needs of BME children and young people taken into account in preparing and implementing the CYPP? (Needs assessment, planning, commissioning and monitoring of service delivery).
• To what extent are BME communities effectively represented on Children’s Trust boards?

No health without mental health

This strategy has already been discussed (see page 5). It is unclear the extent to which the strategy will be monitored for impact on BME children and young people.

Questions that arise regarding BME children and young people are:

• What plans are under way to implement actions relevant to BME children and young people in CAMHS?

• How will other recommendations such as those regarding Sure Start and Targeted mental health in schools (Tamhs), take account of accessibility, relevance and effectiveness for BME children and young people?

• How will recommendations regarding ‘race’ be implemented in CAMHS?

Programmes and initiatives

A number of programs are being or have been rolled out that have relevance to supporting or developing good mental health in children and young people. The key issues regarding all these programmes is the extent to which they are accessible, relevant and appropriate for achieving good outcomes for BME children and young people, including any new or revised programmes that may be introduced in the future. The programmes include:

Social and emotional aspects of learning (SEAL) – Aims to develop social and emotional skills in school children associated with 5 domains: self awareness; managing feelings; motivation; empathy; social skills.

Healthy Child Programme (HCP) – an early intervention, clinical and preventive public health programme which begins in pregnancy and extends through childhood to the end of teenage years.

Sure Start Children’s Centres – deliver early education, childcare, health and family support to families with children aged under 5 years.

Healthy Schools Programme (HSP) – requires schools to meet a set of minimum standards on emotional health and well-being in order to gain Healthy School Status.

Think Family – A cross-departmental programme led by the Department for Children Schools and Families (now Department for Education). This programme highlights the importance of the wider family network in which a child or young person is located and the need to identify and address support needs of families.

Targeted Mental Health in Schools (Tamhs) – A 3-year pathfinder programme aimed at supporting innovative models of mental health support to children aged 5-13 years who are experiencing, or are at risk of developing, mental health problems. The roll out of the pathfinder programme started in April 2008 with the intention that successful models would be identified to inform a national roll-out between 2009 and 2011.

These programmes and initiatives are just some of those that have relevance to the mental health of children and young people. They give an indication of the plethora of initiatives, other than specialist CAMHS, that should give due consideration to identifying and addressing the needs of BME children and young people.

A question that arises regarding BME children and young people is:

• To what extent have the range of programmes and initiatives considered the needs of BME children and young people and how do they intend to address identified needs and monitor outcomes?

Summary

The brief review of policies, programmes and other initiatives in this section indicates that children and young people from BME communities have received scant
attention and there is a recognised failure of mainstream provision to meet their needs\textsuperscript{1,2,3,8}. The indication, from the relatively sparse literature and anecdotal evidence, is that BME children and young people have low access to specialist mental health services and they are more likely to come to the attention of professionals at the point of crisis. The under-representation in specialist CAMHS is not reflected in other structures where children and young people from some BME groups are over-represented, such as in youth justice, provision for looked after children, exclusion from school and under achievement\textsuperscript{11,14,15,18}.

The adverse impact on children and young people as a result of these experiences is well documented and mental health is identified as a significant concern. Furthermore, it is unclear the extent to which national programmes and initiatives aimed at prevention and early intervention are able to engage and effectively address the needs of BME children, young people and their families.

Moving forward

The CAMHS review\textsuperscript{8} proposed three key changes that are needed to enable the mental health needs of all children and young people to be addressed more effectively:

- Everybody needs to consider the contribution they make to supporting children and young people’s mental health.

- Local areas have to understand the needs of all children and young people and engage effectively with children, young people and families in developing approaches to meet those needs.

- The whole of the children’s workforce needs to be appropriately trained and along with the wider community, well informed.

Ensuring the application of these proposals equally, to all children and young people, would go some way to redressing the current imbalance in provision to effectively address the needs of BME children and young people.

It is evident that there is a lack of reliable information regarding the mental health needs of BME children, young people and families and the extent to which the various programmes and services are reaching this group. Nevertheless, the few published studies, grey literature and anecdotal evidence highlight that:

- Mainstream provision is currently not addressing the needs of this group sufficiently.

- Voluntary and community sector projects accessed by young people and their families struggle to identify and/or address presenting needs without sufficient resources and support and encounter difficulties with referral to specialist services.

This suggests that there is a need to:

- Inform and influence national policy regarding mainstream public services to ensure due consideration is given to the needs of BME children and young people.

- Develop relevant support for voluntary and community services that are able to engage with local communities, especially as they can be the first point of contact for people who find them more accessible than mainstream public provision.

- Support the development of better links and partnership work between mainstream services and those located in the voluntary and community sector. The need for the range of agencies and professionals, including those in the voluntary and community sector, to work together is widely acknowledged as a necessary requirement to achieving good outcomes.

- Engage with service users and local BME communities to support their active participation in policy, planning, service provision and development.

The range of areas that require attention cut across policy, planning and service delivery. It is vital that the needs of BME children and young people are considered as a core aspect of developments in these areas. They should not be an add-on, whereby they are considered at a later stage than other developments or added on to race equality initiatives aimed across the age range, without due consideration of their relevance and application to the structure of children’s services and to BME children and young people.
“People decide they don’t like something like the colour of your skin or your culture and when they have a bad day they decide to take it out on people they decided not to like.”
(Young participant)
It is clear, as indicated in the previous section of this report, that greater focus and attention is needed to effectively identify and meet the needs of BME children and young people. This includes needs relating to being able to have a good quality of life, early access to relevant support when problems arise and effective interventions to address established difficulties.

As a first step, Afiya Trust commissioned this consultation to ascertain the views of BME young people. The aim of the consultation was to gauge their views about ethnic identity and what enables or prevents them to ‘enjoy’ ‘achieve’ and ‘be healthy’, these factors are identified as being important to enabling children and young people to have a good quality of life.

Enjoy & Achieve is defined as getting the most out of life and developing broad skills for adulthood. This outcome was separated into ‘Enjoy’ and ‘Achieve’ for the purpose of this consultation to ascertain what enabled or deterred young people to enjoy and to achieve.

Be Healthy is defined as enjoying good physical and mental health and living a healthy lifestyle. The focus in this consultation is on mental health using the term ‘healthy in mind’ in order to minimise any negative connotations that may be associated with the term ‘mental health’.

Participation in activities that are enjoyable and which give a sense of achievement can contribute to sustaining good mental health and to building resilience. If difficulties arise then early identification and access to relevant support is vital to prevent further escalation of problems and minimise adverse impact on mental health.

The term ‘Black and minority ethnic (BME)’ in the context of this consultation refers to all people who are in a minority due to their ethnicity as compared to the majority White population of the UK.

Aim of the consultation

The specific aim of the consultation was to ascertain from participating young people their views regarding:

Ethnic identity – what the term means to them, the positive aspects of their ethnic identity, difficulties encountered due to their ethnic identity and how these are different to those encountered by their peers from the majority White group.

Enjoy – what activities they and other young people they know enjoy, factors that enable or prevent them from participating in enjoyable activities and how the barriers to enjoyment can be addressed.

Achieve – what they and other young people they know like to achieve and be good at, factors that enable or prevent them from achieving and how the barriers to achievement can be addressed.

Healthy in mind – what causes young people to feel sad, worried or stressed, where they would and would not seek help from when experiencing these difficulties and the type of information about available support they would find useful.

Methodology

Within the available timescale and other resources, it was decided to obtain feedback from BME young people in the 11-25 years age group. The method for obtaining feedback was through group discussion using the focus group method of data collection.

