

# Young People's Reference Group on Public Health

## Progress Report

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**Anita Franklin and Catherine Shaw**  
(with Catherine Law UCL Institute of Child Health)

NCB promotes the voices, interests and well-being of all children and young people across every aspect of their lives.

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**About PHRC:** The Public Health Research Consortium (PHRC) is funded by the [Department of Health Policy Research Programme](#). The PHRC brings together researchers from 11 UK institutions and aims to strengthen the evidence base for public health, with a strong emphasis on tackling socioeconomic inequalities in health. For more information, visit: [www.york.ac.uk/phrc/index.htm](http://www.york.ac.uk/phrc/index.htm)

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## 1. Introduction

This brief report will provide an update on the progress of the Young People's Reference Group on Public Health project during the period November 2005 – November 2006.

The report will include an overview of the recruitment to the group, details of the meetings held, identified opportunities for dissemination and publicity for the group's activities and recommendations for the future.

The project brings together three organisations, each with a strong commitment to involving users, including young people, within all stages of the research process:

- *Public Health Research Consortium (PHRC)* brings together senior researchers from ten UK institutions in a new integrated programme of research. Its aim is to strengthen the evidence base for interventions to improve health, with a strong emphasis on tackling socio-economic inequalities in health. The consortium is funded by England's Department of Health Policy Research Programme for a 5 year period from October 2005. The PHRC is built around a series of research studies, together with associated projects and dissemination activities to facilitate the translation of evidence into policy and practice. The PHRC established the Young People's Reference Group to contribute to its research work on public health issues relating to young people.

- *INVOLVE* is an organisation which promotes public involvement in NHS, public health and social care research (this includes children and young people). INVOLVE supported the Young People's Reference Group as it is relevant to its agenda, they provided funding to pump prime the first twelve months of the group (November 2005 – 2006).

- *National Children's Bureau (NCB)* is a voluntary organisation which promotes the voices, interests and well being of all children and young people across all aspects of their lives. NCB believes that children should be involved in all matters that affect them, including research. NCB is a main collaborator in the PHRC and is facilitating and hosting the Young People's Reference Group.

## 2. Aims and Objectives of the Young People's Group

The overall aim of this project is to establish a Young People's Reference Group on Public Health through which young people can contribute to the UK's public health agenda. Specific aims are:

- to provide an opportunity for young people to articulate their views and priorities for public health, including public health research and policy,
- to contribute to the work of the Public Health Research Consortium (PHRC),
- to feed into the work of other agencies seeking to promote the interests of young people and the development of public health.

### **3. Recruitment to the group**

The first objective of the project was to recruit a group of around 10 –12 young people aged between 12 and 18 years. This has been achieved with 15 young people completing application forms and being retained on the database. Young people were recruited via a number of avenues. An email was sent to NCB Young Members based in London and the South East and a hundred information packs were distributed via seven London schools and voluntary organisations with which the NCB research department has contacts. Given the short length of time available to recruit, using known contacts was considered the most effective way of engaging with young people.

The 15 young people recruited comprise of five girls and ten boys. Five are aged 12, three aged 13 and the remainder aged 15. The group reflects the diversity of young people in London. Nine members are White British, two members are African, one member is Indian, one member is Bangladeshi, one member has dual heritage and one member is Irish.

All young people received written information about the group and an application form. On receipt of this, they and their parents were contacted to clarify any details, ensure that everyone was clear about the expected role of a member and to arrange logistics such as travel arrangements and emergency contact details.

Although not all young people attend each meeting, there is a minimum of eight to ten young people at each meeting. A core group of twelve have maintained interest across the year of operation.

### **4. Outline of meetings**

Three meetings have been held (February half-term, summer holidays and October half-term). The content for each meeting is decided upon after consultation with PHRC members, discussions with Dr Catherine Law (Institute of Child Health, University College London, who acts as a source of expertise on public health issues in respect of the young people's group and the point of liaison between the group and PHRC), discussions with INVOLVE and to reflect the wishes of the young people themselves. Meetings are all day events lasting from 11.00 until 4pm.

### ***First meeting***

During the first meeting, time was devoted to explaining briefly the work of the PHRC and INVOLVE and how the group might feed into the work of these organisations. Time was also allowed for young people to get to know each other and the activities were geared towards young people gaining confidence and working together as a group. Two specific topic areas were discussed; smoking and choosing a healthy life. These areas were chosen as they reflect the priorities of the PHRC and were deemed to be areas where young people would have views and opinions and thus able to join in fully with a discussion. The young people were also asked at the meeting to answer a few questions to inform the ongoing evaluation.

### ***Second meeting***

The second meeting involved focused discussion on the causes and possible solutions to obesity in young people and the government's policy on weighing and measuring children in schools. The young people also mind mapped their priorities for public health research.

