

# What makes a good life?

Views of some young people with additional  
support need

## Full Report 2009

(Summary report complete with colourful Mind Maps available from  
[www.highlandchildrensforum.org](http://www.highlandchildrensforum.org) )

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As part of the review of the  
Children and Adolescent Mental Health Services Framework Implementation  
Plan (NHS Highland 2009)

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## Abstract

This consultation involved young people with additional support needs in discussing what makes a good life for young people. The consultation is part of a three part consultation looking at promotion, prevention and care of mental health and well-being as part of the review of Children and Adolescent Mental Health Services (CAMHS) in Highland. The young people involved had needs and experiences which could put them at risk of developing mental health issues. These young people's views about the protective and risk factors in their lives inform the preventative strategy mental health services might take. The protective factors young people proposed were supports to their personal development of life skills and independence; recognition of the importance of family relationships, keeping in touch with separated relatives and extended family and of being helped through times of anxiety, bereavement and separation; and within the wider world young people needed to be recognised as individuals with their needs for support met but where such support did not reduce their opportunity for developing independence or being included. They wanted to live in good neighbourhoods, attend good schools and have access to a range of activities and clubs. Young people also described the damage that prejudice from people who do not understand their needs brings for them. These views point to the need for all services to work together with CAMHS in the prevention of mental health issues for young people in need.

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## Abbreviations

CAMHS, Children and Adolescent Mental Health Services; HCF, Highland Children's Forum, ASD, Autism Spectrum Disorder; ADHD, Attention Deficit and Hyperactivity Disorder; SE, Scottish Executive; SG, Scottish Government; OECD, Organisation for Economic Cooperation and Development; BMA., British Medical Association; CS, Children's Society; NCB., National Children's Bureau; SS, Specialist School; JCCYP, Joint Committee for Children and Young People.; WHO, World Health organisation, YOFI, Youth Opportunities for Independence; CPR Counter Point Research.

## Introduction

This report is the first part of a three stage consultation with young people as part of the review of the Child and Adolescent Mental Health Services (CAMHS) in Highland.

There has been an increasing move in mental health services from a focus on the treatment of mental ill-health to an understanding that mental health services should be considering the promotion and prevention of mental health difficulties as well as considering the kind of care and treatment needed to treat mental illness or disorder (Scottish Executive (SE) 2005).

Services in Scotland have been moving towards a person centred, holistic approach to service delivery over the last two decades, reflected in a series of changes both in legislation and in regulation, culminating in the Concordat agreement (Scottish Government (SG) 2008) and Crerar review (Crerar 2008). Both emphasise the importance of listening to the voice of the service user in reviewing and evaluating services.

The focus of social research internationally (Organisation for Economic Cooperation and Development (OECD) 2007) has moved from looking at objective measures of socio-economic or health status to consideration of the more subjective area of people's well-being, recognising the significance of well-being in childhood as a predictor of outcomes in people's lives.

The consultation with young people in Highland for the CAMHS review seeks to find out about young people's own ideas about well-being by asking them "What makes a good life for young people?" Young people are asked to consider this in general terms, what would make a good life for any young person, but then also to consider their own lives and what makes a good life for them.

The Highland CAMHS consultation follows the three strands of CAMHS, promotion, prevention and care. To inform the promotion of good mental health, the consultation question will be posed to a number of young people in universal services. To review how receiving a mental health service affects well-being the question will be posed to young people currently receiving a service from CAMHS. This report is about the

consultation which considers prevention of mental health issues, by posing the question to young people who receive some sort of additional support services.

The recently published “Equally Well?” (SG 2009) report recognises that certain factors in people’s lives can make them more vulnerable to mental health problems, and some factors can help people be more resilient against the development of such problems. This consultation worked with young people who are statistically more at risk of developing mental health issues in order to find out what aspects of their life contributes to their resilience through supporting their feeling of well-being.

Young people who took part had additional support needs within a range of recognised risk factors, that is: physical disability; learning disability; specific learning difficulty (such as Autistic Spectrum Disorder (ASD), and Attention Deficit and Hyperactivity Disorder(ADHD)); young people who are being Looked After including those in foster and kinship care (living with extended family); and young people whose social, emotional, behavioural or educational needs put them at risk of not reaching their developmental potential.

Young people were able to choose how they took part from a range of methods available, but were all answering the same consultation question firstly for an imaginary person and then for themselves, “What makes a good life for a young person?” All the results, whatever media was chosen, were put in to Mind Maps for analysis seeking out from the young people’s testimony possible protective and risk factors in their lives to inform how CAMHS might best support prevention of mental health difficulties amongst young people who are at risk.

The consultation built on previous research in this area, especially “Good Childhood?” (Children’s Society (CS) 2006) which identified 10 themes for having a good childhood. These themes were used for the analysis of this project considering possible protective and risk factors for each theme.

## Literature Review

The Scottish Needs Assessment Programme Report on Child and Adolescent Mental Health (CAMHS 2003) recognised the benefits of listening to and involving children and young people in consideration of mental health and well-being. This was

reflected in the subsequent framework for promotion, prevention and care (SE 2005). The benefits of such participation are two fold, firstly to inform the development of Child and Adolescent Mental Health Services and secondly the process of being listened to can contribute to the child or young person's feeling of well-being (Heads Up 2005). This study has been carried out to ensure the views of young people are included in the review of CAMHS in Highland.

Recently there has been a move from the focus of mental health services on the treatment of ill-health to a wider focus on the promotion of positive mental health (Jane-Llopis & Anderson as cited by SE 2006). The Mental Health of Children and Young People A Framework for Promotion, Prevention and Care (SE 2005) recognised that mental health services was not just about providing a service to people who had a mental health problem, disorder or illness (mental ill-health as defined by British Medical Association (BMA) 2006), but about all services who work with children recognising the need to promote good mental health, work preventatively with groups of children or young people who are vulnerable to developing mental health issues as well as ensuring that when a child or young person has a mental health need that they receive the right care and support.

There has been an increasing body of research considering the well-being of children and young people over the last decade. Well-being is seen to be a better indicator of the quality of life and of the policies needed to bring about better outcomes for children and young people than previous measures which considered income poverty (OECD 2007). Subsequent studies in to well-being have listened to children and young people to gain a self-assessment of well-being (as opposed to statistical measures) (CS 2006, Counter Point Research (CPR) 2008). Children and young people identified a range of issues which contributed to their well-being and in the "Good Childhood? A question for our times" (CS 2006) 10 themes were identified and these have been used in this study around which young people can describe their experience.

There is recognition that certain risk factors in people's lives make them more vulnerable to mental health problems (Equally Well? SG 2008, Towards a Flourishing Scotland, SG 2009). There has been increasing evidence about resilience and protective factors in recent years (National Academies 2009, Arthur, M et al 2002) which suggest that there are ways to prevent mental, emotional, and behavioural

problems by off-setting some of the inequalities and risk factors by building in resilience and protective factors.

The additional support needs represented in this report are recognised as risk factors for mental health problems. This includes young people who are Looked After Children (BMA 2006) , young people with physical disability (SG 2005), young people with learning disability (BMA 2006, SG 2005), young people with specific learning difficulty such as Autistic Spectrum Disorder (ASD) (Duedney 2004), and young people whose social, emotional, behavioural or educational difficulties put them at risk of not reaching developmental goals or of being socially excluded (SG 2006, WHO 2008, Arthur, M et al 2002, National Academies 2009).

In promotion of mental health, Scottish Government and NHS Health Scotland (2008) describe “positive steps” which can contribute to good mental health. These steps, effectively protective factors, cut across the themes recognised by young people in the “Good Childhood Study” (CS 2006). These steps will be examined and compared to the positives young people themselves identify in their lives.

Participants were offered a range of media to choose from, as recommended (Madge et al. 2005, Laws, S. 1998) for health consultations especially those involving young people with ASD or other learning/communication issues; to support participation through young people’s contribution to the design of consultation (Treseder 1997 as cited in Enquire, Lansdown 2005); and acknowledging that the spoken and written word are only two of many expressive languages and using a range of media allows individuals to contribute in an expressive language suited to their interests and abilities (Clark and Moss 2001, Edward, Gandini and Forman 1998). Studies in to young people’s views on well-being have used different media such as photography, (Gabhainn, S.N. and Sixsmith, J., 2006), drawing and writing, (Wetton, N 1998, Newman, G. 2008), focus groups and interviews, (Garcia I, Vasiliou C and Penketh K, 2007), visual maps or symbols, (MENCAP, 2001). This is the range chosen to offer in this study.