Questions about ethnic identity were developed to elicit the participants’ views based on their own personal experience. To offer some degree of anonymity, the questions relating to enjoy, achieve and be healthy factors were phrased to convey that the feedback being sought could relate to the participants’ own views and
experience as well as that of other young people they knew. For example, by phrasing questions to state:

“What do you, or other young people you know ...?”

“What causes you, or other young people you know...?”

“What would be the best way to make this available to young people?”

This approach was used on the basis that the nature of the consultation would not be unduly affected by enabling young people to speak about what affected them, as well as other young people they knew. If anything, it would enable a broader perspective while offering some degree of anonymity should participants require it.

Information about the purpose of the consultation, how feedback would be used and confidentiality were communicated to participants before the start of each session. Ground rules were agreed with participants and information about what was meant by ‘BME’ in the context of the consultation was also communicated before the session commenced.

Data collection and analysis

The same set of questions were posed to each consultation group to guide the discussion, beyond this participants were free to respond in any way they wished.

Feedback from participants was recorded by hand. The notes were reviewed and any shorthand expanded for clarity on the day of recording. All handwritten notes were transcribed within two weeks of being recorded.

Key themes were drawn out from each transcript through one round of data reduction. The themes emerging from each question were collated across all four groups to identify any that were highlighted by multiple consultation groups.

Timescale

The consultation was designed and undertaken over a period of 8 weeks between October 2010 and February 2011. Feedback from participants was obtained in the latter half of February 2011.

Participating organisations

Organisations known through the Afiya Trust networks and other sources to work with BME young people were contacted to request if they would consider participating in the consultation. The aim was to recruit four organisations or projects, two based in London and one each from the North and Midlands regions, who could facilitate up to 12 young people to participate in the consultation.

Information was provided with the initial request, setting out the aims of the consultation, requirements for consent from young people to participate, length of time the focus group would require and how the feedback from participants would be used.

The first four organisations to confirm they were able and willing to recruit and facilitate young people to participate in the consultation within the available timescale were accepted to take part. It was agreed that these organisations and the young participants would not be named and data would be presented in an anonymised format.

Organisations and service user groups participating in the consultation

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Location</th>
<th>Service user group participating in consultation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth group located in a Community centre</td>
<td>London</td>
<td>Refugee, asylum seeking and other separated, unaccompanied young people</td>
</tr>
<tr>
<td>Community College</td>
<td>London</td>
<td>ESOL students</td>
</tr>
<tr>
<td>Youth group located in a community centre</td>
<td>Liverpool</td>
<td>Chinese young people</td>
</tr>
<tr>
<td>Young men’s group located in a community centre</td>
<td>Wolverhampton</td>
<td>Young Black men</td>
</tr>
</tbody>
</table>
None of these organisations focus solely on providing specialist mental health support but have the capacity to provide or access this if needed.

These organisations undertook considerable preparatory work to recruit participants and arrange a suitable space within their facilities for the consultation to take place. No payments were made to organisations for their work.

**Recruitment of participants**

Organisations agreeing to participate were asked to recruit up to 12 BME young people, aged 11-25 years, to participate in the group consultation. They were sent information to give to potential participants along with consent forms, all young participants were required to sign a consent form and those aged under 16 years were also required to obtain the consent of a parent or carer. Each consultation session ran for approximately 1.5 hours and each young person taking part received a gift voucher worth £10 for their time and effort.

**Characteristics of young participants**

A total of 25 young people participated in the consultation, some who had originally signed up were unable to attend on the day. Data about participants’ experience of mental health problems and use of mental health services was not collected after being deemed too sensitive and inappropriate to ask for disclosure in a group setting. However, informal conversation before and after the group sessions suggested some participants did have a diagnosed mental health problem and had used mental health services.

Information about participants’ gender, age and ethnic identity was collected individually from each participant immediately before the group session started.

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**Gender**

- 18 Male
- 7 Female

**Age**

Participants ranged in age from 12 to 24 years.

- 12 YEARS = 2
- 13 YEARS = 1
- 14 YEARS = 1
- 15 YEARS = 1
- 16 YEARS = 3
- 17 YEARS = 4
- 18 YEARS = 4
- 19 YEARS = 2
- 20 YEARS = 3
- 22 YEARS = 3
- 24 YEARS = 2

Eight participants are in the age range 12 to 16 years, eight in the range 17-18 years and eight in the range 19-24 years.
Ethnicity

Young people were asked for their ethnic identity. They were not asked to select from pre-determined categories, such as those used in the census or ethnic monitoring forms, the following categories are as given by young people without the use of any prompts.

<table>
<thead>
<tr>
<th>Ethnic group (as given by young people)</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chinese</td>
<td>6</td>
</tr>
<tr>
<td>African</td>
<td>4</td>
</tr>
<tr>
<td>Mixed Chinese and English</td>
<td>2</td>
</tr>
<tr>
<td>Asian</td>
<td>2</td>
</tr>
<tr>
<td>African Caribbean</td>
<td>2</td>
</tr>
<tr>
<td>Black British</td>
<td>2</td>
</tr>
<tr>
<td>Mixed White and Caribbean</td>
<td>1</td>
</tr>
<tr>
<td>Mixed Irish and Caribbean</td>
<td>1</td>
</tr>
<tr>
<td>Afghani</td>
<td>1</td>
</tr>
<tr>
<td>Black British Caribbean</td>
<td>1</td>
</tr>
<tr>
<td>South Asian</td>
<td>1</td>
</tr>
<tr>
<td>Black Caribbean</td>
<td>1</td>
</tr>
<tr>
<td>Eastern European</td>
<td>1</td>
</tr>
<tr>
<td>Total number of young people</td>
<td>25</td>
</tr>
</tbody>
</table>

Limitations of the consultation

This consultation is a step towards highlighting the views, needs and concerns of BME young people and does not claim to be a definitive representation of all BME young people’s views and experiences.

Some of the limitations that should be considered are:

- The qualitative nature of the consultation, combined with the small number of participants is not conducive to drawing reliable generalisations to a wider group of people. Nevertheless, this type of approach is needed to enable participants to describe their views and experiences in their own words. Data has not been quantified except to highlight where a particular view or issue was given in all, or three, of the four groups. It is left to the reader to decide the merits, or otherwise, of this approach.

- The participating organisations and young people were not recruited through application of systematic sampling techniques and are therefore not a representative sample.

- The participants do not represent all BME groups resident in England.

- The views of young people from the majority White group have not been obtained due to limited resources, future studies would benefit from sufficient resourcing to enable the inclusion of a comparative group.

- It was not within the scope of this consultation to seek the views of members of the participants’ families, local communities and community organisations. These are important key players in the lives of young people and future work would benefit from their participation.

- It was outside the scope of this consultation to collect information about individual socio-economic status and geographic socio-economic disadvantage relevant to participants. These factors are said to have significant impact on health and well being.

Limitations considered, it should be noted that this kind of consultation is important to give a voice to BME children and young people. The planning and provision of local services would benefit from undertaking similar work to inform the commissioning of services that are appropriate and responsive to meeting the needs of BME children, young people and their families.

The remainder of the report presents and discusses the feedback given by young people.
“Different cultures, family want one thing and peers, school friends, etc want another, this can be stressful.”

