YOUNG PEOPLE'S RISK-TAKING BEHAVIOURS AND ENABLERS/ BARRIERS TO ACCESSING SUPPORT AND SERVICES: QUALITATIVE INSIGHTS

Full report

Qualitative Insight Team, Public Health – Wirral Council

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WIRRAL

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Executive summary

Background and methods

This research was carried out by the Qualitative Insight Team on behalf of the Public Health Team and Children and Young People's Department in Wirral Council.

This piece of research contributes to the discovery phase of a project around the offer in Wirral for children and young people around 'risk and resilience' (health-related behaviours within the Healthy Child Programme). This includes areas such as sexual health/healthy relationships/substance misuse. The aim is to develop a more co-ordinated, evidence-based approach to promoting resilience and reducing vulnerability to risk and the consequences of risk-taking behaviours. The discovery phase is focused on collating new and existing insight (both qualitative and quantitative) around young people's risk-taking and health-related behaviours, mapping current support, and ensuring that links are made with other relevant programme areas and strategies.

The qualitative research presented in this report was designed to explore young people, parents and professional's views on young people's risk-taking behaviours and the pressures in their lives. It also aimed to explore what helps or prevents young people and families from accessing support and services. This work provides in-depth insights into young people and family's experiences and needs around risk and resilience, helping to ensure their voices and needs shape the design and delivery of the local offer. It will also support the delivery of the Health and Wellbeing Strategy, such as ensuring that that support/services are designed to build young people's independence and resilience and address issues at an early enough stage to prevent lasting impact.

Between October 2022 and January 2023, the researchers from the Qualitative Insight Team spoke to 39 people using focus groups and interviews, including:

- 17 young people aged 11-19, including Year 7 and Year 9 pupils and young people aged 17-19 engaged in services.
- 10 parents of young people who have children ranging from the ages of 1 to 26.
- 12 professionals that work in local services that support young people and families.

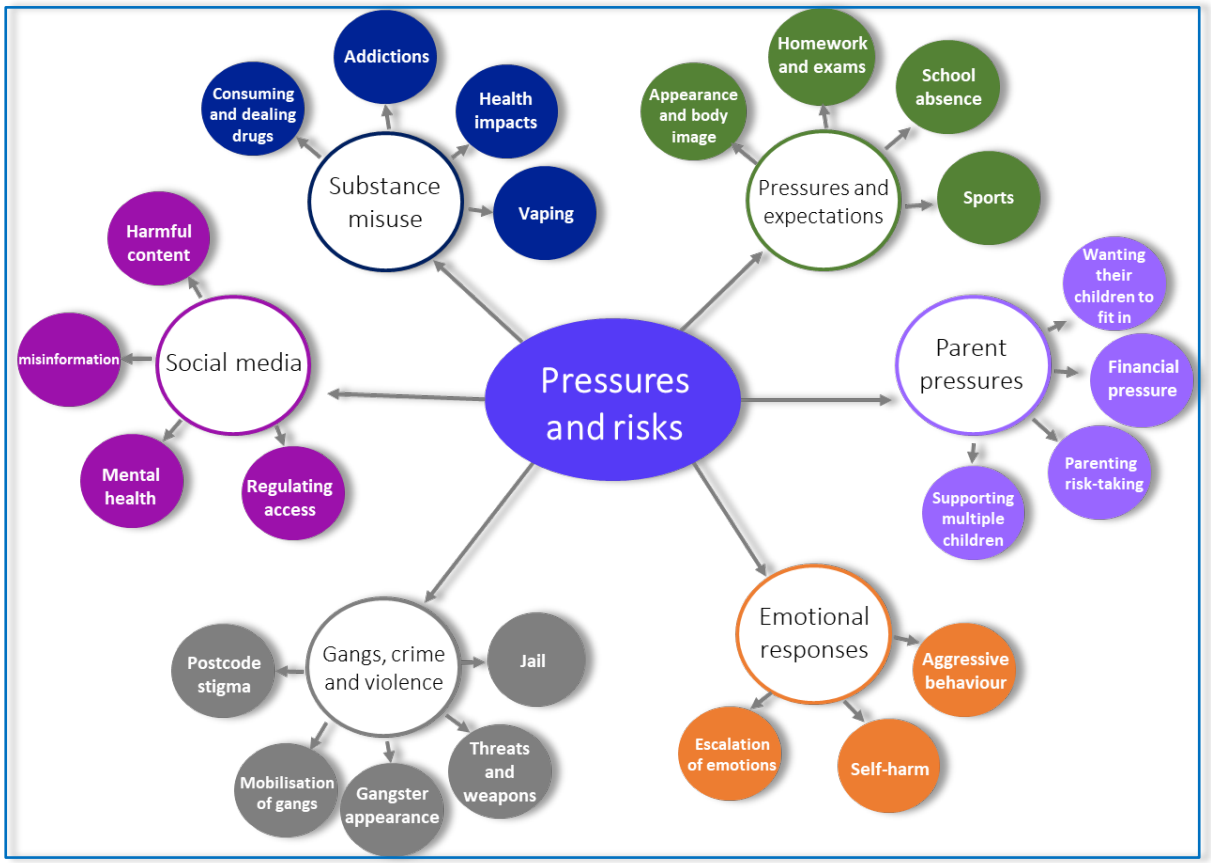
The rationale behind the age groups of the young people was as follows:

- Initial conversations with professionals highlighted that risk-taking behaviours are starting from a younger age, including in primary-school-aged children. Therefore, Year 7s (aged 11-12) were selected because of their recent transition from primary school and potential early exposure to risks.
- Year 9s (aged 13-14) were selected as a middle ground. It was considered that they would have more experience seeing or engaging in risk-taking behaviours.
- It was important to include young people who had experience accessing support. It was considered that 17–19-year-olds could offer reflections on their journey of engaging in risk-taking and accessing support.

