Testing the Not Just a Thought model with young people and professionals

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INTRODUCTION

Once the model had been finalised, it was important to test it with young people and professionals before introducing it to general use. The approach taken was to simulate exchanges between young people (secondary school students) role-playing from a scenario briefing with a mixture of nursing and social work professionals using the model to ascertain the young person's hidden issue.

Aim of Project:
To co-design, with children and young people, and produce a psycho-social assessment model for use by children and young people and professionals.

Objectives:
1. To produce a psycho-social assessment model co-designed by children and young people which they consider enhances opportunities to disclose activities and behaviours which may indicate a risk, or likely risk, of abuse and/or exploitation particularly sexual abuse and exploitation.

2. To produce a psycho-social assessment model with the participation of professionals which they consider enhances their ability to properly assess children and young people, increasing the opportunity for the disclosure of activities and behaviours which may indicate a risk, or likely risk, of abuse and/or exploitation particularly sexual abuse and exploitation.

Taking the approach of realist evaluation to testing the model seemed appropriate and likely to lead to more useful outcomes from testing. The following questions were posed to guide the analysis.

1) What is the nature of the achievements secured by the model in the views of (a) children and young people and (b) professionals?

2) What is the essential context in which the model will work?

3) What are the mechanisms of the model that are central to achieving this?

TESTING THE USE OF THE MODEL THROUGH SIMULATION

A cubicle in the simulation suite was set to represent an environment such as might be encountered in a consulting room in a hospital, an interview room in a local authority or a Third Sector agency, or a counselling room in a school. The normal practices of the simulation suite were followed, with scenarios and "stage play" being planned in advance, briefing of participants, and selection of appropriate recording modes. The simulation technicians arranged unobtrusive "fish-eye" video camera recording from the ceiling with Hi-Fi sound, and with the encounter transmitted for simultaneous viewing in a second room. It was agreed that an average of 10 minutes' duration would be likely, corresponding with the amount of time likely to be available to the professional, allowing time for the essential issues to be discovered, and avoiding over-burdening the young people while "in role".

Seven young people from the school, who were performing arts students, played the part of a young person with a troubling issue which they would reveal only if the right questions were asked in an appropriate manner. Three cases were prepared (based on a composite of real cases) for the young actors to choose from and adapt as they saw fit with artistic

licence. It was stipulated that they should not select an issue that was too personal to them, but they could think about a friend or a story that they knew of to aid in playing the part. Their brief was that they did not have an existing relationship with the professional, that they were unsure whether they wanted to talk to this individual, and that they had reason not to trust adults in authority.

Six professionals were recruited to participate: three social workers and three nurses. The professional was briefed about the case so far and the issue that had arisen that was causing concern. They had had the opportunity to read the model in the days before the event, but they received no training. Their own role for the simulation was made clear. Two cancellations by other schools caused rearrangement of the date for the event so that other professionals who had agreed to attend were not able to participate.

Either participant was able to end the scenario at their discretion using a code word ("Jupiter" for the actor and "Juno" for the professional), and a counsellor (a member of university staff) monitored the exchange in the role of protecting the participants, ready to step in to end the simulation if necessary, and to provide support if required afterwards. Arrangements for ongoing or further support were made in case of later reaction.

A panel of the remaining young people, professionals and the project team monitored the encounters remotely, making notes of issues for later discussion. The plans for achieving this were discarded by the young people who preferred to engage in brief, video-recorded interviews of each other and the professionals.

At the end of the scenario, with a clear statement of this being finished, each participant was debriefed individually by a member of the project team, again focused on the evaluation questions.

The event was concluded with a plenary led by the project team member to summarise what had been achieved and immediate thoughts about outcomes. This was followed by awards for the "actors" – including small gifts for each, and certificates for the young people.

OUTCOMES OF THE TESTING

Each actor adopted a scenario that they wished to act out. They are credited here with their performance. The professionals were astonished at the acting expertise and the realism injected into the role play. The actors expressed their own satisfaction with the performance, and each was received with an ovation when returning to the group room.