(Young participant)
**Ethnic Identity**

A number of terms are used, often interchangeably, to refer to or describe an individual’s ethnicity such as race, culture, ethnic origin, ethnic group, nationality and so on. The terms used can all mean different things to different people and sometimes may have little or no meaning for the individuals they aim to describe. Questions about ethnicity are most frequently encountered in daily life in the form of pre-determined ethnic categories, as illustrated by ethnic monitoring forms. Individuals select the category most relevant to them or it is selected for them by other people and usually limited to skin colour or country/continent of origin. Previous studies have highlighted that while young people may be aware of the range of aspects that inform their personal ethnic identity, they can be less clear about which aspects professionals and services are asking for when questions about ethnic identity are posed. It was therefore important to ascertain from participants their views about:

- ‘Ethnic identity’ and what the term meant to them.
- What they enjoyed about their ethnic identity.
- Any problems they encountered due to their ethnic identity.
- Whether any problems they highlighted were different to those encountered by their peers from the majority White group.

The aim was to ascertain how young people viewed their ethnic identity in a broad context without being limited to pre-determined categories, its impact on them and their views about whether any problems they encountered were different to their peers from the majority White group.

**Young people’s understanding and views about the term ‘ethnic identity’**

Participants were asked what the term ‘ethnic identity’ meant to them. It was clear that this was a challenging question for some young people and several prompts and follow-up questions were needed to initial, general responses such as:

- “Means who you are.”

The immediate tendency was to think about categories and not the meaning of the term on a personal level, as demonstrated by the following response:

- “Where you come from like on the forms.”

Nevertheless, with the exception of one group, the use of prompts and follow up questions did generate substantial discussion and a range of responses.

**Limited response**

Of the four groups, the collective response of one group was:

- “What race you are”

Several prompts were used to encourage participants to elaborate on ‘race’, including referring them back to the categories they had initially given to describe themselves and asking what kind of things might make people in one category different from another. However, these attempts failed to elicit any further information from this group and only served to generate some very puzzled looks. It is possible that participants in this group had not had the same opportunities as those in the other groups previously to think about and discuss the meaning of the term ‘ethnic identity’ in a personal context.

This is not entirely surprising given the wide-ranging
terms in use regarding ethnicity and individuals are rarely asked to engage in discussion about what a particular term such as ‘ethnic identity’ actually means for them on a personal level. The tendency can be to think in terms of tick-box categories that are more familiar through the process of completing ethnic monitoring forms or otherwise answering routine questions requesting this information.

It is important to recognise that terms created by other people to refer to ethnicity, may have little meaning for the individuals they refer to. Interestingly, the participants of this group had much more to say when asked different questions relating to their ethnic identity as is demonstrated by their responses to subsequent questions asked in this section. It should not be assumed that all individuals have considered the meaning of the term ‘ethnic identity’ and its relevance to them in a personal context.

**Factors informing ethnic identity**

Three of the four groups highlighted a range of features that inform their personal ethnic identity in the present time and in relation to their historical roots. Reference was also made to the limitations of ethnic categories:

- **Factors informing ethnic identity in the present time** were highlighted as nationality, religion, language, culture, cultural background, food and dress.

- **Historical roots informing ethnic identity** and the links to ancestry.

  “Historical background, going back to Africa, you might be born in the Caribbean but ancestors are from Africa.”

  “Its more to do with history than where you or your parents were born.”

- **Limitations of ethnic categories** to indicate the range of factors that inform individual ethnic identity.

  “Family born in Jamaica, I’m born here, identity involves both but forms only allow for ‘Black British’.”

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“*The question ‘Where you from?’ is more than where you were born but that is what people are asking, your or your parents birthplace.”*

“*Don’t mean nothing on the form*”

“*Forms can’t tell people about these things.*”

“*Differences in same country, two Indian people might not say same things.*”

Ethnic categories and the ever-changing language, used to refer to minority ethnic groups, can present challenges for people of all ages regarding their personal meaning and young people are no exception in this respect. Given the time, opportunity and support to think about what is being asked can generate some very rich and diverse insights, as is demonstrated by the feedback above.

**Positive aspects of ethnic identity**

Young people were asked what they enjoyed about their ethnic identity and, unlike in the previous question, all four groups contributed a range of responses.

- **Food** from their own countries of origin as well as other world cuisines.

- **Celebrating cultural days/events** such as Eid, Chinese New Year and weddings. Reference was also made to celebrating occasions like Christmas in the traditions of their own communities.

- **Music** originating from their countries of origin.

- **Language** from their countries of origin and from other countries if they were multi-lingual.

- **Exploring background roots and culture**, the history of their origins and ancestors.

  “*Activities from your own culture like Kung Fu*”

- **Family** said by some participants to provide “togetherness”, being “tight-knit” and “can operate connectedly.”
### Problems encountered due to ethnic identity

This part of the discussion aimed to establish what problems participants encountered due to their ethnic identity.

Two of the 25 participants said they did not encounter any problems personally and thought this was because they were popular and well accepted, but went on to say they were aware of other young people being “picked on” due to their ethnic identity.

The remaining 23 participants highlighted the following problems which they thought they encountered due to their ethnic identity:

#### Racism

- Being picked on for colour of your skin or facial features
- Cuss you if your different
- People decide they don’t like something like colour of your skin or your culture and when they have a bad day they decide to take it out on people they decided not to like.
- If you’re Muslim some people are racist about this.

#### Fear of racism

- Some people worry they will get picked on.

#### Impact of racism

- So can’t take up opportunities that are available to other people.
- Disappointing, holds you back from fulfilling your aims.
- Don’t get helped out because of how you look.

#### Stereotypes

- Make you out to be different but in a negative way.
- People have views from media and other stories they hear. You’re in a bad position even before they meet you.
- People’s reaction, even when they see you and do things like cross the road or their body language is negative.
- You don’t have a say in the matter, they already have a negative opinion.
- Like they say, don’t judge a book by its cover.

#### Discrimination

- Being given unfair treatment.

#### Geographic location

- Depends where you live, some places worse than others.
- Some areas are racist and others not too bad.

#### Lack of representation and role models

- You don’t see many black politicians, there are no positive role models.
- Not represented in parliament so no representation of your values and culture either.
- Ignorance, problems not raised because there’s nobody to raise them.
- Programmes like Newsnight and Question Time don’t really talk about race issues here in this country. There’s plenty about Egypt, Gulf. What about here and the problems of minority communities here.
Dealing with demands of multiple cultures

“Different cultures, family want one thing and peers, school friends, etc want another, this can be stressful.”

Different impact on people

“Different people get affected differently, some cope better than others.”

Questioning why problems encountered

“Its pathetic really, what do they get by behaving like that when you haven’t done wrong.”

It is apparent that young people had much more to say in relation to this question about problems they encountered than they did about what they enjoyed about their ethnicity/identity. The kind of difficulties encountered include those arising from actual experience as well as the fear of encountering problems, both are identified as causes of stress. With the exception of problems related to dealing with demands of multiple cultures, all other difficulties highlighted indicate they emanate from individuals or structures that either view, or are seen to view, these young people in a negative way or to give insufficient attention to their needs and way of life.

How problems are different to those of peers from majority White group

Participants were asked how they thought the problems they highlighted were different to those encountered by their peers from the majority White group. There was unanimous acknowledgement by all participants across the four groups that peers from the majority White group also encountered difficulties:

“Not all White youth have it better.”

A number of differences were highlighted:

Visible difference

“If you’ve got dark skin people can see you are from a different culture or from your accent.”

“Some people might get picked on for being White but not as much as ethnic groups.”

“Some problems are different like expectations of family, we got to think about two things.”

For Black people its to do with racism as well as other factors like poverty.”