Pressures and risks

The main pressures and risks identified by the young people, parents and professionals in the study are illustrated in Figure 1:

Figure 1: Key pressures and risks identified by the participants



Key take-aways from these themes were:

Substance misuse

- Consuming drugs was spoken by the 17–19-year-olds as a response to growing up around addictions, coping with adverse experiences, boredom, and peer pressure.
- Health and wellbeing impacts experienced around consuming drugs and alcohol included aggression, paranoia, kidney problems and cancer, and family breakdown.
- Vaping was perceived to have over-taken smoking as a popular *"trend"*. The Year 7 and 9s described how vaping negatively impacts their school experience. For example, the Year 9s were concerned about inhaling vape smoke or getting the smell of it on their uniform when using the toilets. Year 7s and 9s felt that abilities to say no to peer pressure around vaping depends on young people's friendships, anxieties, and knowledge of what vapes contain. The students wanted more information on the risks and health impacts of vaping.

Pressures and expectations

- Young people experience pressure to constantly be the best version of themselves, look the best and have the best.
- Not living up to norms and pressures around appearance, body image and sexuality can lead to bullying. The pressure to fit in makes young people feel like they have to pretend to be someone they're not, which can be a pathway to risk-taking behaviour and can negatively impact their mental health and self-worth. Being and expressing themselves can be scary and challenging, often leading young people to bottle up their emotions.
- The Year 7s and 9s highlighted the pressures and stress associated with school life such as settling into a new school, performing well academically, and upkeeping their attendance. They fear disappointing themselves, their parents or teachers and worry they'll be judged for having a bad day, bad exam result, or time off for mental health reasons.
- Year 9s felt pressure to perform well in sports, in and out of school, and they highlighted how expectations around sporting abilities are based on body image and appearance. They described how not having idealistic body shapes can impact young people's self-worth and lead girls to disengage from sports.

> *"If you look strong or athletic – the classic tall, skinny girl – you're supposed to do well. And if you're the fat, small girl you're supposed to not do well, and you just sit there and talk or whatever" (Year 9 pupil)*

- Parents felt pressure to provide their children with material things (e.g., smartphones and video games) to make sure their children fit in, even if it goes against the parent's rules/morals. The parents and professionals highlighted the financial pressure this adds to families, even before the cost-of-living crisis.

Emotional responses

- Young people's risk-taking behaviour can be an emotional response to their experiences and vulnerabilities, or a way of coping with them.
- Emotional responses can vary – two that stood out across the groups were self-harm and aggressive behaviour. These were both described by young people as behaviours that stem from bottling up issues and feelings.
- Social media was perceived to be encouraging young people to self-harm.
- Professionals and parents are seeing young people have strong emotional responses to small-scale problems. Parents felt young people often don't have the skills to regulate their emotions or deescalate situations.
- From conversations with the Year 7 group, there was a general feeling of fear, worry and anxiety. For example, they were worried about what they are seeing and hearing in the global news, such as the war in Ukraine and local news around death and violence.

- Professionals and parents noted that risk-taking is starting at an earlier age, and that typically shy young people are becoming involved in risk-taking.

Gangs, crime, and violence

- Young people and professionals are seeing increasing levels of violence and threatening behaviour, including knife and gun crime, robbery, and arson.
- Professionals and 17-19-year-olds discussed the mobilisation of gangs from Liverpool to Wirral. Professionals explained how the location of gang-related activity within Wirral is changing, with areas of West Wirral seeing a spike in anti-social behaviour. Professionals are seeing young people wanting to disassociate from East Wirral due to postcode stigma.
- Some of the 17-19-year-olds described how growing up in and around deprivation, gangs, drugs, and criminal activity means young people are *"bound"* to engage in violence and crime.
- Professionals and 17–19-year-olds discussed how the cost-of-living crisis is increasing opportunities for young people to become involved in, and exploited into, criminal activity.

> *"Now things are gonna get worse. If you're sat there all day with no money, you're gonna do something nasty to get money" (17-19-year-old)*

- Social media was perceived to be creating an *"aspirational culture"* around gangs and crime.
- Some Year 7s had safety concerns about socialising in Wirral and Liverpool and described putting safeguards in place to avoid becoming a target of crime.

