



Investing in Children: Injecting fresh ideas into the NHS

**A Strategic Health Authority Conference
The Wynyard Rooms Billingham
4th July 2006**

The Report

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Strategic Health Authority



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INTRODUCTION

Investing in Children: Injecting Fresh Ideas into the NHS was a conference with a difference. Not only was it about young people, but it was lead and facilitated by young people (see list at appendix 1). The conference was the final piece in the jigsaw of a 3 year programme, a partnership between Durham, and Tees Valley Strategic Health Authority and Investing in Children.

A key message from Investing in Children is “Adults don’t always know best”. So, most importantly, during the 3 years of work with the strategic health authority, young people have been central to the entire process. The young people identified *their* health related issues to be discussed, carried out research, presented findings and entered into dialogue with relevant health professionals to bring about real change.



So the delegates don't forget a key message the Investing in Children banner is placed right outside the door to the main conference room!

This conference was a celebration of the achievements of the young people and also the adults who have been willing to enter into dialogue with the young people and equally willing to then make the relevant changes to the services provided. It was also the chance to bring together some of the key lessons learned from the dialogue between young people and service providers. These lessons were showcased in a series of 10 workshops led by young people.

That learning was shared with some 120 health sector delegates from across the North East region and beyond (there was a delegation from Hull and East Yorkshire). Nearly all areas of the health sector were represented including school nurses, mental health workers, sexual health workers, hospital ward staff, PCTs, and partners such as Surestart and Connexions. The delegates were from all levels from frontline staff to strategic managers. (see list at appendix 2)

CHAIR'S OPENING REMARKS



The conference was chaired by Ashleigh Greathead, a young research consultant for Investing in Children whose portfolio of projects includes Every Child Matters and the toolkit for young people to evaluate services and facilities. Ashleigh's thought provoking introduction, complete with hoodie, did not intimidate the delegates, but instead made them think. This is a short extract, which in a nutshell set the scene for the day

"... when I usually come to something like this, I would never slaver on saying that I was honoured to be there. I don't want that to sound funny but usually the conferences I attend are all about young people and yes I appreciate the invitation to be attending but I'm not honoured to be there because I'm a young person and therefore I have every right to be there, just like an adult.

This conference however is different because I am honoured to be here and most of all, I am honoured to be chairing it. The difference of course is because this conference is different to most other ones I have attended. Young people have been at the heart of this from the beginning, along with the adults. They have been involved in the planning process right the way through to the workshops and I know this because I too have been part of it and most importantly they are seen as equals throughout the whole event. I personally feel that this is one of the most important things to remember because it underpins what liC is all about! "

THE ADULTS BIT

Claire Appleby, Children's Services Advisor for North East DfES/GONE and Debbie Jones, Acting Director Social Care and Health, Durham County Council did a joint presentation in the morning looking at national children's policy and what it actually means for children and young people.

Change for children is to be delivered by implementation of 'National Service Framework for Children, Young People and their Families' and the five outcomes of 'Every Child Matters'. Young people have their own views on what it means to be 'healthy and safe', 'enjoy and achieve', 'make a positive contribution' and 'have economic well-being'. Therefore children and young people should be involved at all levels including making national policy; educating local decision makers; turning strategy into services (e.g. sexual health services attitude and location); influencing the way practitioners operate (e.g. rattlesnake programme – see page 9 for more information).

It may be a challenge to the way services work and think, but involving young people as true partners in service development is the way to make a real difference!

INVESTING IN CHILDREN THE MOVIE

A five minute movie was shown giving the key messages of Investing in Children. The movie has been produced by StudioDuplo, a multimedia production company founded by young people James and Alex. Again the emphasis in this movie was that adults don't always know best, they know different. Other issues were about human rights, stereotyping and respect.

THE WORKSHOPS

The 10 workshops were the main part of the conference and were facilitated by young people who had been working on particular health issues which were important to them and not based on the adults agenda. There were some key adults who had worked with the young people on the projects and who supported the young people on the day.

All the workshops were done differently with a mixture of presentations, activities and discussions. The morning workshops were project based and the afternoon sessions focused on more strategic issues.

