



A Communication Model

Learning with children, young people and young adults about how we can keep them safe

Acknowledgements

As with all collaborative projects, *Not Just A Thought* has had numerous creative and generous contributors, both young and old. Many of whose names are unknown but without them we would not have succeeded. Our greatest recognition has to be with all the children, young people and young adults who gave their time and shared their expertise. We are grateful that they trusted us enough to ensure their views counted and were not just a thought.



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Introduction



FOREWORD

Healthcare decision-making involving children and young people can be a difficult process, especially in situations of serious illness. When children are ill, adults have an understandable desire to protect them from difficult decisions and to shield them from unpleasant information. Yet, children and young people want and need to be heard by healthcare professionals and to be provided with age-appropriate explanations and information in order to help them cope with the consultation and treatment processes. There is a need for better training for professionals in dealing with both children and parents and more research is needed into how participation works in practice and into the impact of factors such as social exclusion or other forms of disadvantage on participation.

Participation covers a broad continuum of involvement in decisions; it is a multi-layer concept involving many different processes. For example it can simply mean taking part, being present or consulted or, alternatively, it can denote a transfer of power so that participants' views influence decisions with hierarchical or non-hierarchical distinctions between levels of participation according to the degree of power that is shared or transferred or the circumstances of the participating children.

The value of participation of children and young people in public decision-making is well accepted but there is an urgent need for internal and external evaluations of children's involvement. Children have demonstrated that their level of understanding and interest qualifies them for a place in discussions about services for their age group. Collaborative work with children and young people is necessary for appropriate service development.

Children and young people clearly wish to have some say in the way decisions are made about their lives and generally do not believe that they have adequate appropriate opportunities so to do. Genuine and effective participation depends on several conditions:

- opportunity and choice in ways to participate;
- access to relevant information;
- the availability of a trusted advocate;
- proper resourcing; and
- supportive policy and legislation.

Feedback from children and young people is also required to indicate whether it is happening.

Despite the importance of consulting with children, their views, in the past, were rarely sought nor acknowledged within the healthcare setting. Children were rarely involved in decision-making processes and appeared to occupy a marginalised position in healthcare encounters yet children, like adults, want to be partners in their own health care, especially those with conditions that will require lifelong engagement with health professionals.



For example, in a cross border project against trafficking and exploitation of migrant and vulnerable children in South East Asia, Save the Children UK have actively engaged children and found that their participation in concrete actions and policy advocacy protects them from trafficking. It is only by involving children and young people in the project that lasting positive changes can be achieved in the children's lives.

In the project children were actively involved from the beginning when the needs assessments are undertaken, to planning, implementation through to monitoring and evaluation. Children conduct research on migration and human trafficking situations in their communities. Children are present in planning and discussing their project ideas with other project partners. With the support from adults, children and young people form their own committees and groups to carry out project activities. The project aims to develop the full leadership potential of children as partners, bringing them forward as the best champions for their own cause.

At Phoenix Children's hospital a children's council has been set up to empower children to take an active role in the decision-making process of the hospital including robustly challenging members of the Executive team to deliver on promises made in response to proposals from the children.

Through the work of the Emily Center, patients are empowered to find out more about their illnesses, and those of people who are close to them, to raise educational levels and enable children to participate in decisions about their own care in a more meaningful way.

The real benefits of engaging children in this way are not just that the children themselves develop and improve but also that the decisions that are made are far wiser than would otherwise be the case if children were not involved from the outset.

In 2010 the Royal College of Paediatrics and Child Health and their Young People's Health Special Interest Group published their guide to the participation of children and young people in health services. The guide provides key information to ensure the safe, meaningful and ethical participation of children and young people within the delivery of health services and practically demonstrates how child health service providers can contribute towards creating a culture of participation within child health services. Participation, it says, involves a continuum from involvement of individual young people in decisions affecting their daily life to engagement of larger groups of young people making strategic decisions about the use of substantial healthcare resources.

There are some key definitions that need to be highlighted:

Involvement

Describes the inclusion of children and young people in some form of decision making process.

Consultation

The process by which children and young people are asked for their views and opinions.



Participation

The process by which individuals and/or groups of individuals can influence the decision making process and bring about change.

Manipulation

Adults can hijack or influence a participation project for their own means. Manipulation may involve exaggeration of the involvement of young people, coercing young people into projects without their informed consent or briefing young people to such a degree that the views expressed are those of the adult.

Decoration

Young people may be represented at an event but not actually involved in the event or proceedings, the classic example being a child who presents a gift to a visiting dignitary without knowing who the dignitary is, why they deserve recognition or not being involved in the decision to present the gift.

Tokenism

This describes the situation where young people are offered the opportunity to participate but the project has been badly planned or poorly implemented. They may have no choice over the style of form of the process and too little time to either formulate an opinion or express it. The pretense is that children are being involved and will influence decisions but the reality is that the process is unlikely to be representative of young people's views and that their views will not be taken seriously or influence decision-making.

For example, asking children to complete a patient-satisfaction survey pending an NHS Trust's application to become a Foundation Trust but then not using the results of that survey during the application as the views are at odds with the views of the management team.

The Royal College guidance concluded that it is important to avoid non-participation such as tokenism, manipulation and decoration. The evidence base for children and young people's participation is limited with no high quality systematic reviews of the effects of involving children and young people in the design and development of health services. Future research should concentrate on health outcomes and consider the cost effectiveness of different methods of participation and to how participation might reduce health inequality.

In 2013 the Office of the Children's Commissioner for England launched a new publication called *We would like to make a change* championing children and young people's participation in strategic health decision-making. The foreword by the then Commissioner, Dr Maggie Atkinson, highlights that good practice in the participation of children is not commonplace. There is no coherent national programme of activity to proactively encourage local bodies to include children and young people in strategic health service commissioning or other vital decision-making about NHS provision.

Dr Atkinson was clear that children would like to take part and have their views taken seriously with as wide a range as possible to take part and to be shown that their opinions are valued.



It was hoped that the report would:

- Provide assurance to health planners and commissioners that children are sensible, knowledgeable and valuable contributors to health decision-making when given a seat at the table, asked to represent their generation and supported to do so. They should not be treated as passive recipients who either have no views or whose views must defer to those of adults. Nor should their participation be feared because they may ask for the impossible or destabilise services if given a voice.
- Be used by areas and organisations to improve the way they involve children in strategic health decision-making. Many children have regular personal experience of a range of health services. All will have had at least some contact and experience. They are service users and have a right to have their views taken into account.

There has been some excellent work developing a child patient survey for urgent and emergency care in a collaboration between the Royal College of Emergency Medicine, the Royal College of Paediatrics and Child Health, the Picker Institute and others. Future versions of this tool would benefit from adaptation to be able to be used by pre-verbal children and those with learning difficulties.

This *Not Just a Thought* project takes involvement of children, young people and young adults to the next level. This wasn't about consultation; it wasn't about a series of workshops; it wasn't about decoration or tokenism; it absolutely was about true co-production and co-design from the outset and that is why this has been one of the most enjoyable professional projects to work on – because of the expertise that the children, young people and young adults have brought to this project, without which it would never have progressed.

The materials available as outputs from the *Not Just a Thought* project include those available in this report as well as the *Not Just a Thought* website which contains crucial resources, without which this report cannot be contextualised. It is therefore vital that any consideration being given to using the resources in this report begins with a visit to the website to see the context in which these materials were made.

These resources will, we hope, make it easier for professionals to have discussions with children, young people and young adults about things that may be troubling them or may be troubling the professionals. Equally we hope that the resources and the transparent way in which they are being released to the public, will give confidence to children, young people and young adults that their views will be listened to in professional interactions, and will give confidence to them to be able to speak-up about things that may be troubling them.

Over time, with dissemination of these resources and incorporation into a normal professional routine I hope that it might be possible for children, young people and young adults to declare at an earlier stage situations they are worried about. Equally I hope that these resources may, in the future, help professionals to have better interactions with children, young people and young adults so that their chances of picking up, much earlier, people who are at risk of significant harm or who have suffered significant harm, will be higher.



A great injustice is done to children, young people and young adults when society fails to listen to their views, fails to facilitate their true participation, through co-design and co-production models, in decision-making processes and fails to value their contributions towards shaping a better society for everyone in the future.

Not Just a Thought has had numerous creative and generous contributors, both young and old. The time, effort, expertise, enthusiasm and work that children, young people, young adults and professionals have put into this project have been outstanding.

I hope that the resources this project launches will be widely used to ensure that the views of children, young people, young adults and professionals are properly heard in the future, properly listened to and properly valued so that their views are properly counted and are *Not Just a Thought*.

Professor Andrew Rowland BMedSci (Hons) BMBS (Hons) MFMLM MAcadMed FRCPCH FRCEM FRSA
Consultant in Paediatric Emergency Medicine



Letter of thanks to the children, young people, young adults, teachers and practitioners involved in the *Not Just a Thought* project

14 March 2017

Do or do not; there is no try (Yoda)

As I look back over the enormity of the *Not Just a Thought...* project and I look at where you have got to, I simply think “**WOW!**”.

I say “**WOW!**” because it is quite simply the case that we absolutely could not have got where we have done without your support. From the very start of this process you have robustly told us, shown us and proven to us why co-design of services for children, young people and young adults is key to achieving a win-win outcome for everyone.

I am concerned that some professionals and some organisations believe that they are designing ‘things’ (be those ‘things’ services, patient information, departments or initiatives), in partnership and collaboration with children, young people and young adults when, in actual fact, what they may be doing is very little more than a tokenistic consultation.

Co-design, and I mean proper co-design of the kind that you and your fellow colleagues have demonstrated at each step of this process, within key parameters, with a mature approach from all participants and with a robust commitment from all parties to succeed in designing something that is beneficial to all of those parties, is an incredibly satisfying and rewarding way of designing something new.

We started this process to design a new Child Sexual Exploitation (CSE) assessment tool. Through your direction, your support, your enthusiasm and your continual energy you have placed yourself on an equal footing to the practitioners involved in this project. You have been key members of our team. You have been fully involved in designing a wide-ranging Learning and Engagement model: far more than we ever intended to produce. We have key pointers for practitioners working with children, young people and young adults, regarding communicating about potentially sensitive topics in a way that is likely to be better received by those key stakeholders – the children, young people and young adults themselves – than processes we might be using at the moment.

The unique work that you have co-designed and co-produced will be the starting point for professionals working with those groups to consider ways in which they can improve engagement with those who may be facing adversity or who may want to have a conversation about something that is troubling them, or who may not yet know that they are involved in things that people who care for them may think are worrying.

You and your colleagues have proven that the principles of co-design and co-production of services with children and young people should be an over-arching concept. All of us who work with children, young people, young adults and families now have a unique opportunity to put these design principles at the very heart of the strategic values of our organisations.



I have enjoyed every minute of working with you and truly believe we absolutely could not have completed this project without you.

We've heard very clearly from you that there are key features of interactions with your peers that are essential to get to the honest heart of problems they may be suffering from. Those features include the values of mutual respect; promoting diversity and valuing people as individuals.

If practitioners listen to children, young people and young adults our best days are likely to be still ahead of us. If we reach for those days together, in true partnership with the principle of co-design firmly rooted in all of our interactions, we can all have a much better role to play in building a stronger, fairer, more inclusive society for the future. I would like to see that society having healthy, happy and safe children, young people and young adults at the very heart of it.

Throughout this project you have worked collaboratively together with practitioners and have discussed some very sensitive and potentially difficult topics. To do that in an open way – with each party willing to be transparent about the change that they would like to see – has shown great courage.

A firm message needs to be got across to professionals, be they from the NHS or elsewhere, that children, young people and young adults should be reassured that whatever situation they find themselves in, their rights will be fully protected. Of course, we won't always get it right but we all have a responsibility to try our very best and this new learning and engagement model, which would not be here if it were not for your involvement, gives us just that opportunity.

The outputs of this project are, of course, just the start. What we now need is other organisations to take up these ideas and further develop them going forwards. By respecting and valuing the input of children, young people and young adults and by recognising that your opinions, thoughts and dreams are crucially important, together we can make a brighter future for us all.

Working with children, young people and young adults has never been as important as it is now, and it has to be our collaborative mission together to give every child, young person and young adult every chance of happiness, every chance of good health and every chance of protection from harm.

I can't wait for the launch later this year and I know that you will then demonstrate to an even wider group of practitioners how they must ensure that the future co-design of projects, services and initiatives **for** children, young people and young adults, **with** children, young people and young adults must be ***Not Just a Thought...***



You have every right to feel incredibly proud of your involvement in this work – work that will, with the launch of the ***Not Just a Thought...*** website, be available internationally. Your professionalism, dedication and conduct has been of the highest standard and whatever you decide to do in the future I know that these attributes will stand you in good stead wherever your journey takes you. I wish you all the very best for the future and give sincere thanks to you for your superb work.

See you at the launch later this year!