Multiple/different sources of difficulties

“Some problems are different like expectations of family, we got to think about two things.”

“Some problems are different like expectations of family, we got to think about two things.”

“White people’s lives more structured, they take up opportunities more regularly.”

No associations with gangs.”

“Not as many single parents as there are in Black groups. It’s a harder upbringing in single parent families.”

More supportive factors/absence of negative impacts for White peers

These responses indicate a perspective that all young people, irrespective of their ethnic identity, can encounter problems. They also indicate an insight (whether or not factually correct) into how some problems are different, or impact differently, on Black and minority ethnic young people and their families as compared to their counterparts from the majority White group. For some young people, difficulties arising due to ethnic identity are seen to add extra burden to problems that can be experienced by young people from all, majority and minority, ethnic groups.

Summary

The meaning of the term ‘ethnic identity’ on a personal level is not as easy to deconstruct for individuals as it might first seem. The use of standardised, pre-determined categories is of course needed for
monitoring and other administrative purposes. However, without opportunities to explore broader meaning for individuals, such categories also contribute to a narrow view about what constitutes ‘ethnic identity’. Furthermore, ethnic categories can mask the fact that two individuals selecting the same ethnic category may in fact include different aspects informing their individual ethnic identity.

These participants express an awareness of the benefits and problems that relate to their ethnic identity and how the problems encountered are different to those encountered by their peers from the majority White group. The emerging perspective is that all young people, irrespective of their ethnic identity, can experience difficulties. However, those from minority ethnic groups can experience some problems differently, such as in the example of dealing with conflicting demands of two cultures or being treated less favourably due to visible ethnic difference. A further consideration, outside the scope of this study but touched on by participants, is the greater likelihood of people from some BME groups (as compared to the majority White group) having to deal with socio-economic challenges such as poverty in addition to other problems.

Racism and discrimination are a significant concern for these young people and a source of stress, whether based on real experience or anticipation of potential problems. There is a need to give greater focus and attention to their impact.

**Enjoy**

Participation in activities that young people enjoy is an important element to maintaining a sense of well-being and can offer opportunities to learn and interact with others through taking part in group activities. Questions in this section sought to ascertain the kind of activities participants enjoyed, factors that enabled participation in them, barriers to participation and how these might be addressed.

**Activities participants enjoyed**

Participants highlighted a wide range of activities they enjoyed. Sports activities were the most popular and highlighted in all four groups, closely followed by cooking and reading “for pleasure” which were highlighted by three groups.

- **Sport** – Some participants said they enjoyed all kinds of sport, others specified particular sports activities: Volley ball, gym, table tennis, badminton, football and walking.

  “Physical activities – football, gym, get rid of frustration.”

- **Academic** – Homework, reading, and “learning subjects” for pleasure.

  “Reading for pleasure as opposed to for academic reasons – getting lost in another world or reality for a short period.”

  “Some young people don’t realise you can read for pleasure, they link it to academics and if they have a negative view of academics they won’t read.”

- **Media** – Reading newspapers, watching news and television.

- **Recreational** – Playing card and board games, dancing, computer games, joking, watching films (at home and in cinema), playstation.

  “Computer games – get lost, get into another world.”

- **Travel** – Day trips, residential trips and travelling as an activity in its own right.

- **Teamwork** – Helping each other with homework, teamwork on tasks and helping each other when in trouble.

- **Language** – Improving English and talking in different languages.

- **Rest and Relaxation** – “Chilling, doing different things to relax” and sleeping.

- **Socialising** – Talking on the phone, social
networking via computer, going out with friends and being with friends.

- **Other** – Driving, cooking and shopping.

“Cooking – its therapeutic.”

Some activities, such as computer games, playstations and cooking were said to provide an escape from reality/be therapeutic. The young people highlighting these benefits were keen to do so and without being prompted, it is possible this may be due to the negative press that is given to too much time spent playing computer games or playstations. Cooking and reading may not be widely perceived by young people as being potentially enjoyable or therapeutic activities and a possible reason for participants explicitly highlighting their benefits.

**Factors that enable young people to participate in activities they enjoy**

Participants were asked what enabled them, or other young people they knew, to do the activities they enjoyed and highlighted in the previous question. Their responses were:

- **Community organisations** – Similar to the ones being attended by young people.

“Places like here (community project) help with all things or tell you where you can go to do things or get help”.

- **Information** – about where facilities or activities are located and how to access them.

“Knowing how and where to access things.”

- **Language** – Participants who were ESOL students highlighted opportunities to learn and speak English as an essential enabling factor.

“Otherwise can’t take part in things, communicate, get work, etc”

- **Organised activities** – “Like Sunday league matches.”

- **Facilities** – Availability of facilities and equipment.

- **Resources** – Sufficient money to pay for activities that cost money and time to take part in them.

Community organisations and the availability of opportunities, facilities, information and resources are the main enabling factors highlighted. Also important is the opportunity to acquire skills that enable participation in activities, in this study ESOL students not only highlighted opportunities to speak English as an activity they enjoyed but also an essential factor to enabling their participation in other activities they enjoyed.

**Factors that prevent young people from participating in activities they enjoy**

The factors that participants highlighted as preventing them from participation in activities they enjoyed were a lack of:

- **Information** – Lack of information about what was available.

“Not being able to try new things because you don’t know about them.”

- **Choice** – Limited choice of activities and limitations imposed by affordability.

“No opportunities to try different things, limited to what is available, what you can afford.”

- **Resources** – Lack of time and/or money

“Too much to do so you don’t always get chance to do fun things when you want.”

“Skydiving costs a lot.”

- **Facilities** – Lack of places providing specific activities.

“Canoeing, nowhere to do it and no money if there is a charge.”
• **Employment** – Lack of employment and opportunities for work experience.

  “No opportunity for work experience so less money to do things and meet people”

  “Need jobs, see people on street smoking”

Many of the barriers are, unsurprisingly, the opposite of enabling factors highlighted in the previous section. A lack of money is linked to just about every barrier whether in relation to lack of employment and therefore a lack of money or being unable to participate in activities that are unaffordable.

### Addressing barriers to participation in enjoyable activities

Participants were asked for their views regarding how the barriers they had highlighted could be addressed.

- **Facilities** - Similar to those that young people were already access and others.

  “More facilities like community centre (being attended)”

  “Facilities to do things you enjoy doing”

  “Projects that have computers, need more facilities like this.”

  “More youth clubs”

  “Enough facilities, sometimes you have to wait a while before places are available, especially on free activities or courses.”

- **Money** – Either more money to pay for activities or free activities.

  “More money for activities”

  “Money to try new things”

  “Free activities or for little money.”

  “Some things easier to do like reading, other things cost like a bike to cycle. Two activities, reading costs less than cycling.”

- **Location of facilities** – Taking activities to young people.

  “I came across a travelling project that impressed me, a bus that has different activities and advice for young people, like computers. More things like this – projects going to where young people are.”

- **Information** – About available facilities and activities made widely available.

  “Other people being welcomed to places like this, they might not know (about the project)”

- **Opportunities to meet people** – Some young people have limited opportunities to meet people and make friends.

  “Opportunities to meet people, make friends. Its difficult after leaving school or if you’re newly arrived (in the country)”

- **Work experience** – More opportunities for work experience that would not only provide an income but also enable young people to extend their social networks.

  “No opportunity for work experience so less money to do things and meet people.”