MORNING WORKSHOPS

Sexual Health

This workshop was about the Mystery Shoppers' Scheme carried out by young people at Family Planning Clinics. The adult participants were up for the challenge of making services better for young people and realised that having staff with the right attitude was the key starting point. Other things to get right were brightening up the waiting areas, better information, choice of services and easier access.

Young people did not have unreasonable expectations, they only wanted the same respect as adults. Of course the way to get all these things right is to involve young people in the whole process including recruiting staff.

Miles of Smiles (Dental Health)

The young people chose 'Miles of Smiles' as they wanted to take their audience on a journey to help them to understand how young people see the Orthodontic service. Young people involved in 2 research projects 'Cleft Lip and Palate', 2004 and 'Orthodontic Services', 2005 presented issues that were important to them. The young people reported how the service providers had responded to the recommendations and made changes as a result. In this case the adults had engaged with the young people. They had accepted the challenges presented and been willing to make real changes.

The young people didn't believe change would happen, but they were successful. It was clear the young people needed feedback on any changes made, so that they can celebrate their successes.

Food for thought (Health and Schools)

Eight students and chef Phil Goldsborough and Headteacher Steve Harness from Woodham Community Technology College explained how they had moved from an outside contractor to providing its own in house catering service. The young people said that 4 ingredients led to success:

- People
- Choice
- Quality
- Fun



(Not in order) Rebecca, Jordan, Amber, Chanelle, Laurie, Amy, Sarah and Gabrielle with chef Phil

The key message was that young people wanted to be involved in the whole process of designing school mealtimes including the food and the environment. The attention to detail in this case had transformed the quality and choice of food on offer and the uptake by young people.

Working with Primary Care Trusts (PCTs)

This looked at work that has been done by young people, which has influenced PCT policy decisions and made real change for young people. Presentations were given by young people from Darlington Health Group, Durham Dales PCT Audit Group and a group that had been commissioned by a PCT to research into drinking water in schools.

It was clear that the work done by young people had already had successes at a strategic level, which had then improved local services. The workshop raised lots of questions from the adults present, about how to involve young

people and choose the topics. The fact that these questions were raised showed that the adults were willing to learn.

Mental Health

This was about the history of CAMHS (Child and Adolescent Mental Health Services) and Investing in Children working together from 2002 to present day. There have been many successes including Transitions Services work and the Stressed Out website.

Young people demonstrated a real understanding of the big issues around mental health. They provided expert opinions about improving services. The adults in the workshop were clearly up for making real changes and some were already proud of what they had done, including gaining liC membership.

AFTERNOON WORKSHOPS

The Patient Advice and Liaison Services (PALS)

The PALS Workshop presented 2 projects, which young people had been working on. This workshop presented the serious issues with a fun element of drama.

- *'Need support give PALS a call'* - a project developing business cards promoting PALS with young people
- *'No problem too small'* - looking at making PALS more accessible to young people. Copies of this report are available on the liC website.

This workshop was well received by the adults and the key points included:

- Sometimes small changes are important such as making the publicity material attractive to young people
- You need to ask young people what they want – don't make assumptions

Investing in Children Model

This workshop was about how the Investing in Children model works based on key themes of liC. It looked at politics, capacity building, staff development and celebrating success. The group looked at case studies of previous work where dialogue with young people had taken place about services. One study shows change happening as a result of the dialogue and the other case study shows no change and asks questions about what has or hasn't changed and the reasons for success or failure.

Highlighted was that young people often want small changes to the way services are planned and delivered and this can mean a lot more to them than adults realise. The workshop also showed that young people were involved in many services to varying levels.

Health Inequalities

The workshop looked at work young people had done around the Every Child Matters outcomes, focusing in particular on the 'staying healthy' agenda. The young people had come up with some basic issues about health services - cost (poverty), access (transport), availability, suitability, attitude and respect (discrimination). These issues are cross cutting to all health and other services.

It was agreed that young people should be involved in decision making from the beginning of developing any services. Again attitudes of staff and young people being involved in recruitment were brought up. In debating the theory of inequality, young people bring a sense of reality by describing the impact poverty has on the lives of real young people.