With kind regards,

Andrew

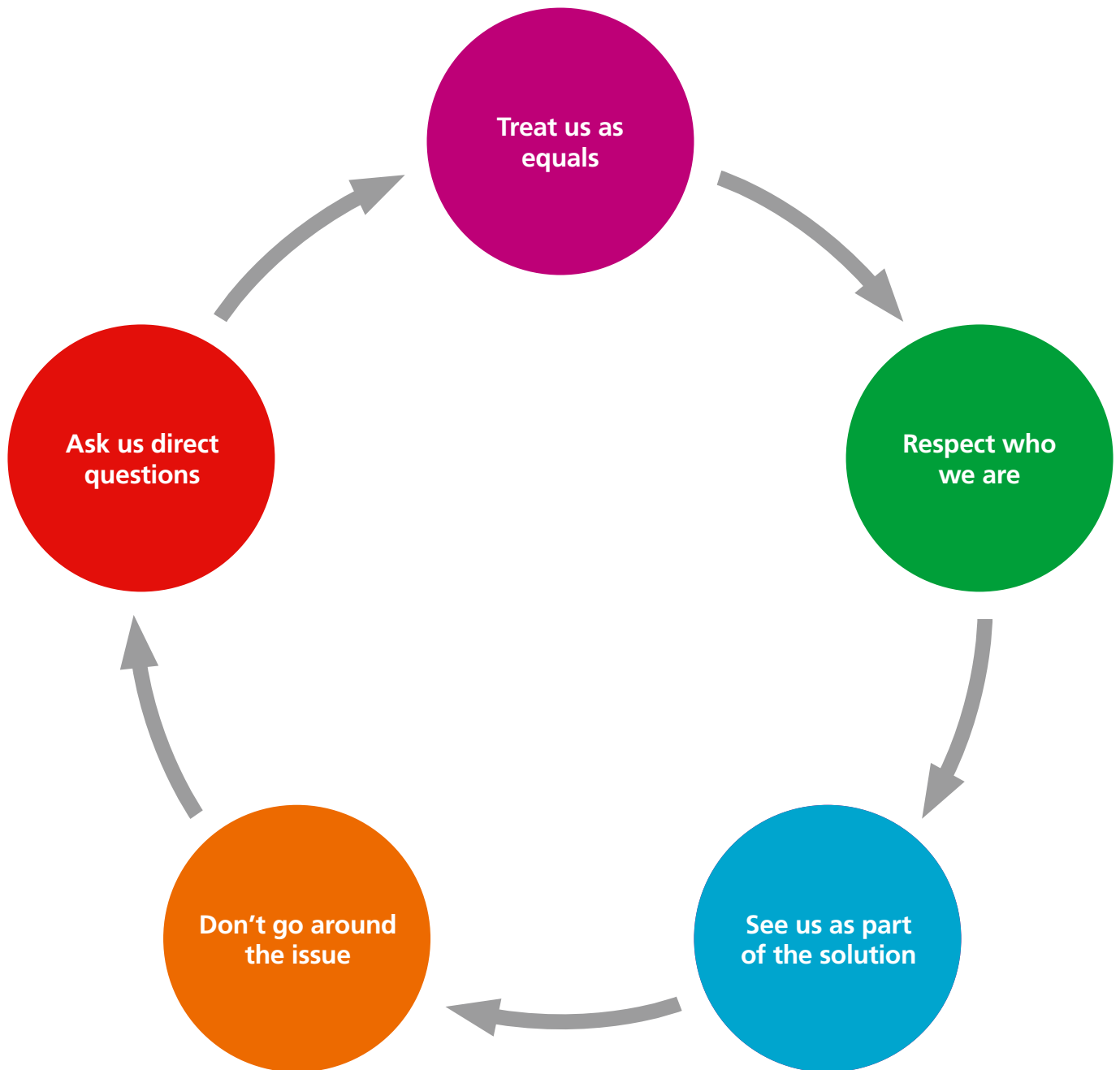
Professor Andrew Rowland BMedSci (Hons) BMBS (Hons) MFMLM MAcadMed FRCPC FRCM FRSA
Consultant in Paediatric Emergency Medicine



INFO-GRAPHIC

What we did first		
We watched GW Theatre's Play "Somebody's sister, Somebody's daughter" and discussed the issues that it raised with children, young people, parents and practitioners.	We held consultation events in Manchester and Dorset, with multidisciplinary practitioners and examined the strength and weaknesses of hundreds of current tools which aim to identify those at risk of child sexual exploitation.	We consulted with young people who had survived child sexual abuse and exploitation. We examined how they would design a new mode of communication and engagement if given a blank piece of paper.
What we did next		
We held workshop consultations with young people having equal status to the adults to develop the concept of the project with our project based artist Beci Ward capturing their ideas onto paper. Ideas were a plenty and the young people created the project name.	We encouraged young people to lead the development of the project. They are a talented group and their knowledge is invaluable. They engaged with practitioners to develop core questions, web designers, arts and media specialists and computer engineers.	We ensured young people could lead the consultations with multidisciplinary practitioners to introduce them to the great ideas they had for the best ways to talk with children, young people and young adults.
What we produced		
Core Questions	Website	
Films	Augmented Reality Application	

A conversation with young people



**Why we did
what we did**



Why we did, what we did: The context of abuse

The levels of child abuse in the UK are high, with 57,000 children recognised as being in need of protection (NSPCC, 2015). What is more worrying, is that the NSPCC (2013) and the Children's Commissioner (2016) estimate that we are only identifying 1 out of 8 children who are being abused.

Those who work with children and young people have government guidance on how best to work together, and you can read more about this at [Working Together to Safeguard Children \(2015\)](#). It is good news that the number of children who die from abuse continues to reduce but in general we are identifying more children who have been abused (Bentley et al., 2016).

Children certainly need protection, but they can also be helped by giving them a voice and listening to their opinions. But we need to understand how to get the balance right. Some research that has spoken to children and young people, who were abused, explained that it was important for the child to have a trusting relationship with their social worker (Cossar, Brandon & Jordan, 2014). But as most of the children who are being abused are not known to a social worker, we have to think about what else we can do.

A study completed in 2009 by Mainey et al., reported the qualities that children look for in someone they think can help them, these included being a good listener, warm, honest, and being approachable but professional in the way so they can trust that action will be taken.



This is not new information to either children or adults, but the challenge is how to demonstrate these qualities to children and young people, especially when as a practitioner we might only see them once for as little as ten minutes. This brings us back to:

“How do we make the complex, simple?”

In truth, we cannot achieve this if we do not work in participation with children and young people. But, in addition, we as multi-professional practitioners also need to work together and understand the contribution we make to the whole. If we are currently missing 7 out of 8 children who are in need of protection, then we need to make sure that every contact that we have counts. Furthermore, we do this by sending out a shared narrative that every conversation with a child or young person matters.

Why we did, what we did: The value of co-production

To ensure children and young people are '*Not Just a Thought...*' (NJAT) it is vital that we consistently view their opinions as equally important to those of adults. Empowering any vulnerable group needs those with greater power to share it with those who have less while providing them with equitable access to the collaborative process. Too many children and young people experience abuse, often it is a hidden crime and the child may be the only witness. Therefore, a key aim of this project was to ensure it was co-produced with children



and young people to support an equitable design which nurtured confident engagement and leadership.

'Not Just a Thought' is a communication model co-designed to be accessible to a wide range of children and young people to enable them to share a vast range of experiences. Consultations with in excess of 100 practitioners from multiple statutory and voluntary agencies that critically examined the multiple 'assessment and screening tools' currently used in practice. This process highlighted the scale of the challenge; as one colleague asked:

"How do we make the complex, simple?"

The answer came from our engagement with young people. It is what practitioners do and the way that they do it. The knowledge shared by children and young people is clearly articulated throughout this report. In the true nature of co-production, this report is written in a style intended to engage children, young people and practitioners.

In their own words:

"We intend to provide advice and support for all young people who desire, or are in need of it. Together we have created a website, variety of short films and augmented reality, to highlight these issues. We strongly feel that this project will be extremely beneficial and successful. Moreover, whether any of these issues relate to you or not, we want you to know overcoming these obstacles is 'NOT just a thought'..."

(NJAT, young people)

Why we did, what we did: Participation in practice

The NJAT project demonstrates children and young people's desire and ability to be involved in decisions that affect their lives. Genuine and effective participation depends on several conditions:

- Opportunity and choice in ways to participate
- Access to relevant information
- The availability of a trusted advocate
- Adequate resourcing that is supported by policy and legislation
- Feedback from children and young people about their experiences and ways we can improve

In practice, healthcare decision-making that encourages the equal participation of children and young people can be complicated, especially when they are seriously unwell. When children are poorly, adults have an understandable desire to protect them from difficult decisions and to shield them from unpleasant information. However, children want and need to be heard by healthcare professionals who can provide them with age-appropriate information to help them engage with consultation and treatment processes. The NJAT communication model can assist health professionals and parents by informing them of the contemporary views of children and young people.



“Not Just a Thought... is one of a number of trailblazing projects which has taken a vital step forward from just listening to children to actually getting them to work as partners and to help design initiatives from scratch. The experience of young people can have a real impact on how services are delivered making them more effective. To do that they need to be involved from the word go.”

(Ann Coffey MP, March 2017)

Importantly, children and young people are diverse in their needs and experiences and further research about the diversity of their needs, and how we can best support them will always be required. However, there are decisions we can make in the meantime and this was demonstrated by Dianne Cook who is the Lead Advanced Paediatric Nurse Practitioner (APNP) within a northwest England emergency department who co-developed the NJAT Pledge.

It was during filming for the *Not Just a Thought* project that she realised that within her own department there wasn't a regular opportunity for children and young people (CYP) to always be heard and particularly for CYP to know that they have a **Right** to be heard. A decision to co-produce what was initially 'a charter' with CYP both on the NJAT project and with CYP who attended with either an illness or injury, was made.

Several drafts were revised with children and young people in the emergency department and the NJAT project. This 'Pledge' to children and young people is for all professionals who have any interaction with them in the emergency department to follow and adhere to. It wasn't considered 'a list of instructions from us to you' but a co-produced model 'to help you know what we want and should have'.

Although Dianne created this for her emergency department it was agreed by all 'that it could be used anywhere really in the hospital'. Examples of the changes and additions that were made by the children and young people were:

- Changing the title from 'Charter' to 'Pledge' 'It sounds more like a promise'
- We want you to tell us your names, instead of 'just asking for our name'
- Treat you as an individual was changed to 'Treat you as you want to be treated'
- Play and distraction 'to make us smile' not 'to reduce our stress'
- Wash our hands before any procedures was changed to ...'before doing anything to you'





PLEDGE

to children and young people

Every child and young person who attends this emergency department has the right to:

- Expect quality care
- Be treated with the utmost respect
- Be given a voice so that we listen carefully to you
- Be given the opportunity to participate in making an informed decision regarding your individual care and treatment.

Throughout your stay we aim to deliver your care in accordance with our professional codes, standards and charters. We aim to be compassionate, caring and professional to your identified individual needs as well as your families and carers.

Children and Young People – Please tell us if we do not:

- Greet you by your name and *tell you our name*
- Help you feel safe and welcome
- Treat you as *you want to be treated*
- Respect your rights
- Allow you to be seen with or without your parents or carers
- Use play and distraction to *make you smile*
- Listen to you and take you seriously
- Respect your dignity, privacy and confidentiality
- Ask before touching you and doing any procedures to you
- Reduce your pain by offering you medication within 15 minutes of your arrival
- Wash our hands before *doing anything to you*



What we did



WHAT WE DID

The 'Not Just a Thought...' communication model has been co-produced with an inspirational group of 75 children and young people who worked with lots of professionals from the NHS, Social Services, Education, Police and the Charitable Sector. We created an environment that encouraged young people to feel they were equal to the adults in the decision making process.

One way in which this manifested itself was young people making a rule that during these consultation events that adults put their hand up when they want to speak, in the same way children and young people have to when they are at school. This was immediately accepted as a rule that adults would follow. Importantly, it also serves as a demonstrable reminder of how we structure power between children and adults in our society. Therefore, when we think about adult abuse of children, we have to ensure we assist children and young people to believe their views are of equal value.

Two clear messages came from the children and young people:

Ask direct questions

If as a practitioner, you are thinking there might be concerns about a child or young person you are seeing, don't just think it – ask it.

Think about your presentation

Young people want you to smile at them, to be friendly, to let them know you are ready to hear the thoughts they might want to share.

"You just have to change your perspective on how you feel about young people, instead of looking down on them you have to almost look at them on an equal level."

(NJAT, Young person)





What we did: Created a website

The children and young people wanted a means by which they could share their thoughts and ideas with the public. Thus, with the support of Kathy Fenton from FunPlace 2B Digital, we co-produced our NJAT website: www.notjustathought.org.uk

With an innovative design the website acts as an information portal providing access to the multiple outputs from the project. These include:

- How to start a conversation
- Core questions to ask children and young people
- Blogs
- Video resources
- Interviews
- Artwork
- Supplementary questions to ask children and young people
- Social Media Connections



NJAT contributors from St. Anne's R.C. High School, Stockport, Cheshire

What we did: Created videos

The children and young people decided they wanted to get their points across first hand, they decided the best way to do this was by creating a series of videos. Adults and young people from The Reporter's Academy supported them in this pursuit.