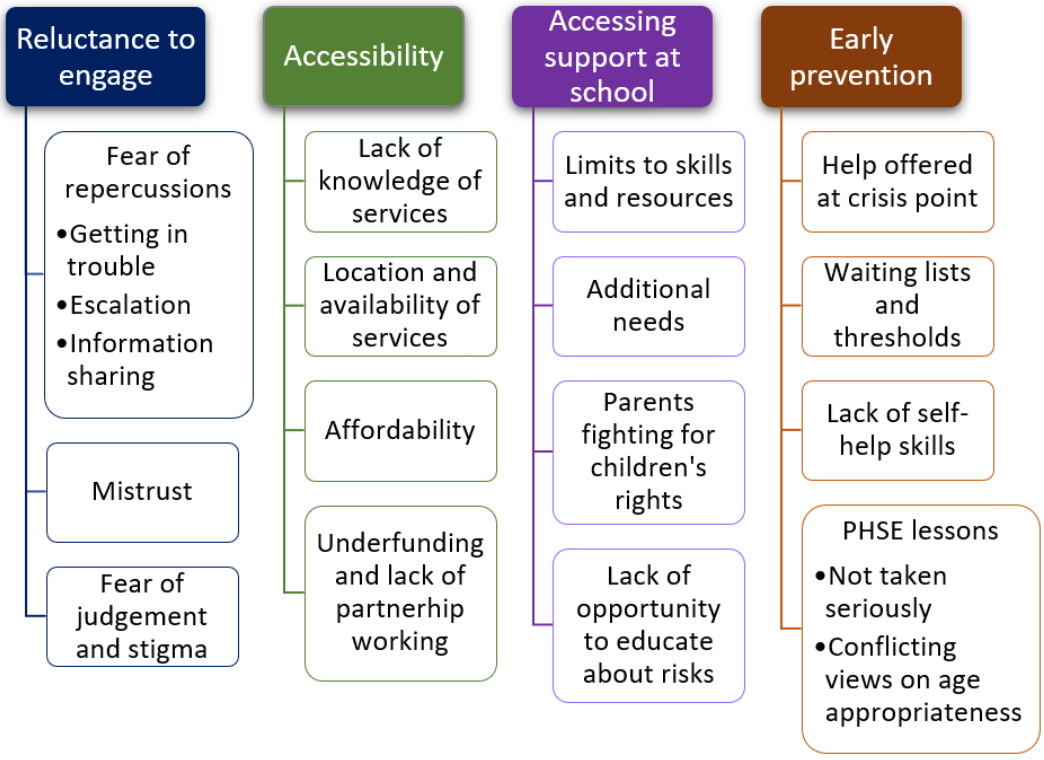
Social media

- Young people and parents were concerned about being exposed to harmful content online and recognised that time spent on social media and gaming can negatively impact mental health and loneliness.
- Influencers were perceived to be misinforming young people about risk-taking behaviours, which poses a challenge for professionals as influencer's advice is taken as fact.
- Parents can find it challenging to manage and safeguard their children's access to smartphones, social media, and the sharing of harmful content. They felt that parents needed more education about the risks of social media and gaming to help them parent.

Barriers to accessing support/services

The main barriers to accessing support and services, as identified by the young people, parents and professionals in the study are shown in Figure 2:

*Figure 2: The **barriers** to accessing support/services identified by the participants*



Reluctance

- Young people felt that telling someone their problems could lead to negative outcomes like having their information shared with others or getting in trouble. They perceived that professionals can escalate issues too quickly.

> *"All of a sudden, you've got big meetings with the police with ten other people in the room and they want you to be in it, talking about the stuff you've talked about to someone, and they've passed that on." (17-19-year-old)*

- Young people can be mistrusting of services, which can come from their own experiences, or can be passed on from family and friends. There was a particular cautiousness towards Social Services among the 17–19-year-olds and parents.
- Young people were concerned they'd be judged if they asked for help, for being too young or uncool. Likewise, parents can feel judged on their parenting abilities.

Accessibility

- There are practical barriers which stop young people and families from accessing support, including the location, cost, type of service (e.g., online, phone or face-to-face support) and age appropriateness.
- For young people involved in gangs and criminal activity, accessing services outside their local area can be dangerous.
- The groups perceived that young people and parents have limited knowledge of what support/services are available.
- Professionals and parents felt that barriers around the availability and accessibility of services are linked to limitations in funding, resources, and skills. Professionals described how the competitive funding landscape can lead services to gatekeep young people, which limits referrals.

Accessing support at school

- While some young people described school as a safe place to access support, others felt that schools and colleges aren't equipped, or don't have the capacity, to deal with their behaviour and additional needs.

> *"I never liked school; I preferred the naughty schools. They just know how to deal with you […] With mainstream, if you're naughty or disruptive they just send you away." (17–19-year-old)*

- Lack of support at school for additional needs was a prominent concern among the parents. They were frustrated about having to constantly fight for their children's rights. However, they were sympathetic that schools are overwhelmed and therefore felt that broader, more inclusive support should be available for all so that specialist support can be saved for those who can't manage.

Early prevention

- Parents felt that help is offered too late, at crisis point, and they'd experienced knockbacks including waiting lists and thresholds. They felt young people and parents need self-help and information on risks to be able to manage their own issues and emotions. They felt that self-help tools would relieve pressure from schools and services.
- Parents and young people's reluctancies can pose a barrier to early prevention – they have to be in the right mindset to want to engage with support. For example, the 17–19-year-olds explained that growing up being told to deal with your own problems makes it hard to engage with support.

- Some of the 17–19-year-olds felt that having a better start in life was important, and that without early intervention young people can fall into a cycle of criminal activity.