Membership

This workshop showed how the Investing in Children membership scheme evolved because young people had wanted to change things where they lived their lives. It also explained how the scheme works with the young people giving a practical example of Paediatric Home Care.



Young presenters Daniel, Tamzin and Holly relax with Helen and Joanne after the workshop

The adults appreciated having a practical example to explain IiC membership. It had given ideas to those who had been given 'the job' of achieving Investing in Children' status for their services. It had helped the participants realise that you can involve younger children in dialogue – they have something to offer.

See Appendix 3 for further information about how the Membership scheme works.

Workforce Development

The workshop provided examples from Investing in Children of the staff development programme delivered for the Strategic Health Authority between 2004-2006. The adult participants looked at scenarios involving health professionals and young people to discuss what staff development issues might arise. Then the current policy context was examined, the Rattlesnake Programme* and lessons learned from the 3 year programme.

Some issues to emerge:

- Need to ensure that language, communication and information issues are sorted out, so that young people can participate at all levels and make informed choices about their treatment.
- Change needs to happen at grass roots level as well as at strategic management level
- Training to take place as part of ongoing staff development but also on initial training for all health staff

The point was forcefully made that engaging children and young people in an active dialogue has to become central to the way practitioners work, and not an optional, add on activity.

*Copies of the report containing the Rattlesnake Programme “Leadership Development Activities for Children’s Services, April 2006, Felicity Shenton and Maddie Hooton.” are available from on IiC website www.iic-uk.org/reports



SUMMARY OF THE DAY

John Harvey, a young person who led the Miles of Smiles workshop wrote a summary of the day. An edited version appears here.

“The Investing in Children Conference was staged in the pleasant surroundings of Wynyard Rooms, setting the scene for what promised to be a day of education, of raising awareness, listening to the comments raised by young people and above all taking the ideas forward.

Ashleigh Greathead, an liC researcher was chair of the session, and was quick to illustrate the fact that young people can achieve things, have achieved things, and that we have valuable opinions.

Claire Appleby and Debbie Jones combined their presentations and gave overviews of what they do. The main points raised in their presentation was about Government Policy. Perhaps a more consultative approach is needed, a more tailored approach whereby the agencies and the young person discuss on a level what is best for them.

We were then treated by a video made by young people that stated that no, adults don't always know best, and that young people do have some good opinions and that we'd like to be treated equally.

There were many workshops, and I worked on one. Miles of Smiles looked at difficulties young people face in seeking orthodontic treatment, and how they are affected by them. One of the hurdles that young people find is the feeling of isolation, in the fact that they know they look different to other people, and want to change themselves so they look better, which will boost their confidence.

After lunch everyone else went off to the respective workshops. I went to the Health and Inequalities Workshop. It was raised that the reason that more people are obese in the North East, and statistically more unhealthy, is because people are poorer, and healthier food is far more expensive than the unhealthier foods. The mantra that we must listen to young people, must invest more, must act more in their best interests was stated in feedback and in the discussions.

As Ashleigh Greathead stated, we are best when we are bold. That certainly is true, and the main feeling from the overall conference was that it was a fantastic day, it will be made even greater if the ideas and suggestions mentioned are acted upon, I personally agree with that belief too. Overall I believe the Conference was a huge success and many positives can be drawn from it. One quote struck quite true, and epitomised for me the essence of the conference: *“We need never be the prisoners of yesterday's choices; we must always contain within ourselves the possibility of change”*

AND FINALLY ...

The Chair summarised the key messages emerging.

Key messages

- This is a **doable** deed. Children and young people's aspirations are reasonable, small changes can have significant impacts.
- The conference presented a stark challenge to the stereotype of young people as uninterested in politics or public policy. There was unavoidable evidence that young people have lots to say – they're up for it!
- The conference also demonstrated that there are lots of adults who are passionate about the participation rights of children and young people – they're up for it too!
- We need to develop a greater clarity about the **human rights** of children and young people.
- We need to continue to develop new ways to get into this debate.