### Summary

The feedback indicates that participation in enjoyable activities is seen by these young people as both a source of enjoyment as well as helping to deal with stress and frustration. Also highlighted is the limited understanding that some people might have about particular activities, such as reading, being enjoyable. Students learning English see opportunities to speak English as both enjoyable and necessary for enabling participation in activities and to extend social networks. There is no request for excessive resources in this feedback but either
Achieve

Achievement can refer to attainment in a range of areas including academic, social, recreational and sports activities. The potential benefits to be gained from a sense of achievement include increased levels of confidence, motivation and wellbeing. It was therefore important to ascertain from participants in this study what kind of things they liked to be good at, factors that supported them to achieve, barriers that prevented them from achieving and how these could be addressed.

What young people like to achieve

Participants were asked what kind of things young people like to achieve, be good at. They highlighted:

- **Sports** – Achieving a good level of skill in chosen sports and succeeding in competitive sports.
  
  "Like goals at football"

- **Academic** – Reading, writing, getting qualifications, school work, homework.
  
  "Doctor, nursing, knowing what you want to do is important"
  
  "Academic subjects – sometimes because you’re interested and other times because you need to do them to get on a course or get a job."
  
  "Achieve at school, get good marks."

- **Socialising** – Friendships and getting to know people.
  
  "Making friends"
  
  "Developing friends, spending time getting to know people first."

- **Teamwork** – working with other people to achieve common goals.
  
  "Teamwork, achieving things together."

- **Language** – Speaking English for those learning the language.
  
  "Speaking English if you don’t already speak it."

- **Staying out of trouble** – For some young people it is an achievement not to get into trouble.
  
  "Not getting to detention"

- **Employment** – Succeeding in employment and achieving higher positions.
  
  "At work to succeed in job and progress to better positions"
  
  "Sorting out deadlines"
  
  "Things that will help you get a good job."

- **Games** – computer games and playstations.
  
  "Reach highest level in PS3"

- **Individual interests** – Enabling individuals to achieve in the areas that interest them.
  
  "Different people want different things. Sometimes you don’t know about things ’cos never had a chance to try them. Like skydiving."

Achievement can sometimes be seen in limited contexts such as in academic, sports and employment activities. However, as the above responses indicate, a sense of achievement can be gained through success in a broader range of areas, such as teamwork, socialising and succeeding at not getting into trouble.

It is also important to note that many of the areas in which young people want to achieve are similar to the activities they said they enjoy. Placing achievement in the context of individual interests, needs and starting points gives a wider range of options to measure achievement.
than approaches which only deem success in specific, set terms such as setting a pre-determined benchmark that denotes success in academic or sports activities. As the comment about “not getting to detention” indicates, achievement is as relevant to moving from a position of being in trouble to not being in trouble, as it is to moving from achieving low or average scores in a subject or activity to good or excellent scores.

**Factors that enable young people to achieve**

Three broad factors were identified by participants as enabling young people to achieve:

- **Places** – Community projects, libraries and homework clubs.
  
  “Group like this (community centre youth group) gives happy vibe.”

  “Libraries, have facilities, space to study and do homework.”

- **Attributes** – Being encouraged, supported and motivated by self and others.
  
  “Inspiration and motivation from family, friends, teachers, employers.”

  “Support from parents, teachers, peers, friends”

  “Not making negative judgement and being encouraged.”

  “Motivation, people can motivate you or you do it yourself (get motivated) if you really want something.”

- **People** – Reaching out to young people, being role models and being motivated through collaborative work with others.
  
  “People going to young people in trouble to help them.”

  “Role models – both famous and more locally.”

  “Following in footsteps of people you admire.”

  “Revising with friends, motivation – people can motivate you.”

Motivation of self and by others was most frequently mentioned (three groups) and is apparent in the comments above. Places where young people feel comfortable, such as community projects, and those that provide relevant facilities, such as libraries are important, as are people that reach out to young people and provide inspiration.

Places such as community centres and libraries are likely to be especially important to young people who have limited or no access to sufficient appropriate space and equipment at home to do their work or for other activities.

**Barriers to achievement**

The factors that prevent young people from achieving were identified as:

- **Money** – Not being able participate in activities that young people would like to succeed in.
  
  “No chance to do things, because of (lack of) money.”

- **Facilities** – Lack of facilities with sufficient resources to help young people achieve.
  
  “Lack of facilities”

  “Youth Centre has no money for doing new activities.”

- **Personal issues** – Concerning family, insufficient motivation, illness and wasting time.
  
  “If you have problems, are worried about something.”

  “Feeling sick.”

  “Family problems”

  “Wasting time – talking rubbish.”
A number of the barriers that prevent young people from achieving are similar to those that prevent them from enjoying, such as lack of facilities, employment, money and role models. Lack of money is a significant barrier to achievement but relatively less prominent in comparison with factors identified as barriers to participation in activities that young people enjoy.

**Addressing barriers to achievement**

A number of suggestions were made by participants regarding how the barriers to achievement which they highlighted, could be addressed.

- **Transport** – Problems in getting to places or to see people due to lack of transport or insufficient money to be able to travel.
  - Transport problems, not having car or enough money to travel on bus or tube.
  - Distance, getting to college or libraries, meet friends to do homework if they live far from you.

- **Employment and volunteering** – Insufficient opportunities for young people to work or volunteer and therefore no opportunities to succeed in these areas.
  - Not enough opportunities. Especially at present, unemployment highest for young people.
  - Not enough opportunities (to work) or people willing to take on volunteers.
  - Can’t volunteer so can’t get experience so can’t get jobs but government wants Big Society, how does this work then?

- **People** – Lack of role models and insufficient support from people.
  - Negativity, putting you down.
  - (Lack of) Support from parents, teachers, peers, friends.
  - (Lack of) role models.

- **Resources** – Sufficient money to pay for transport and to study.
  - Enough financial income to let you study. Should be vocational courses at 14 (years), some are inclined to academia and others in practical things, should have a choice and be supported in that choice.
  - Money to pay for transport.

- **Support** – To enable young people to have direction and stay out of trouble.
  - More support for youth otherwise lose direction and too late then to get back on right track.
  - 16 (years) is too young to be out on the streets, need guidance and support about future.

- **Family history and ancestry** – Knowledge about family history and greater awareness about history of different cultures.
These suggestions provide valuable insights about what would enable young people to overcome barriers to achievement and also highlight the need for greater support to help young people stay out of trouble. The need for adults to give due consideration, respect and encouragement to young people and their needs is evident.

**Summary**

Participants want to achieve in a wide range of activities and many of the areas they want to achieve in are similar to those they enjoy, such as sport, academic, teamwork, computer games and language. Limited choice of activities to participate in contributes to limited opportunities for young people to find those they enjoy and want to succeed in. Recognising individual needs, abilities and preferences is important to measuring achievement, as illustrated by a desire to achieve in spoken English for those learning the language and achievement in moving from a position of getting into trouble to staying out of trouble. It is important to note that these achievements, speaking English and staying out of trouble, are also likely to be pre-requisite requirements for participating in other activities that young people may enjoy and want to succeed in.

Sufficient relevant facilities, positive attributes and actions of people such as the ability to inspire, motivate and support are seen as enabling factors; conversely, a lack of these become barriers to achievement. Other barriers are lack of money, transport and opportunities to work or volunteer. Positive attributes and actions are also seen as important to enabling young people to overcome barriers as are the availability of resources and knowledge of family history and ancestry.

**Healthy in Mind**

Mental health is an important cornerstone to enabling young people to enjoy and achieve and, conversely, it may be adversely affected by difficulties in other areas of life, such as in relation to physical health, enjoying and achieving. Identifying difficulties early, seeking and receiving relevant support are key to preventing further development of difficulties. It was therefore important to ascertain from young people their views about: what causes young people to feel sad, worried or stressed; where they would seek help from if difficulties arose; factors that would enable or deter them from seeking help; what kind of information they would find helpful; and what would be the best way to make this information available.