There was no need for intervention by the counsellor, though during the first case the quality of acting caused the professional and the counsellor to grow cautious about continuing. After this, each student was asked to warn the counsellor of how they might undertake their role so as to prevent unnecessary interruption and premature closure of the encounter. None of the actors or professionals felt the need to use the code word to stop the scenario.

Both actor and professional were keen to debrief each other immediately, the professional scanning the brief offered to the student and the student appraising the professional's skill in eliciting the information. This was considered to be part of coming out of role and normalising the situation and so was not recorded.

In all cases the main issues were discovered.

Table 1: Details of cases and outcomes

			Actor Credit
Encounter 1	Case 1	12 minutes. Actor coaxed into volunteering information about smoking, excessive drinking, and including some illicit substances. Unhappy with involvement with people and receiving the substances in return for inappropriate behaviour. Plan for help was formulated.	Sam
Encounter 2	Case 3	8.5 minutes. Actor invented relationship problems following father working away, lack of friends, high anxiety at school, bullying, self-harm as release. Demanded a hug from the interviewer. Help offered by the interviewer.	Emma
Encounter 3	Case 2	12 minutes. Parental break-down disclosed, together with paternal drink problem and eventually a history of being abused by the father. Angry at school and aggressive because of this but also picked on by a teacher.	Sophie
Encounter 4	Case 2	10 minutes. Aggressive feelings and actions at school acknowledged and explaining in detail. Varied factors considered, particularly bullying by other boys for choice of music and other lifestyle factors. Agreed to talk to mother about the secret with help of the interviewer.	Isaac
Encounter 5	Case 1	12 minutes. Encouraged to open up about single parent, mother with alcohol problem, neglectful and some degree of violence, actor with resultant poor diet, smoking, excessive drinking, illicit drugs without knowing what these were exactly. Given by others. Overdose resulted. Been sleeping at friends' houses. Recognised the need to seek help.	Rebecca
Encounter 6	Case 2	9 minutes. Family break-up drawn out in discussion. Host of resulting issues divulged gradually. Self-harm admitted but hidden from parent. Recounted episodes of violence against other students in detail. Agreed that the situation needed to change and accepted offer of referral.	Luke
Encounter 7	Case 3	14 minutes. Led to explain about cutting in secret as a means of regaining control in the light of persistent bullying at school and at home. Feelings of being unsafe both at school and at home. Desperate for help but unable to ask. Entered into negotiation of how help would be offered.	Alan

Student Interviews with Professionals

The students took over this part, assigning roles of interviewer, camera-operator and photographer. They asked their own questions (which were pertinent to the testing purpose). The students posed questions directly, sometimes challenging the professionals to justify the use of the model and its purpose. Similar questions have been grouped and expressed as a composite exemplar.

"What do think of the model overall?"

There was overall approval from the professionals, who recognised that the greatest value of the model lay in providing support to less experienced practitioners, and in its basis in the extensive work undertaken with young people to establish the right questions and an appropriate approach to provide opportunities for a positive dialogue. Reducing the use of less helpful questions which could cause the young person to lose trust and to decline to seize the opportunity to divulge a problem and secure support was also highlighted.

> *It's very good. It is probably best for those who aren't very expert at talking to young people: really great for them. For those with more experience it kind of fits naturally with what you would usually do.*

> *It is a good model. Sometimes grown-ups get stuck trying to talk to young people. Sometimes so stuck and embarrassed that they ask stupid questions. When you ask stupid questions, young people shut down.*

> *I think that it has been worthwhile taking the trouble to find out from young people how to talk to them instead of making adult guesses about what works.*

> *The characters that you all played were very familiar to me from many cases in my practice. The young actors were fabulous. We were testing this almost in real situations, and it worked, I think.*

"How do you think that the new model could help children?"