"There is also a series of videos that we plan on making, just to grab someone's attention a bit more and show them what we plan to do."

(NJAT, Young person)



Watch [here](https://www.youtube.com/watch?v=jSi5sAHSLsA) <https://www.youtube.com/watch?v=jSi5sAHSLsA>

The most important thing that adults should do

Our website hosts a series of video clips where young people tell adults what is important for them to do.



"Ask them questions that will make them feel safe... and tell them what's going on".

Watch [here](https://www.youtube.com/watch?v=k36f9dzcmpl&feature=youtu.be) <https://www.youtube.com/watch?v=k36f9dzcmpl&feature=youtu.be>



"We want adults to listen to us and get our points across, 'cos they can't think like us, 'cos we have unique ideas and we can help more, and we're good at it."

Watch [here](https://www.youtube.com/watch?v=l63qQ1YHog&feature=youtu.be) <https://www.youtube.com/watch?v=l63qQ1YHog&feature=youtu.be>



"I believe that some young people have valid points, but they're never really taken into account."

Watch [here](https://www.youtube.com/watch?v=dnaCFB5zK78&feature=youtu.be) <https://www.youtube.com/watch?v=dnaCFB5zK78&feature=youtu.be>



"We as young people feel that adults don't value our opinions as much as their own and we want you to listen to us and understand that what we say is just as valuable as what you say. We are the future, after all."

Watch [here](https://www.youtube.com/watch?v=BCSf3sexLaU&feature=youtu.be) <https://www.youtube.com/watch?v=BCSf3sexLaU&feature=youtu.be>



What we did: Created a film

The children and young people wanted to create a film that would tell a story about an experience of abuse. They crafted a script that demonstrated a broken trust within a teenage relationship and the subsequent importance of trusting adults to gain support. University of Salford lecturer Clare Neylon and her arts and media students brought these ideas to life.

Watch here <https://www.youtube.com/watch?v=AKsYJiFo7dY&feature=youtu.be>



Maria hears from a friend that there are photos of her online. Were these ones that her boyfriend took of her?



Maria doesn't know what to do, she is upset and really worried and avoids everyone.



Maria goes online and gets advice about what she can do.



Maria tells her mum who supports her and they tell the police what has happened because what Maria's boyfriend did was illegal.



What we did: Created a virtual reality game

In addition to the traditional forms of communication such as the website and videos, the *Not Just A Thought...* children and young people wanted to embrace the exciting developments in augmented reality technology. Supported by University of Salford's computer science engineer Dr Ian Drumm and his MSc student Eleni Kola.

Augmented or virtual reality (AR/VR) applications allows virtual objects to be viewed against real world environments and displayed in real time. Using sound commands the user can interact with their chosen character. This is the same technology used in the popular game *Pokémon GO*.

Using VR technology has enabled us to develop a formative but highly accessible and engaging game that children will be able to use to have fun, explore, learn and communicate. The NJAT game allows the player to collect characters. A range of characters were chosen to appeal to a variety of ages, gender and interests.



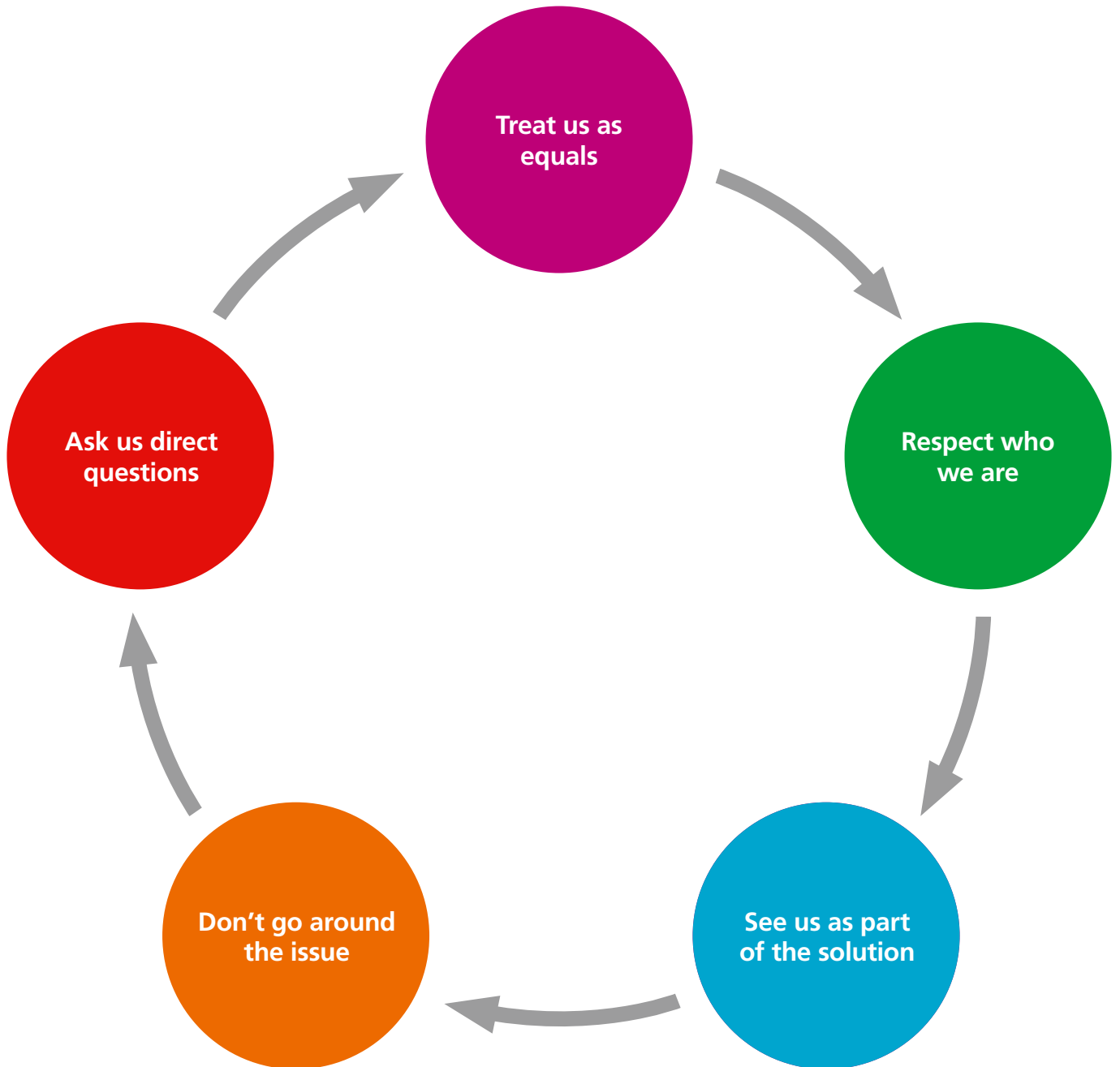
To successfully collect a character they have to answer a series of questions each with multiple choice answers. The questions are designed to encourage them to identify feelings and a choice in how to react to them. Answering questions that are pre-determined to act as decisions that demonstrate maintaining safety lead the player to collect the character. Failure to provide appropriate answers means the player failure to collect a character on that occasion but they have infinite attempts.

Importantly the NJAT virtual reality application also collects anonymous metadata which will permit the evaluation and development of this technology in with children and young people in health settings.



What children and young people say

What young people say about starting a conversation





What young people say they want adults to think about

Don't just think about what you want to ask us, also **think about how you are letting us think you are someone we can talk with.**

Think about ways you can tell us it's okay to talk, by using posters and information on the back of toilet doors to let us know we can tell you our thoughts.

Think about ways you can build up a relationship with us, so we feel comfortable with you. **Turn towards us and smile – it always helps.**

It might take us a while to tell you what we're worried about, let us know that's okay and if we can't talk today we can find someone when we're ready.

Tell us how to do that.

Core Questions



What we did

Created core questions

The children and young people thought that health professionals should help them to share their thoughts and emotions. Collaborating with children, young people and multi-disciplinary professionals during the NJAT project we identified a series of core questions. These are best delivered in the form of a conversation. The three clusters of questions collectively cover all areas of a child or young person's life:

- **Your health and well-being**
- **Where and how you spend your time**
- **Who you spend your time with**



Professor Andrew Rowland explains the communication model on our website. You can watch this video by clicking [here https://www.youtube.com/watch?v=aLLIT5WKK1w&feature=youtu.be](https://www.youtube.com/watch?v=aLLIT5WKK1w&feature=youtu.be)

"The really important thing for you to do is to have a look at all of the resources on this website before you start to use the communication model. It is important to use the questions that form the communication model in the context that it was co-produced with children and young people."

(Professor Andrew Rowland)



YOUR HEALTH AND WELL-BEING

1. How are you feeling today?
2. How is your general health?
3. Are you eating ok, all of the time?
4. Do you smoke anything?
5. Do you drink any alcohol?
6. Have you ever taken any drugs?
7. Do you always feel safe?
8. Do you have any worries?
9. Is there anything you are keeping from anyone else or do you have any secrets?





YOUR HEALTH AND WELL-BEING

Other questions you might wish to think about could include:

Is there anything else you are keeping secret that you cannot tell anyone else?

How do you feel about your life at the moment?

How much control do you have over your life at the moment and how does that make you feel?

If you ever felt unsafe or unwell in the future who would you tell?



WHERE YOU SPEND YOUR TIME

1. Where do you live?
2. Tell me about the people who you live with
3. What are the rules like where you live?
4. Are you happy there?
5. Is it always safe where you live?
6. How is your sleep where you are living at the moment?
7. Do you ever stay out overnight and, if so, where do you stay?
8. What do you usually do during the daytime?
9. Do you or did you get any extra help with your learning in school?
10. Do you always do the things you are supposed to during the day and in the evenings?
11. Is there anything you'd like to change?





WHERE YOU SPEND YOUR TIME

Other questions you might wish to think about could include:

What do you want to
do in the future?

Are you involved with any
agencies or professionals such as
social workers or mental health
professionals?

Is there anything happening at
the moment that you would
like to stop?

Is there anything not happening
at the moment that you
would like to happen?

WHO YOU SPEND YOUR TIME WITH

1. What do you do for fun?
2. Who do you spend most of your time around?
3. Who do you trust most?
4. Where do you spend most of your free time?
5. What about time other than your free time – are you supposed to be in school, college or employment?
6. Tell me about the people you chat to online?
7. Have you got a boyfriend or a girlfriend (we ask everyone regardless of sex)?
8. Are you or have you ever had sex with someone?
9. Do you feel like you are in a situation that you are not comfortable with?
10. Is anyone hurting or upsetting you at the moment?
11. Do you or have you ever seen a social worker or counsellor?
12. Has anyone significant in your life recently suffered from a serious illness, or disappeared out of your life, or died?
13. Do you have to care for anyone else?
14. Are you scared of anyone?





WHO YOU SPEND YOUR TIME WITH

Other questions you might wish to think about could include:

Is there something I've not asked or we've not talked about that you want to talk to me about today?

Are you satisfied that your needs are met?

Do you feel safe all of the time?

Have you got all of the support you want or need to do as well as you think you could in your life?



THINKING ABOUT OUR NEXT STEPS

SITUATION:

What are the main thoughts we've discussed?

BACKGROUND:

What else have we thought about?

ASSESSMENT:

What do we think about the situation? How would we summarise your life at the moment?

RECOMMENDATIONS:

What do we think we should do next?

Learning and Engagement



"I've learned that we underestimate children and young people, massively"

"It's all about making adults understand that children have a voice"

"It's really important, that you involve children, young people and young adults from the very start... it's essential."

"It shouldn't just be adults that can come with ideas children, everyone can join in."

"A key thing is how practitioners learn to hear what children, and young people have to say, it's about equality and sharing power, while supporting them."



THINKING ABOUT WHAT WE LEARNED

How what we learned adds to our understanding about children and young people

This project's endeavour was conceived with the notion that we should include children and young people in the design of the assessment model we produced. The inclusion of young people is supported by Article 12 of the United Nations Convention on the Rights of the Child which asserts respect for the views of children when adults are making decisions about them.

Although in recent years the term 'co-production' is more readily reported in connection with research projects, the underpinning methodology is complex and has been found to have mixed results (Holland et al., 2010). The spectrum of engagement with young people has ranged from eliciting their views as participants to training them to become active researchers. However, the complexity of the power dynamics can limit the contribution of the young people and the view of whether co-producing data with young people is always preferable.

Against this complex landscape the project team ventured into the unknown guided by the principle that the nature of the young people's involvement would be defined with them. As such, every aspect of this project was led by the young people, with adults facilitating their ideas. Each phase of the project involved children and young people, phase one consisted of the staging of the GW Theatre company's play *Somebody's Sister, Somebody's Daughter*. Due to the content of the play young people who attended were of secondary school age and after watching the play they were invited to share their views. These interactions were unstructured leaving them paper and pens to allow the young people to steer the conversation.