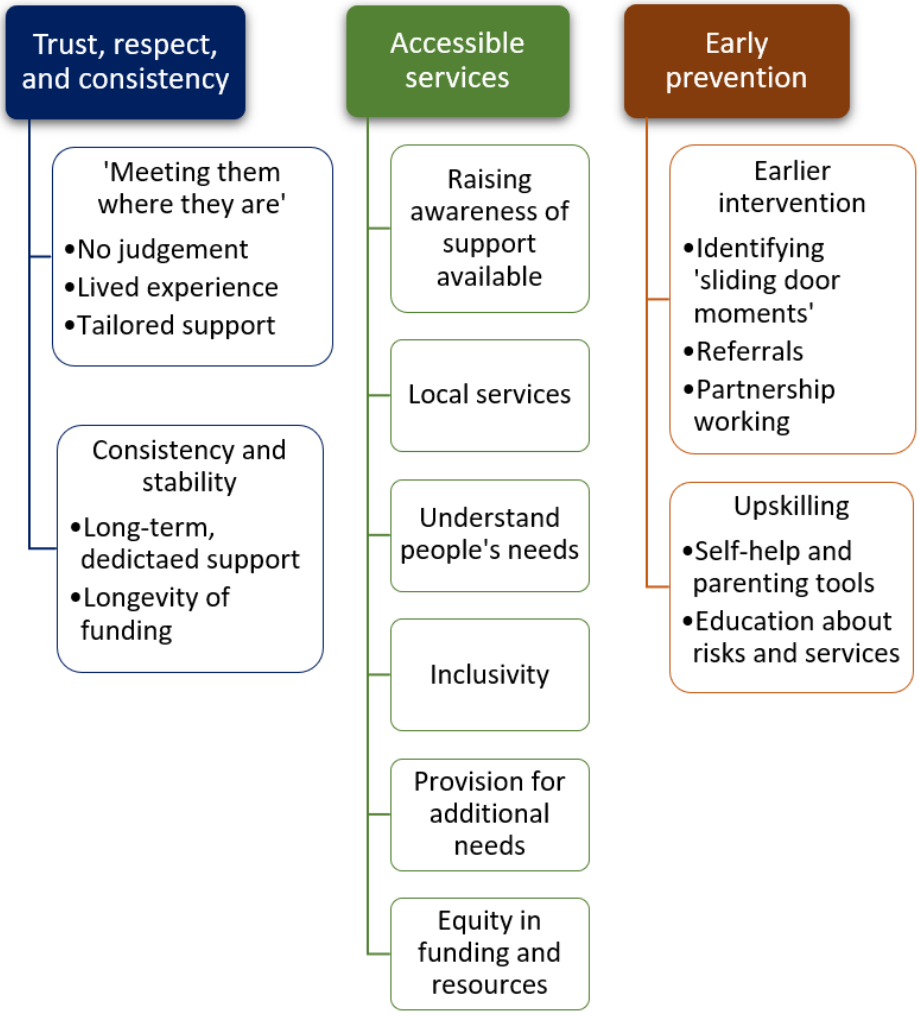
> *"To get further in life you've got to feel good at the start of things. If you don't feel good about yourself, you won't make it, you can't." (17-19-year-old)*

- The Year 7 and Year 9s talked about PHSE (physical, health and social education) as an important factor in their learning around risk-taking. However, the Year 9s felt that PHSE lessons are not taken seriously, and they felt they should know more about sexual health at their age. There were mixed views among the parents about the scope and appropriateness of PHSE education, including some unsure of what is being taught.

Enablers to accessing support and services

The main barriers to accessing support and services, as identified by the young people, parents and professionals in the study, are shown in Figure 3.

*Figure 3: The **enablers** to accessing support/services identified by the participants*



Trust, respect, and consistency

- Young people want to feel understood rather than judged. The professionals find that it's important to validate young people's experiences and feelings without judgement - something they called *"meeting them where they are"*.
- The 17–19-year-olds respected their drugs and alcohol workers because they understood that their risk-taking behaviour is a coping mechanism, and instead of pushing them to quit, they guided the young person to make informed decisions.
- To build young people and family's trust, professionals feel they need to be *"part of the bricks and mortar"* of the community. The 17–19-year-olds and parents described how they liked the services they engage with because the professionals have lived experience.

- Tailoring support to the individual's needs can make support more accessible or palatable for young people and families.
- Having a consistent professional contact can help young people and families build trusting relationships with services and make them feel like someone is invested in them. The 17–19-year-olds and parents emphasised that building trust and making changes in their lives takes time. Therefore, the longevity of projects and funding was perceived to be important by the professionals.

Accessible services

- All groups felt there should be more opportunities for young people and parents to get information and support around risk-taking behaviours and wellbeing. This support needs to be easily accessible in terms of location, format, and age appropriateness.

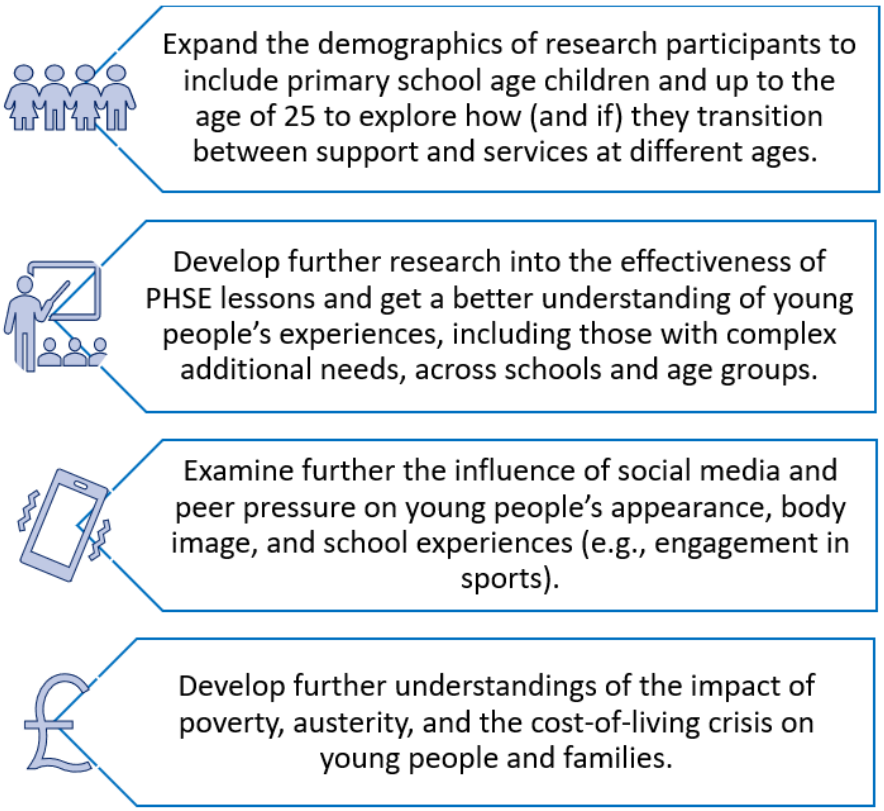
> *"If we can make whatever we do easy for someone with additional needs, then it's easy for everyone" (Professional)*