## Methodology

Letters inviting participation were sent out to schools in Highland via the principle teachers of support for learning. Letters were also sent out to young people via other services such as Vision Impairment Service, disability support groups, special needs youth clubs, respite settings and other relevant services.

Young people were visited individually or in small groups to explain the project and seek informed consent. Where there was an element of doubt about the young person's capacity to provide informed consent, parental consent was also sought (5 young people).

The consultation involved 31 young people (22 male, 9 female) of secondary school age who receive some sort of additional support service. 13 of the young people attended specialist schools, 11 in schools for learning disability and complex needs, 2 in a school for young people with social, emotional and behavioural needs. The 18 young people in mainstream school were either in receipt of Support for Learning or on a reduced curriculum attending the [XL Club \(Princes Trust\)](#). 9 young people took part in the first part of the project as part of a focus group discussion asking what makes a good life for a young person, but did not continue on to answer the question about what makes a good life for them personally.

The range of needs amongst the participants is shown in the diagram below.

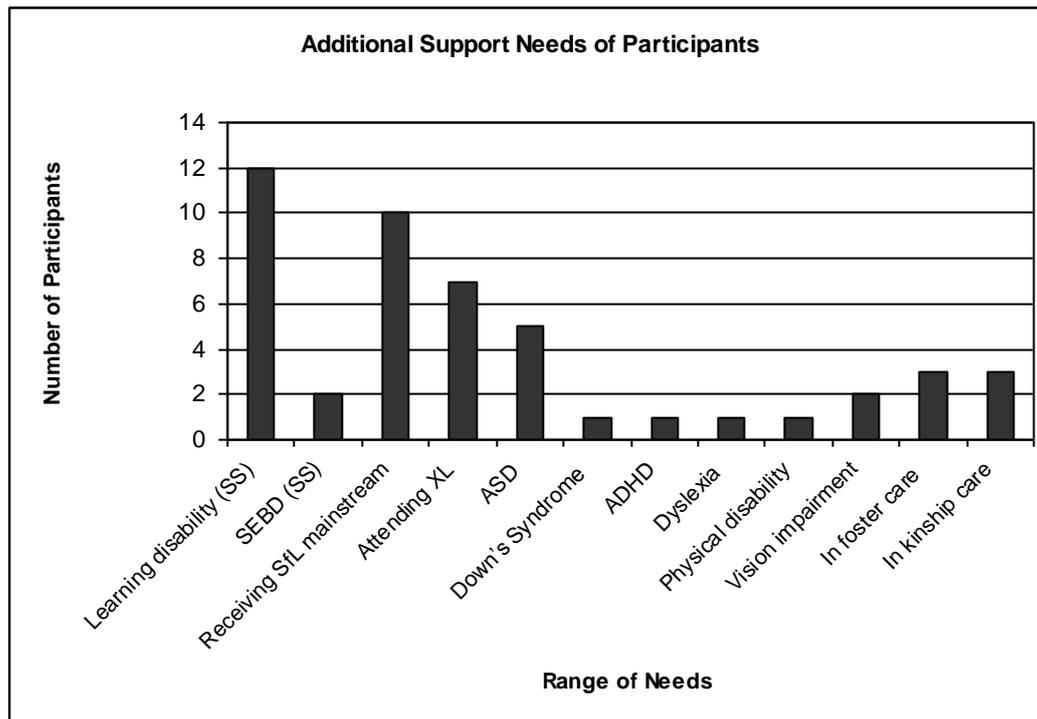


Diagram 1, Additional Support Needs of Participants.

(SS= Special School, ASD= Autistic Spectrum Disorder, ADHD= Attention Deficit and Hyperactivity Disorder)

Young people could be seen in school or somewhere else of their choosing. 25 young people were seen at school, 3 chose to be seen out of school. Young people were interviewed to consider “What makes a good life for a young person?” This interview could be individual or in small groups according to the preference of the young people. Two focus groups took place, one with the XL Club group in a school, involving 1 girl and 6 boys all in third year. The second focus group was in the fifth year class of a special school and also involved 1 girl and 6 boys. 3 girls chose to do their interview together, 12 young people chose to be seen in pairs and 2 young people were seen individually.

Young people were asked to imagine a young person and give him or her a name and an age. They were invited to draw a stick person to represent this person if they wanted. They were then asked to consider what that young person would need in his or her life to have a good life. This discussion was recorded but young people were also asked if they wanted to write their thoughts down as a Mind Map around the person in their drawing.

The key themes to be included were: Family, Friends, Leisure, Learning, Behaviour, Community, Local Environment, Money, Attitudes, Health and People who help. (CS 2006). Where young people did not include one of the identified themes, they were prompted to consider it but not all young people commented on each theme.

Young people were given a range of media options to use in telling their own personal story about a good life according to their interest and self-expression preferences. Young people were offered the following range of media:

- face to face interviews
- virtual interviews over the internet
- small group discussions
- writing their story
- drawing and writing/telling
- photographing and then commenting on the photographs
- through the use of visual 'maps' using symbols and stickers

10 young people chose to have face to face interviews. 4 of these had initially chosen to write their story, but then asked to be interviewed. 10 young people chose to take photographs and then comment on the photographs. Four of these young people did not complete their photography and chose to tell their story in a face to face interview, with two best friends choosing to do the interview together.

Those young people choosing photography were provided with two disposable cameras and instructions for their use. Their imaginary response was used as a prompt for them to consider what aspects of their life they would like to photograph; 5 of the young people with significant learning issues were helped to use this prompt to make a list of photographs to take. The young people were told to seek permission before taking photos of people, explaining that the photographs would be used to tell their story but would not be kept or used by the researcher. Young people were given a date to hand in the finished cameras which were developed and then the photographs taken back. The young person was then able to tell their story using the photographs as prompts. Young people could choose to have an album to put their photographs in to.

In the end all the young people taking part did do an interview for their own personal response to the question, although the story writing or photography had provided the opportunity for young people to consider this question for a period of weeks before the interview, and was particularly useful for those young people with significant learning issues who did not find answering open questions easy but who were able to talk about their photographs.

All interviews from both stages of the project were digitally recorded, transcribed and then the digital copies deleted. Key points from the transcriptions were then put on to a Mind Map. Where young people had drawn their own Mind Map for the first stage of the project, this was used in analysis as well. Some comments did not easily fit in to discrete themes and comments about the local environment and community could often come together under the heading 'neighbourhood'. The theme of family could have had a separate theme of the home, and some things like the use of technology could have formed a theme on their own.

The resultant Mind Maps were returned to young people for approval or editing. Four young people edited their Mind Maps, other young people were happy that the Mind Map did represent what they had said.

## Analysis

To analyse the Mind Maps a grid was used (Appendix 1) to score the comments made by more than one young person to look for common experiences or opinions. Each theme had its own grid and categories were added as young people mentioned them. This allowed similar comments made by different young people to be easily seen and key messages from young people derived. The grids were then scored to identify shared comments under particular themes.

The Mind Maps from the first stage of the project, with the imaginary young person, were analysed separately from the Mind Maps telling the personal stories of young people. The results from the imaginary stories, of the ideal good life, could be compared with the results from the real lives of young people. Particular need ranges could be considered individually e.g. the experience of 'family' for those in foster care, or of 'learning' for those with specific learning difficulty.

Each of the transcriptions was re-examined and quotations which best expressed some of the common themes emerging chosen. Quotes were also extracted from the anecdotal stories which described a significant risk or protective factor in that individual young person's life or the impact on 'having a good life' of an aspect of their additional support need.

The scores from the grids and the comments in the quotations from the imaginary stories were categorised as 'ideal'; the results from the real experiences were divided in to 'risk factors' and 'protective factors', things that either hindered or supported a good life.

## Results

The number of participants in this project is so small that the scoring system could not be extrapolated to the wider population of young people with additional support needs. However, it is useful in comparing the young people's views of the ideal compared to their actual experience and also to compare experience between mainstream and special school, between those living with both parents, one parent, in kinship care or in foster care, or between the different additional support needs. No definitive conclusions could be claimed for these comparisons from this small cohort of participants, but rather areas for further research indicated.

Some of the results did not easily fit in to one particular theme but crossed more than one theme. Real life is not easily compartmentalised. Comments were categorised under the theme as identified by the young person or allocated by the researcher to the 'best fit'.

Quotations used in this report are separated in to those which represent a shared view in italics and those of significant anecdote in a text box. Views are listed in the order of frequency from most mentioned to least.

Pseudo names were allocated to young people using consecutive letters of the alphabet, e.g. participant 1 a name beginning with 'A', with the name chosen reflecting the gender of the participant.