The actors were keen to bring the professionals to the central issue of what impact there could be on children. It might be that at this point they had younger children than themselves in mind (for example, in referring to "children" repeatedly rather than "young people"), but this was not recognised at the time, since the young people maintained complete control over the interviews. The possibility cannot be clarified now. The professionals tended to acknowledge that supporting the professional or practitioner in providing a means for children and young people to disclose troubling issues was, ultimately, a way to help children. This help would usually be in referral to agencies or individuals with greater expertise in a specific topic, or in offering personal support immediately in disclosing the problem to a parent, teacher or other appropriate adult. The empowering effect on young people to take the opportunity to effect some solutions of their own was noted by students in student-student interviews.

> *The benefit is in having a guide to ask questions but which also gives the opportunity to listen better to the young person.*

Sometimes professionals feel a bit out of their depth with some of the problems that come up, and this guide helps professionals to get the right information from young people without missing something that is really important.

[From the recording of a scenario] *OK, then. So would it be a good idea for me to have a quick word with your mum, explaining that there is an issue that you need her to help with, and then bring her in and I will help you to get started with sorting it out?*

[From the recording of a scenario] *Let me see if I can summarise what we discussed… Do you think that your maths teacher might be a good place to start with making things better? What would you like to do? There are lots of options… I could see if he is able to come now to listen to what has been going on and then to suggest to you how he could do something about it…*

"Do you think that it is more helpful to the adults than to the children?"

This particularly insightful question was acknowledged by the professionals to be addressing a pertinent issue. They recognised the risk that it might make adults feel better but do nothing at all for children and young people. The balancing of the professional need to ask for certain aspects of information with providing a conducive environment in which trust could be developed and disclosure made was highlighted by all of the professionals who were asked. The students answered their own question in the student-student interviews.

Well, as a health professional or social worker you have a list of questions in your head that you want to ask, but actually many of them won't make sense to the young person that you are talking to. It is a bit of a compromise where you get some of what you want and the young person gets something that they need.

I hope that it is helpful to children. That's the aim: for things to be better for children at the end of the encounter. Their voice is heard better. They will listen. They will feel able to disclose what is worrying them. You've got to ask the right questions to be able to get the information to be able to help children.

It probably gives the professional confidence if they've got some framework to start a conversation instead of trying to make it up in their head. That's got to help them to do a better job and to help with bringing out the issue that needs to be addressed.

The aim is to help young people, and if they get the opportunity to say stuff that's really on their mind that should be good. It's probably best to ask them what they think.

"Has taking part in this made you see any differences in the way that you might talk to children and young people?"

Even professionals with a great deal of experience in speaking to children and young people, often in sensitive and complex situations, expressed the learning that they had acquired during the exercise (and this was reinforced in the plenary discussion). The size of the document and the effort required to become familiar with it was noted, together with the need for practice to become more adept in applying the model in a fluid manner.

I used the model differently - better - after the first time. As professionals we need to practise skills. We can't just do it well instantly. I would have liked to have had something like this in practice (but I didn't). After using it more I think that it could help me to have better conversations.

It is a big document. Even though I have read it carefully, I think that I could still improve in how I use the model. I will probably arrive at my own way of using it - to fit in with my natural way of holding a conversation.

"The professionals seemed to tailor some of the questions to things about the young people themselves and what they were interested in. How does that help young people to open up to older people?"

Some of the questions arose from observing others' scenarios in the base room. The young people had discussed issues together and picked up on specific issues (which were already incorporated into the model - though they had not seen this). More thoughts arose in the student-student interviews.

In one scenario we got into deep and intense very quickly so it was probably not appropriate at that initial point to talk about music and so on, but otherwise these personal issues help us to establish rapport and to gain the trust of the young person.

[Non-recorded discussion involving two students and a professional]
I liked how you asked me about my interests and about which lessons my character liked at school.

Yes - I thought that was good, too. It was a gentle way into talking about what was good and was wasn't going so well.

Would young people like you have responded to that? [Professional]

Oh, yeah. I mean, not everyone, but it should be done anyway. It's easy to move on if it's not where you want to go.

"Just from the model, do you think that the young person opened up to you more than if the person asked in a different way?"

While there were other examples, this extract demonstrates both the professional response but also the engagement of the young people (rather than simply performing a task in interviewing the professional)..