- Support should be designed with the needs and experiences of young people in mind. For example, taking the mobilisation of gangs in Wirral into consideration when thinking about the location of services, listening to parents' thoughts on how upskilling could improve early prevention, or understanding young people's mentalities and reluctancies when thinking about how to engage with them.

Opportunities for future research

The researchers have identified four opportunities for future research, as shown in Figure 4:

Figure 4: Opportunities for future research



Project background and purpose

This report details the findings of a qualitative research project carried out by Wirral Council's Qualitative Insight Team between October 2022 and January 2023 (Researchers: Abigail Yeates and Jamie Halliwell). The research was carried out on behalf of the Council's Public Health Team and Children and Young People's Department.

This piece of research contributes to the discovery phase of a project around the offer in Wirral for children and young people around 'risk and resilience'. Currently, there are a number of commissioned and in-house services which provide support for children and young people around risk-taking and health-related behaviours in Wirral. These tend to be around single topic areas, such as substance misuse and sexual health, etc. There has been agreement to develop a more co-ordinated, evidence-based, and responsive approach to promoting resilience and reducing vulnerability to risk and the consequences of risk-taking behaviours for children and young people. The discovery phase is focused on collating new and existing insight (both qualitative and quantitative) around young people's risk-taking and health-related behaviours, mapping current support, and ensuring that links are made with other relevant programme areas and strategies. The insight gathered in the discovery phase will feed into the development of a response that meets the needs identified and improves outcomes.

Previous Council engagements with young people have highlighted that young people's needs change over time, and that services need to address these changing needs. Therefore, it was important to explore young people's current needs around risk-taking behaviours and support. The research presented in this report provides and in-depth look at young people, parents and professional's understandings and experiences of young people's risk-taking behaviours and the pressures in their lives. It also explores what the barriers/enablers to accessing support are (at home, at school and in the community), to understand young people and family's needs around support. The insight was gathered from the perspective of young people aged 11-19, parents and local professionals working in youth services. The methods used are described in detail below.

The insight gathered will help to ensure that the voices and needs of young people and families shape the design and delivery of fit-for-purpose support and services. It will also support delivery of the Health and Wellbeing Strategy, such as ensuring that that support/services are designed to build young people's independence and resilience and address issues at an early enough stage to prevent lasting impact.

Research methods

The data collection took place between October and November 2022. The research involved a variety of qualitative methods, including focus groups, one-to-one interviews, a friendship interview, and informal conversations. The research was done with five cohorts of people. In total, the researchers spoke to 39 individuals, including 17 young people aged 11-19. This is broken down in Figure 5:

Figure 5: Methods used with each participant group

Year 7s (Aged 11-12)	Year 9s (Aged 13-14)	17–19-year-olds	Parents (Of young people aged 1-26)	Professionals
1x focus group (6 participants)	1x focus group (6 participants)	3x one-to-one interviews	1x focus group (9 participants)	1x focus group (7 participants)
		1x friendship interview (2 participants)	1x one-to-one interview	Informal conversations (5 participants)

The rationale behind the age groups of the young people was as follows:

- Initial conversations with professionals highlighted that risk-taking behaviours are starting from a younger age, including in primary school aged children. Therefore, Year 7s (aged 11-12) were selected because of their recent transition from primary school and potential early exposure to risks.
- Year 9s (aged 13-14) were selected as a middle ground. It was considered that they would have more experience seeing or engaging in risk-taking behaviours.
- It was important to include young people who had experience accessing support. It was considered that 17–19-year-olds could offer reflections on their journey of engaging in risk-taking and accessing support.

a. Focus groups

Each of the focus groups were broken into two halves, first discussing pressures and risks, and second discussing enablers and barriers to accessing support/services. The activities used to discuss these topics differed across the groups. The groups were all given the opportunity to feedback to the group at the end of each activity. These discussions were audio recorded for data analysis.

Professionals

The researchers held a focus group with seven professionals who work in services that support young people across Wirral. The professionals offer support in a range of fields, including substance misuse; sexual health; detached youth work; anger management; and health and wellbeing support (including in schools). The services approached to take part were identified by Wirral Council's Public Health team.

The professionals were split into two groups throughout the focus group. In the first half, they were asked to brainstorm the risk-taking behaviours and needs that young people are presenting to them and their services with. In the second half, they brainstormed enablers and barriers – this included what helps or stops young people from accessing services, and what helps or prevents professionals from providing support. See Appendix 1 for the outputs of the brainstorms.