## Family

### Ideal

Of the 22 'imaginary story' Mind Maps analysed, only 2 participants didn't include 'family' and 2 only had 'family' as being significant in a young person having a good life. Family was mentioned in all of the discussions. 14 participants thought a mum was needed and 12 listed a dad as well, and 1 thought either parent.

*"A good parent who will listen and understand them."*

3 young people listed family as being important but did not specify parents with 1 young person saying:

"You need a safe home with people who love you but not necessarily your family."

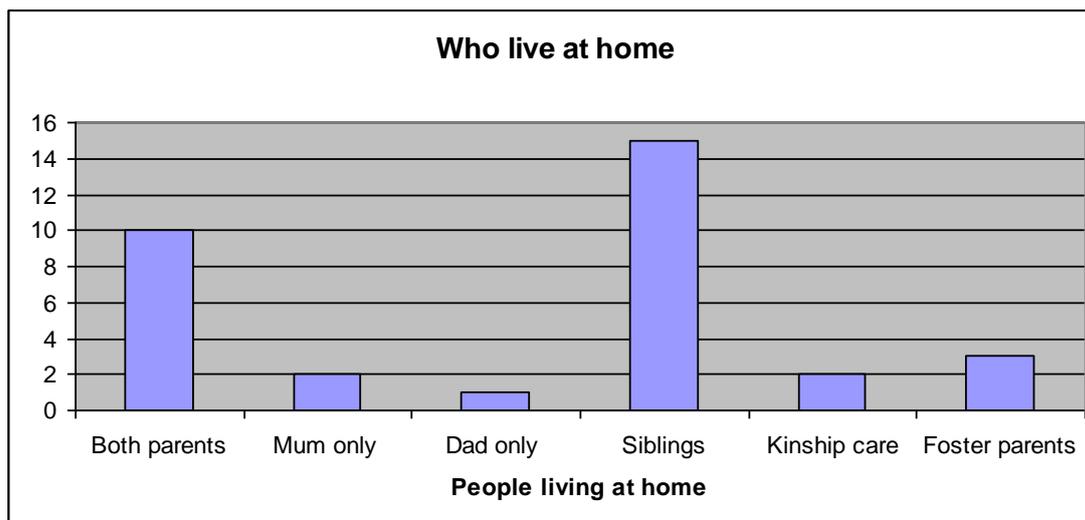
6 young people listed having siblings as being important and 4 listed having a pet. 8 listed having a good home and 3 having a garden.

*"A big garden and a dog are very important. When you are sad and you don't want to talk to anyone about it you can talk to your dog."*

The sort of family wanted was caring and loving, and then in equal popularity families who get on with each other, play games, go on days out or buy things. Having privacy within the home was also mentioned.

### Real experience

The graph below shows the people participants lived with.



The major changes in family circumstances experienced by some young people was reflected in that Frances is soon moving from her foster home to live with her Aunt, Elizabeth who had been in foster care since the age of two was adopted two years ago and has recently been contacted by her birth mother. Daniel had recently moved from living with his Mum to living with his Dad.

Contact with parents or other absent family members varied, sometimes being a positive experience and sometimes with negative consequences. Some contact with absent parents was irregular, some regular and in a few cases there was no contact at all. All of those in foster care had some contact with birth family members. Two stories stand out as significant in terms of contact.

1. The recent contact of Elizabeth's birth mother had pushed her adoptive family in to crisis. The brother, adoptive parents and Granny did not welcome this contact. Elizabeth desperately wanted it. The conflict had strained all the relationships in the family.

2. "My brother phones me every night and tells me he loves me. We used to fight all the time but never now. When my brother moved to Glasgow we didn't get to see each other and we really missed each other. He's been there two years. He is moving back soon. He will be living somewhere nearby. He was in a secure unit. I've a younger brother.... He's going to live with my cousin and her two kids; he gets on well with them. .... I live with foster parents but my [other] aunty wants me to go over and stay with them now. She wants me to come. My aunt found me and wanted me to live with them. After my Dad died, I always wanted to live with them."  
Frances

## Protective Factors:

All 5 of the young people in kinship care or foster care commented that Granny was important to their having a good life.

*"My granny is always there for me."* Andrew

*"My granny has helped me a lot, to be polite and all that."* Frances

6 young people listed their pets as being important.

*"This is my hamster, Stome. I look after him in my bedroom. I feed it, give him water and clean him out. I cuddle him."* John

Parents spending time doing activities with the young people was something mentioned. Of the 7 young people who listed parents spending time with them, 4 were from two parent families, of the other 3, Peter lives with Mum, John lives with his Gran but goes fishing with his Dad and Bobby's foster Dad spent time with him helping him with his model making.

5 young people saw the garden as being important for their good life.

*"I like playing in the garden. I play football with my dad. He beats me."* Stuart

*"We've got quite a big garden. Good for football. Even if I had a small garden I'd still make the most of it. It is better to have a garden than no garden."* Bobby

Other things listed as helpful were a good bedroom and access to IT equipment.

## Risk Factors:

Parents splitting up, difficult family relationships, bereavement and family responsibility were all factors that contributed to strain on young people.

<p><i>"My parents split up and I am like the man of the house with roles and responsibilities. I need to look after my brother and sister. It definitely gets in the way of having a good life but it might help with getting a job and things like that."</i> Colin</p>
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## Friends

### Ideal

Friends contribute to a good life as they are fun, you can talk with them or do activities with them. Friends are loyal, trustworthy and kind. 3 young people did not list friends as being important in having a good life.

*“They need to be funny have a sense of humour.”*

*“Be nice and kind – loyal and trustworthy.”*

*“Need to care what you think about things.”*

There was no strong preference for same or mixed gender friendships, friends in school or out of school or whether friends were the same age or older or younger.

*“Age or gender of friends doesn’t matter.”*

*“Might have a girlfriend but not needed to have a good life. Good things and bad things about having a girlfriend, depends how it goes.”*

Other ideas for a good life were that you needed to be good at making friends, know how to handle peer pressure and be able to know right from wrong.

*“Peer pressure, need to know not to give in to it, know right from wrong.”*

*“Don’t want a friend who would keep a secret but get you in to trouble [they] need to be trustworthy.”*

Real experience:

All but two of the participants listed friends in their personal experience of a good life. These two young people had significant learning needs. Only two of the young people who attend special schools said they had friends out of school.

Norma listed friends as being important to her but she says: "I like being with my friends but mostly I like to be on my own, as I get older anyway."

"I've got quite a few girls as well as boys as friends. I don't have a girlfriend, they can drag you away from your other friends and that annoys me." Leon

#### Protective Factors:

Friends helped having a good life because you could do activities with them, hang-out with them in town, have a laugh and trust them.

*"Friendship is really important to be happy. Having my friends and stuff helps me, takes my mind off things and things."* Mary

*"It's good to have friends or you'd be in the house all day playing the Xbox."* Bobby

*"My friends are all funny and true friends, a small group of friends in my year. There is my wider group, they are true friends too. I don't bitch that's what makes good friends."* Mary

Some young people mentioned having a best friend, someone you could share things with and who had things in common with you.

*"My best friend I can trust her with anything, she never tells people. I have other friends but you can't really trust her with secrets."* Frances

From two best friends:

*"It is a big thing. I love having friends. This is my best friend and it is amazing."* Daniel

*"We have the same experiences and we get on well and like being around each other; we like the same things."* Colin

Risk Factors:

Katie finds the constant presence of her support worker makes it hard to make friends.

"I've got hundreds of 'friends', like people who are kind to me and like me and all that. I've got loads of them. But people who hang out with me and invite me round to their house, I've not got so many of them. Some of it is having [support teacher] with me, some of it is just people who are prejudiced because I am in a wheelchair." Katie

## Health

### Ideal

Out of the 20 Mind Maps about the ideal life, 3 made no comment about health in having a good life. Of the remaining 17, 15 thought keeping fit through involvement in sport or exercise was part of having a good life.

12 included eating healthy food and 10 comments were made about not smoking, drinking or taking drugs. A few young people mentioned maintaining good hygiene, with the use of deodorant being mentioned.

*"Don't be a couch potato, go out more and get walks."*

*"He likes to keep on top of his game."*

*"Don't eat too many biscuits and crisps. Eat more good food like mince and tatties."*

*"He doesn't drink or smoke but instead at weekends goes to the cinema, bowling or skating whatever."*

Accessing the doctor, dentist, school nurse and optician were also mentioned.

*“Good service from NHS; nice understanding doctors who give sweets.”*

### Real Experience

Young people had clearly received some of the basic health messages and some commented that these had been learnt at school. The key messages they seemed to be trying to adhere to were to get exercise, eat more healthily and avoid smoking and drinking.