### ***Third meeting***

The third meeting started to address the young people's request for training in research methods. Exercises were devised to illustrate the research process, discuss the advantages and disadvantages of different research methods and design a research project on one of the public health priorities the group had identified previously. The group also devised an interview schedule to be used when meeting representatives from INVOLVE and the PHRC who were hopefully attending the next meeting. Another group activity included submitting an abstract to INVOLVE for consideration in an information pack to inform people considering becoming involved in health and social care research. The abstract for the "In my experience" section of the pack highlighted the young people's thoughts on being a member of the reference group and what they considered worked well. The meeting also included a session facilitated by the evaluation team seeking to gather the young people's views independently from the project co-ordinator.

## **5. Methods used during the meetings**

At the outset of every meeting ground rules are re-iterated so that boundaries are set. The young people established these rules which include listening to each other, respecting each other's opinions, no racism or sexism and only speaking when you feel comfortable. The group decided to monitor these by issuing yellow warning cards for breaking the rules followed by a red card for "persistent offenders", which would signal their elimination by the group.

A variety of methods are used to maintain the young people's interest across the day. Ice-breaker games and energizers are always enjoyed! Not only are traditionally focus group discussions held, the groups are also encouraged to work in smaller groups and feedback to each other. Stimuli such as statement cards, diamond ranking, timelines, mind mapping and body maps worked particularly well.

## 6. Key messages from the young people

The following presents some of the main themes to emerge from the young people's discussions.

Probably not surprisingly regardless of the issues discussed (so far, smoking, obesity and weighing and measuring in schools) the importance of choice, peer pressure, body image and the need for a variety of accessible, low cost sports and support services were consistent emergent themes.

When discussing why young people smoke and possible solutions, the group identified that young people should be able to choose to live a certain lifestyle but be given the education to make informed choices and support to help them lead healthy lifestyles. Young people reported that peer pressure was a major factor in choosing a certain lifestyle. Peer pressure appeared multifaceted but wanting to be "cool", be part of the "right crowd" and appear grown up and a "law breaker" contributed highly to smoking. Clearly smoking for many young people still had an image of "coolness" which they felt was fuelled within media culture. The young people identified a link between smoking and weight loss in girls and spoke at length about a link between stress in young people and smoking. The young people identified a need for more support services to help those who are addicted to smoking and they also mentioned that within society, even though smoking under the age of 16 is illegal, no-one stops under-age smokers, even within schools. The young people reported that access to cigarettes was very easy with all schools appearing to have pupils selling individual cigarettes to others.

The group discussed what should be done to prevent young people from smoking. Discussions veered from a complete ban on smoking, to making cigarettes more expensive, to banning the importation of cigarettes – all of which were deemed by the young people to be unrealistic. However, they did see some practical measures such as stricter controls on shops selling cigarettes, less visibility of cigarettes in shops especially newsagents and less smoking in schools. Recent advertisements on the television which appeared to tackle the image of smoking were deemed very successful. The group were particularly concerned that there did not appear to be a great deal of support for young smokers who wished to stop. The need for confidential, non-judgemental advice and information on "what works" was lacking. The group also felt that at present there was not enough encouragement given to young people to make them stop smoking, being encouraged and knowing support was available appeared to be important. Likewise, support and encouragement for parents and teachers to stop smoking was also highlighted. They reported as well the need for improvements in education about smoking and health education to start from an early age.

In a similar vein when discussing "choosing a healthy lifestyle", young people felt this was ultimately their choice, however choices were limited by factors such as the school environment, i.e., the availability of reasonably priced, tasty, healthy food options, the availability of a variety of sports and sport for all, not just for the elite, lack of secure bicycle storage, concerns about safety walking to and from school and a lack of influence over the "family diet". The group

identified solutions including schools doing more to promote sport through distributing information about sport in the local area, the use of incentives to encourage healthy behaviour, less expensive sport facilities and more child-friendly places in which to participate in sport.

The young people also discussed obesity and its causes and possible solutions. The following presents a list of their ideas:

<b>CAUSES</b>	<b>SOLUTIONS</b>
Stress	Incentives to exercise
Boredom	Easily accessible – not an hours drive away
Overeating	More advertising of healthier food and shops
Junk food is cheaper than organic/healthy food	Fat Tax (more tax on unhealthy foods)
Lots of fast food restaurants /convenient	More sports centres
Obesity is becoming normalised	Cheaper sports
Healthy food expensive at schools	Schools offering incentives for healthy lunch options
Health/genetic reasons	Ban fast food advertising
Bullying	More support for young people suffering depression or being bullied
Can't be bothered to exercise	Peer mentors/counsellors
It's unpopular to have a healthy lifestyle	Make youth opportunity card bigger and better
Not enough marketing of healthy foods	
Becoming couch potatoes	
Depression	
Money to indulge	
Lots of money to advertise unhealthy food	
Linking toys to products e.g. "Happy Meals" at McDonalds	
Sport is expensive	

Discussion about weighing and measuring children in school created a lively debate with participants raising concern about choice over being weighed, confidentiality within a school environment and the need for subsequent support to be made available to children and their families. The groups were also vociferous about the negative impact this could have on a child's self-esteem. Suggestions for practice included making weighing and measuring part of a general annual interview with a school nurse or doctor who could then address all health issues and for support services to follow the weighing and measuring.