**Factors that cause young people to feel sad, worried or stressed out**

Participants identified a range of factors that cause young people to feel sad, worried or stressed out. Difficulties in family relationships were highlighted in all four groups.

- **Difficulties in family relationships** – Including personal difficulties with members of immediate family and being affected by members of immediate family feeling distressed. Difficulties regarding family relationships have also been highlighted in previous sections, such as the view that being young can mean that parents may not believe what young people have to say.

- **Expectations of family”**

- **Family relationships, parents can feel down because of money and that affects you.”**

- **Feeling sad for sisters and brothers if they feel down.”**

- **Boy-girl relationships** – Difficulties in relationships with partners.
Broken heart – when people say bad things about you. Relationships, boy-girl, breaking up.”

Partners, boyfriend/girlfriend, relationships.”

• **Behaviour** – Other people’s behaviour such as racism and bullying and own behaviour such as smoking and taking drugs or self-harming to cope.

Bullying”, “Discrimination”, “Racism”,

Making mistakes can stress you out.”

Fights, but they can be good too. As a sport can be good, need to channel in right way.”

Smoking, nothing to do so do bad things more”

Get involved in drugs to cope or be accepted. Some grow out of it, others don’t.”

People self-harm when they can’t cope.”

• **Employment** – Insufficient employment and work-related stress.

Lack of employment”

Interviews”

Work, demanding workload makes you worry.”

• **Pressure** – from peers and due to differing demands from two cultures.

Peer pressure to have things you can’t afford or don’t want”

Peer pressure, sometimes this is to do with having two cultures when you don’t want to do some things”

Demands of two cultures”

• **Health** – Insufficient sleep and concerns about illness.

Lack of sleep”

Fear of illness”

• **Money** – Insufficient money for essentials.

Not enough money to do things you need to do like books, extra lessons, etc.”

• **Education** – Relating to exams, student fees and school admissions.

Exams, pressure to take them and there can be too many”

Not doing well in exams”

Failing exams”

Student fees, some people just won’t go.”

Easier to get into some schools for some people but not others, if you’re not from a privileged background its more difficult and can be a worry.”

The range of factors highlighted as being sources of sadness, worry and stress span a wide range of areas in young people’s lives. It was not within the scope of this study to look at how many factors impact on individual young people, however, it should be noted that the greater the number of risk factors an individual is exposed to the greater the risk of developing mental health problems.

**Seeking help when difficulties arise**

Participants were asked where they would try to get help from if they, or other young people they knew, were experiencing the kind of difficulties highlighted in the previous question. Family and the community organisation through which participants were recruited were highlighted as potential sources of support in three of the four groups.

• **Family** – If young people have a family, some young people pointed out they don’t have a family in this country.
Community organisation – That young people were already attending and through which they were recruited to participate in the group discussion for this study.

Statutory organisation – School, college or Connexions. It is important to note that Connexions was highlighted only by 1 young person in one consultation group, when the rest of this group were asked if they would go to Connexions they were either not aware of what this service was or thought it was only for support with employment.

Professionals – Teacher, social worker and BME staff. One young person stated GP (General Practitioner), as a prompt the rest of the group were asked if they would go to GP and the response was it would depend on what the problem was

Friends – “Like best friends”

Internet – Seen to be confidential and personal

Would not seek help or don’t know – Two young people either didn’t know where to seek help or would not see it.

Safety, confidentiality, trust, a good relationship and feeling at ease are important features to young people seeking help, as are being understood and not being misunderstood. Virtually every organisation or individual highlighted as a potential source of help is qualified with the proviso that help would only be accessed if these features were in place, in relation to both formal and informal sources of support.

Few statutory services are mentioned with greater reliance being on family, social networks and community organisations. A limited awareness is apparent regarding the kind of issues that particular organisations or professionals can help with, such as GP and Connexions.
Factors that would support young people to seek help

Some of the factors that would support young people to seek help are already highlighted in responses to the previous question, where participants stated the provisos on which they would seek support from individuals or services. A number of factors were highlighted to the specific question regarding what would enable young people to seek help from the people and places they highlighted in response to the previous question. Trust was highlighted in all four groups.

- **People** - Who offered comfort, understanding, trust, confidentiality, were experienced and forthcoming with support. The need to have established relationships before difficulties arise was considered important.

  - People should make you feel comfortable.”
  - Trust”
  - Knowing people will understand you”
  - Experienced people who know what they’re doing and you feel confident they can help.”
  - If you know they won’t tell loads of other people”
  - Established relationships (prior to difficulties arising)”
  - Need to have good relationships before problems start. People won’t go to anyone they don’t trust & when they have problems that person (who can help) already needs to be around. You can’t think straight or build relationships in middle of problems.”
  - Teachers forthcoming with support and being themselves”

- **Information** – That was relevant to the specific difficulty being experienced.

  “ Support to get own information if no trust.”
  " Information about getting help for type of problem you’re having.”

- **Self reliance** – Helping self and others.

  " Helping yourself and your mates, not relying on others.”
  " Can help by fighting off people who beat up friends.”

Attributes of people, privacy and relevant information emerge as the key factors being supportive to seeking help. Feedback regarding self-reliance indicates fear and mistrust as a preventive factor in seeking support from other sources. Having an established relationship was also considered important, suggesting that this would enable a judgement to be made regarding factors such as trust and confidentiality, something that can be more difficult to do while actually experiencing difficulties.

People and places from whom help would not be sought

Having established with participants the sources they would seek help from, they were asked if there were any people or places they would definitely not seek help from. The police, not previously mentioned, were highlighted by three of the four groups in response to this question.

- **People** – Who were unfriendly, unhelpful or untrustworthy.

  " Unfriendly staff”
  " Mistrust, need to talk confidentially”
  " Teachers you don’t get on with.”
  " Police, write report on you, can stay on record and they’re not very helpful.”
Services and structures – That were unhelpful, did not cater for cultural needs, lacked understanding about young people’s issues or were likely to put things on record.

Government, news tells us everything about how bad they are."

Drug services, things go on your record.”

Unhelpful places”

Places that don’t understand your issues”

Places that don’t cater for your culture”

Wonga.com type places, people need to know potential problems with places like this.”

There is little mention of specific services or professionals with the exception of the police. The responses focus almost exclusively on attributes of people and places that respondents saw as negative and a deterrent to them seeking help from these sources. There is no mention of family or social networks as sources which participants would definitely not go to suggesting these are potentially important sources of support.

Factors that prevent seeking help from people and places participants identified as sources they would not go to

Participants were asked what would prevent them from seeking help from the people and places they identified as sources they would not request support from. Some answers to this question already started to emerge in the previous question where participants largely referred to attributes of people and places as deterrents to seeking help rather than specific services or professionals.

Attributes – Such as lack of trust, not listening,

rudeness and lack of understanding about culture of individuals.

Home Office, rude.”

People not listening”

Lack of trust”

Not being understood or being misunderstood”

Lack of understanding about culture of people asking for help”

Delays – In responding to issues impacting on young people and being passed around different services with young people having to repeat their concerns.

Home Office don’t respond quickly on visas and things”

Being passed around stops you from getting the help you need and have to repeat everything”

Information – Incorrect advice.

Right advice, not everyone is same, if you get bad advice you don’t go back for more.”