*“It’s very important for me, I like to keep fit and eat good food. I don’t always eat good food but when I can I do. I am always out doing something, football or other things.”*

Daniel

*“Brush teeth in school and at home.”* Olive

### Protective Factors

Young people reported developing healthy habits, eating healthily, doing exercise in school and out of school and avoiding unhealthy habits such as smoking, drinking, drug taking.

4 young people did report preferring some unhealthy foods and some young people said they ate healthily because their parents insisted, but they enjoyed treats occasionally.

*“It is good we eat healthily during the week and then get a treat at weekend ... I have to eat healthily because my mum makes me.”* Colin

Learning about health at school and carrying out healthy activities like cooking were mentioned.

*“We learn about drugs and stuff in school, in a good way. They tell you what happens but also where to go for help, clinics and that. Get stuff about healthy eating. We can*

*cook here and the teachers stay back at the end of the day to taste what you have cooked. I cooked a whole roast chicken dinner.” Andrew*

Young people mentioned accessing the dentist and doctor, but did not always enjoy the experience.

*“I hate the dentist I got a tooth out once and I hate the dentist now; the amount of pain I went through made me afraid of the dentist.” Colin*

*“Going to the Doctor, it may be good. The person is nice but not always what happens.” Tom*

## Risk Factors

Leon had been upset by news of his mother’s health:

“I’m never going to smoke. My mum smokes and she has something [lung disease] and the doctor says she has only 15 years to live. I don’t think she is trying to stop smoking. I think she smokes because of us; we wind her up so much she smokes. My little brother is only two; he’ll only be 17 in 15 years. I’m not meant to know but I heard her tell my Granda. I just try to stick it to the back of my mind and not think about it.” Leon

Elizabeth, who was in a family crisis brought on by the recent reappearance of her birth mother, had been struggling to sleep lately.

Neither of these young people at the time of the interview had someone they could talk to about these issues which were worrying them.

## Learning

Ideal

A good school had good environs which included the building, the gym with a preference for a swimming pool, good playground and social space and access to IT.

*“School could have a swimming pool, a gym.”*

*“A big school with nice teachers. A new fresh building, clean, somewhere nice. Computers and laptops.”*

*“[Should be a] happy environment in school with friendly teachers who listen to you. Good environment so he wants to be there.”*

Teachers should be helpful, good at explaining so pupils can understand, kind and good at listening. They are not too strict.

*“Nice teachers who treat you as they would want treated. If struggling he should get help and should not be shy to ask.”*

*“Teachers need to get to know you and understand. Need a good sense of humour. Teachers should be helpful and not be strict. If they shout at you it puts you down. Not too much homework.”*

Working hard was a factor in doing well as was the opportunity for work experience.

*“Study hard to get grades to go on after school.”*

*“He should do subjects he wants to do but even if he doesn't like it he should do it and not get into trouble.”*

## Real Experience

About half of the young people who responded attended special schools. Two of these young people, Andrew and Bobby, had been moved from mainstream in to a school for boys with Social, Emotional and Behavioural Difficulty. Their experience in mainstream had not been positive and they both felt the specialist school met their needs much better. There were social drawbacks however; Andrew felt more included at school but more excluded out of school.

The building and environs were important to young people and some were in a new school building.

*“New school is fantastic. I like the new building. I like the new classroom. Old school was different. This one is better. It’s bigger. Cause it is different – it is nice and comfy.” Olive*

### Protective Factors

The positive factor mentioned most frequently was extracurricular activity particularly mentioned by those attending a special school. Getting the right help and good teachers were also important. A good teacher was someone who listened and explained and who was happy and able to have fun.

*“This school is quite good. There is not many bullies and that, most people seem happy. The teachers are good, most of them. They are not serious all the time; you can have a laugh. They teach you stuff that you understand. It’s not a dull school, the new part is good.” Mary*

Doing well in English and Maths and having a choice in subjects were also seen as important.

*“School is all right. My mum dropped out of school in first year, she doesn’t want us to do the same. I don’t like all the work. Some things are OK, some are a bit of a challenge. I don’t want to look like a fool in front of all my mates in class. If I’m not sure I will ask the teacher for help and I’ll help other people if I am finished first. I choose the subjects I know I am good at or can get better at.” Leon*

### Risk Factors

Some teachers were seen as being too strict or pushing too hard.

*“Some teachers are too strict for silly wee things like running your fingers along a radiator when you walk past it. I got a punishment exercise for that.” Colin*

Andrew had had a very negative experience in his mainstream school.

“In my old school they didn’t really care; there you are nothing special, just like 1 in a 1000. At this school they care about you, they treat you differently [individually] you’re not just one in loads... here they know you. If something happens, if there was a problem, the teachers get to the bottom of it and get it sorted. In old school if anything happened I got the blame.” Andrew

Accessibility was a difficulty even in a new school, where the needs of some but not others had been taken in to consideration.

“New school building supposed to take care of disabled people but there’s 6 or 7 visually impaired people in school and they don’t put anything in for people with a vision problem but had all this for someone in a wheelchair when they didn’t have anyone with a wheelchair.” William

## Leisure

### Ideal

In order of preference young people listed the following leisure time activities for a young person to have a good life: clubs, music, football, IT, bikes, sport, just hanging out, interest in cars. 3 young people made no comment.

*“Hang around with mates. Go to a community youth group. A football ground to go and watch football games.”*

*“Loitering, not good if that is all you do but sometimes that is what the mood is, having a laugh.”*

*“Motor biking or that.”*

*“Join in with others, in school and out of school.”*

### Real Experience

Again in order of preference young people actually took part in the following activities: hobby, sport, IT, cinema, clubs, roller bowl, swimming. The young people who took part in this project all live within 30 miles of Inverness and so had access to cinema, swimming and roller bowl. Young people living in more rural Highland might not have this access.

## Protective Factors

Comments about how taking part in leisure activities supports having a good life:

*“Drama is easier than talking in front of people as yourself as in drama you can hide behind the character rather than be yourself.”* Katie

*“I do ice skating. I’m starting to do ice hockey. I have just been learning to ice skate properly and I’m going to start ice hockey. I was trying ice skating and was quite good at it so looked it up and thought I’d like to try.”* Colin

*“Internet, you can keep in touch with your friends all the time. I do it every night, not for a long time. I use it for research and revision too. If no internet it might be harder for them, finding stuff in books. Better if you have access at home and school.”* Mary

Some of the young people attended special needs youth clubs which helped them gain skills.

*“Helps me with my social skills. I have made friends there and we do activities. On Friday we just hang out really. My friends there are a lot different.”* Norma

*“YOFI youth club on Saturday. I have friends at YOFI. We go in the bus to Inverness to East Gate for buying things. Then we have a snack and then go around for a wee while and then go back to YOFI and then home.”* Hector

Bobby did model making as a hobby and had tackled one particularly challenging model, and was proud that he had persevered.

“I made a quad bike. I got a book and made it, an electrified remote control. My little cousin can sit on it and drive on it. It was a model kit. It took about a year to do. I worked on it every week. It was level 5 modelling kit. I started when I was 10. Did it myself, foster dad helped sometimes. I built it in his garage. I use it quite a lot, take it down to the park and drive it about.” Bobby

## Risk Factors

Andrew had felt that being expelled from the mainstream school and now accessing a special school had had a negative impact on his leisure time.

“Because I don’t go out in case I’m bullied after the newspaper article [about being expelled]. I tend to just do computer instead of exercise. I have a bike now but I just stay in my Granny’s street.

“Like there are some activities I can’t do because I am in a special school. I find I’m not included in most of the activities that are going on, they don’t like me there. Other schools do things for their own school. Our school tries its best but there are no activities the Council provides for our school, we’re not included with other schools [in inter-school games]“ Andrew

Katie felt her disability limited her leisure choices.

I want to start climbing. I went to see Karen Darke; she is paralysed from the chest down and she climbed El Capitan. She knows all about special stuff for climbing.

“Not many sports for people like me to do, just basketball or curling. I hate basketball and curling is boring. So I started the horse riding and that is basically it. I don’t need specialist equipment but because my balance isn’t as good as most people’s cause mine is haywire, so someone holds me on and someone leads the horse. But when I get a bit better they’ll let me do it myself a bit more.

“It would be a lot better even if there were a youth group for people in wheelchairs that I could go to.

“A lot of people I see like children who just don’t do any sports and eat junk food, I get so mad at them; if I were in their situation I would be doing every sport going.”

