

Healthwatch B&NES Community Pot Final project report 2018-19

SECTION A: YOUR ORGANISATION

1. Name of Organisation	Bath Area Play Project
2. Full Address of Organisation (for correspondence)	Odd Down Community Centre Odins Road Bath BA2 2TL

3. Contact details

Main Contact for reporting	
Name	Caroline Haworth
Position	Director
Telephone	
Mobile	
Email	

SECTION B: THE PROJECT

4. Focus of project

- Please state clearly what issue(s) your project looked at.
- Were these the issues that you had planned to focus on?
- If not, please explain what the project focused on and how and why the focus changed.

Me in Mind was a small project that listened to children and young people about their feelings and emotions in relation to their mental health. Previous consultation as part of the Mental Health Review did not include children under 16 years and as we come into contact with so many children under 16 that are affected by mental health, we wanted to ensure that their voice was heard too.

We planned to focus on children that were home educated, school refusers and children who do not usually have their voice heard. The main outcome was to share the voice of these children that have found services difficult to access and to share these findings with the appropriate teams so that practice can change.

5. What did you do?

- Using your Memorandum of Understanding for reference, please tell us what progress was made against each of the activities that were due to be delivered through this project - including numerical data for outputs where agreed.
- Please include details of any factors that contributed to or impeded the achievement of the agreed outputs.
- If the agreed outputs were not achieved, please explain the reasons why and any actions that were taken to try to address this.

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NB - Please include any photos, video links, examples of surveys, media and communications used etc to illustrate what you did in the box below or attach them as an appendix.

Using a variety of methods to capture children's voices in relation to their mental health and support they have used, determined by their choice

We met with and listened to 21 children ranging from 6 years to 18 years of age. 16 lived in the Bath area with the remaining 5 in Keynsham and further outreaches of North East Somerset. 5 were electively home educated and 3 were on part-time timetables at school so still on role but only attending for 2 or 3 sessions each week.

Run up to four small group sessions to bring children together, where this is appropriate for the individuals

4 Nurture Group were held in schools and at 3 Play Hubs where emotional and mental health was talked about whilst children were engaging in play and activities

It has been apparent that children from the schools visited, predominantly aged 9-11, are starting to experience some emotional difficulties and can find it hard to manage these feelings. This is starting to impact on their confidence, self-esteem and ability to make positive relationships with their peers. It appears that though some things are put in place to support certain children, we still have a way to go to stop things snowballing so that problems and issues don't build. Certain young people are losing complete confidence in themselves and then dropping out of main-stream schooling. This can then lead to further issues such as isolation and loneliness. These can have a more extreme effect on young people's mental health and it can result in more extreme ways of coping such as self-harm and suicidal thoughts.

Encourage one or two young people to mentor others through these group sessions

Discussions were held around the idea of a mentoring accreditation and it was felt that at this time an official accreditation was not necessary.

Some of the young people would rather be involved without having to try and formalise it.

However, during two of the group sessions, there were clearly one or two children that had potential and confidence to perhaps take this on in the future and were receptive to the idea.

6. What did you find out?

- Please outline the key findings from your project, considering:
 - key themes from the feedback that you received
 - themes related to any particular health and social care services that participants said that they used
 - what participants said worked well (with regards to health and social care)
 - where participants felt things could be improved (with regards to health and social care)
 - any conclusions or recommendations that your organisation would like to make based upon the feedback that you have received (please try to make these SMART - if you would like to discuss these further please do not hesitate to get in touch with us)

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***NB** - Please include any relevant survey data, tables/ graphs, case studies etc to illustrate what you learnt in the box below or attach them as an appendix.*

From the start, we wanted the project to be child led and involved some of the older young people to devise some questions. These were not routinely used and were adapted as we the project developed. They also tried to identify language that children would understand to ensure everyone that was involved understood. At each individual and group session, children were able to agree informal ground rules about sharing.

Through conversations, activities and groups, children told us what they found helpful in dealing with emotional difficulties, anxieties and stress –

- Talking therapies in a one to one setting
- Mentoring schemes – being able to discuss any difficulties with a trusted worker while doing fun activities or just being able to talk away from their home environment.
- Group settings where they could be with their peers and have fun yet also discuss any issues that they may be having.
- Online Mental Health services had been used by the older children as had phonelines – some felt this was helpful as it was immediate and could be accessed at any time.
- Specific support from organisations with practical strategies that young people can use e.g. Nurture groups and Therapy sessions in schools
- They had also found some healthy ways to release stress, several of them had a creative outlet and used drama, dance and music to help either in organised group sessions or individually at home.