Year 7 and Year 9 pupils

The researchers held two focus groups in a Wirral high school – one with Year 7 pupils and one with Year 9 pupils. Each focus group had six participants, three males and three females. The students lived across Wirral, including in Noctorum, Woodchurch, Wallasey and Prenton.

In the first half of the sessions, the students were split into groups and asked to brainstorm the pressures they are experiencing or observing. The researchers found that by starting with 'pressures' rather than the term 'risk-taking behaviours' the students were able to ease into talking about risks, and it highlighted what their main concerns were. See Appendix 2 for the outputs of the brainstorms.

In the second half of the sessions, the students were presented with a case study to discuss in which a fictitious young person was involved in a situation that could lead to peer pressure or risk-taking behaviours. The case studies presented (see Appendix 3 for more detail) to these year groups were as follows:

- Peer pressure around vaping (Year 7 and Year 9)
- Body shaming friends on social media (Year 7)
- Social media influencers sharing information on contraception (Year 9)

Parents

This focus group was conducted with a group of nine parents, who are all mothers, who have children ranging from the ages of 1 to 26. They are all residents of Wirral, including Wallasey, New Brighton, Bebington, Pensby, Eastham and Leasowe. They are all engaged in an existing parent group, run by a community organisation in Wirral, for parents who have children/young adults with mental health issues. Some of these parents also work with young people and families.

In the first half of the session, the parents split into two groups and brainstormed the pressures that their children and other young people are facing, as well as the risks they are taking, and how these risks impact on health, wellbeing, and safety. In the second half, the parents split into three groups and were given a blank 'snakes and ladders' board where they identified what helps or stops young people and families from getting support or accessing

services at home, at school, or in the community. See Appendix 4 for the outputs of the parent activities.

b. Interviews

Interviews were conducted with five young people aged 17-19 who are engaged in services, one female and four males. To design the interviews and recruit participants, the researchers were supported by a local organisation which supports young people around drug/alcohol use and mental wellbeing. Following their advice, the interviews were done one-to-one, and in one case two young people were interviewed together, known as a friendship interview. The interviews were also conducted with a professional contact at the service present.

For future work it may be more useful to conduct one-to-one interviews to give young people equal opportunities to talk about their experiences in more detail (and some of those interviewed highlighted this). However, the benefit of the friendship interview was that it allowed the young people to bounce ideas of each other and it appeared that it gave them some confidence to open up.

The interviews were conversational in style and an interview guide was developed. The conversation was guided by the young person's responses and questions asked went with the natural flow of the conversation. Questions were centred on how the young people became involved in the professional service, their own stories about growing up and their friendship groups, and how they got on in school/college.

A parent of one of the 17–19-year-olds was also interviewed one-to-one (without a professional present). This approach was interesting as it gave insight into risk-taking behaviour from both the young person and parent's perspective. There is opportunity to explore a whole-family approach to researching risk-taking, getting the perspectives of different family members and generations. Given that all the parents involved in this research were mothers, it would be good for future research around risk-taking to engage with fathers. Further opportunities for future research are presented in Chapter 4.

Chapter 1: Pressures and risks

This chapter details the pressures and risks that young people are experiencing and managing in their daily lives. The experiences and perceptions of the young people, parents, and professionals we spoke to are all included. This chapter is broken into sections, first looking at substance misuse, including drug consumption/dealing and vaping; second, the pressures and expectations around body image, academic performance, and parenting; third, emotional responses, including self-harm and aggression; fourth, gangs, crime, and violence; and lastly, the risks of social media.

1.1. Substance misuse

This section focuses on young people's substance misuse. First, it centres on 17–19-year-old's experiences around drug consumption and dealing. It highlights these young people's experiences of growing up around, dealing in and smoking substances such as cannabis and Class A drugs and their resilience towards them. Second, it discusses Year 7 and Year 9's experiences and observations around vaping inside and outside of school.

1.1.1. Consumption and dealing of drugs and its health implications

The three case studies presented below show the 17-19-year old's experiences around the consumption and dealing of drugs. The young people talked about the impact of these experiences on their, and their family's health and wellbeing.

Case Study 1

One young person aged 17-19 discussed their experiences with cannabis and their family's use of Class A drugs, which they were exposed to when they were growing up. They reflected on their parents' addictions to drinking alcohol and their recreational smoking of drugs at weekends. This young person highlighted the negative health implications this has caused for their parents. For example, their parents have had kidney problems because of alcohol addiction, and another family member has brain cancer from smoking drugs. They reflected on how they never had food on the table and had "*no chance*" in life because of growing up in a family with drug dealers and consumers. This young person described smoking weed at the age of 12/13 and developing their own drug dealing and consumption habits, which they linked to having grown up around drug consumption.