Katie

## Money

### Ideal

Two young people didn’t think money was important, five young people made no comment about money but the others all thought that young people did need money. Money was needed for clothes, going out to places such as the leisure centre or for buying other things. Some of the young people thought having a part-time job was part of having a good life.

Young people need money: *“to buy clothes and that”, “for a new phone”, “for transport to town”, “to learn to drive”.*

*“Part time job would be good to make some money, to feel proud of what you can buy and be independent, feel like an adult. Parents employed so have money around the house. He has a wee job, a paper round.”*

*“He helps round the house for pocket money.”*

*“Saves his money for a rainy day.”*

## Real Experience

3 young people did not discuss money in their own story, but for the others there was a fairly even division between those whose parents provided them with money and those who had some way of earning a bit of money themselves. Some children earned money from their parents by doing jobs about the house.

Young people spent their money, in order of preference, to buy clothes, to save, to buy computer games, topping up phones or on hobbies.

## Protective Factors

Young people wanted to have more independence with their own money to be able to choose what to spend it on and preferably to earn that money.

*"You need a bit of money you know. I wash cars for money, for neighbours and that. Spend money on whatever I want, games for my X box, clothes maybe."* Bobby

*"Money is very important. Now I earn I can buy my own things with my own money. Now I can top up my phone, buy a top or whatever. If I see something I want I'll save up."* Daniel

*"My aunty gives me money but would like to earn my own. I just ask when I need it."* Mary

*"I've just got money over the years. I get money lately, £40 a month to spend. I don't want to use it. I'd rather starve than spend money"* Victor

*"I'd like to get good job with decent pay. I don't want to be rich they just blow it all and poor people just want it, I'd like to be in the middle."* Leon

## Risk Factors

The 3 young people who did not mention money at all have learning disability. None of the young people with learning disability earned money, other than round the house.

*"I help round the house if I want to; if it is for money I'll do it. I spend money, on lots of things like games for the Wii. Never had a wee job"* Tom

*"I would like a mobile. I could text my friends."* Gordon

Katie finds that her wheelchair can make it harder for her to spend money independently.

"What I find annoying is if I go with my friends and stuff, we pay for sweets, I put them on the belt and the person at the till will immediately look at my friend for payment. It is annoying, things like that they are really disheartening. Tiny wee things." Katie

Work is not easily available to everyone.

*"I don't have a job right now. The first job I had was working in a hotel and the season is ended. At Christmas I worked in a shop in Inverness but it was only over Christmas."* Colin

*"I'm not earning any money. I would like to get a job. Where I live there's nowhere to get a job."* Mary

## Behaviour

### Ideal

Few young people commented about behaviour in the ideal life that they were providing for the imaginary young person. It is not clear if this was because there was an assumption that if other factors in the young person's life were sorted then behaviour would not be an issue. Under the theme of health, the healthy behaviours

such as not drinking, smoking or taking drugs but joining in and being active and fit might be seen as enough to establish that the imaginary young person did not have an issue with behaviour.

Those who did comment made the same amount of comments about someone being happy, working hard, having fun, having good manners, keeping out of trouble and not losing their temper to ensure a good life with regard to behaviour.

*“Don’t be a goody two shoes have some fun. Enjoy life you are only here once.”*

*“Doesn’t argue or get in to trouble, if he did he wouldn’t like school and wouldn’t want to go. He’d get angry and wouldn’t control behaviour.”*

*“Be nice to others otherwise they won’t be nice to you.”*

*“Be understanding of others. Don’t smoke or take drugs.”*

*“Join in with others, in school and out of school.”*

## Real Experience

Of the 6 young people who did not comment on behaviour in their personal stories, 5 were young people with learning disabilities. It is not clear if behaviour was a difficult concept or whether it just did not seem relevant to those young people.

## Protective Factors

Positive influences on young people’s behaviour were good role models, understanding from others and being well brought up.

*“I’ve been brought up with manners and that and I have been taught to help people and that. I was brought up to know what was bad and I just kept away from that.”*

Daniel

*“People understanding you helps your behaviour. Sometimes I’m able to understand others’ behaviour but not always; mostly I understand others’ behaviour but just since coming to this school.” Andrew*

It was seen to be important that when a behavioural incident had occurred that people took the time to get the whole story.

*“If you get something wrong at this school you are not held for it; it’s not your fault all the time, they look at what the other person did, why you have blown. Helps me, they kind of sit us in a room and work out. I feel like it’s sorted. It helps me sort it out elsewhere. In my other school it was pretty bad. Teachers were not good, they didn’t listen to you.” Bobby*

Granny’s influence got a mention by some young people in foster or kinship care.

*“My granny has helped me a lot – to be polite and all that.” Frances*

*“Granny looks after me she is quite strict with me though. It is good sometimes and not as good other times.” Bobby*

Young people also recognised the benefits of discipline from parent/carers.

*“Well I’ve got my own bedroom because I’ve got quite a bad temper and I fall out with my foster brother sometimes. I got my own room so I have somewhere to go. He goes to his room when he annoys me.*

*“In our house you are not allowed on to Xbox until after 6. It’s a good rule or I would be on it from after school until midnight.” Bobby*

## Risk Factors

Fighting with brothers and sisters was a reason for getting in to trouble.

*“My 3 sisters are much older. I fight with them a lot. I have 2 brothers who are older one at home one away. I fight with him as well. I fight with mum and dad as well.”*

Tom

*"I hit my sister across the head with a fist. If you don't apologise you don't get out. Now I have to charge her phone on my charger. My sisters have to do the same thing if they hit me."* Leon

Various stresses contribute to difficulty in behaviour.

*"I am nice sometimes but sometimes I'm in a bad mood and I pick a fight then with anyone and get in to trouble a lot for it. Sometimes it's because people aren't nice or lots of other things; I just get out of the wrong side of bed in the morning."* Tom

*"A lot of the time if people are treating me like I'm 4 I'll sometimes snap back at them and then afterwards I feel really bad. I also feel in a certain way they deserve it."* Katie

*"Recently my behaviour has taken a plummet you could say. I've learned my lessons from it. I was just bored and the pressure [of exams] I want to get away from it."* Victor

Getting the blame for something you had not done had a negative impact on young people's behaviour.

*"In old school if anything happened I got the blame. They didn't get to the bottom of things, they 'd say 'Oh you're lying, lying'."* Andrew

The recent crisis in Elizabeth's family, brought on by the contact from the birth mother, has had an affect on everyone in the family's behaviour.

*"Before Mum it was OK. Now they get cross, I try to explain, they think I'm not listening and get angry. My brother hits me and pushes me. They think it is bad for me but I think I'm happier."* Elizabeth

Attitude

## Ideal

Attitude was not an easy concept for all the young people taking part to understand. The topic sometimes became relationships or how people treated you. However, 11 of the imaginary Mind Maps did not have any comment relevant to attitude.

Of those comments made by the other young people they thought it was important that there was mutual respect between people, that young people were listened to and that people were friendly, kind and encouraging.

*“A good attitude is central to what makes you happy. Be positive don’t be critical.”*

*“People have to be nice and kind, look after you, be helpful, think he is important.”*

*“If someone doesn’t want to do something don’t force. Say no to drugs and then you’ll feel good about yourself. To make others feel good you have to feel good.”*

*“Be understanding of others.”*

*“People should encourage and support you.”*

## Real Experience

6 of the young people with learning disability did not make any comment about attitude. There were some general comments made about what represented a good or less good attitude and a few anecdotal stories of significant negative experience. The most frequent comment made was that attitude of others was mostly OK.

*“Most people have a good attitude.” Mary*

## Protective Factors

The favoured attitudes were when young people were trusted and given responsibility. It was said that attitudes are learned from others and good role models were important.

*"I change my little brother every morning before I go to school and put my little sister to bed. It will help me in years to come. My mum didn't know how to do stuff so she is teaching us. [I'm] learning to cook the dinner, do the dishes properly, tidy, Hoover and so on. I sometimes have to clean the bathroom as well; I don't like that so much."*

Leon

*"Having an older brother I used to try to copy him but now I have my own feelings about things.*

*I feel like a good person because when I go to pick up my wee brother from school his friends look up to me."* Daniel

"People just treat me like a normal person really and others don't to be more exact. The way I see people sometimes, I look at them and think 'that's a horrible person' or 'that's a nice person'; but sometimes something in my head says 'but why is he horrible?' or something like that. I think it's because I like to read a lot. Apparently if people read a lot they see beyond the person and stuff.