Then Ashleigh encouraged those present to complete feedback telling us something they would remember from the event, and to make a written pledge to do something as a result of what they had experienced at the conference.

WHAT NEXT?

There have been many lessons during the past 3 years for everyone involved, starting with Leadership Seminars for Health Trust Boards and an Action Learning staff development programme. Injecting Fresh Ideas Into the NHS was the final lesson, showing that it's not difficult to involve young people and real change is possible, because this is what has already been achieved.

About half the delegates pledged to carry out further action as a result of what they had experienced at the conference. A full list of these can be seen at appendix 4. Some of the pledges were quite specific with actions and timescales, but all showed a commitment to involving young people in service development and delivery. Young people will follow up on those pledges in 6 months asking for progress report and offering support if needed.

Investing in Children will be continuing to do extensive work with major partners in the health sector. Significant that the Mental Health workshop was one of the best attended, with CAMHS managers and workers discussing future development - a major programme of staff development work with National CAMHS is about to begin in the autumn, showing commitment to using the Investing in Children model to work with young people.

Other health related projects continue, with young people working on:

- Young Women in sport in partnership with Sport England and Sedgefield Borough Council
- PPI Forum (Public Patient Involvement) exploring young people's experience of hospitals
- Durham and Darlington CAMHS
- Early Onset Psychosis
- DAAT (Drugs and Alcohol Action Team)
- Health and Isolation – 2 pieces of work in Darlington and Dales
- Mental Health and Primary Care
- Sexual Health Group
- Teenage Pregnancy

Further information

If you'd like to know any more about the work of Investing in Children or would like to become involved please contact us by the following methods:

Email: information@iic-uk.org

Website: www.iic-uk.org

Telephone: 0191 386 7485

Text: 07786027280 please start your message with iic then message

Appendix 1 - LIST OF YOUNG PEOPLE LEADING WORKSHOPS

Young people leading	Workshop	Adult supporters
Kirstie Lunn Emily Wright John Harvey	Dental Health (Miles of Smiles)	Pippa Bell
Tabatha Tilley Francesca Tilley Nicola Barnett Liane McGovern	Mental Health	Tina Jackson Jan Cole
Rebecca Summerill Jordan Dawes Amber Marshall Chanelle Whithorn Laurie Catherall Amy redhead Sarah Summerbell Gabrielle Smith	Health and Schools (Food for Thought)	Phil Goldsborough Steve Harness
Michelle Fenwick	Sexual Health	Gail Thompson
Katie Armstrong Zoe Butcher	Dialogue with PCT's	Lucy Wheatley
Ashleigh Greathead, Jenny Cooke	Health Inequalities	Carole Payne
Tabatha Tilley Steven Robinson	Workforce Development	Fizz Shenton
Daniel Willsher Tamzin Hey Holly Brookes	liC Membership (Quality Assurance)	Helen Mulhearn
Ella Rigg Beth Hirst Alex Wright	PALS (Patient Advice and Liaison Services)	Sarah Jay Katharine Humby
Christopher Stephenson Joseph Hannon Brian Davies Michelle Fenwick	The liC Model	Maria Brannen Nick Brereton