I think that sometimes we ask too many questions and fire them off too quickly. ["So it scares them away?] *That's right. They think "Oh, God. This isn't safe. What are they going to do with this information?" The problem is, if I'm working as a social worker, I've got this thing in my head saying "You've got to do this quickly. You've got to find out what's the matter!" Sometimes you just need to relax.* ["Chill"] *Yes. Chill.*

"Are you likely to use the model yourself?"

All of the professionals who were asked this replied positively - sometimes with the same caveat that it would usually be incorporated into normal practice by more experienced practitioners but much more useful for less experienced practitioners or those without specific training.

Definitely. I would like to. I hope that it will be open to us to use.

I think that I will. There is definitely something there that will be part of how I conduct these sorts of discussions in future. I need more time to read it more and work out what it is that I found that worked for me.

"Could this model help other people in future like counsellors or whatever?"

The students clearly saw potential for wide use of the model. A number of discussions ensued from their asking this question. In one of these that was not recorded, thoughts

ranged widely on the types and level (both role and level of training) of professional or worker that might find the package and the model useful. It became clear that some had assumed that only qualified professionals would be targeted, while others imagined that anyone who might be approached by a child or young person or whose post or role included routine interaction with young people should be included. Overall, however, there was agreement that use of the model should be as broad as possible, with appropriate preparation.

> *I think that it has so much potential to empower professionals. It is like giving permission to ask the difficult questions.*

"Where do you think the project could go next?"

Since the professionals who took part in the testing had not been part of the project, their perspectives in response to this question were especially interesting. There was a general feeling that the work to design and produce the model should be considered to have been completed. They saw the next step as being to address the operationalisation of the model, reducing the manual in size, considering how training should be designed, clarifying the target populations of professionals and of children and young people, and thinking about how it is to be presented. There was also the possibility of the need for further field-testing.

> *The next question is possibly thinking about who it is aimed at; which adults, that is. It will be of most use to adults who are not used to speaking to young people - who need a bit of structure and a framework for it. So thinking about who the audience is and then about the audience of young people. It is one thing if a young person wants to talk and feels able to tell their story, but if they are really shy or really, really scared and don't want to talk, I wonder what it would be like to have the conversation with someone who isn't really willing to give the answers. I think that we could tease that out a bit and test it again.*

Student Interviews with Other Students

"What did the questions achieve?"

Although the students sometimes turned to self-appraisal of their acting in the scenarios, they did this in a way that reflected how they perceived the model to have impacted on the persona that they had adopted.

They brought out the character but not too fast and all at once. It was more gradual. The questions were more relaxed and I could feel my character coming through.

I thought that they led me to places where I wanted to say more - not forced, just helped.

"How would this compare to any similar conversation that you've had or know about?

The students had been asked not to play themselves or to divulge information about themselves but to adopt a fictional character or a composite of real characters. Nevertheless, they entered into role with enthusiasm and deep thoughtfulness. They thought that they had come close to understanding how a young person would feel in a real situation. This was confirmed in the debriefings immediately after each scenario had been played out. Indeed, the professionals also realised that they had engaged as though in a real situation, expressing mental tiredness and a sense of success.

> *I had expected it to be more formal: "you've got to do this, this and this". It was actually very relaxed which I think would help people who were going through that situation. They would want to tell more because they felt safe in that environment.*

"So, was it effective? Would people find that the model makes it easier to talk to young people about problems?"

Interviews mostly ended with a request for an overview of the effectiveness of the model and the likelihood of positive outcomes. The students had no doubt that in simulation the model had brought about a gradual (at least usually) move towards a point where the main issue was "ready" to be disclosed. They certainly found that the conversation was easier for the young person. The professionals also thought that the process would be easier for the adult.

> *Yes. I thought that it was effective. When adults come across as quite formal it makes young people wary and wonder who else was going to know what they had said. This was much more just like having a normal conversation.*

> *In my scenario I found it helpful when they asked me about myself more generally. You feel more comfortable with the person if they can relate to you.*

Plenary Discussion

A final informal discussion was held and recorded to complete the event. This was free-ranging but taking in the issues that each person had identified across the activities. It was agreed that the young actors were outstanding. One of the professionals held that…

> *"their interpretation of the scenario made it seem that there were actually nine cases (rather than three). The cases seemed especially real, and it was notable that the main issue was discovered - I think probably every time."*

This lends credibility to the testing, though field-testing under normal circumstance is needed.