"Older people think young people are just immature and stupid and young people think older people are a bit daft and stupid. Well old people can be a bit daft but I don't think they are entirely stupid because they have been through a lot of things in their life. We should get to know each other that would be kind of good. I've met older people and talked to them and they have told me some really great stories. That is what I love about old people they have experienced so much and have great tales to tell really." Norma

## Risk Factors

A significant negative attitude from others which had a big impact on these young lives.

“At my old school I lost it. Three people in my family had died. No one understood what was going on. I got expelled and it was in the local newspaper. Now everyone knows and I can’t go out. This school know you and trust you and give you responsibility, even take you kayaking; you have to trust someone to let them do that. They let you take time out, they understand ADHD.” Andrew

“Because [support teacher] is around me people take it that I am not as smart as other people so they don’t approach me because I am in a wheelchair.... I feel like screaming at people ‘it’s my legs that don’t work - not my brain!’ ...People who don’t know me treat me like I’m 4.... I don’t blame individuals I blame society. The only thing is I think more people should know about people like Karen Darke [the paralysed climber]. That might start to fix it if it can be fixed.” Katie

## Community and Local Environment

The local environment as the physical space and the community as the social culture were not always clearly separated in the young peoples’ minds. The two came together often under the broad heading of ‘neighbourhood’.

### Ideal

The ideal local environment had a football field and park, shops and transport to leisure centre, swimming pool and cinema. A few young people thought that living in the town was the ideal. Somewhere that was not ‘rough’. The ideal community had clubs and things to do on offer, with good neighbours.

*“Not a rough environment. Nice part of city where you can do more. Happy community, no neighbour arguments, not a rough environment or he might get involved in stuff. Somewhere to go, activities community hall or somewhere for football or youth café.”*

*“Good neighbours, live close to town, clubs and so on. Car or other transport if not. Clubs, good park, friends next door, feel safe.”*

*“Living in a town that’s not too tuff and ruff.”*

*“Nice home, big, in the countryside with fields and stuff. Park for football. Dad takes to town centre in car to hang around with mates. Community youth group, a football ground to go and watch football games.”*

## Real Experience

Participants came from the city, towns, villages or out in the countryside. However all were close enough to Inverness that as long as transport was available, from parents or public transport, they were able to access the city. Most had a good experience of neighbours and had access to clubs, a park and football field.

## Protective Factors

A neighbourhood where there are things to do, clubs, football fields, parks with good neighbours and good transport to the town contributed to a good life, whether you lived rurally or in an urban setting. Some of those who lived near the beach felt this contributed to having a good life.

*“My first neighbourhood where I used to live was very compact the closest shop was a few miles away but it was beautiful and everybody knew everybody and I would love to live there again. Where I live now the street is about four times the size of the place I used to live but the neighbours are nice and I have friends living near and a football park across the road and a shop down the road. I help out with my mum in the local youth club.” Daniel*

*"I live in the countryside but with good transport. I have a few neighbours. There is nothing in the village I hang out with my friends in, well just a park. I can cycle in to the village but don't often."* Mary

*"My house is a nice house in a nice neighbourhood. It's a nice road, a dead end. The residents are good, we know neighbours a little bit. There is a Coop near. We go up and down my road on our bikes. I have different friends from school, sometimes they come over and we play in the garden."* Peter

*"I like walking on the beach. I like looking for boats."* Gordon

*"In Dundee my granddad left his car out and it was set on fire. Up here ... there is none of that. It is safe here you don't need to lock things."* Leon

A few of the young people mentioned that their connection with a church helped them have a good life.

*"I have good mates at church, one good friend I can talk to."* Elizabeth

*"I like church. I like ringing the bells and singing the Psalms."* Gordon

*"I'm not completely Christian, I am still learning lots. I go once a week. I like it."*  
Norma

## Risk Factors

Some communities had times where things were not as good and vandalism sometimes accompanied these downturns.

*"There are hardly any kids round me, nothing in the park to do. There used to be really good park but it got burned down. They've put up a metal one now, it is rubbish. No swimming pool where I am, just one shop. I wish there were a chippy or something. My Granny said it used to have a lot more."* Andrew

*"I live in not so much a rough area but not the nicest. A couple of years ago there was a lot of vandalism and robbery but not now. We get on all right with most of our neighbours. It is not too bad."* Colin

*"All right, not really safe. Lots of other people, bad people, older people, are drinking. Neighbours are sometimes helpful, a wee bit friendly."* Tom

*"Bank and one of the shops is shut now, they didn't pay their debts."* Leon

*"The BMX track, if you go to the track you get battered, well the last time anyway."*  
Victor

Katie lives rurally and was frustrated about public transport which left her dependent on her parents.

*"I can get out of my house but disabled adapted taxis are really expensive and there are no adapted buses so the only way for me to get in to town with my friends is if my dad drives me."* Katie

## People who help

### Ideal

Parents were the first port of call for help in an ideal good life, but there was recognition that having someone you could go to outside of the home was a good thing.

*"A good parent who will listen and understand him."*

*"If struggling he should get help and should not be shy to ask."*

*"Need people he can go to if he needs help, teachers at school, any teacher, parents, church or something. You could tell someone like that."*

*“Someone who doesn’t live at your house to listen to you.”*

*“Well just like well as long as you’ve got someone, it doesn’t matter if they are not related.”*

*“Grandparents, they would be experienced in life.”*

## Real Experience

In real life the people who could be asked for help are, in order of preference, parents followed closely by teachers, friends and for those in special schools support workers or helpers, then Guidance and other family members and then individual adults such as youth worker, church member, family friend.

*“Anyone at school, my parents.”* Stuart

*“In my neighbourhood my mum’s best friend would do anything.”* Daniel

*“I can talk to my grandparents, uncles, aunties, friends.”* Leon

*“Family and friends and lots of people.”* Colin

*“Having a brother. Usually hang about with each other. Probably better understanding as both have same impairment.”* William

## Protective Factors

Most young people recognised that they had a number of people they could go to for help and that they would choose differently according to what sort of help they needed.

*“It would kind of depend on the type of help it was. If it was homework I would speak to teachers or my mum and dad. Or if it was something that was bugging me I would ask some other person who might know something about it. If worried, I would go to my guidance teacher.”* Norma

*"Not sure who I would talk to, maybe someone in school, my mum, my foster mum."*

Bobby

*"If I had a worry I'd speak to [my support worker] well anyone in the school, but especially [my support worker]."* Andrew

*"I would go to helper or teacher in school."* Tom

*"My taxi driver she is mainly the one I would go to for help. I talk to her about everything."*

*"I could go to my cousins or uncles. I don't know about my aunties because since they are women they often think I need more support but men since they are not as in tune with people's feelings as women, well mostly, I think that sometimes that helps because they don't bother that I am in a wheelchair."* Katie

*"Mum looks out for me in school. If they don't do what they're supposed to do [to help], I'll just take it but my Mum is 'That's not supposed to be' and she'll go and sort it out. She's quite cool."* William

## Risk Factors

Sometimes people did not get the help right.

*"I don't need [support teacher] there all the time but I feel I'll cause offence if I tell her I don't need her. Others don't want to approach if an adult is there because we can't talk normally about some of the things we talk about."* Katie

*"There is a report for me, it is supposed to get sent to the teacher and the teacher read it but not all of it gets sent or they don't read it. If the auxiliary is there, they just ask her not me, 'Oh can he not see' and I'm right in front of their face."* William

For Elizabeth, at a time of crisis in her life, the people she might normally go to for help, her adoptive parents, her Granny or Uncle were the very people she was in disagreement with. She identified a person in church and two teachers in school she might talk to. However, Elizabeth had a best friend that she was able to share everything with, someone who had been in foster care and was able to understand.

## Discussion

The young peoples' views for this study were grouped around the themes described in the "Good childhood? A question for our times" (CS 2006) report of family, friends, leisure, learning, behaviour, local environment, community, money, attitudes and health. This report asked young people in addition about who the people were that they could go to for help. In "Good childhood?" (CS 2006) there was also mention of issues which were cross-cutting, relationships, safety and freedom. The study also recognised that some issues they might have expected to be included were not, that is technology and spirituality. The young people in this study did mention technology and spirituality; they also mentioned the cross-cutting themes of relationships, safety and freedom. However, the young people did not consistently separate local environment from community. This might be because living in Highland, communities are closer knit and even in Inverness the environment and community are much entwined. As some of the young people in this project had significant learning issues the concept of 'attitude' was not always understood. The communication and learning difficulties of a few young people meant that were unable to contribute to all the themes in the timescale of the project. For these reasons not all young people commented on all themes.