Confidentiality – Lack of reassurance about confidentiality and places that cannot offer privacy, including social networking sites.

If they can’t say how they will be confidential”

Lack of confidentiality, places you get recognised by people you know, need privacy.”

Facebook, talking to friends can be problematic, people get to know your issues.”

Attributes of people such as interpersonal skills, courtesy and ability to listen play a significant role in enabling or deterring young people from seeking help. Delays
The nature of help and support offered by services and professionals, its relevance to addressing individual difficulties, the level of anonymity and confidentiality offered and the nature of services and support available locally, are the key features highlighted. The type of help and support offered within and between services varies, is provided by a range of professionals from a variety of disciplines that adopt various approaches to addressing difficulties. The level of anonymity and confidentiality offered is also likely to vary between services and disciplines. It is therefore essential that young people are provided with accessible information that enables them to understand what is on offer, who provides it, relevance of support to addressing the specific difficulties being experienced and how anonymity and confidentiality will be protected. Similarly, the type of services available in a locality and what they offer for whom will vary, information about what is available for young people in their own locality is likely to be more relevant than more generic information about particular provision, for example, about connexions or social services, that has a national or regional focus.

Information about people and places that would be helpful

A number of suggestions were made by participants about the kind of information about helpful people and places that they would find useful. Information about how the available support could help with individual problems and how confidentiality could be ensured, were both highlighted as important by three of the four groups.

- **Type of support being offered and how it can help** – The nature of support offered, by whom and the type of difficulties it can help with.

  “Information about how they can help”

  “Who does what, what’s on offer, how it will help you with your issues”

- **Anonymity and confidentiality** – How these will be protected.

  “Whether they will keep things confidential.”

  “Anonymity, confidentiality, how they will protect these.”

- **Personal records** – What will be done with personal records.

  “Information about what they will do with your info, records.”

- **Local services and support** – What is available in the local area.

  “What’s available in your local area and where young people can go, will be different in different places.”

The nature of help and support offered by services and professionals, its relevance to addressing individual difficulties, the level of anonymity and confidentiality offered and the nature of services and support available locally, are the key features highlighted. The type of help and support offered within and between services varies, is provided by a range of professionals from a variety of disciplines that adopt various approaches to addressing difficulties. The level of anonymity and confidentiality offered is also likely to vary between services and disciplines. It is therefore essential that young people are provided with accessible information that enables them to understand what is on offer, who provides it, relevance of support to addressing the specific difficulties being experienced and how anonymity and confidentiality will be protected. Similarly, the type of services available in a locality and what they offer for whom will vary, information about what is available for young people in their own locality is likely to be more relevant than more generic information about particular provision, for example, about connexions or social services, that has a national or regional focus.

Approaches to providing information

Participants were asked what they thought would be the best way to make information available to young people. The importance of providing a number of options for accessing information to cater for differing needs was highlighted by three of the four groups.

- **Media** – Newspapers, posters, television and radio stations popular among young people and young people friendly advertising were highlighted.

  “Posters in the right places where young people go.”

  “Radio stations that young people listen to.”

  “Television, can advertise on there.”

  “Advertising that appeals to young people.”
• **Information and communication technology**
  – The internet and telephone were identified, though the point was also made that not everyone has a computer. Privacy and out of hours access were seen to be important.

  “Internet, websites, can be confidential.”
  “But not everyone has a computer”
  “Telephone, helplines (that can be accessed) out of hours”
  “Helplines, need their numbers”.
  “Text messages, privacy is strong.”
  “Contact young people on mobile phone”

• **Confidentiality and anonymity**
  – Places where individuals can remain anonymous and which offer confidentiality.

  “Choice of different people getting help from different places.”
  “If you can’t read or are dyslexic, should be other ways to get info.”

• **Organisations, services and other venues**
  – Places where young people go such as education establishments, community centres, youth groups, festivals and other social venues. A range of services where young people go and which meet differing needs was highlighted by three of the four groups.

  “College or school”
  “Community centres and youth groups”
  “Cinemas – if information is relevant to your problem.”
  “Festivals, activities that young people do, info should be available here.”
  “Sports venues, clubs, pubs.”

• **Social networks**
  – Such as friends and others who had experience of using services.

  “Friends, word of mouth is best way”
  “Views of those who already used services and can say positive things.”

• **Multiple approaches**
  – To offer choice that meets individual needs.

  “Choice of different people getting help from different places.”
  “If you can’t read or are dyslexic, should be other ways to get info.”

The overwhelming preference expressed, with the exception of educational establishments, is to access information through social and recreational venues frequented by young people, media and social networks. The importance of choice is emphasised not only in the range of sources or support highlighted but also commented on specifically by young people as an important aspect of meeting individual needs and preferences. Being able to access information confidentially and anonymously is considered important.

**Summary**

Sources of sadness, worry and stress for participants span a range of areas and include: relationships with family or partners; employment; peer pressure combined with differing demands of two cultures; concerns about health and money; and, the demands and pressures of education.

Sources of support need to demonstrate a number of features in order for young people to feel able to access them. Organisations and people that demonstrate trust, confidentiality and an understanding of culture encourage young people to access help from them. Some young people, like two participants in this consultation, either don’t know where to seek help from or prefer to rely on themselves to address difficulties, this includes allowing the difficulty to “sort itself out.”

A limited awareness of mainstream public services and
professionals that can help, or what they can help with, is apparent in the feedback. There is an overall lack of reference to these resources as potential sources of support and when they are mentioned there is some confusion as to what they can help with.

The importance of good relationships, preferably established before problems arise, is an important factor to seeking support. Unfriendly, unhelpful and untrustworthy people and places that cannot give sufficient reassurance of confidentiality and those that lack understanding of the young person’s culture would not be approached for support. Other barriers to accessing support are delays in receiving support, incorrect advice, lack of confidentiality and anonymity. Useful information is considered to be that which communicates how the support offered will address specific problems being experienced by young people, level of anonymity and confidentiality offered and local sources of support. The need for a range of sources of information to suit individual needs is highlighted and being able to access information confidentially and anonymously is seen as important.
“Wish I’d known history before now, it would have helped me to stay away from doing bad things knowing my roots and struggles my ancestors went through.”

(Young participant)
The feedback generated through this consultation suggests that there is some way to go to in order to ensure BME young people have appropriate access to facilities, services and support that enable them to enjoy, achieve and be healthy in mind. Some of the limitations of a relatively small consultation such as this have already been highlighted and it is imperative that further work be undertaken to ensure that BME young people, their views and needs do not remain largely invisible in the development of national and local policy, planning and provision. In a time where evidence based practice is widely promoted, evidence must be collected to support ongoing review and development of appropriate provision. Otherwise there is a danger that the vicious cycle of a lack of evidence resulting in lack of development of appropriate and responsive services and interventions will continue. A lack of evidence does not mean lack of need.

As this consultation demonstrates, young people have much to contribute by way of views, insights and suggestions regarding the issues that impact on them and options for enabling them to have a good quality of life. Harnessing this energy and enabling their participation has much to contribute to the development of appropriate and responsive provision that is able to address their needs effectively.

It was not within the scope of this study to obtain feedback from a comparative group of young people from the majority White group. Nevertheless, participants in this consultation demonstrate a keen awareness of how some of the difficulties they encounter are the result of being seen and/or treated differently due to their ethnic identity.

A summary of the main points follows.