Appendix 2 - DELEGATE LIST

Sue Adshead, CAMHs, Tees, Esk & Wear Valley's NHS Trust
Cynthia Alder, LAC, Hartlepool PCT
Liz Allan, Easington PCT
Claire Appleby, Government Office, North East
Margaret Appleyard, Hull & East Yorkshire NHS Trust
Carol Ardle, Children's Ward, Bishop Auckland Hospital
Liz Armstrong, Hartlepool PCT
Katie Armstrong, Investing in Children Researcher
Kevin Aston, Hartlepool PCT
John Barnard, Langbaugh CAMHs & South Tees LAC Service
Nicola Barnett, Investing in Children Researcher
Pippa Bell, Investing in Children, Durham Consultant
Sue Benjamin, Tees, Esk and Wear Valley
Grace Bennett, Sedgefield PCT
Hayley Bennett, Investing in Children Researcher
Samantha Bennett, Investing in Children Researcher
Sarah Bewick, Derwentside CAMHs
Jane Birtley, Modern Matron School Nursing, Durham Dales PCT
Stephen Braney, Northumberland CAMHs
Maria Brannen, Investing in Children, Durham County Council
Keri Brearey, Children's Community Nursing, Tees, Esk & Wear Valley
Nick Brereton, Investing in Children, Newcastle
Holly Brookes, Investing in Children Researcher
Zoe Butcher, Investing in Children Researcher
Kathy Camsell, Modern Matron School Nursing, Derwentside PCT
Mark Cain, CAMHS, Sedgefield PCT
Liam Cairns, Investing in Children, Durham County Council
Lynne Carrick, Make a Change, Tees, Esk & Wear Valley's NHS Trust
Colin Carter, Durham CAMHs
Laurie Catherall, Investing in Children Researcher
Ursula Cawthorne, NHS Newcastle
Jan Cleaver, Durham & Chester-le-Street PCT
Jan Cole, Northumberland, Tyne & Wear NHS Trust
Jenny Cook, Investing in Children
Julie Connor, Sure Start Redcar & Cleveland Borough Council
Julie Corner, Redcar & Cleveland Borough Council
Sam Crammond, Northumberland Tyne & Wear SHA
Amedo Craven, Hull & East Yorkshire Hospitals NHS Trust
Martin Crook, The Place2Be, Murton Primary School
Lesley Cross, Langbaugh PCT
Pam Crossland, Carer.
Pauline Crow, Treetops Children's Unit, University Hospital, North Durham
Catherine Daly, CAMHs, Tees, Esk & Wear NHS
Brian Davies, Investing in Children, Durham County Council
Tracy Davison, Northumberland CAMHs
Jordan Dawes, Investing in Children Researcher

James Dean, Young person.
Jo Dicks, Children's Services, Craven, Harrogate & Rural District PCT
Sarah Dolphin, Investing in Children Researcher
Jill Douglas, Investing in Children, Durham County Council
Mel Dunn, Carer.
Sandra Egleton, Barnardo's, Newcastle
Rachel Emery, Planning and Performance, Tees, Esk & Wear Valley's NHS Trust
Michelle Fenwick, Investing in Children, Durham County Council
Robert Fothergill, 2D & Children's Fund
Trisha Frost, PALS, Eastern & West Hull PCT
Rachel Gaffney, James Cook University Hospital, South Tees NHS Hospitals Trust
Phil Goldsborough, Woodham Community Technology College
Suzanne Griss, James Cook University Hospital, Middlesbrough
Ashleigh Greathead, Investing in Children, Durham County Council
Lynette Green, Northumberland CAMHs
Helen Hall, Paediatric Home Care Team
Jane Hall, Sure Start, Darlington PCT
Gill Halls, Langbaurgh PCT
Steve Harness, Woodham Community Technology College
Veronica Harnett, Connexions, Redcar & Cleveland
John Harvey, Investing in Children Researcher
Julie Hatfield, Langbaurgh PCT
Claire Henderson, Children's Ward, Bishop Auckland Hospital
Nathan Hewitt, PPI Research
Tamzin Hey, Investing in Children Researcher
Ros Hiemer, Children's Community Nursing, Tees, Esk and Wear Valley
Beth Hirst, Investing in Children Researcher
Maddie Hooton
Jonny Howe, PPI Researcher
Suzanne Hudson, Tees, Esk & Wear Valley's NHS Trust
Katharine Humby, Patient Advice and Liaison Service, Durham Dales PCT
Mary Hurley, Sure Start, Redcar & Cleveland Borough Council
Marcia Ingram, Transitional Care, Eaglescliffe Health Centre
June Jackson, Co Durham & Darlington Acute Hospitals Trust
Tina Jackson, CAMHs, Tees & North East Yorkshire NHS Trust
Sarah Jay, Patient Advice and Liaison Service
Melanie Johnson, Community Learning Disability, Newcastle
Debbie Jones, Children's Services, Durham County Council
Terence Jones, PPI Researcher
Michelle Kane, Co Durham Drug & Alcohol Action Team
Peter Kemp, Investing in Children Consultant
Mohammed Kibirige, James Cook University Hospital, Middlesbrough
Suzanne King, Child Care Services, East Riding of Yorkshire Council
Chris Kirby, Darlington South Durham Acute Hospital
Ron Lamb, PPI Forum District of Easington
John Lambert, Children's Services, Redcar & Cleveland Borough Council
Kath Landreth, Partners in Special Care.
Michael Landreth, Young person.