The issues raised by the young people reflect the range of their experiences. Invitations to attend the plays were sent to schools across the Greater Manchester area and to specialist youth groups and organisations such as [Unity Radio](http://www.unityradio.fm/). The young people were accompanied by their parents, social workers, teachers and support workers. On each of the three occasions a young person disclosed that they had been or they knew someone who was a victim of child sexual exploitation.

The plays provoked a range of feedback from the young people which were naturally influenced by the subject of child sexual exploitation. Their responses were wide ranging and included topics such as misogyny, gender stereotypes and ways to improve safeguarding for children and young people.



A sample of their statements are detailed below:

“This doesn’t just happen to girls, it’s boys, men and women – people also stereotype races for example ‘Asians’ of this crime.”

“Young people need to know why social media platforms impose an age restriction.”

“Ask FM, is very dangerous – anonymous messages and replies.”

“The world around us teaches boys that it is okay to sexually objectify women – they are taught this through different mediums of the mass media – ‘I would tap that’ but it’s okay because girls learn to accept this in society because ‘boys will be boys’.”

“Make children get more comfortable instead of punishing kids that are behaving badly due to things in their life; teachers and adults should try to develop empathy with them.”

“Dress codes teach girls that a boy’s education is more important than theirs and that they should conform to the school rules of covering up so they are not a ‘distraction’.”



Another group crucial to the development of this model, were a group of young women who were survivors of child sexual abuse and exploitation. These remarkable women act as advocates for the National Working Group and willingly shared their knowledge with us and participated in supporting other young people to develop the core questions. The feedback from the young people is they did not want to be asked questions from a sheet of paper with tick boxes. Instead they wanted a relational approach which fostered an informal conversation. This sparked a significant turn in the project as the initial commission was to produce a questionnaire. Thus, the project team returned to discuss the change of direction with the NHS funder.

The above demonstrates that if project teams are truly committed to working in a co-produced way with young people it is essential that even the original conception can be reviewed. This reaffirms the shared power in decision making that is important to the integrity of young people's participation (Parnell & Patsarika, 2011). In tandem with this process, the young people also became co-facilitators on each of the consultation days. As such they set the rules of engagement for both them and the adults. It was at these times when some of the differences between how we communicate with children and young people were so stark. One of the rules they chose was for adults to also have to raise their hands when they wanted to speak. These visual signifiers of an intent to communicate adopted mainly in schools (but also still the protocol when someone is facilitating the engagement with an adult audience) were viewed by the young people as a social leveller.

Throughout the course of the project several adults had suggested project names but it was felt the young people should be able to choose. They adopted a democratic decision making process with each of them contributing words or phrases and then voting on what they liked. It was through this process that they derived '*Not Just a Thought...*' Unlike all of the other suggestions this one achieved the support of every young person in the room. The confidence of the young people was evident when they completely led a consultation with multi-disciplinary practitioners from health, education and the police. Feedback from those experienced practitioners included statements that the views expressed by the young people would alter their practice.

The children and young people who participated in the *Not Just a Thought* project had a range of backgrounds and most were attending mainstream school provision. They were from a variety of ethnic and religious backgrounds which added to the diversity of the knowledge and experience they were able to contribute. However, there was notable specific value with the specific ethnic-cultural focus provided by the young people via the BME organisation [Apna Haq](#). The combined focus of multi-ethnic and sole ethnic groups provided comprehensive insights, and this model is worthy of development to include aspects such as age and gender to help extend our further understanding of young peoples experiences.



The participation of children and young people in health care provision is also promoted by the European Guidelines on Child-Friendly Health Care (Council of Europe 2011). These guidelines aim to support children and young people to be fully integrated into all aspects of decision making as appropriate to their age and level of maturity. However, despite 4 million children attending emergency departments each year recordings of any active engagement in their assessment and treatment are limited to only 6% (Hemingway & Redsell, 2011).

Various studies have explored the participation of children and young people in health services (Cahill, 2010; Hemingway, 2010; McPherson, 2010). Such research highlights the complexity of accessing the views of young people in times of their own and parental distress.

Another factor which influences their participation are the time constraints imposed on health practitioners availability. Indeed, this issue was raised during the *Not Just A Thought* project with health practitioners feeling concerned of their ability to engage with young people within the ten minute appointment constraints. In a recent study of paediatric services across ten hospitals in the Netherlands, Schalkers, Parsons, Bunders and Dedding (2016), concluded that further improvement of paediatric hospital care required the creative involvement of children and young people. Notably, previous studies are each exploring the participation of young people to improve existing services. Whereas, this pilot of the *Not Just a Thought* project aimed to firstly co-develop the premise upon which children and young people would be participating.



HOW WE BUILD ON THIS UNDERSTANDING

The collaboration which has founded *Not Just A Thought* provides the premise not only to interrogate the participation of children and young people's engagement in health services, but to transform it. Unlike previous research which has sought to engage young people within pre-designed health provision, this project has facilitated their ability to co-create the provision. This has a dual purpose of opening up possibilities and locating new challenges in the development, implementation and evaluation of the new model of communication.

Protecting children and the ability of health care and Local Authority professionals to communicate to identify vulnerable children is a cornerstone of NHS provision. Child protection information sharing (CP-IS) is an NHS sponsored nationwide initiative to assist clinicians to identify vulnerable children, such systems are only as effective as the information they contain. Further progress of the *Not Just a Thought* project would allow a simultaneous development of existing communication and education structures. A comprehensive approach would assist in the cultural change required if the complex issues which previous research highlight challenge children and young people's participation.

Although, an ambitious plan, findings that only 6% of children and young people are reported to be actively engaging in decisions about their assessment and treatment in Emergency units falls short of the principles of the United Nations and the European Council guidelines. Such challenges are global providing the opportunity for the NHS to be a world leader in this regard. To ensure an achievable project a comprehensive and localised progressive plan is required which incorporates both research and development components. This should be extended to include children with a range of abilities across a broad spectrum of ethnic and gendered experiences. The young people who participate and the schools that inevitably support that participation should also receive some specific merit of excellence for their engagement which complements education and OFSTED recognition.



RECOMMENDATIONS

1. The *Not Just a Thought* Pledge should be adopted in all health care settings and by all health workers.
2. A *Not Just a Thought* kitemark for all service provision that is co-produced with children and young people should be developed.
3. The Core Questions in this report must be used in conjunction with the website resources, to ensure that it is not only what we do, but how we do it, that can make a difference.
4. The *Not Just a Thought* communication model should be trialled across at least one NHS region and an evaluation should be undertaken to examine its effectiveness from the perspectives of children, young people, their parents and health professionals.
5. The potential for the *Not Just a Thought* communication model to be rolled out to schools via school nurses should be investigated.
6. Building on the *Not Just a Thought* work, communication models for younger children and those with learning and physical disabilities should be developed.
7. The current outputs of the *Not Just a Thought* project should be enhanced by including subtitles on videos and film to permit access for those who are hard of hearing or deaf.
8. The capacity of virtual reality to engage with children and young people within and outside of health settings, to facilitate their engagement and education, should be further developed.
9. The educational needs of health staff to use this model in practice, and identify the consequences for resources should a greater number of concerns be identified, should be ascertained.
10. The development of an ambassadorial scheme that supports children, young people and young adults who invest their time and expertise in the development of services for their peers, should be supported.

Bibliography



BIBLIOGRAPHY

Arnstein S. (1969) A ladder of citizen participation

<http://lithgow-schmidt.dk/sherry-arnstein/ladder-of-citizen-participation.html>

Blades R, Renton X, La Valle I, Clements K, Gibb J, Lea J. (2013) We would like to make a change. Children and young people's participation in strategic health decision-making. London: The Office of the Children's Commissioner

http://www.childrenscommissioner.gov.uk/sites/default/files/publications/FINAL_REPORT_We_would_like_to_make_a_change_Participation_in_health_decisions.pdf

Boyle D, Harris M. (2009) The challenge of co-production

http://www.nesta.org.uk/sites/default/files/the_challenge_of_co-production.pdf

Cashmore J. (2002) Promoting the participation of children and young people in care. *Child Abuse and Neglect*; 26:837–847

Cavet J, Sloper P. (2004) The participation of children and young people in decisions about UK service development. *Child: Care, Health & Development*; 30(6):613–621

Clark J. (2012) Using diamond ranking as visual cues to engage young people in the research process. *Qualitative Research Journal* 12(2):222–237

Committee on the Rights of the Child (2009) General Comment Number 12 The Right of the Child to be Heard UN Doc CRC/C/GC/12 paragraph 100

Cossar, J., Brandon, M., & Jordan, P. (2016) "You've got to trust her and she's got to trust you": Children's views on participation in the child protection system. *Child and Family Social Work*, 21(1), 103–112

Coyne I. (2008) Children's participation in consultations and decision-making at health service level: A review of the literature. *International Journal of Nursing Studies*; 45:1682–1689

Cross T, Jones L, Walsh W, Simone M, Kolko D, Szczepanski J, Lippert T, Davison K, Cryns A, Sosnowski P, Shadoin A, Donnelly M, Kilkelly U. (2011) Child-friendly healthcare: delivering on the right to be heard. *Medical Law Review*; 19:27-54

De Sousa E, O'Kane M, & Koehli L (2017) Child Sexual Exploitation: How public health can support prevention and intervention. Public Health England: London (Gateway number 2017192)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/629315/PHE_child_exploitation_report.pdf



Flowers A. (2010) Time Dollar Youth Court 2010 Evaluation Final Report

http://www.globalyouthjustice.org/uploads/Washington_DC_s_Time_Dollar_Youth_Court.pdf

Franklin A, Sloper P. (2005) Listening and responding? Children's participation in health care within England. *International Journal of Children's Rights* 2005; 13(1/2):11–29

Geneva Declaration on the rights of the child (1924)

<http://www.un-documents.net/gdrc1924.htm>

Hearn BJ. (2003), Involving children is important. *British Medical Journal*; 327:451

Hemingway P, & Redsell S. (2011) Children and young people's participation in healthcare consultations in the emergency department. *International Emergency Nursing*, 19(4), 192–198

Holland S, Renold E, Ross NJ, & Hillman A. (2010) Power, agency and participatory agendas: A critical exploration of young people's engagement in participative qualitative research. *Childhood*, 17(3), 360–375

Home Office (2013) Multi-agency working and information sharing project: early findings. London: HM Government

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/225012/MASH_Product.pdf

Livesley J, Rowland AG, Fenton K, Bowden L, Grierson S, Hadi J, Long T, McLoughlin M, Murphy M, Peach D, Sinclair W, Kennedy R, Cooper L, Evans K, Cook D, Ryan M, White C, Butterfill R. (2018) Outcomes from the Children and Young People's Advocacy House Consultation Event – MediaCityUK: Salford University and NHS England

Livesley J, Lee A. (2016) Research with children and young people to inform service development at home and in hospital. In: *Children and Young People's Nursing: Principles for Practice*, CRC Press

Livesley J, Long, T. (2012) Communicating with children and young people in research, in: Lambert, V & Long, T & Kelleher, D (eds.), *Communication skills for children's nurses*, 1 edition, McGraw-Hill, Maidenhead, UK, pp.152–170

Magnuson S. (2008) Evaluating children's advocacy centres response to child sexual abuse

<http://www.unh.edu/ccrc/pdf/CV136.pdf>

Rowland AG. (2014) *Living on a Railway Line*. The Winston Churchill Memorial Trust, The Pennine Acute Hospitals NHS Trust and The University of Salford

<http://www.wcmt.org.uk/users/andrewrowland2014>

Royal College of Paediatrics and Child Health (2017) State of child health report: Child health in jeopardy due to alarming gap between rich and poor

<http://www.rcpch.ac.uk/state-of-child-health>



Royal College of Paediatrics and Child Health, Young People's Health Special Interest Group (2010) *Not just a phase: a guide to the participation of children and young people in health services*. London: Royal College of Paediatrics and Child Health; London

Parnell R, & Patsarika M. (2011) Young people's participation in school design: Exploring diversity and power in a UK governmental policy case-study, *Children's Geographies*, 9:3-4, 457-47

Schalkers I, Parsons CS, Bunders JF, & Dedding C. (2016) Health professionals' perspectives on children's and young people's participation in health care: A qualitative multihospital study. *Journal of Clinical Nursing*, 25(7-8), 1035-1044

Walker J & Beckett H (2017) *Child Sexual Exploitation: How public health can support prevention and intervention; Literature search to identify the latest international research about effective interventions to prevent child sexual abuse and child sexual exploitation*. Public Health England: London (Gateway number 2017192)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/629315/PHE_child_exploitation_report.pdf

Appendices



APPENDIX ONE: PROJECT TEAM

Donna Peach is a lecturer in social work and a critical social psychologist; she was awarded her PhD in 2017. Donna has adored being the manager of this amazing co-produced communication model and is grateful to everyone who has contributed to its success. The collaborative process has confirmed the importance of engaging equally with children, young people, young adults and practitioners when designing service provision.