Case Study 2

A young person discussed their former use of cannabis. There are a series of complex reasons why this young person smoked cannabis. They explained how they smoked weed following a family incident and became exposed to it through friends they met in Birkenhead:

> *"I had a group of mates in Birkenhead, so I always used to go up there, chill with them and they'd be smoking weed."*

They explained how they 'didn't feel pressured into it [taking weed]' and how smoking may have been a coping mechanism for dealing with the family incident that happened at the time. Thus, cannabis can be used by young people to escape from the challenges in their lives. This young person also discussed how they would smoke out of boredom brought on by the COVID-19 pandemic:

> *"I was just smoking a lot of weed then, I weren't going out much really, I was mainly staying in".*
>
> *"There was nothing else to do [but smoke]".*

They also discussed the impact of smoking cannabis on their mental health and how it triggered strong emotional responses, such as mood swings, paranoia, and aggression towards their parent:

> *"I was never the same".*

Young person: *"My moods were always up and down. I was never just in the middle, just either really low or really high"*
Drugs and alcohol worker: *"Do you think you were angry?"*
Young person: *"Yeah, very angry […] I was horrible to me mar [mum] as well when I was on it, I was horrible to her, not all the time".*

At the time of the interview, this young person had not smoked cannabis for almost a year. They were supported by their drugs and alcohol worker to gradually quit.

Case Study 3

A young person aged 17-19 also explained their experiences of consuming Class A drugs, weed and quitting. They explained how they started taking drugs when they were 14 and they would smoke weed on a daily basis:

> *"I sat there and smoked 30 quid's [£30] worth a day. Every single day, without fail."*

For them, they would take these drugs as a 'way out' if they got themselves in a 'bad way'. They relied heavily on smoking weed and if they didn't have any to smoke, it would put them in a 'horrible mood'. Similar to case study 2, this young person would also display strong emotional responses if they experienced withdrawal of cannabis, such as anger. They also explained how they would feel influenced to take drugs after consuming alcohol, particularly when out socialising with friends:

> *"I'd be in the pub with all my mates, and then you get the influences, after you've had a drink".*

The young person also explained how, when they weren't working, they would socialise in the pub all day with their friends and the time spent with them there was also an influencing factor. This friendship group used to be pushy towards this young person to take drugs, and in these situations, they found it difficult to say no. However, since they have gotten out of the habit and have quit all drugs, they have distanced themselves from this friendship group and they now have the confidence and resilience to say no and think about themselves:

> *"I'm not bringing myself down with you, it's not my problem. And I don't want those type of people around me. And just thinking of me before other people".*

As part of their resilience, this young person has also got into a routine in their daily life. For example, they work full-time and eat three square meals per day. This is helping them reduce their chance of being influenced by others to undertake risk-taking behaviours.

1.1.2. Vaping

Both Year 7 and Year 9 groups discussed their experiences and observations around vaping inside and outside of school. These groups spoke about vaping in their brainstorm sessions, and they were both presented with a case study where they were asked to identify the pressures and risks regarding someone being offered a vape (see Appendix 3).

Both groups were aware of the different types of vapes available – that they come in different flavours and that nicotine can be present in them. Year 7s explained that those vapes *"that smell nice"* can encourage young people to try them, which may lead to addiction. One young person in the group explained how their friends had been offered a vape, turned it on, sniffed then inhaled it and refused to vape and another highlighted that *"under-age vaping is just stupid".* There is intrigue about vapes, however, for Year 7s there was a consensus of refusing vapes if they are offered them because the harms and dangers of them are unclear.

Year 9s on the other hand explained how they had to manage peer pressure around vaping. They described how there are different abilities in saying 'no' when being offered vapes as it depends on the personality and circumstance of the individual. Saying no is not equally as easy for everyone:

> *"It depends on how people cope with certain situations."*

Young people who are anxious, shy, or less confident may be more prone to give in to peer pressure when offered vapes. Young people can also feel alone in peer pressure situations and can also cave into peer pressure because they are concerned that they may be bullied if they refuse a vape or a cigarette:

> *"If she [young person in the case study] doesn't want to do it, she can't tell anyone she doesn't want to do it, because they'll all bully her".*

> *"Smoking could lead from peer pressure […] you don't want to do it, but you feel like you kind of have to".*

Other reasons for refusing to say no include that it may cause arguments with friends, and it may cause anxiety for a young person for the remainder of the day as they will be thinking about it. This may also cause exclusion and they may not be invited to take part in future activities, vaping, smoking, or not.

However, abilities to say no also depend on the information they hold about vapes. Some of these Year 9 pupils felt they could confidently say no to vaping because they are unsure what vapes contain: *"If you don't know what it is then say no."*

Both Year 7s and Year 9s explained how there was not enough information around vapes, as this Year 7 pupil explained: *"[You] don't know everything that's in them".* These young people understand that vapes could have negative health implications. For year 7s, they explained that vapes could cause allergic reactions or damaging of the lungs, and one Year 9 pupil explained that it could make a young person sick. For some of the Year 9s, they explained how vaping is seen as something trendy and cool, but they voiced their concerns that not enough young people know about its potential harms and dangers to health. This included the fear of

becoming addicted, it being too late to be able to stop, and they compared vapes with drugs. There was a consensus that they would like to be informed more about the dangers of vaping and to understand the science behind them.

There were also feelings of untrustworthiness towards adults and shops selling vapes amongst both groups. A Year 9 pupil explained that they would ask a shop that sells vapes about the dangers about them, but another suggested that the shop may lie and say it is not dangerous. Year 7s were also concerned that shops were selling vapes to under-age kids and the ability to lie about your age if you wanted to purchase one.