There were strong feelings that the model must not be allowed to become just another questionnaire. It was acknowledged that many screening tools exist already (these had already been appraised as part of the project, and the strong points identified and incorporated), and the model was designed to be a different approach. Its vital aspects were the process, language and structure that were designed in by young people to meet their needs and preferences, and which, together, came to far more than a screening questionnaire.

The participants considered both the need for training in using the model and its basis as a training tool of itself. It was recognised that while professionals with experience who had undertaken the testing had managed well, others would require more extensive preparation.

> *Training - the end artefact is people who have had training and can use the model*
> *- not just the use of the document.*

This was an important issue, since without training not only in the content, but in the purpose of the model, there was the risk that it would be used only as a checklist, avoiding engagement with the young person in need, and destroying the opportunity to coax the problem out. This was held to be the case no matter how experienced the professional using the model.

> *We must realise that, just as with the Liverpool Care Pathway, without training it will fail - no matter who is using it.*

As an instrument in the training of less experienced professionals the model was felt to offer a gradual path into seamless application, building and maintaining a relationship with the young person, introducing the means to begin a difficult conversation, addressing these issues directly and factually, and then deciding on action to be taken (or options to be offered) as a result of what has been discovered. The use of simulation in the testing had an additional benefit.

> *There was something extra added by watching colleagues and other professionals using the model. This could easily be incorporated into training. Perhaps not so sophisticated as this, but the same principles.*

The discussion moved on to the constant temptation to move quickly to solutions (driven by service pressures), and therefore there must be a need to remember to explore all aspects of the model, even when a significant issue has been identified.

> *It is about layering of problems. It is easy to be diverted away from the core problem or issue.*

Participants saw an imperative for users of the model to note a major issue when it arose, exploring it thoroughly and probing for linked issues, openly acknowledging the burden felt by the young person, but still to move on to other aspects in case of additional information that could also be important. Again, training could incorporate this.

As the discussion wound up, there was a final acknowledgement that the model could make professionals more comfortable, especially through repeated use, and that it was useful for experienced professionals, too, especially for becoming more comfortable in uncomfortable spaces. It could help them to feel confident that they are not getting the approach entirely wrong. The limitation of the testing was noted - that some young people might want to talk but not be ready to start even with the application of the model, though the young actors' views challenged this to a degree.

The concluding comment by one professional suggested what the next step should be: "*Be confident that the model works and then make it simpler, refining it to be more user-friendly.*"

SUMMARY

1) What is the nature of the achievements secured by the model in the views of (a) children and young people and (b) professionals?

The model allowed young people to feel more at ease with the discussion, offering the opportunity to divulge sensitive information or a troubling issue rather than demanding information. All felt that they would sooner or later have divulged their character's issue since they were led to this point gradually and factually.

Professionals felt empowered to enter into difficult discussions on sensitive topics. They found the model easy to apply with minimal preparation, and despite the outstanding acting by the young people, still felt the conversation to be safe and enabling. They wished to see it adopted into practice.

2) What is the essential context in which the model will work?

The professionals were clear that experienced professionals would probably incorporate the model into their existing practice fairly seamlessly, but the greatest impact would be on the practice of less experienced workers. For those with less training and little experience of addressing these issues with young people, the model would provide structure and confidence. The physical context of the encounter became less important if the professional approach was right.

3) What are the mechanisms of the model that are central to achieving this?

Using the whole model rather than closing down too early once a serious issue has been divulged and moving to solutions was held strongly to be an important mechanism. Training in the use of the model will be essential, and training that could mimic the simulation approach adopted for the testing could be especially effective.

Moving from discovery to offering a range of options for improving the situation is an essential component, though the options could include direct intervention, shared responsibility for referral to another adult (perhaps a parent), or empowering and preparing the young person to do this alone.