Andrew Rowland is Consultant in Children's Emergency Medicine and Honorary Professor (Paediatrics) at Salford University. Andrew is a member of the Board of Directors of M'Lop Tapang and is Chairman of the Board of Trustees of the SicKids charity. In 2016 Andrew was awarded the Pol Roger Prize for his Churchill Fellowship report, 'Living on a Railway Line'. In 2017 he received the Association Medal from the British Medical Association (BMA) in recognition of his work on behalf of the medical profession and the BMA.

Deana Bates has worked in the Emergency Department at North Manchester General Hospital for 20 years as a medical secretary and Personal Assistant to Professor Andrew Rowland, and is a member of the project team. A key advocate for the rights of children and young people Deana has a particular interest in the project; believing it is vital that the voices of young people are properly heard and that they are given much better opportunities to talk about the things that matter to them.



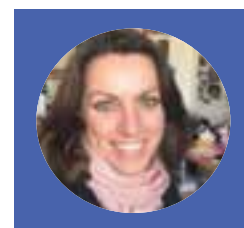
Dianne Cook is a Lead Advanced Paediatric Nurse Practitioner (APNP) in children's emergency medicine in Manchester and a trustee of the SicKids charity in the UK. She has been nursing children and young people (CYP) since 1994 both in the community and acute services and is passionate about ensuring that the views & voices of CYP are recognised and heard.

Lisa Cooper is passionate about ensuring the voices of children and young people are heard, listened to and acted upon to improve all health services. Lisa is currently the Chair of NHS England's National Child Sexual Exploitation Sub-Group and Regional Lead for Safeguarding across NHS England North.



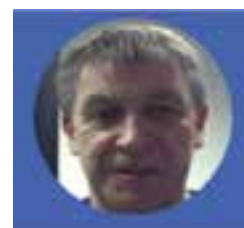


Suzanne Smith is the Director for Safeguarding, Strategy and Quality at the Disclosure and Barring Service (DBS). Suzanne took on this post at the DBS in May 2017. Suzanne has specialised in safeguarding for the last 27 years and has a PhD in Child Protection. A qualified nurse and health visitor, Suzanne has led safeguarding teams across acute and community sectors of the NHS.



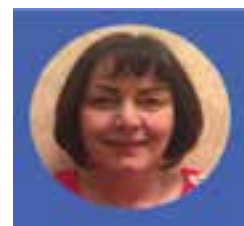
Students and staff from **St Anne's R. C. High School** in Stockport have been generous in committing their time, energy and expertise to developing this project. "Whilst we are a small school, we have a huge talent for producing high achievers - exceptional young people that are well prepared emotionally and academically to go on and realise their life ambitions and dreams." practitioners. The learning continues, so do get in touch.

Ray McMorrow is the Health Lead at the NWG. He has a background as a nurse in Safeguarding Children and Therapeutic work with young people within the NHS, but more recently as a member of the NWGs CSE Response Team. He has been a member of the Advisory Panel to the *Not Just a Thought* Project and facilitated the project engaging with the NWG Youth Advisory Panel.



Beci Ward is a live Illustrator with the ability to bring ideas to life in a short amount of time. She has a strong desire to capture content in the most vibrant and exciting way possible. This lends itself well to working with the NHS due to its intuitive and accessible nature. She is usually to be found surrounded by pens and paper and is at her happiest when this ability is used to inspire and engage others.

Sue Gunson is a nurse with 34 years' experience in the NHS with 16 years in a senior safeguarding role. Sue's role on the *Not Just a Thought ...* project is to ensure that the elements of the project are shared widely as best practice for professionals engaging with children and young people.

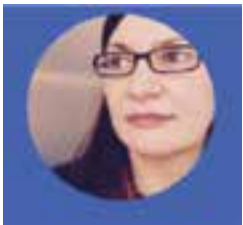


Kathy Fenton Web Developer and Owner of Funplace 2b Digital. Kathy has helped develop the website for this fantastic worthwhile project. It has been a really refreshing process working with the young adults.



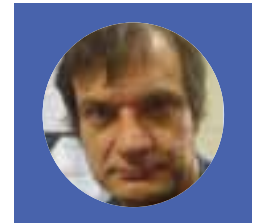
Tony Long is Professor of Child & Family Health and Director of CYP@Salford: a multi-professional research group focussed on improving outcomes for children and families. His research is in improving quality of life outcomes for survivors of childhood brain tumour; and enhancing the impact of interventions for neglected or abused children.

Hello I'm **Clare Neylon**, I am the Programme Leader for Media and Performance at the University of Salford and a filmmaker and director. I am very excited to be part of this project researching new ways of working in collaboration with inspiring young people to communicate important messages and help raise awareness of abuse and exploitation.



I am **Cristina Vasilica**, a researcher in digital health at the University of Salford. I am passionate about co-development and public engagement using emerging technologies. My work was recognised with awards, such as innovation champion for best use of social media. I was excited to bounce my "thoughts" to "*Not Just a Thought*", whilst learning about abuse and exploitation.

Ian Drumm is a Senior Lecturer in Computer Science Engineering at the University of Salford. I have been PI, and CI for EPSRC and EU funded projects that include public engagement and developments in future media technologies. I have published journal articles in Beam Tracing for Room Acoustics Prediction, FDTD/FEM techniques and hybridised Wavefield Synthesis/Ambisonics.



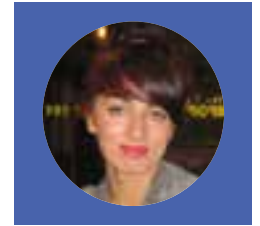
Eleni Kola is currently a postgraduate student in University of Salford. Her academic interests include Databases and Knowledge Management, Operation Research, Advanced Databases Technology, Artificial Intelligence, Virtual and Augmented Reality and Software Engineering. An internship in Agiltech S.A and her interest in extracurricular activities, such as voluntary work in social awareness for Ethelon, round up her profile.

Catherine White has been a forensic physician since 1995, and Clinical Director for the St Mary's Sexual Assault Referral Centre ("SARC") since 2003. She is a specialist in the treatment of sexual assault and rape victims. St Mary's was the first SARC to open in the UK. It provides an innovative, comprehensive and co-ordinated forensic, medical, counselling and aftercare service to men, women and children living in Greater Manchester and Cheshire who have experienced rape or sexual assault, whether recently or in the past.





Rabiya Majeed-Ariss is a research associate with Manchester University NHS Foundation Trust. Rabiya has been an invaluable asset on the *Not Just a Thought* Project, acting as a critical friend to interrogate decisions to ensure we remained focus on the project aims and outcomes.



Special thanks:

The project team wish to offer special thanks to Professor Steve Woby, Director of Research and Development at The Pennine Acute Hospitals NHS Trust for his guidance throughout this project.



APPENDIX TWO

'Not Just a Thought' consultation with young Asian people panel.

Zlakha Ahmed, from [Apna Haq](#) and Student Social worker, Selina Kubo, met with a panel of 5 young people from Rotherham aged between 12 and 19. The purpose of the meeting was to get the young Asian voice involved in the forming of this toolkit and to scope out any uncovered issues that should be considered. Each question was read and the young people discussed what additional questions and changes to wording could be used in order for the toolkit to be more clear, useful and relevant to them.

Selina Kubo typed up the notes following the consultation.

Below are the details of questions that the panel discussed with amendments highlighted in red.

Section: Thinking in more detail about your health and well- being

Q13 Thinking about smoking...

a. Do any of your family smoke?

The panel felt the word 'family' needed to be clarified into immediate family/distant family as they said some people consider lots of people to be family but they may not necessarily see them or be in contact with them regularly.

Also the panel felt they would only associate this question with cigarettes, but they are aware that people smoke hookah. Better wording for this question could be 'Do any of your family smoke anything?'

b. Do any of your friends smoke?

Again, clarification of friend's needed – close friends or people they see sometimes.

As above the question needs to be broader about what people smoke.

c. If you do smoke...

i. What do you smoke?

1. Cigarettes
2. Roll own
3. Cigar
4. Pipe
5. Weed/cannabis
6. Another drug





The panel discussed adding ‘hookah’ as an option as they all knew people who smoked hookah with or without nicotine e.g. **7. Hookah – Nicotine/Without Nicotine**

This discussion acknowledged there is a need for healthcare professionals to be trained and educated about specific cultural differences, such as use of hookah and associated health issues etc. **Importantly, young people addicted to hookah would not associate ‘stop smoking services’ as being for them.**

- Stop smoking posters with young people smoking hookah would be helpful in tackling this issue.

Q14. Thinking about alcohol...

a. How often do you drink alcohol?

Because of their faith, young Muslims would answer no to this question even if they have drunk alcohol. The panel said they would worry about their parents and the Muslim community finding out.

One of the panel members said that parents often do not give their children a chance to explain why they are drinking; they would just see red and get kicked out.

With this in mind, the panel decided that at this point it would be important for the professional using this toolkit to re-iterate that this information is confidential.

The panel suggested asking a question which directs young person to an alcohol service which is discreet, private and confidential.

Q15. Thinking about drugs...which of the following have you ever taken?

The panel suggested adding ‘Khat’ which is a drug most used in communities from North Africa and the Arabian Peninsula.

Q20. Thinking about sexual health...

a. Are you having sex with anyone?

The panel discussed that most Asian girls and boys would be scared to tell their parents about this. The panel said that young people would worry that a professional would tell parents or the authorities so wouldn’t tell the truth.

Worries included:

- Young people wouldn’t want their parents or the community to know.
- The panel said that they would be scared that parents may force them into marriage if they found out.
- Worry that professional don’t consider or understand the barriers, as mentioned above, for girls from different cultural backgrounds.



The panel agreed that young people need to be able to talk about sexual health safely in order for professionals or people around them to identify abuse. The best way to achieve this is for professionals to build a relationship over time and slowly build trust. The young people need to feel supported by the professional in order for them to tell their parents.

One of the panel members also said that professionals need to understand why parents have certain views and not just say they are being unfair or wrong.

The panel discussed adding the question:

Would you be scared/worried about your parents/friends finding out about you having sex?

Section: Thinking in more detail about where you spend your time

Q1. What do you usually do during the day?

- a. Go to School
- b. Go to college
- c. Skip school
- d. Skip college
- e. Work
- f. Skip work
- g. Something else

The panel discussed the need to be more specific about why people are skipping. More options such as; 'help with housework' 'care for family members' could be useful for identifying those specifics. Also young people might skip school because it's boring/they hate it/they get bullied/it's the only time young people are allowed out of the house and use this time to socialise.

Q3. Thinking about some other things to do with where you live?

h. Are you frightened of anyone you live with?

For this question the panel talked about who people might be frightened of such as; Dad, Older siblings, Uncles, Grandma. They were saying people might be frightened because they are strict.

Section: Thinking in more detail about how you spend your time

Q8. How much school, college, training, work do you think you missed in the last year?

The panel discussed that it is important to find out the specifics of what's going on in a young person's life rather than the superficial.



Section: Thinking in more detail about who you spend your time with

Q4. Do you ever send pictures to anyone over social media?

a. Are these pictures of you?

The panel members said it depends on what type of pictures but many young people may not respond as they would worry about parents finding out. The panel said that if parents find out about certain pictures young people would worry about being sent home to Pakistan and made to marry, or be hurt/ murdered.

Importantly, the panel said that parents may be embarrassed or ashamed if they find certain pictures so they may sell/give away daughter.

Professionals need to be aware of honour based violence.

It was suggested another question to add could be

'Are you scared of your parents finding out about certain pictures?'

Q6. Do you have a good relationship with the people you live with?

c. what sort of things cause arguments at home?

The panel were asked this question and they said some things that cause arguments include: what they want to wear, social media- too much time on the phone.

They felt this question needed to be more specific about who was arguing e.g. you, parents, and siblings?

One panel member said that parents may have a bad relationship with each other but a good one with the children and children may be protected from the arguments.

Q11. Thinking about the people who are especially important to you...

Have you got a girlfriend or boyfriend?

b. What is his/her name?

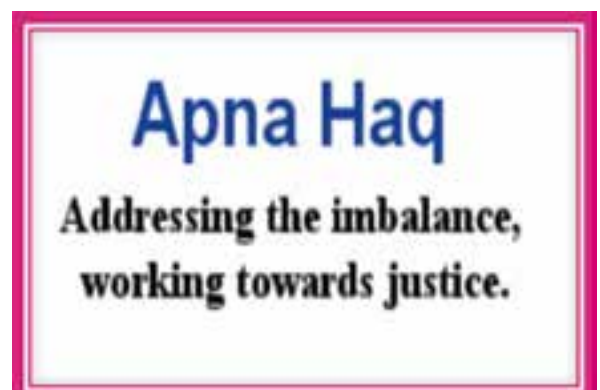
Again the panel mentioned that there is a need to re-iterate the confidentiality and young person would need to trust the professional to disclose this information.

The panel also said asking for the name of a boyfriend/girlfriend is unnecessary and many people wouldn't give the name, this is a cultural difference?