In Highland the 'Are we there yet? A way to go" (Highland Children's Forum (HCF) 2008) report used the Scottish Well-being indicators: safe, healthy, achieving, nurtured, active, respected & responsible and included. Under the government's "Getting it right for every child" policy (SG 2008), any concern about the well-being of a young person should be identified using these indicators, and support planned to improve outcomes in these areas.

The use of themes allows individual stories to be analysed so that whether for individual plans, service development or policy making the anecdotal stories can be used to identify strengths and pressures and plan a way forward to better outcomes.

There have been many studies in to the risk and protective factors in young people's lives, but some (National Academies 2009, Wills (2008), SG 2005), group these in tables roughly equivalent to the 3 sides of the "My World Triangle" (SG 2008) of

individual development of the child, the family or home setting, and the wider world of the community.

While many studies have involved young people across the range of universal experience, this study focussed on a small cohort of young people with particular issues and needs in their lives. These are young people who already have risk factors in their lives because of challenges within their individual development, their family lives or their social circumstances. Looking at how risk and resilience balances in these lives might provide insight in to how preventative work can be directed at reducing the pressures of risk factors and offering support to strengthen protective factors.

Below is a table which might summarise the protective and risk factors across the ten themes as identified by young people in this report, grouped in the three areas of the My World Triangle (SG 2006) assessment tool looking at the child’s personal development, the family and the wider world of the community.

My World Triangle Area	Protective Factors (Strengths)	Risk Factors (Pressures)
Individual development	<ul style="list-style-type: none"> <li>Making healthy choices</li> <li>Being able to earn money</li> <li>Interest in hobbies</li> <li>Being friendly</li> <li>Working hard</li> <li>Having freedom and choice</li> <li>Independence with money, cooking etc</li> <li>Being trusted and given responsibility</li> <li>Being open minded</li> </ul>	<ul style="list-style-type: none"> <li>Having a temper</li> <li>Having additional needs misunderstood</li> <li>Learning needs limiting opportunities to develop independence</li> <li>Needing adult support most of the time</li> </ul>
Family and home setting	<ul style="list-style-type: none"> <li>Good parenting</li> <li>Good relationships with siblings</li> <li>Time and attention provided</li> <li>Grandparents and extended family</li> <li>Privacy</li> <li>Parents make healthy choices</li> <li>Expected to help</li> <li>Good discipline and ground rules</li> </ul>	<ul style="list-style-type: none"> <li>Loss of contact with family members</li> <li>Bereavement</li> <li>Strained relationships</li> <li>Fighting</li> <li>Over strictness</li> <li>Not understood</li> <li>Anxiety about health or well-being of family members</li> </ul>

	Pets Garden	
Community and wider world	Good friends Good school Good teachers Good transport Access to places for exercise/sport Places to hang out Choice in subjects at school Extra-curricular activities (especially for those in special schools) Learning about health and other issues Other trusted adults in clubs, church, family friends	Lack of opportunity for exercise/socialising/getting work Prejudice – against additional support need, being blamed, negative publicity Too much adult support/protection limiting social opportunities Vandalism and run down neighbourhood

There are many studies in to the well-being of children and young people where risk factors and protective factors have been identified and discussed (National Academies (NA) 2009, Wills (2008), Scottish Government (SG) 2005, National Children’s Bureau (NCB) 2007, Centre for Research on Families and Relationships (CRFR) 2005, Social Policy Research (SPR) 1997, Counter Point Research (CPR) 2008).

The young people of this study had certain pressures on their lives which are recognised risk factors. They also demonstrated strengths in their lives which are acknowledged as protective factors. To promote good mental health and prevent the development of mental health difficulties, services should look at how these strengths could be supported and the pressures reduced.

Some of the young people had some of the personal risk factors identified in other studies (NA 2009, Wills 2008, SG 2005), that is some of them did not have high intellectual development, social and emotional competence, self-regulation or independence. This brought risks which the young people recognised, the misunderstanding of their learning, social and emotional needs sometimes limited their opportunity to develop independence and social acceptance; too much help

could be a hindrance. The young people also recognised the risk attached to not being able to control their own temper and behaviour.

The young people suggested ways that these pressures could be reduced. It was important that the people who helped them knew when to step back and allow the young person room to be independent socially. Even where support was being offered in a classroom environment, the support worker needed to understand the young person's need to sit with peers and interact with them. For those with learning difficulties they wanted to be given more opportunity to learn and practice life skills such as managing money, cooking and gaining work experience.

Where young people found it difficult to control their temper and behaviour because of the pressures in their lives, they needed people to be understanding of that and allow them space to calm down. The Childhood Wellbeing study (CPR 2008) recognised the importance of having somewhere private to chill out. They needed to be offered the opportunity to speak about what was going on to someone they trusted and for people to not jump to conclusions or blame them without hearing the whole story.

Young people knew the importance of trying harder themselves and seeing something through to the end whether that was a project or saving up for something (CPR 2008). Young people enjoyed when they were trusted to be responsible for themselves and sometimes for others.

No young person in this study admitted to particularly unhealthy lifestyles, except for sometimes preferring to eat unhealthy food and some had a reluctance to take part in much exercise. It is not clear if this is because this group of young people are all making the right choices or wanted to seem as though they were making the right choices. Even though they did not always like it, they appreciated it when their families helped them by offering healthy food, encouraging them to cook and even to do chores.

In terms of their family life the young people recognised the benefits of parents or others spending positive time with them, providing good ground rules and supportive discipline, and expecting and relying on the young person's positive contribution to the family (CPR 2008). For some young people having pets and a garden to play in were also important positives in their lives. Some research (CPR 2008) recognised

the importance to young people of having access to IT and of music also reflected by some young people in this report.

The young people recognised the risks to themselves in broken relationships, estrangement and bereavement. Bereavement can put young people at greater risk of being socially excluded or developing mental health problems (NCB 2007). Anxiety for a parent or close relative's health can be a potential risk factor (CRFR 2005) and the role of being a young carer presents risks to young people's well-being. Strained and broken family relationships can present risk factors both for adolescence and later life (SPR 1997).

Young people coped with these pressures through contact with extended family members such as grandparents (CPR 2008) and also by sharing these things with a best friend, especially if the friend's home environment had similar pressures. However, sometimes when there was stress or anxiety at home, it was difficult for the young person to speak to anyone in their family about it. Some of these young people seemed to find it hard to identify someone else they could talk to about what was going on. Young people want someone they trust and relate well to personally and so an allocated named person might not be the person chosen. Under 'Getting it right for every child', a young person should be able to speak to any adult who works with them and that person should take action to offer support and with consent from the young person share the information as appropriate with the named person.

Advice to promote well-being (Health Scotland 2008, SG and NHS Scotland 2009 and Whitelaw et al 2008) includes exercise, good diet, learning, good relationships and regular engagement in spiritual activities; young people in this study recognised the importance of having the opportunity to develop interests and hobbies and of being able to access good quality sports facilities and a few young people had benefited from being able to attend clubs/churches which could allow them to develop relationships with trusted adults as positive role models and supports at times of need (CPR 2008). Young people at specialist schools were often limited to extracurricular school activities or specialist out of school groups rather than activities offered in the community. Some young people had difficulty accessing good sporting facilities. The importance of having somewhere to 'hang out' with friends was also mentioned, although for those attending specialist schools this happened less.

Some of the young people had experienced prejudice in their communities because of their additional support needs. The young woman who uses a wheelchair had been frustrated by the assumption in the community that her physical disability would be accompanied by a learning difficulty. One youngster had a negative newspaper report about him which did not present the full story and had left him feeling isolated. A small number of young people lived in areas affected by vandalism or where there were unfriendly neighbours, or where neighbours were elderly and did not trust the young people. Greater efforts could be made to promote and encourage the positive things young people can and do contribute to the community and to ensure better understanding of equality issues both in terms of age and disability.

Other protective factors young people mentioned included having suitable subject choices in school with the chance to learn about life skills. They felt that ideally schools would have good teachers, good environs and a good atmosphere. There would be opportunities for young people to get work experience and to earn a bit of money.

Many of the recommendations that have come out of this project (see below) are found in other papers about promoting mental health and well-being and building resilience. The Framework for Promotion, Prevention and Care (SE 2005) recommends the participation and involvement of children and young people as one of the key qualities for improvement. It recognised the need to look at mental health holistically with help being organised which 'connects' with young people where they are in their lives. The need for all services to work together and learn from each other in supporting mental health and well-being fits well with the Getting it right approach of the child at the centre with services working around the child, in the context of their family and community.