Michelle Larkin, Middlesbrough PCT
Kim Lawther, Paediatric Home Care Team
Lisa Lines, Natural Allies, Investing in Children
Helena Lowe, Langbaugh PCT
Kirstie Lunn, Investing in Children Researcher
Liane McGovern, Investing in Children Researcher
Amber Marshall, Investing in Children Researcher
Greg Mead, Stockton CAMHs
Mark Middlemass, Investing in Children Researcher
Jane Morgan, Investing in Children
Sarah Morley, Co Durham & Darlington Acute Hospitals Trust
Rosemary Morris, Middlesbrough Council
Helen Mulhearn, Investing in Children, Durham County Council
Helen O'Connor- Pickering, Strategic Health Authority
Gillian O'Neill, Public Health Directorate, Easington PCT
Linda Oliver, Darlington PCT
Sharon Oliver, Northumberland, Tyne & Wear SHA
Shirley Osfield, Investing in Children, Durham County Council
Jo Paul, Transitions Service
Carole Payne, Children's Services, Durham County Council
Edwina Perkins, Muscular Dystrophy Campaign
Lisa Piggott, Hartlepool PCT
Jeremy Pickard, Co Durham and Tees Valley Workforce Development
Lorraine Potts, Carer.
Shaun Potts, Young person.
Joanne Purves, Investing in Children, Durham County Council
Tony Quantrill, Children and Young People's Services, Stockton Borough Council
Jayne Ralphs, Darlington PCT
Amy Redhead, Investing in Children Researcher
Jill Remnant, Northumberland, Tyne & Wear SHA
Mary Ridley, Darlington South Durham Acute Hospital
Ella Rigg, Investing in Children Researcher
John Robinson, Hartlepool Children's Fund
Steven Robinson, Investing in Children Researcher
Lisa Rutherford, Investing in Children Researcher
Helen Rutter, Clinical Governance, Co Durham & Darlington Acute Hospitals NHS Trust
Barbara Ryan, Hull Children's Fund
Mita Saha, Langbaugh CAMHs, Tees Esk and Wear Valley's Trust
Jane Scott, Family Services, Co Durham & Darlington Acute Hospital
Fizz Shenton, Investing in Children Consultant
Rachel Skipper, Langbaugh CAMHs, Tees Esk and Wear Valley's Trust
Pauline Smith, Easington PCT
Alison Smith, Paediatrics Dept., James Cook University Hospital, Middlesbrough
Gabrielle Smith, Investing in Children Researcher
Jim Smith, Redcar & Cleveland Children's Services
Jonathan Smith, Darlington PCT
Lesley Spaven, Children, Families & Learning Dept, Middlesbrough Council