Additional questions the panel suggested were

Q. Would your parents allow you to have a boyfriend/girlfriend?

Q. Would you tell your parents about your boyfriend/girlfriend?





Q. Are you worried about your parents finding out about your boyfriend/girlfriend?

Q. Do you have any idea about how your parents would react if they found out about a boyfriend/girlfriend?

Q13. Thinking about your sexual health...

a. Are you having sex with anyone?

The panel discussed that in order to discuss sexual health related questions the professional would have to get the parents out of the room, as often young Asian girls will visit health professionals with their parents. One of the panel members is 19 and her mum goes to the Dr's with her. Even if the parents are out of the room, the young person may not want to disclose. There was an overall agreement that building a trusting relationship with the professional is essential.

The panel suggested the questions:

Q. Do you go to the doctors or health related appointments with your parents?

Q. Is there someone in your family that you can trust/talk to?

Q. Who in your family do you have the best relationship with that you could tell secrets to?

The panel pointed out that with certain things you couldn't necessarily even rely on your siblings to support you and you may not have anyone that you can tell really personal things to. However, this is different from person to person.

Additional mini feedback session

Spiritual possession and sexual abuse/exploitation

Asked if young people affected by above issues would share this with professionals

Response: They don't have the same beliefs; they would think its mental health issues, they would think what is this person going on about.

When asked what should young people facing sexual abuse exploitation by spiritual healers do

Response: They should seek help but don't as there is no awareness to what is right ie won't realise that this is abuse-will go along with sexual abuse as think part of the cure.

Asked young women how could this issue be included within toolkit

Response: Should have a religious section i.e. Do you have religious beliefs?

If you are suffering from any mental health issues – is this related to your religion or your family influencing your beliefs?

Are your religious beliefs being explained to you?





Need to find an indirect way of asking these questions as **no young person would ever admit to a white professional that they are going through black magic.**

Refer onto a specialist who understands i.e. same religious background.

Apna Haq

Phone: 01709 519211

01709 519212

Email: apnahaq@tiscali.co.uk



APPENDIX THREE: GUIDANCE AND SUPPLEMENTARY QUESTIONS





Guidance notes

1. This document is provided to enhance the learning of professionals during their training, as well as educating members of the public about the sorts of issues that children, young people and young adults will be encouraged to talk about with their friends, families and with professionals as part of an engagement strategy.
2. This document cannot be used as a questionnaire and is provided as a background resource to show the origin of the co-designed “Core Questions” found on the *Not Just a Thought...* website.
3. Learning and Engagement work using this document must be done in the context of the ethos of the *Not Just a Thought...* project, explained on the project website.
4. This Learning and Engagement document must be used in conjunction with the resources available on the *Not Just a Thought...* website.
5. This Appendix 3 contains the more detailed Learning and Engagement model for those circumstances where there is a need for, or time for, a more in-depth discussion about the issues covered in the core material in the main part of this document and on the *Not Just a Thought...* website.
6. The questions in this document are phrased as if the child, young person or young adult is working through them but they can be easily adapted to a professional, carer or parent going through them instead – either with the child, young person or young adult present or as a way of gathering relevant information from people who know the child, young person or young adult.
7. There will be some children aged under 5 years old where a person with a good rapport with a child of this age will be able to get some information from the child about these questions or will be able to observe behaviours that help to answer these questions.
8. There will be children aged 5-9 years old where a person with a good rapport with a child of this age will be able to get some information from the child about these questions or will be able to observe behaviours that help to answer these questions.
9. Some children aged 9-14 years old will need some help with these questions. Observed behaviours or parent/carers/professional concerns are also important.
10. Some children aged 14-17 years old will need some help with these questions. Observed behaviours or parent/carers/professional concerns are also important.



GUIDANCE: Thinking about starting a conversation

- You can ask any questions you want to.
- You can take a break at any time.
- You may want to think about some of these things in advance.
- You may want to write some things down or type some things.
- You should be totally honest and tell the truth.
- You should let the professional know if you find something upsetting or difficult, and why if you can.
- The professional¹ should be up front and talk about confidentiality: when things can just be kept between you and the professional and when they might need to be shared with other people, who those other people are and why the information might need to be shared.
- The professional should make clear they are your advocate².
- The professional should treat you with respect and keep the discussion simple and direct.
- The professional should explain about the conversation you are having and why this is needed.
- The professional will not discriminate against you.
- The professional should respect diversity.
- The professional should not make it seem as if you are being interviewed.

Supplementary Guidance Notes

Guidance notes

- Thinking in more detail about your health and wellbeing.
- Thinking in more detail about where you spend your time.
- Thinking in more detail about how you spend your time.
- Thinking in more detail about who you spend your time with.
- Thinking about some specific things if your child is 0-5 years old.
- Thinking about some specific things if your child is 5-9 years old.
- Thinking about some specific things if you are 9-14 years old.
- Thinking about some specific things if you are 14-17 years old.
- Thinking about some other things that will make a professional, and might make you, worried enough to need to discuss in more detail.
- Thinking in more detail about your overall safety.

¹ A professional might be a teacher, social worker, doctor, nurse, police officer, youth worker, health visitor or midwife.

² An advocate is someone who supports you.



GUIDANCE: Thinking about extending the conversation

1. Appendix 3 (“Guidance and Supplementary Questions”) is provided to enhance the learning of professionals during their training, as well as educating members of the public about the sorts of issues that children, young people and young adults will be encouraged to talk about with their friends, families and with professionals as part of an engagement strategy.
2. **The material in Appendix 3 cannot simply be used as a questionnaire** and it is provided as a detailed background resource to accompany the co-designed “Core Questions” found in the main part of this document and on the *Not Just a Thought...* website.
3. Learning and Engagement work using Appendix 3 must be done in the context of the ethos of the *Not Just a Thought...* project, explained on the project website.
4. The material in Appendix 3 must be used in conjunction with the resources available on the *Not Just a Thought...* website.
5. The core document, *Not Just a Thought...*, is the starting point for a conversation with a child, young person or young adult. Appendix 3 gives much more detailed background information about the sorts of discussions that can take place with children, young people and young adults. A series of possible responses to these questions is also provided – this is not intended as a questionnaire but merely to give some idea of the kind of responses that may be given during a discussion and to provide a framework for the development of further questions and further discussion about specific issues that may be of concern to the young person, professional or family member.
6. Appendix 3 should be used as a more detailed Learning and Engagement model for those circumstances where there is a need for, or time for, a more in-depth discussion about the issues covered in these documents.
7. The questions in Appendix 3 are phrased as if the child, young person or young adult is working through them but they can be easily adapted to a professional, carer or parent going through them instead – either with the child, young person or young adult present or as a way of gathering relevant information from people who know the child, young person or young adult.
8. There will be some children aged under 5 years old where a person with a good rapport with a child of this age will be able to get some information from the child about these questions or will be able to observe behaviours that help to answer these questions.
9. There will be children aged 5–9 years old where a person with a good rapport with a child of this age will be able to get some information from the child about these questions or will be able to observe behaviours that help to answer these questions.
10. Some children aged 9–14 years old will need some help with these questions. Observed behaviours or parent/carer/professional concerns are also important.
11. Some children aged 14–17 years old will need some help with these questions. Observed behaviours or parent/carer/professional concerns are also important.



THINKING IN MORE DETAIL ABOUT YOUR HEALTH AND WELLBEING

- 1. Thinking about the things that make you feel good... what makes you feel good?**
 - a. Your relationship with your parent(s)?
 - b. Your relationship with your brother(s) or sister(s)?
 - c. Spending time with your friend(s)?
 - d. Going to school or college?
 - e. Taking part in activities outside of school or college?
 - f. Being on the computer or your phone?
 - g. Spending time with your boyfriend, girlfriend or special friend?
 - h. Something else?
 - i. Nothing?
- 2. Thinking about worries... are you worried about anything?**
 - a. The way you look?
 - b. Where you live?
 - c. The people who you live with?
 - d. Your health?
 - e. Someone else's health?
 - f. Money?
 - g. Your family?
 - h. Exams?
 - i. The future?
 - j. Your friends?
 - k. Nothing?
- 3. Thinking about bullying...have you been bullied before and, if so, who bullied you?**
 - a. Was it someone in person?
 - b. Was it cyberbullying on a phone?
 - c. Was it cyberbullying on the internet (such as on Social Media / Facebook)?



4. Thinking about discrimination...have you ever experienced discrimination before?

- a. Was it due to your age?
- b. Was it due to your sex or gender?
- c. Was it due to disability?
- d. Was it due to nationality?
- e. Was it due to appearance or dress?
- f. Was it due to religion, faith or belief?
- g. Was it due to sexual orientation?

5. Thinking about your general health...

- a. Do you have a condition such as...
 - i. Diabetes
 - ii. ADHD
 - iii. Autism
 - iv. Asthma
 - v. Dyslexia
 - vi. Eczema
 - vii. Epilepsy
 - viii. Learning disability
 - ix. Physical disability
- b. Does any medical condition or disability limit what you can do?

6. Thinking about your dental health...

- a. When did you last go to a dentist?
- b. How often do you brush your teeth?

7. Thinking about any exercise you do...how many days in the last week were you physically active for at least 60 minutes?

- | | |
|-----------|-----------|
| a. 0 days | e. 4 days |
| b. 1 day | f. 5 days |
| c. 2 days | g. 6 days |
| d. 3 days | h. 7 days |



- 8. Thinking about how you travel to and from places... what is the main way you get around?**
- a. Walk
 - b. Bus
 - c. Car
 - i. Do you drive yourself?
 - ii. Do any of your friends drive?
 - iii. Does anyone in your family drive?
 - d. Cycle
 - e. Train
 - f. Tram
- 9. Thinking about whether you are eating ok... what did you have for breakfast this morning?**
- a. A drink
 - b. Nothing
 - c. Cereal
 - d. Porridge
 - e. Toast
 - f. Bread
 - g. Cooked breakfast
 - h. Cereal bar
 - i. Chocolate
 - j. Sweets
- 10. Thinking about what you do for lunch... where do you normally get your lunch from?**
- a. School or college lunch
 - b. Packed lunch
 - c. Go home for lunch
 - d. Buy from a shop or van
 - e. Don't usually have lunch



11. Thinking about what you eat in the evening...

- a. Meal with family
- b. Make your own food
- c. Meal with friends
- d. Take away
- e. Don't usually have evening meal

12. Thinking about healthy eating...

- a. How many portions of fruit did you have yesterday?
- b. How many portions of vegetables did you have yesterday?
- c. When was the last time you had some salad?

13. Thinking about smoking...

- a. Do any of the people you live with smoke anything?
- b. Do any of your family smoke anything?
- c. Do any of your friends smoke anything?
- d. What about you?
 - i. Never tried smoking
 - ii. Tried once or twice
 - iii. Smoke some days
 - iv. Smoke every day
- e. If you do smoke:
 - i. What do you smoke?
 - 1. Cigarettes
 - 2. Roll own
 - 3. Cigar
 - 4. Pipe
 - 5. Weed / Cannabis
 - 6. Hookah
 - a. With Nicotine
 - b. Without Nicotine



7. Another drug
- ii. How many per day?
- iii. Would you like to stop smoking?
- iv. Where do you get the things you smoke from:
 1. Buy from a shop
 2. Buy from people you know
 3. Get a friend to buy for you
 4. Get someone you don't know to buy for you
 5. Get them from a friend
 6. Take them from someone without their knowledge
 7. Get them from a family member
- f. Do you know where to access services about stopping smoking?

14. Thinking about alcohol...

- a. How often do you drink alcohol?
 - i. Never
 - ii. Once a day
 - iii. Once a week
 - iv. Every 1-2 weeks
 - v. Every 2-4 weeks
 - vi. Every 2-3 months
 - vii. Less frequently
- b. How often would you say you get drunk?
 - i. Never
 - ii. Most days
 - iii. Once a week
 - iv. Twice a month
 - v. Once a month
 - vi. Every few months



- c. Have you ever had any injuries after you have had some alcohol?
- d. What do you drink?
 - i. Beer
 - ii. Lager
 - iii. Cider
 - iv. Wine
 - v. Vodka
 - vi. Gin
 - vii. Rum
 - viii. Another spirit
 - ix. Alcopops (WKD, Bacardi breezer)
- e. Do you know where to access services about alcohol?

15. Thinking about drugs... which of the following have you ever taken?

- a. Cannabis (weed, marijuana, dope, hash, wacky baccy)
- b. Glue
- c. Gas
- d. Solvent
- e. Amphetamine (speed, whizz)
- f. LSD (acid, tabs, trips)
- g. Ecstasy (pills)
- h. Poppers or Amyl
- i. Tranquilisers (downers, valium, temazi, temazepam)
- j. Heroin (smack, skag)
- k. Magic mushrooms
- l. Methadone
- m. Ketamine (ket)
- n. Crack
- o. Cocaine (coke)
- p. Anabolic steroids



- q. Legal highs
- r. Prescription drugs from other people
- s. Khat
- t. Others...
- u. None

16. Do any of your friends take any of these drugs?

- a. If so, which ones?

17. Do any of your family take any of these drugs?

- a. If so, which ones?