Equally Well? (SG 2009) also recognised the need to consider the whole life of children and young people and saw the Curriculum for Excellence (SE 2004) as moving towards this. The importance of play areas and facilities to encourage physical exercise were also emphasised.

The World Health Organisation (2007) advocated the whole school approach and the development of life skills. The involvement of young people and improved training for adults was also recommended.

Bernard and Marshall (2001) recognise the importance of tackling prejudice and supporting an ethos in school which allows young people to feel connected with it. National Academies (2009) lists a range of protective factors for the individual, the family and the school and community which closely match the factors raised by the young people in this study.

## **Conclusion**

The CAMHS Framework Implementation Plan (NHS Highland 2009) seeks to identify, demonstrate and replicate best practice to promote mental health and well-being, to support mental health and well-being and to clarify pathways to care where these are required. The need to involve and listen to the voice of children and young people is recognised for each of these aims including young people in receipt of additional support who are more vulnerable to mental health issues such as young people with specific learning disorders (e.g. ADHD and ASD), young people who are Looked After or Looked After and Accommodated, young people with physical disability and young people with learning disability.

This study sought to listen to young people within this range of additional support needs who described a similar story to that told by other young people in various studies. Ideally young people would have a positive personality, skills, abilities, and healthy lifestyle, a supportive family, and live in a good community with an excellent school. In the real world, however, young people have experience of a range of challenges which can present a risk or, with the right support, provide resilience.

The personal stories of these young people demonstrated some of the recognised risk factors suggesting these young people might be vulnerable to developing mental health issues in the future. The protective factors they identified in their own lives plus the protective factors they aspired to in their ideal stories provide clues to how these young people could be supported to build up resilience.

Young people wanted the right amount of help, not too much which prevented them developing independence, but individually planned help which understood and met their needs. They wanted to be trusted and given responsibility and offered the

chance to learn and practice life skills, develop hobbies and have more relevant work experience.

These observations from young people fit well with the Curriculum for Excellence (S.E. 2004) outcomes that young people should be Successful Learners, Confident Individuals, Effective Contributors and Responsible Citizens. The GIRFEC policy should begin to deliver these priorities with young people, involving them in identifying for themselves what their need for support is and which life skills and hobbies they want to learn and practice.

Young people need time and attention from family members, someone who would 'be there for me' and Grannies were often mentioned as providing this. The young people also recognised their need for ground rules and discipline and that while they did not always enjoy having chores or responsibilities, that these were good for them in developing skills for independent living. Contact with extended family and absent relatives was important and having someone to turn to for support when bereavement, broken relationships, illness or other issues arose.

Some parents and families may need a greater understanding of the different stages of their children's growing independence; while instinctively many parents will support their children appropriately, others may require advice to get this balance right.

In the community a good school, good teachers, good neighbourhood with parks and football field and good transport were all mentioned. The importance of clubs in providing trusted adults that young people could turn to was also noted. The current pressure on budgets could mean that funding on these areas is cut. The impact on young people at risk should be considered in any budget reduction in these areas.

The participants in this project turned to the same people for help that you would expect; parents, teachers, friends, family, trusted adults. The particular circumstances of some of these young people meant that it was hard for young people to identify who they could turn to. Under the ethos of GIRFEC all adults working with children and young people should be getting better at listening, taking an honest interest in the whole well-being of that individual and being prepared to offer a bit of support if needed. This may be especially important for these young people with significant challenges in their lives already; support staff should consider

what training they require to enable effective communication with children and young people who may require different or more creative methods.

For the Highland implantation plan (NHS Highland 2009), to prevent the development of mental health issues in young people who have risk factors in their lives, the need to work with schools and community services is recognised. Health, social work, education, culture and sport, housing, transport environmental services and voluntary organisations all contribute protective factors as identified by young people. In a time of pressurised budgets all services should work with CAMHS to present the evidence based research to show the importance of providing these protections for young people ensuring the development of emotional well-being in those most at risk, recognising the need to develop a robust skills base amongst staff to support this.

It is hoped this report can contribute to the evidence base, sharing information from young people in Highland that will hopefully directly influence the development and delivery of local support and services.

## Recommendations

For personal growth & development

- **Too much help is a hindrance**  
Where a young person has a disability, (learning or physical) which requires significant support, recognise the need for freedom, choice and social interaction, allow independence to flourish wherever possible
- **Take it off the boil**  
When behaviour erupts first provide a chill out space to allow the young person to regain control over their behaviour. Once the incident is over, use the opportunity for learning and growth enabling the young person to develop greater skills of behaviour management.
- **Don't guess, unwrap**  
There may be lots of big stressful issues in the life of any young person affecting their behaviour or mood that day which you know nothing about - listen carefully without prejudice, showing you care
- **Trust and responsibility**  
Evidence trust by involving young people in the decisions which affect them, trust their self-awareness, ask their opinion and act on this, allowing them to take responsibility when they are willing and able to do so.
- **Whole health**  
Consider the widest view of health and encourage healthy life styles, hobbies, interests and the development of positive relationships with peers, adult role models and younger children

From people who look after

- **Time please**  
Develop a culture where value is placed on families spending time together listening, playing, going out. Time with grandparents and extended family is also important.
- **Be there**

When family life is tough through ill-health, bereavement, substance misuse or relationship difficulties, be there for the young person, to listen and support. Sometimes just being there is enough. (for young carers refer to the Young Carers Strategy)

- Balance

Support parents to set sensible boundaries and realistic responsibilities without over strictness or inappropriate caring expectations. Understanding how children grow and develop can support parents in creating a more positive climate at home.

- Keeping in touch

Contact with absent family members was important to all young people especially those in kinship or foster care. This should be facilitated whenever it is safe to do so.

- Ready for the real world

Provide the opportunity to develop life skills and practice them. Ensure a person centred approach to planning for the future considers the young person holistically and supports a clear action plan for skills development.

For school and community

- Good facilities and transport

Value sports, play and 'hang out' space for children and young people when planning public space and transport.

- What makes a good school?

Build a good ethos where young people feel respected, liked and have a sense of belonging. Offer a good range of subject choices and access to trips and other activities. Provide the right amount of help (not too much or too little). Good teachers are those who listen and explain and who are happy and fun.

- Clubs and groups

Support a range of clubs, youth, community or faith groups, to build community and intergenerational relationships.

- Work

Provide more opportunities for work experience (supporting young people with disability) including part time work to earn money. Use work experience as a positive opportunity for personal growth and awareness raising with employers.

- Respect and understanding

Challenge negative stereotypes of young people and promote positive views of young people. Raise awareness of mental health and well-being and how this can be promoted and supported.

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Appendix 1 Sample analysis sheet (categories would be added if 2 or more young people made the same point)

	Participant no.	1	2	3	4	5	6	7	8	9								
Family	Mum	Lives with y/n																
		Listening																
		Supporting																
		Understanding																
		Looks after																
		If absent regular contact y/n																
	Dad	Lives with y/n																
		Doing activities																
		Having a laugh																
		Being there																
		If absent regular contact y/n																
	What makes a good life?	Home	Garden															
		Own room																
Siblings		Lives with y/n																
		Do stuff together																
		Get on OK																
Ext family		Kinship care y/n																
	Gran there for me																	
	Uncle/aunt listens																	
Step parent		Lives with y/n																
		Gets on																

	Holiday																		
	Days out																		
	Access to IT																		
	Privacy																		

Appendix 2 Lansdown (2005 Matrix, and evaluation of participation

Scope of Participation	Situation Analysis	Programme Planning	Programme design	Implementation	Monitoring and evaluating
<b>Adult initiated</b>	This project was initiated from the CAMHS review considering promotion, prevention and care for mental health services	The programmes was planned by adults but using lessons learned from previous consultations with children and young people	The design of the project was to give the young people choice in the media they used to take part to ensure all abilities and interests were catered for.	The project was led by an adult researcher	The project will be evaluated by CAMHS, the Joint Committee (JCCYP) and the Highland Children's Forum
<b>CYP initiated</b>				Young people volunteered for the project	
<b>Participatory</b> (CYP actively engage- contributing ideas and issues)				Young people were given information to provide their own informed consent and then they were allowed to choose how and when they took part	Young people were given their Mind Maps to check and edit as required
<b>Consultative</b> (CYP comment on adults' ideas/plans/services)			Previous consultation with young people by HCF had been evaluated and the preferred media offered to the young people of this study	Young people were asked where they wanted to be seen, whether on their own or in groups or pairs.	YP were given the summary report to ensure they were happy with the quotations chosen and that the report accurately represented them

The project met the criteria for being ethical, voluntary, relevant, inclusive, safe and supportive.

The impact of the project is not yet measurable.