While talking to the young people many spoke positively about experiences where they were with their peers in a group setting so they felt that they were not alone in what they were experiencing. The young people who had been offered mainly one to one support felt that also being able to attend a group with their peers would have been very helpful.

Some of the older age range we spoke to were keen to be able to act in a mentoring role and support younger children who were experiencing difficulties.

The children also shared what they felt was less helpful -

30% young people felt that they couldn't relate to their allocated Mental health professional as they were a lot older. At times young people felt that services were put in place, but the work had been more focused on their parent which left them feeling frustrated and ignored.

50% young people felt that they waited a long time for help.

20% young people said that felt that the support they received was for too brief a time period.

A combination of approaches seemed to work best for the young people. Talking therapies combined with another setting with a more fun element to it.

Many of the young people that we spoke to had triggers that had started their Mental health difficulties. These ranged from divorce, bereavement, physical health problems and bullying.

Many of the young people are keen to come together to support others that are having a hard time.

Others had turned to animals and felt that spending time with their pets really helped them.

Some had started attending horse riding sessions to help them deal with Mental health issues, some spoke about missing the opportunity to get outdoors often.

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Whilst the focus for this work was with children, we also engaged with parent/carers who welcomed the opportunity to share their feelings, saying that they hadn't felt able to let professionals know as they were too focussed on supporting the child.

40% of the parents that we spoke to felt that it was still a real battle to get the support that their children need. Most felt that if their child had been able to access support earlier on then things would not have escalated as much.

Parents are still unclear of all services that are available and would like this to be on a central system that is easily accessed.

40% of parent's felt that their children's health conditions were misunderstood in school settings and that the poor management of things had led to their child experiencing Mental Health issues.

Another parent spoke about lack of services when a child experiences a bereavement, her son has shown real signs of Mental Health difficulties, but it took a year for anything to be put in place.

All were keen for an increase in services and groups that their child can attend earlier on.

Through meeting and talking with children and young people, it is apparent that lots of services are working very well and are helping a great deal. The issue is that it can still take a long time for support to be put in place for certain children, by the time they have received help then often issues have escalated or become more ingrained.

This leaves young people and their families feeling alone and lost.

85% of the children that we spoke with feel strongly that they would like to be involved in group work during which they can be some sort of peer mentor for others.

All feel that if they had received services more promptly then they would have had a better experience.

Parents speak of being left feeling frustrated at the wait for help for their child.

In several cases the fact that things hadn't been put in place at an early stage had led to children getting to a place where they felt they could no longer attend main-stream education, they would then have to be home schooled or attend an alternative setting.

Multi agency working is successful and necessary and helps to support families.

A service with the capacity to offer input to young people and to give them a safe space to talk and have fun would be welcomed by children and young people.

It is also important that this service is offered early on when the young person first starts to find things difficult.

Bath Area Play Project would be very interested in developing a group for children and young people, perhaps a mixed age range or one for primary age and one for secondary, where children could choose to access themselves or a professional recommendation alongside one to one support. Or professionals who recognise early enough that having a support group for the child to start talking through things that are worrying whilst having fun, might prevent things from getting worse. Our staff in the group would then be able to refer on where needed but also build strong relationships with parents to support with relieving their frustrations.

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7. Demographic information

- Using your Memorandum of Understanding for reference, please report who you engaged with through this project, including any agreed questions such as:
 - postcode
 - age range
 - disability
 - carer etc
- Did you identify any differences or themes in the experiences of different demographic or protected characteristics groups (i.e. that might suggest barriers to and/or potential inequalities in access to health and social care services)

BS31 1UJ, BA1 5HX, BA2 1RG, BA1 4JZ, BA2 2SD, BA2 8SL, BA2 1SQ, BA2 9AS, BA2 1RZ, BS39 5BQ, BA2 5PU, BA2 5QF, BS31 2PY, BA1 3HP, BA2 2SB, BA2 1NP AND BA3 2LS

11 Male and 10 Female 0 as this was a fairly even gender split, it was interesting that there were no gender specific issues; as 60% conversations were individual, children of both genders were able to speak openly whilst engaging in an activity they enjoyed and was relevant to their needs. In groups, staff use a non-judgemental approach and create an environment where all participants can contribute as they choose to. The nature of play opportunities can support children to feel positive and relaxed and enable children to speak openly about feelings and emotions.