### Ethnic identity

Young people differ in their understanding of what the term ‘ethnic identity’ means for them in a personal context. Participants in this consultation ranged from having little to say beyond “what race you are”, to articulating what it means for them in the present time, in relation to their roots and ancestry and the limitations of ethnic categories to indicate the range of factors that inform their personal ethnic identity. There is a need to reflect on whether we provide sufficient opportunities for young people to discuss and explore their ethnic identities and related benefits and difficulties.

Racism and discrimination, both perceived and actual, are highlighted as a significant concern indicating a need to pay greater attention to their impact on the health and well being of young people.

Negative experiences linked to ethnic identity are seen to add to problems experienced by BME young people who also experience difficulties encountered by all young people.

### Enjoy

A number of activities and the benefits of participation in activities that young people enjoy are highlighted. They can be a means to deal with frustration, provide escape from reality and be therapeutic. Highlighting the potential benefits of specific activities and supporting participation in them would contribute to widening the pool of activities that young people perceive as being enjoyable and beneficial.

Either sufficient money to be able to pay for activities or access to free/low cost activities is identified as necessary to facilitating access and participation.

Mobile projects are suggested as a way of taking
activities to young people and would overcome transport
difficulties or other barriers to access and participation. Due
consideration must be given to addressing the needs of
young people at risk of isolation such as those who are not
in education, employment or training or newly arrived in the
country.

Opportunities for work experience are described as an
important route for extending social networks and access
to resources that can facilitate participation in enjoyable
activities.

Opportunities to speak English are seen as being
enjoyable and necessary to enable participation in
activities and to extending social contacts and networks.

Community organisations are highlighted as enabling
participation and addressing barriers to participation. They
are seen to provide an important resource and support
that young people value.

Information about the range of activities available locally
would facilitate young people to broaden the range of
enjoyable activities they can participate in.

Participation in enjoyable activities was seen as both a
source of enjoyment as well as helping to deal with stress.

**Achieve**

A range of activities are highlighted by participants as
areas in which young people want to achieve in. They span
academic, social, recreational and sports activities and staying out of trouble. Motivation, encouragement, inspiration and support are seen as central to enabling or preventing young people from achieving in their chosen activities. Considering and assessing achievement in the context of individual needs, interests and circumstances, combined with appropriate commendation can broaden opportunities to motivate and inspire young people to continue to want to achieve.

People and places with the right attributes are the key factors highlighted as enabling young people to achieve. Individuals who can inspire, motivate, encourage, provide direction and understand young people’s views and circumstances are identified as important to supporting achievement. The specific people identified by participants are wide ranging and include family, friends, professionals and role models.

Staff able to reach out to young people who do not participate in organisations or activities, are seen as important to providing support to those who are isolated and disengaged from available provision and support. Places that are welcoming, provide accessible, affordable and relevant facilities are seen as essential to enabling young people to achieve.

Lack of opportunities to work or volunteer result in young people having limited or no opportunities to achieve and succeed in these areas.

Knowledge of family history and ancestry and knowledge of other cultures is considered important to inspiring young people to achieve and “stay away from bad things”.

Community organisations are highlighted as an important resource for supporting and enabling young people to achieve.

**Healthy in mind**

Sources of sadness, worry and stress for young people span a wide range of areas and include: relationships with family and partners, including being affected by their distress; other people’s negative behaviour and own negative behaviour such as smoking or taking drugs; lack of employment; work-related stress; peer pressure; juggling differing demands of two cultures; health concerns about illness and lack of sleep; insufficient money for essential purchases; and, pressures of education relating to exams, student fees and school admissions. Understanding the sources of individual distress and their cultural context is vital to developing and providing appropriate support.

Safety, confidentiality, trust, a good relationship, being understood, not being misunderstood and feeling at ease are important features to encouraging young people to seek help with difficulties. Virtually every organisation or individual highlighted as a potential source of help is qualified with the proviso that help
would only be accessed if these features were in place, in relation to both formal and informal sources of support. Few mainstream public services are mentioned as potential sources of support with greater reliance being on family, social networks and community organisations. Individuals demonstrating positive attributes and attitudes to young people and places that offer privacy and information relevant to addressing individual difficulties, emerge as the key factors being supportive to enabling young people to access help and support. Feedback regarding self-reliance indicates fear and mistrust as a preventive factor to seeking support from other sources. Having an established relationship before difficulties arise is also considered important and the difficulty of building trusting relationships while also dealing with problems is highlighted.

Sources that help would definitely not be sought from focus almost exclusively on attributes of people and places that young people perceive as being negative. Unfriendly, unhelpful and untrustworthy people and places that cannot give sufficient reassurance of confidentiality and those that lack understanding of the young person’s culture would not be approached for support. Delays in getting feedback or support and having to repeat information to several organisations/professionals also deter young people from accessing help as does incorrect or bad advice. There is no mention of family or social networks as sources which participants would definitely not seek support from, suggesting these are potentially important sources of support.

Useful information is considered to be that which communicates the nature of help and support offered by services and professionals, its relevance to addressing particular difficulties experienced by young people, the level of anonymity and confidentiality offered and what is available locally.

Accessing information through a range of sources to suit individual needs and preferences is considered important. Educational establishments, social and recreational venues frequented by young people, media and social networks are highlighted as the preferred sources for accessing information. Being able to access information confidentially and anonymously is highlighted as being of central importance.

The focus of this consultation was on two outcomes of the Every Child Matters strategy, ‘enjoy and achieve’ and ‘be healthy’. The feedback from this consultation also refers to the other three outcomes, ‘stay safe’, ‘economic well-being’ and ‘make a positive contribution’. This is testimony to both to the relevance of these outcomes to participants in this consultation and the interaction between them; difficulties in relation to one outcome can impact on others and equally, positive experience in one outcome can support a similar experience in other outcomes.

There is much to gain from actively listening to and enabling effective participation of young people in the planning, provision and review of services. Initiatives aimed at facilitating community participation and involvement must ensure they take steps to actively include BME young people, their families and communities.

It is appropriate to end with some messages that young participants in this consultation would like to convey to service providers.
Final say from young people

As a closing question participants were asked what advice they would give to service providers about how best they can help young people to stay healthy in mind and deal with difficulties early. The following are their thoughts, ideas and suggestions:

**Politics**

“Students on protest should not have been treated as they were, especially when the politicians lied.”

“Education cuts not good, (stopping) EMAs is bad and will depress people.”

“Councils don’t have money, cuts means not enough money for young people, opportunities to get education, skills, employment, cuts in things like trips.”

“When you hear ‘send ‘em home’ from people in power its distressing.”

**Refugee and asylum seeking young people**

“Refugees and asylum seekers have Home Office and immigration problems and not eligible for services other young people get.”

“Lots of problems and worries about many things.

“Can’t get laptop for IT course (from social services), can’t do course work without one. No money to get equipment that will help to make progress. Social worker says will help but doesn’t.”

“If don’t have computer how can I learn, use the internet, etc. Say will provide when 18, now 18 and not happening. No explanation.”

“Medical Foundation helpful.”

“Uncertainty about what will happen”

**Accessible provision**

“Some young people are totally stressed out. Arrange sessions for counselling that young people can access.”

**Activities and facilities**

“Provide yoga, trips, parties, football.”

“Fitness places, free access.”

“Enough facilities.”

**Information and advice**

“Advice on education and employment”

**Participation**

“Ask young people what service they want.”

**Trust**

“Trustful people and services”

**Costs**

“Money or free things, activities.”
“This project (community organisation), feel safe, understood. Can talk confidentially, staff always help and do a lot. Good vibes between young people and staff.”
(Young participant)
References


16 Equalities Act 2010