The direct language designed into the model is part of the means of success. Straying too far from this risks alienating the young person and closing down the conversation.

APPENDICES

Scenarios and consent form

Case One

You are 13 years old. You are in an urgent care facility having taken an overdose of over-the-counter medication. You have been going missing from home frequently. You take illegal drugs regularly and you drink a significant amount of alcohol [you can decide what you drink].

You have thoughts of self-harm. You hang around people who you know will provide people of your age with drink and drugs. You know of friends who have been involved with adults and may have had sex with them either in return for the substances or while under the influence of them. You have not done so.

Your key word to stop the scenario is "Jupiter".

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Case One - Professional

You go to see a 13 year old in an urgent care facility who has taken an overdose of over-the-counter medication. The parents are naturally worried, but they are mystified why she has done this, saying that the young person doesn't have anything to worry about and always has plenty of money. She goes missing from home sometimes but has usually just been staying at a friend's house and has forgotten to tell them.

Your key word to stop the scenario is "Juno".

Case Two

You are 14 years old. You have been taken to the counsellor because of your aggressive behaviour and anger outbursts. You have had thoughts of self-harm (but not yet done this) and of harming other people. You have harmed another child or student previously. [You can decide what form this took.]

You can also decide what you are so angry about - perhaps a clash with one of your parents, family break-up, the loss of a friend, uncertainty about your gender, having to care for a sibling with a disability…

You have not talked to anyone about this problem, but you feel the need to get it off your chest.

Don't hit anyone!

The code word to stop the scenario is "Jupiter".

_____

Case Two

You have been asked to talk to a 14 year old. They have been reported to have shown aggressive behaviour and outbursts of anger both to other young people and to adults. You don't know them and have not met before. As far as you are aware, no-one has spoken to the parents about this yet.

The code word to stop the scenario is "Juno".

Case Three - Actor

You are 12 years old and have been engaging in self-harm. You cut yourself when stressed or anxious. You have been doing this since starting secondary school but no-one else knows.

Since starting at your school you have been bullied (both in school and outside) because of your taste in music and fashion, and because of not really fitting in with the others. [You can decide what form the bullying takes.]

You have ended up in the emergency department after your mother found you with your arm bleeding, though she thought that you had had an accident.

Your mood is low and you are anxious.

Your key word to stop the scenario is "Jupiter"

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Case Three - Professional

You have been asked to talk to a 12 year old who has been brought to the emergency department after sustaining a laceration to the arm in an accident. The staff say that the young person seems anxious and was insistent that the mother should wait in the waiting room for her.

Your key word to stop the scenario is "Juno".

PARTICIPATION CONSENT FORM

Not Just a Thought
Testing a new model of interaction by professionals with children and young people who may be vulnerable

Thank you for agreeing to help the university and the hospital with this important project. We want to teach professionals how to hold a conversation with young people who may have a secret problem. We hope that this will make it easier for the young person to explain the issue and so to get help. The professionals could be teachers, doctors, social workers, nurses, charity workers, in fact - just about anybody!

We think that we might have it just about right since young people like you have told us how to do this work. However, we want to check whether or not it works. That's where you come in. We need you to help us to make it as real as possible and to see how well adults can use the new approach. We will do this through simulation. Before we start, it is important that you know what you are agreeing to, and this form helps us to do that.

Professor Tony Long

Please read these statements and tick the box.

I have had an explanation of the purpose of the project and what the team is trying to achieve. I understand what the project is about. ☐

I understand that I may be asked to act the part of a fictitious young person with a secret problem while an adult participant asks me questions. I know that I should play the role of the character and not divulge personal information about myself. ☐

If I am asked to watch (remotely) one of my colleagues playing such a part, I will try to remember that they are acting, and I will comment on the adult's responses to the fictitious scenario. ☐

I understand that my participation is voluntary and that I am free to choose not to play an acting role or any other part without having to give a reason. ☐

I agree to the scenarios being video-recorded so that the team can review how well the new model works. ☐

_____   _____   _____
Name of participant   **Date**   **Signature**

_____   _____   _____
Name of staff member   **Date**   **Signature**