Age range from 6 to 16 years; again, as many engagements were individual, children of younger ages were able to be heard and whilst their understanding about why they were feeling how they did, was not always clear, they did recognise what was working for them.

5 were electively home educated and 3 were on part-time timetables at school so still on role but only attending for 2 or 3 sessions each week. 2 were waiting for EHCP plans to be completed and 3 had mild learning difficulties.

8. Outcomes - please tell us how this project has impacted those people who took part?

NB - If you have any testimonials or quotes that you would like to share to demonstrate the outcomes that your project achieved, please include them in the box below or attach them as an appendix.

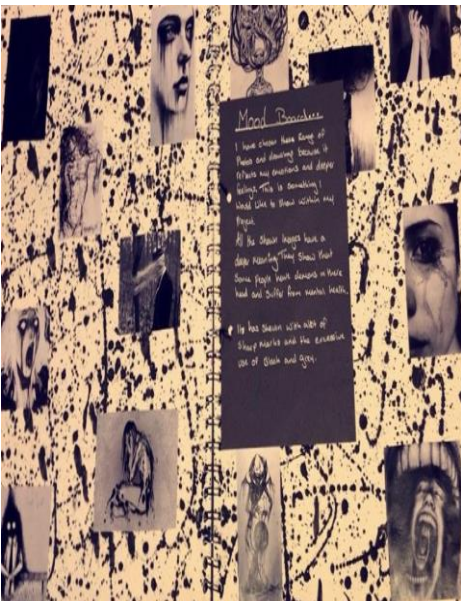
The project has enabled children who are struggling with their mental health, to recognise that they are not alone. Talking openly about emotions and mental health can be challenging and the project supported children to become reflective themselves. The Playworker asked about what they did to help manage situations which they found difficult but also to recognise and appreciate that these were helping to keep themselves safe. "You got me thinking about me and my head and helped me to think how I can make things better."

"I felt a bit lost and sad but I like the group and want to come more"

"I love doing the art, it's really helped me and my head doesn't feel so full"

From a parent, "He has never really engaged with anything before and it seems that he has improved how he is feeling. It's such a shame that it's stopping but thank you for the support and the ideas for what I can do differently to support."

A pictogram showing how a young person has developed strategies for coping with how she is feeling.

[illegible]

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9. Considerations

Did you have to take any steps when designing and conducting the project to ensure the safety and wellbeing of your participants? If yes, please explain what these steps were and how you overcame them. Example areas include: Data Protection, Ethical considerations, safeguarding etc.

Risk Assessments were completed and signed off by the Manager prior to all groups and home visits. The groups worked well as there were other BAPP staff involved which meant that the Me in Mind Playworker was able to support and listen to children whilst they were engaging in play and activities and wasn't working on her own. This was also in line with our Safeguarding Policy and Lone Working Policy.

10. Next steps...

What action do you think needs to be taken now to share the feedback/ conclusions/ recommendations from your project and help to improve people's experiences of health and social care services in B&NES?

- Please refer to your Memorandum of Understanding for any actions that had been agreed between your organisation and Healthwatch B&NES.
- Please let us know if your organisation is planning to carry out further work in this area.
- Please let us know if there is anything further that could be done in partnership with Healthwatch B&NES. We are very happy to work with you to escalate feedback, best practice and concerns where required.

We are happy for this report to be shared with the B&NES Community Mental Health Review however whilst we wanted to create a more child-friendly format of the report, this had to be curtailed due to the Me in Mind Playworker receiving a medical diagnosis. We would love to be able to build on this work and secure funding for a group and potential peer mentoring training.

11. Working with Healthwatch B&NES

This is the first time that we have run a small grant scheme for VCSE organisations. We very much hope to be able to continue this funding stream and build relationships with partners across B&NES. We would therefore be very grateful for your thoughts on which elements of this process have worked well and if there was anything that you think we could improve on or do differently next time.

The process was straightforward and supportive. Particularly helpful was the Memorandum of Understanding so that we were clear from the outset about the expectations.