18. How often do you take any of these drugs?

- a. Never
- b. Every day
- c. Every week
- d. Every 2 weeks
- e. Once a month
- f. Every few months
- g. Less frequently

19. If you do take drugs, who do you take them with?

- a. Alone
- b. Friends
- c. Family
- d. People you don't know

20. Thinking about your sexual health...

- a. Are you having sex with anyone?
- b. Would you be scared or worried if your parent(s) find out if you have had sex?
- c. Would you be scared or worried if your friend(s) find out if you have had sex?
- d. How is or was that experience for you?
 - i. Great
 - ii. Sic



- iii. Scary
 - iv. Good
 - v. OK
 - vi. Fun
 - vii. Painful
 - viii. Not as you expected
 - ix. Awful
 - x. Nasty
 - xi. Exactly as you expected
 - xii. Embarrassing
- e. How old is the person you are having sex with?
- i. More than 10 years younger than you
 - ii. 6-10 years younger than you
 - iii. 1-5 years younger than you
 - iv. The same age as you
 - v. 1-5 years older than you
 - vi. 6-10 years older than you
 - vii. More than 10 years older than you
- f. Do you need to use any contraception?
- i. What do you use?
- g. What sort of sex are you having?
- i. Oral sex
 - ii. Vaginal sex
 - iii. Anal sex
 - iv. Non-penetrative sex
 - v. Other
- h. Do you use condoms every time you have sex?



- i. Do you use these for:
 - 1. Oral sex
 - 2. Vaginal sex
 - 3. Anal sex
- i. Are you happy with the person you have had / are having sex with?
- j. Have you ever been made to feel scared or uncomfortable by a person you have had sex with?
- k. Have you ever felt pressurised to do something sexual...
 - i. For money
 - ii. For a gift (phone, clothes, alcohol, food)
 - iii. For shelter (somewhere warm, dry, safe)
 - iv. For alcohol
 - v. For drugs
 - vi. For affection
 - vii. For protection
 - viii. For something else
- i. Have you ever been made to do something sexual due to...
 - i. Violence
 - ii. Sexual assault
 - iii. Coercion
 - iv. Bullying
 - v. Being drunk
 - vi. Being high
 - vii. Something else
- m. How many people have you done something sexual with in the last six months?
- n. Have you ever been checked out for sexually transmitted infections?

21. Thinking about your mental health and well-being... how do you think you are doing at the moment?

- a. Sic
- b. Excellent
- c. Good



- d. OK
- e. Average
- f. Not great
- g. Awful
- h. Don't know
- i. Something else

22. Do you experience any of these:

- a. Anger
- b. Rage
- c. Sadness
- d. Loneliness
- e. Loss
- f. Fear
- g. Shame
- h. Mood swings
- i. Anxiety
- j. Not wanting to eat
- k. Wanting to vomit (sick) up food
- l. Thoughts of harming yourself
- m. Attempting to harm yourself
- n. Actually harming yourself
- o. Obsessions³
- p. Compulsions⁴
- q. Difficulty falling asleep

23. Do you ever do crash diets⁵?

24. Is there anything you are keeping from anyone else?

25. Do you have secrets that you cannot tell anyone else?

³ An obsession is where it is difficult to (or you can't) get something out of your mind.

⁴ A compulsion is something you feel you have to do, even if you don't know why or even if you actually might want to stop doing it..

⁵ A crash diet is trying to lose weight very quickly, or decreasing the amount that you eat by big amounts very quickly.



- a. Who are you keeping secrets from?
- b. Does this worry you?
- c. What do you think would happen if your parents or siblings found out about the things that are worrying you?

THINKING IN MORE DETAIL ABOUT WHERE YOU SPEND YOUR TIME

1. What do you usually do during the day?

- a. Go to school
- b. Go to college
- c. Skip school
- d. Skip college
- e. Work
- f. Skip work
- g. Something else

2. If you ever skip school, why is this?

- a. To care for someone else
- b. Because school is boring
- c. Because you are being bullied
- d. Do your housework
- e. To do chores for your family or friends
- f. Because you hate school
- g. To socialise with friends

3. Thinking about where you stay usually, what sort of place is it?

- a. House
- b. Flat
- c. Hostel
- d. Bed & Breakfast
- f. Sofa surfing
- g. On the street
- h. Homeless



4. **Thinking about some other things to do with where you live:**
 - a. Do you stay with adults who are not related to you?
 - b. Are you satisfied that your accommodation meets your needs?
 - c. Do you have frequent changes of placements?
 - d. Do you live somewhere temporary?
 - e. Do you think your accommodation is stable or is there a risk of breakdown?
 - f. Are there any new people living with you?
 - g. Are you frightened of anyone you live with?
 - i. Who are you frightened of?
 - ii. Why are you frightened of them?
 - h. Have you got your own room?
5. **Have you ever been into local authority care?**
6. **Do you ever go missing from home?**
7. **Do you stay out overnight sometimes?**
 - a. Do you always let the people you normally live with know when you will be staying out overnight and where you will be?
8. **Have you ever been:**
 - a. Locked in
 - b. Imprisoned
 - c. Abducted
 - d. Taken



THINKING IN MORE DETAIL ABOUT HOW YOU SPEND YOUR TIME

- 1. Where do you spend most of your free time?**
 - a. Alone
 - b. At home
 - c. At a youth group
 - d. At a sports or leisure centre
 - e. On the street
 - f. At Rainbows, Brownies, Guides, Beavers, Cubs or Scouts
 - g. Doing housework at home
- 2. Have you done any of the following in the last year?**
 - a. Taken part in an out of school or college activity (for example, football or dance)
 - b. Undertaken volunteer work
 - c. Taken part in a charity event
 - d. Taken part in a drama / acting / singing group
 - e. Participated in faith-based activity
 - f. Participated in an organisation such as Cubs, Scouts, Brownies or Guides
 - g. None
- 3. Have you ever felt pressurised to do any of the following or have you actually done any of the following:**
 - a. Threatened, bullied or harassed a person
 - b. Skipped school or college
 - c. Been in a fight
 - d. Shoplifted
 - e. Stolen from someone
 - f. Carried a weapon
 - g. Hurt or abused someone else
 - h. Vandalised property
 - i. Drawn graffiti somewhere
 - j. Broken into a property (someone's home, or a shop or a school)



4. **Have you got any religious beliefs?**
 - a. Has anyone explained these beliefs to you?
 - b. Is anyone influencing your beliefs?
5. **Do you read for fun?**
 - a. What do you read?
6. **What is your favourite music?**
7. **Do you go to concerts or gigs?**
8. **Let's talk a bit more about your school / college / training / employment (job):**
 - a. Have you ever been home-schooled?
 - b. How do you get on with the people there?
 - c. Are you doing as well as usual or has anything changed recently?
 - i. What do you enjoy most?
 - ii. What do you enjoy least?
 - iii. What do you find easy?
 - iv. What do you find hard?
 - d. Do you regularly attend your school, college, training or job?
 - i. Are you ever late?
 - e. Do you enjoy school / college / training / work?
 - i. Is there anyone there that you can talk to?
 - f. Are you currently excluded from school or college?
 - g. Is there regular breakdown of placements in education or training placements due to behavioural problems?
 - h. Have you got a statement of educational needs (SEN)?
9. **How much school / college / training / work do you think you missed in the last year?**
 - a. What is going on in your life that means you miss these things?
10. **Do you work now?**
 - a. How much work do you do?
 - b. Have you worked in the past?
11. **Do you get paid the right amount for your work?**
12. **What do you want to do in the future?**
 - a. What does/do your parent(s) want you to do?



THINKING IN MORE DETAIL ABOUT WHO YOU SPEND YOUR TIME WITH

1. **Thinking about you spending your time... who do you spend most of your time around?**
 - a. Family
 - b. Friends
 - c. Gang
 - e. Alone
 - f. Other
2. **Do you have refugee or asylum seeker status?**
3. **Has anyone tried to force you into a relationship that you don't feel you have a choice over?**
 - a. Are you worried that this might happen in the future?
4. **Do you ever send pictures to anyone over social media?**
 - a. Are these pictures of you?
 - i. Are you scared of your parents finding out about certain pictures?
 - b. Do you ever get pictures in return?
 - c. What sort of pictures do you send or swap?
 - d. Do you ever send pictures of yourself not wearing very many, or any, clothes?
5. **Thinking about your feelings towards other people... which of the following describes you?**
 - a. You are only attracted to someone of the opposite sex to you
 - b. You are mostly attracted to someone of the opposite sex to you
 - c. You are equally attracted to someone of the opposite sex and same sex to you
 - d. You are mostly attracted to someone of the same sex to you
 - e. You are only attracted to someone of the same sex to you
 - f. You are unsure who you are attracted to
 - g. You are not attracted to either someone of the same sex as you or the opposite sex to you
6. **Do you have a good relationship with the people you live with?**
 - a. Is everyone healthy?
 - b. Do you have to care for anyone else?



- c. What sort of things cause arguments at home?
 - i. Who argues?
- d. What happens when there is an argument?
- 7. Has anyone ever made you feel scared or vulnerable?**
 - a. Who did this?
- 8. Have you got friends you can talk to who understand you?**
- 9. Has anyone ever bullied you?**
- 10. Have you bullied anyone else?**
- 11. Thinking about the people who are especially important to you...**
 - a. Have you got a girlfriend or boyfriend?
 - i. What is her or his name?
 - b. How did you meet?
- 12. If you met someone you were attracted to (romantically) in the future would you be able to tell your parent(s)?**
- 13. Would your parent(s) allow you to have a boyfriend or girlfriend?**
- 14. Would you tell your parent(s) about your boyfriend or girlfriend?**
- 15. Are you worried about your parent(s) finding out about a boyfriend or girlfriend?**
 - a. How do you think your parent(s) will react?
- 16. Have you ever met up with someone who you started chatting to online initially?**
- 17. Thinking about your sexual health...**
 - a. Are you having sex with anyone?
 - b. How is or was that experience for you?
 - i. Great
 - ii. Sic
 - iii. Scary
 - iv. Good
 - v. OK
 - vi. Fun
 - vii. Painful
 - viii. Not as you expected
 - ix. Awful



- x. Nasty
 - xi. Exactly as you expected
 - xii. Embarrassing
- c. How old is the person you are having sex with?
- i. More than 10 years younger than you
 - ii. 6-10 years younger than you
 - iii. 1-5 years younger than you
 - iv. The same age as you
 - v. 1-5 years older than you
 - vi. 6-10 years older than you
 - vii. More than 10 years older than you
- d. Do you use condoms?
- e. Do you need to use any contraception?
- i. What do you use?
- f. What sort of sex are you having?
- i. Oral sex
 - ii. Vaginal sex
 - iii. Anal sex
 - iv. Non-penetrative sex
 - v. Other
- g. Are you happy with the person you have had / are having sex with?
- h. Have you ever been made to feel scared or uncomfortable by a person you have had sex with?
- i. Have you ever felt pressurised to do something sexual...
- i. For money
 - ii. For a gift (phone, clothes, alcohol, food)
 - iii. For shelter (somewhere warm, dry, safe)
 - iv. For alcohol
 - v. For drugs
 - vi. For affection



- vii. For protection
- viii. For something else
- j. Have you ever been made to do something sexual due to...
 - i. Violence
 - ii. Sexual assault
 - iii. Coercion
 - iv. Bullying
 - v. Being drunk
 - vi. Being high
 - vii. Something else
- k. How many people have you done something sexual with in the last six months?
- j. Have you ever been checked out for sexually transmitted infections?
- 18. Has anyone sexually hurt you or touched you in a sexual way in the past?**
 - a. Can you talk about who this was?
 - b. When did it happen?
- 19. Do you go to the doctors by yourself or with your parent(s)?**
- 20. Is there someone in your family that you can trust/talk you?**
- 21. Who in your family do you have the best relationship with that you could tell secrets to?**
- 22. Have you ever thought about harming someone else in any way?**
 - a. Have you actually harmed anyone?