Joyce Stirling, NCH the Children's Charity, Middlesbrough Children's Fund
Angela Stobbart, Investing in Children, Durham County Council
Sarah Summerbell, Investing in Children Researcher
Rebecca Summerill, Investing in Children Researcher
Linda Surrey, Tynedale CAMHs
Christine Szary, Transitional Care, Eaglescliffe Health Centre
Mark Telford, North Tees PCT
Sue Theakston, James Cook University Hospital, South Tees NHS Trust
Gail Thompson, Durham and Chester-le-Street PCT
Sheila Thompson, Treetops Children's Unit, University Hospital of North Durham
Sarah Thompson, Middlesbrough Council
Francesca Tilley, Investing in Children Researcher
Tabatha Tilley, Investing in Children, Durham County Council
Angela Traynor, Treetops Children's Unit, University Hospital of North Durham
Vanessa Treston, Langbaugh PCT
Ann Tulip, Newcastle PCT
Kath Vasey, Children's Services and Nursing, Co Durham & Darlington Acute Hospitals
Louise Wallace, Planning and Health Improvement, Middlesbrough PCT
Ken Waring, Carer
Eveline Waring, Carer.
Gary Watson, Middlesbrough Council
Dawn Watson, Durham & Chester-le-Street PCT
Karen Watson, School Nursing, Darlington PCT
Jackie Watson, Darlington PCT
Marilyn Weerasinghe, Patient and Public Involvement Forum
Lucy Wheatley, Darlington PCT
Rob White, Co Durham & Tees Valley SHA
Chanelle Whithorn, Investing in Children Researcher
Jane Wiles, James Cook University Hospital, South Tees Hospital NHS Trust
Sandra Wilkinson, Patient and Public Involvement in Health
Ian Williams, Easington PCT
Maria Willoughby, Department of Child Health, Darlington Memorial Hospital
Daniel Willsher, Investing in Children Researcher
Chris Wotherspoon, Modern Matron School Nursing, Derwentside PCT
Alex Wright, Investing in Children Researcher
Emily Wright, Investing in Children Researcher
Tim Wright, Public Health Programmes, Easington PCT
Liz Wyllie, Newcastle PCT
Sue Younghusband, Dales PCT

Appendix 3 - THE INVESTING IN CHILDREN MEMBERSHIP SCHEME

After the publication of the first *Investing In Children* Children's Services Plan in 1998, we were challenged by young people to develop opportunities at a local level. The question posed was: "can you help me change things where I live my life" Our response was the creation of the *Membership Scheme*.

The *Investing In Children* Membership Scheme recognises and celebrates examples of imaginative and inclusive practice. *Investing In Children* members are those services that can demonstrate a commitment to **dialogue** with young people that leads to **change**. For many services the involvement of children and young people in decision-making is well established. For others it will mean changes to the way things are done.

Dialogue

Dialogue is an interactive, ongoing process, not a one off event. A distinction needs to be made between 'consultation' where powerful people consult the powerless, and 'dialogue' where young people are seen as partners with a valid contribution to make to the design and delivery of services. To achieve *Investing In Children* status, services will also have to demonstrate that this is an inclusive process and that some young people are not prevented from making a contribution.

Change

Dialogue should not be seen as an end in itself, dialogue must lead to change. Having invited young people to comment on how a service is provided we need to make sure young people are then able to influence it's development. *Investing In Children* services are those that have demonstrated that out of dialogue have come improvements.

Providing Support

The level of support required by each service applying for membership will vary. It is expected that in most cases services will need little support, for some *Investing In Children* will help develop an action plan for change (see *flowchart*).

Achieving and maintaining Investing In Children status

The decision to award the *Investing In Children* certificate will be based on the views and opinions of young people who use the service. The award is the start of a continued commitment to dialogue and change, and is evaluated on an annual basis.