***Priority issues identified by the young people***

The young people's group were asked to identify their priorities for public health research. This information is to be presented at the PHRC project management meeting in May 2007 where the future priorities of the work of the consortium are being discussed. The following presents a list of their overall themes,

however, work will continue with the group in order to create more defined priorities. The following is presented randomly:

Smoking  
Drugs and alcohol  
Bullying and Racism  
Exercise  
Obesity  
Depression  
Self harm  
Sexual health  
Food  
Education  
Stress and tiredness  
Home environment  
Shock tactics  
Incentives  
Life skills education

The group choose three issues and started to explore key themes and potential “research questions” which they felt were important. In their own words, their issues were;

### ***Sexual Health***

- Nowhere for young people to go to for help
- Growing number of young people with STI's/STDs
- There should be more advertising on how to be sexually safe, what to do if you feel you have an STI/STD
- Tell young people about diseases – show them pictures to make it real to them so they understand the importance
- Start education at a younger age
- Proper lessons in secondary schools
- Teaching in a more adult way
- It is still a taboo subject, young people feel they will be judged, don't feel comfortable talking about it
- Free protection, advertise free protection
- Promote regular check-ups amongst sexually active young people
- More advertising of GUM clinics
- Knowledge about sexually transmitted diseases – lessons not all of a high standard in school and very variable – schools would take it seriously if there were an exam in it!
- Places to go where you will not be judged and feel it is completely safe and confidential to talk if, for example, they have had unprotected sex
- Free tests for sexually transmitted diseases

### ***Smoking***

- What age and why do people start smoking?
- How to discourage people from smoking?
- Start educating about smoking at a younger age.
- Stricter laws on purchasing of cigarettes (shopkeepers)



- Police confiscate cigarettes from under age smokers – formal ID
- Young people want to be adults – need good adult influences/target adults and parents
- Pictures on cigarettes of effects of smoking
- Clinic on preventing smoking at GP's and hospitals
- Links between stress and smoking – relaxation techniques and stress relief
- Peer pressure – kids think it is cool to smoke, rules are there to be broken, want to rebel
- Research other alternatives to smoking.

### **Exercise and obesity**

- What will get people to exercise?
- Easily accessible exercising
- Expense of exercise
- Types of food that are linked to obesity – McDonalds
- Healthy eating places – make them more accessible, more attractive to young people, less expensive, more advertising
- Incentives – reward system, cheaper exercise
- Exercise – make after school sessions free, non-competitive sports after school, walking to school
- Starting teaching healthy lifestyles at an early age e.g. Games, PE, and PSHE.

The group will continue to work on all the issues in preparation for the PHRC meeting in May 2007.

## **7. Dissemination and publicity**

Avenues for publicising the work of the group and for future dissemination continue to be explored. A project sheet explaining the Young People's Reference Group has been placed on the NCB website and information included on the PHRC intranet. Information has also been sent to the Children's Commissioner of England.

A paper entitled "Young People's Reference Group on Public Health: Methods and Achievements" was presented at the 5<sup>th</sup> National INVOLVE "People in Research" conference (6<sup>th</sup> and 7<sup>th</sup> Sept 2006). Some of the young people expressed interest in presenting at the conference, however, the date of the conference prevented this as it was the first week of term after the summer break and thus difficult for the young people.

Following the conference, links have been made with the participation worker of the RCPCH (Royal College of Paediatrics and Child Health) and links are formed with the involvement officer at the MCRN (Medicines for Children Research Network), both of which are setting up young people reference groups.

A presentation of progress was also made to the PHRC project management meeting on April 5 2006.

## **8. The future**

A programme of activities for 2006 – 2007 is being developed in collaboration with the young people and other key players. Members of the PHRC and INVOLVE are attending the forthcoming meetings and specific tasks for the group have been identified. These include devising a young people's version of the APHO (Association of Public Health Observatories) "Indications of Public Health in the English Regions: Child Health" report in collaboration with Professor Brian Ferguson (University of York) and a discussion on perceptions of self-harm facilitated by Professor Stephen Platt (University of Edinburgh). Discussions have also taken place with INVOLVE to strengthen this link. These activities will help to create a more direct input into research activity for the group with hopefully all parties and a wider audience seeing mutual benefits. The programme of activities will continue to develop as opportunities arise.

Some of the issues raised in this first pilot year will be addressed in the second pilot year (November 2006 – November 2007). These include a re-examination of the aims and objectives of the group, working towards meeting the needs and emerging wishes of the young people and developing plans for sustainable funding and evaluation.

**Anita Franklin, Senior Research Officer (NCB) and Catherine Shaw,  
(Acting Director of Research and Evaluation (NCB)  
with Catherine Law, Reader in Children's Health, UCL Institute of Child  
Health**