THINKING ABOUT SOME SPECIFIC THINGS IF YOUR CHILD IS AGED 0-5 YEARS OLD

THINKING ABOUT THINGS THAT ARE MOST LIKELY NORMAL, LOW RISK OR NOTHING TO WORRY ABOUT IF YOUR CHILD IS AGED 0-5 YEARS OLD:

- Holding or playing with own genitals
- Attempting to touch or curiosity about other children's genitals
- Attempting to touch or curiosity about breasts, bottoms or genitals of adults
- Playing games, for example:
 - mummies and daddies
- Enjoying nakedness
- Interest in body parts and what they do
- Curiosity about the difference between boys and girls

THINKING ABOUT THINGS THAT MIGHT MAKE YOU OR A PROFESSIONAL WORRIED ENOUGH TO WANT TO DISCUSS IN MORE DETAIL IF YOUR CHILD IS AGED 0-5 YEARS OLD:

- Preoccupation with adult sexual behaviour
- Pulling other children's pants down / skirts up / trousers down against their will
- Talking about sex using adult slang
- Preoccupation with touching the genitals of other people
- Following others into toilets or changing rooms to look at them or touch them
- Talking about sexual activities seen on TV

THINKING ABOUT SOME THINGS THAT WILL MAKE A PROFESSIONAL, AND MIGHT MAKE YOU, WORRIED ENOUGH TO NEED TO DISCUSS IN MORE DETAIL IF YOUR CHILD IS AGED 0-5 YEARS OLD:

- Persistently touching the genitals of other children
- Persistent attempts to touch the genitals of adults
- Simulation of sexual activity in play
- Sexual behaviour between young children involving penetration with objects
- Forcing other children to engage in sexual play



THINKING ABOUT SOME SPECIFIC THINGS IF YOUR CHILD IS 5–9 YEARS OLD

THINKING ABOUT THINGS THAT ARE MOST LIKELY NORMAL, LOW RISK OR NOTHING TO WORRY ABOUT IF YOUR CHILD IS AGED 5-9 YEARS OLD:

- Feeling and touching own genitals
- Curiosity about other children's genitals
- Curiosity about sex and relationships, for example:
 - differences between boys and girls
 - how sex happens
 - where babies come from
 - same-sex relationships
- Sense of privacy about bodies
- Telling stories or asking questions using swear and slang words for parts of the body

THINKING ABOUT THINGS THAT MIGHT MAKE YOU OR A PROFESSIONAL WORRIED ENOUGH TO WANT TO DISCUSS IN MORE DETAIL IF YOUR CHILD IS AGED 5–9 YEARS OLD:

- Questions about sexual activity which persist or are repeated frequently, despite answers being given
- Sexual bullying face to face or through texts or online messaging
- Engaging in mutual masturbation
- Persistent sexual images and ideas in talk, play and art
- Use of adult slang language to discuss sex

THINKING ABOUT SOME THINGS THAT WILL MAKE A PROFESSIONAL, AND MIGHT MAKE YOU, WORRIED ENOUGH TO NEED TO DISCUSS IN MORE DETAIL IF YOUR CHILD IS AGED 5–9 YEARS OLD:

- Frequent masturbation in front of others
- Sexual behaviour engaging significantly younger or less able children
- Forcing other children to take part in sexual activities
- Simulation of oral or penetrative sex
- Sourcing pornographic material online



THINKING ABOUT SOME SPECIFIC THINGS IF YOU ARE 9–14 YEARS OLD

THINKING ABOUT THINGS THAT ARE MOST LIKELY NORMAL, LOW RISK OR NOTHING TO WORRY ABOUT IF YOU ARE AGED 9–14 YEARS OLD:

- Solitary masturbation
- Use of sexual language including swear and slang words
- Having girlfriends or boyfriends
- Interest in popular culture, for example:
 - fashion
 - music
 - media
 - online games
 - chatting online

THINKING ABOUT THINGS THAT MIGHT MAKE YOU OR A PROFESSIONAL WORRIED ENOUGH TO WANT TO DISCUSS IN MORE DETAIL ABOUT HOW YOU ARE IF YOU ARE AGED 9–14 YEARS OLD:

- Uncharacteristic and risk-related behaviour
- Verbal, physical or cyber/virtual sexual bullying involving sexual aggression
- LGBT (lesbian, gay, bisexual, transgender) targeted bullying
- Exhibitionism, for example:
 - flashing
 - mooning
- Giving out contact details online
- Viewing pornographic material
- Worrying about being pregnant or having sexually transmitted infections
- Sudden or provocative changes in dress
- Withdrawal from friends
- Going missing
- Having much more or much less money than usual



THINKING ABOUT SOME THINGS THAT WILL MAKE A PROFESSIONAL, AND MIGHT MAKE YOU, WORRIED ENOUGH TO NEED TO DISCUSS IN MORE DETAIL ABOUT HOW YOU ARE IF YOU ARE AGED 9–14 YEARS OLD:

- Exposing genitals or masturbating in public
- Distributing naked or sexually provocative images of self or others
- Sexually explicit talk with younger children
- Sexual harassment
- Arranging to meet with an online acquaintance in secret
- Genital injury to self or others
- Forcing other children of same age, younger or less able to take part in sexual activities
- Sexual activity, for example:
 - Oral sex
 - Vaginal sex
 - Anal sex
- Presence of sexually transmitted infection (STI)
- Pregnancy

THINKING ABOUT SOME SPECIFIC THINGS IF YOU ARE 14–17 YEARS OLD

THINKING ABOUT THINGS THAT ARE MOST LIKELY NORMAL, LOW RISK OR NOTHING TO WORRY ABOUT IF YOU ARE AGED 14–17 YEARS OLD:

- Solitary masturbation
- Sexually explicit conversations with peers
- Obscenities and jokes within the current cultural norm
- Interest in erotica or pornography
- Use of internet or e-media to chat online
- Having sexual or non-sexual relationships
- Sexual activity
- Hugging, kissing, holding hands
- Consenting oral or penetrative sex with others who are of similar age and developmental ability
- Choosing not to be sexually active



THINKING ABOUT THINGS THAT MIGHT MAKE YOU OR A PROFESSIONAL WORRIED ENOUGH TO WANT TO DISCUSS IN MORE DETAIL ABOUT HOW YOU ARE IF YOU ARE AGED 14–17 YEARS OLD:

- Accessing exploitative or violent pornography
- Uncharacteristic and risk-related behaviour
- Concern about body image
- Taking and sending naked or sexually provocative images of self or others
- Single occurrence of peeping, exposing, mooning or obscene gestures
- Giving out contact details online
- Joining adult-only social networking sites and giving false personal information
- Arranging a face to face meeting with an online contact alone
- Sudden or provocative changes in dress
- Withdrawal from friends
- Going missing
- Having much more or much less money than usual

THINKING ABOUT SOME THINGS THAT WILL MAKE A PROFESSIONAL, AND MIGHT MAKE YOU, WORRIED ENOUGH TO NEED TO DISCUSS IN MORE DETAIL ABOUT HOW YOU ARE IF YOU ARE AGED 14–17 YEARS OLD:

- Exposing genitals or masturbating in public
- Preoccupation with sex, which interferes with daily function
- Sexual degradation / humiliation of self or others
- Attempting / forcing others to expose genitals
- Sexually aggressive / exploitative behaviour
- Sexually explicit talk with younger children
- Sexual harassment
- Non-consensual sexual activity
- Use of / acceptance of power and control in sexual relationships
- Genital injury to self or others
- Sexual contact with others where there is a big difference in age or ability
- Sexual activity with someone in authority and in a position of trust
- Sexual activity with family members



- Involvement in sexual exploitation and / or trafficking
- Sexual contact with animals
- Receipt of gifts or money in exchange for sex

THINKING ABOUT SOME OTHER THINGS THAT WILL MAKE A PROFESSIONAL, AND MIGHT MAKE YOU, WORRIED ENOUGH TO NEED TO DISCUSS IN MORE DETAIL

1. Concerns about any power imbalance in any relationship
2. Current or previous abuse in the family (of any type)
3. History of forced marriage in the family
4. History of honour based violence in the family
5. Concerns about isolation from social or family networks
6. Poverty or deprivation
7. Breakdown of family relationships
8. Family history of exploitation or prostitution
9. A child, young person or young adult not respecting boundaries
10. Gang involvement
11. A child, young person or young adult:
 - a. having knowledge of cities or areas that they have had no previous association with
 - b. being seen in a child sexual exploitation (CSE) hotspot
 - c. been seen in an area known to have brothels
 - d. receiving phone calls, texts or letters from adults unknown to parents
 - e. having unexplained contact with hotels, taxi companies or fast food outlets
 - f. in a relationship with an older adult or older adults
 - g. becoming withdrawn or aggressive
 - h. who has started risk taking
 - i. receiving unexplained amounts of money, expensive clothes or other items
 - j. with a history of returning after having been missing looking dirty, dishevelled, tired, hungry or thirsty



12. A child, young person or young adult:

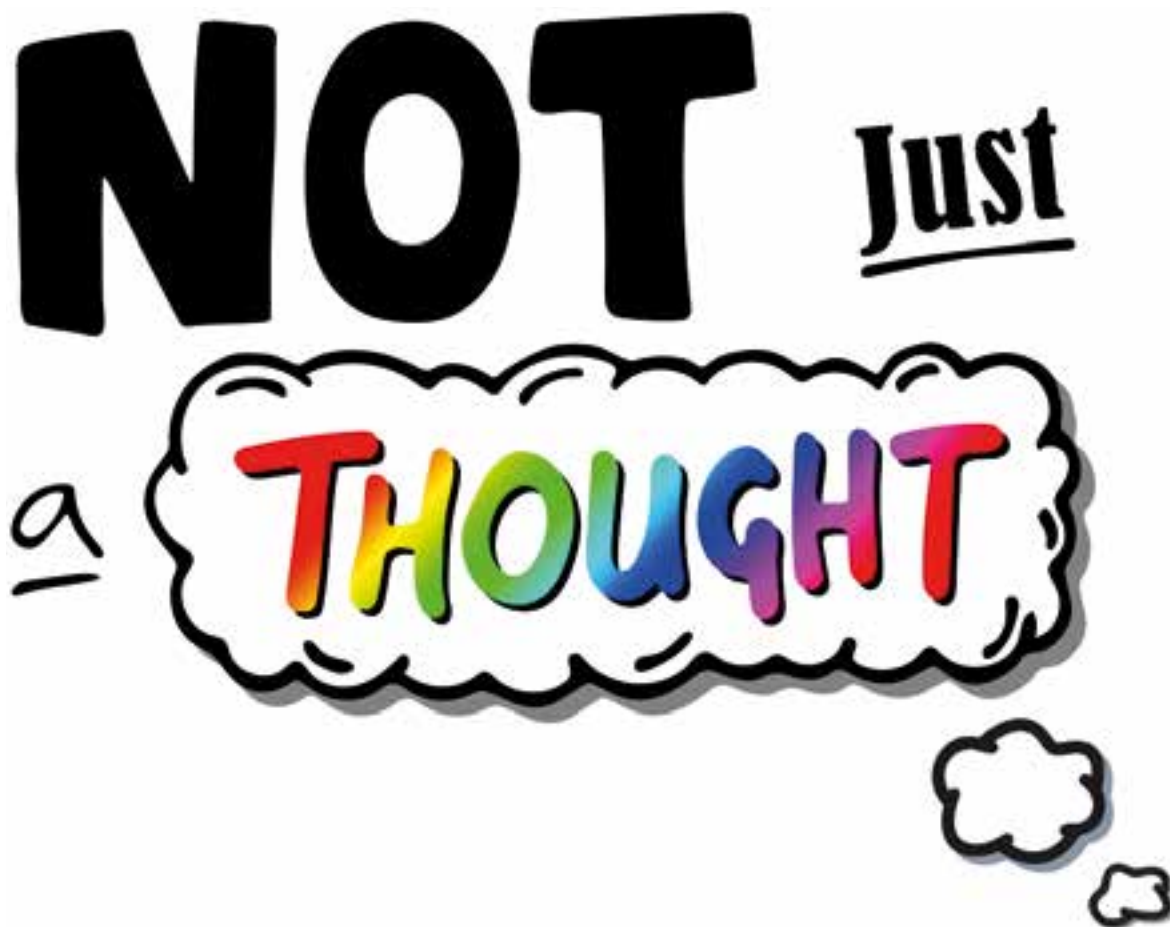
- a. with secretive internet use
- b. receiving gifts in exchange for any kind of services
- c. in possession of a mobile phone which their parent or carer has no, or only limited, knowledge of
- d. seeming distressed when it is suggested a mobile phone should be turned off
- e. proactively exposing themselves to online dangers, for example:
 - i. dating sites such as “plenty of fish”
 - ii. tinder
 - iii. broadcasting pin on Blackberry messenger (BBM)
 - iv. grindr
 - v. hornet
 - vi. scruff
 - vii. facebook
- f. who has been sexting
- g. who is unwilling to share or show online or phone contacts

THINKING IN MORE DETAIL ABOUT YOUR OVERALL SAFETY

- **Thinking about your overall safety: you have the right to feel safe and be protected from harm, abuse and bad things... Do you feel safe?**
 - a. What makes you feel safe?
 - b. Where do you feel safe?
 - c. Who makes you feel safe?
 - d. What makes you feel unsafe?
 - e. Where do you feel unsafe?
 - f. Who makes you feel unsafe?
- **Thinking about if you ever felt unsafe in the future, who would you be most likely to ask for help?**
 - g. Family member
 - h. Friends
 - i. Doctor (hospital)



- j. Doctor (GP)
 - k. Teacher
 - l. Police officer
 - m. Social worker
 - n. School nurse
 - o. ChildLine
- **Let's talk about safety in your family:**
 - p. Do your parents make you feel unsafe?
 - q. Do you have any brothers or sisters who make you feel unsafe?
 - r. Does anyone else in your family make you feel unsafe?
 - s. Does anyone in your community make you feel unsafe?
 - **Is there something else that you want to mention?**
 - **How did it feel to go through these questions and thoughts?**



This report can be referenced as:

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