Appendix 4 - THE PLEDGES

- Involve young people in discussions relevant to them.
- Involve young people in looked after system re access to health services.
- Continue to ensure my own practice is reflective and open to ensuring young people engagement is at the forefront of my activity.
- Make time to listen to young people and give them the opportunity to have a say in the ward situation.
- Follow up and chase people / agencies for feedback / outcomes from 2 major ECM conferences helped to organise last year. Make sure attendees and people/ agencies who need to receive it get an update.
- Hoping to raise profile of children's services / issues by supporting young people to have a voice in their local communities.
- Listen and implement to the best of my ability what young people want.
- Continue to champion young people's / parents services in Brandon and Deerness Sure Start to access services.
- Involve young people in their health care needs. Make sure I listen to what services they want for themselves rather than adults deciding what we think they need and to do everything in my power to help them to change anything that is brought up.
- Meet with the manager of Play and Youth Services to explore how we can seek the views of young people. Meet with lead School Health Advisor to discuss how we take the agenda forward. Eventually have a presentation for the PCT board.
- To try to pass on to other staff I work with the importance of valuing the opinions of those young people that we sometimes dismiss at not having a valuable contribution to make.
- Do we commission services that children actually want or that we as adults think they want? Take the above issue further at every opportunity as a commissioner of services for children and young people.
- Make others aware of the work of Investing in Children and in particular the values and principles that underpin their working methods.
- Involve children in developing the service.
- To listen to and involve young people to provide a transition clinic relevant to them.
- To consult young people on the development of a sexual health service in the community.
- Be more active in taking my clients views on board and actively seeking their opinions when planning their management.
- Investigate the possibility of having young person genitor-urinary medicine sessions within Langbaugh PCT. Is it what young people want or do the existing sessions need to be adapted/ rethought?
- Disseminate information gained with colleagues.
- Develop the workforce development plan for Northumberland CAMHS in conjunction with liC.
- Continue to work with our own learning disability liC team. At times I found it extremely difficult getting children with learning difficulties / disabilities to express their views and ideas. Hopefully with help from liC and the agenda days we will be able to overcome this and go the extra mile!!
- Involve young people in planning any changes to teen health provision in Darlington. In planning consultation exercises and not just consulting them.
- Include children and young people even more in the work I do, to make sure I feedback sooner than I do at the moment and make sure my organisation has young people from its rank at the Youth Parliament.
- Ensure that young people's voices are heard and shape the developments of integrated children's services.
- Gather 'children's voices' at regular intervals (at least once preschool year) via inter views/ video/ group meeting – and pass these to Head Office and schools via our steering group meetings/ reports.

Appendix 5 - FEEDBACK

Almost 50% of delegates completed evaluations. These are referred to in this section as respondents. Most remarks were positive with the majority of people saying they would come to another liC event. Negative comments were mostly about not being able to make an informed choice of workshop and about disruption to the timetable.

Was the conference well organised?		
Yes	No	No response
92%	0	8%
What could we have done better?		
9 respondents said nothing		
Most of the comments were focused on the following:		
<ul style="list-style-type: none"> • Workshops - more information before making choice; More (or repeat of) workshops • Failure of equipment • Timetable – too much change 		
Would you attend another liC event?		
Yes	No	Maybe
96%	2%	2%
The respondents were asked why?		
Comments included:		
<ul style="list-style-type: none"> • Stimulating and inspirational • Meeting other people and getting new ideas • To keep informed and learn • To obtain more ideas to help our future hospital wards • Always pleasure and useful to be involved in conferences with young people not just about them • Important to maintain knowledge and awareness of this area of work • Excellent awareness raising opportunity 		
What have you learned from this event?		
Here are a few of the comments:		
<ul style="list-style-type: none"> • I was reminded about the need for continual conversation and not consultation • Advocacy challenges those above with the funding and policy makers • The lack of involvement of young people in the development of health service provision • The breadth of projects liC is involved with • That things can change if you push hard enough • That young people have a lot more to offer than sometimes they are given credit for • How well young people can present and facilitate – better than adults in some cases • The effort needed to ensure full participation with children and young people • Young people's views are important and need to be taken on board at start of planning • It doesn't necessarily take lots of money to be young people friendly • The importance of taking the lead from children and young people 		
Was the conference well chaired?		
100% of respondents said yes! Comments included:		
<ul style="list-style-type: none"> • Good chairing skills, light touch and engaging • An amazing young confident person. Relaxed and positive. • Good to have a chair who is funny, pleasant, straight and direct and confident • Handled change in programme extremely well • Showed good adaptability and time keeping skills • Ashleigh was brilliant – I'm on the lookout for one of our own otherwise can we clone her? 		

Appendix 6 - RESEARCH REPORTS

Copies of the following health related reports are available from a free download on the Investing in Children website - www.iic-uk.org/reports

Brace Place (Orthodontics), 2005.

Caring for the health of children who are looked after away from home, 2005.

Cleft Lip and Palate Report, 2004.

Cystic Fibrosis, 2004.

Diabetic updated report, 2001.

Health Check, 1999.

No problem too small – PALS (Patient Advice and Liaison Services), February 2006.

Sexual Health, 2004.

Stanley Dental Practice Report, 2005.

Other reports will be posted on the website as they become available.