The Year 9 group explained that vaping was popular amongst young people their age and that they are more likely to see vapes in school than cigarettes. More specifically, they discussed the prevalence of vaping in public areas, such as the school toilets. For this group, it has a negative impact on their experience of using the toilets as they are inhaling the vape smoke and it can be smelt on their school clothes. Consequently, one pupil explained how they were worried when their guardian smelt vape smoke on their clothes:

> *"My nan was like, what's that, I can smell something on your blazer, and I was like, I know, I think it's people vaping in the toilets".*

There is concern that they may be accused of taking up vaping in school and it may lead to consequences at home. Vapes are also convenient for pupils to hide at school as they are kept in the inside pockets of blazers. However, senior leadership teachers are allowed to search student's bags and blazers if they suspect pupils of vaping. Even during exam periods there are security checks in place to catch vapers and pupils try to avoid suspicion by throwing them away:

> *"Everyone throws them [vapes] away […] they scan you with a metal detector when you come into school"*

For some of these pupils, these added security checks have caused additional stress on top of their exam stress. For this pupil, they found this process frightening:

> *"You have to lift your arms up and empty everything out of your pockets before the exams, it's so stressful. Once it got caught on one of my badges, I was so scared".*

These Year 9s are therefore experiencing additional pressures on their studies and performance in exams as a consequence of risk-taking behaviours around vaping by other pupils in school.

1.2. Pressures and expectations

Young people are experiencing pressure around expectations to be the best, look the best, and have the best. This section explores young people's pressures around their appearance in terms of how they look, dress and how some feel that they need to pretend to be someone they are not. The Year 7 and Year 9 groups highlighted the pressures associated with school life such as settling into a new school, performing well academically and in homework and exams, and the implications of being absent from school for long periods of time. School pressures were also linked with appearance and body image, particularly in relation to feeling the need to perform well in sports. Lastly, this section includes observations of these pressures from the parents' group and the pressures that they experience in buying their children video games and smartphones and giving access to social media platforms, as well as the pressure to support multiple children.

1.2.1. Appearance and body image

For pupils in the Year 7 and Year 9 groups and from the discussions with the parents, there were expectations for young people to be, and to present, the best version of themselves. These young people explained how they had been bullied inside and outside of school by others based on their appearance, their weight, and from one parent how their child spoke. This has caused these young people to feel insecure about themselves and like they need to adapt and 'fit in'.

Two Year 7 pupils spoke about their experiences of bullying and how they reacted during and after these situations. One pupil who has ADHD and who described themselves as *"a bit chunky"* walked off the football pitch when another young person shamed them about their body image. This pupil resisted the urge to hit this young person at that moment. Another pupil's gender identity was questioned based on the shoes they were wearing, and so they changed their shoes the next time they were in school. For these pupils, these pressures can cause them to internalise their emotions which can negatively impact how they feel about their appearance and body image.

Year 9 pupils also explained how peer pressure had led them to feel that they are pretending to be someone they were not and that they are *"too scared to open up"*. Both Year 7 and Year 9 pupils explained how personal identifiers such as gender, sexuality and religious beliefs can cause insecurities and negatively impact their mental health. This pupil from Year 9 discussed the peer pressure around having heterosexual relationships:

> *"For instance, you're in a big friend group with all [emphasis added] girls and they could all like boys, or they could all have boyfriends, but you don't feel that way. You could feel pressured to force yourself to like boys just because everyone else does. But that's you pretending to be something you're not, but you're too scared to open up".*

There is feeling here that young people can't be themselves because they won't fit in with the people around them and there is a fear of going against the 'norm'.

For one parent, they explained the challenges of their child refusing to go to school in a new area, because they thought they were *"being picked on for the way [they] spoke, [they] didn't fit in with them [other students]."* The parent felt their child had to change to fit in:

> *"I've noticed a change in her. So she's like changed into this kid that is… harder, tougher, not as nice as the pleasant little girl that was in that nice little school. She's not now because she has to be hard, like she swears a lot. And she feels like she has to be like them."*

Celebrities and influencers on social media are also pressurising young people to look like someone else in terms of their body image and the possessions they own. Thus, some pupils have found it difficult to make friends and fit in because of their differences. Similar issues were raised by parents who explained that young people feel that they need to dress fashionably to demonstrate they have money. Parents explained that for young people there are lots of pressures in relation to their dress, appearance, and weight to *"be on that level"* – to look the best.

The boys and girls in the Year 9 focus group explained how they felt pressures to perform well in their physical education (PE) lessons and sport, both in and out of school:

> *"Feeling like you have to be the best version of yourself. Got to impress others."*

> *"There's lots of pressure to perform in sports, because you've always got to be on your best game, and if you're not then it can really affect you mentally."*

> *"Pressure to perform in sports and always having to play your best."*

There are also expectations around sporting abilities based on young people's body image and appearance. These feelings are also influenced by what these pupils observe and engage with on social media:

> *"If you look fit, you're expected to do well […] If you look strong or athletic – the classic tall, skinny girl – you're supposed to do well. And if you're the fat, small girl you're supposed to not do well, and you just sit there and talk or whatever. But it's not like that".*

> *"I play in goal for footie, but I'm not very big. I usually get people automatically thinking that I'm not good because I'm not as big as anyone else who plays in goal."*

The Year 9 group also explained how they felt they were overworking themselves to be good enough and that they compare themselves to others in team sports, based on abilities and body image. There was also a feeling that teachers may change their opinions about a pupil based on if they underperform in a PE lesson because they had a challenging day at school:

> *"Like in PE, if the teacher knows you play well, but then there's one PE lesson where you've had a really hard day and you're really stressed, or you've got a lot on your*

mind, or you don't perform as well as you usually do, their [teacher] opinions could change really quickly about you."

For these pupils, there is pressure to do well all the time and it may impact on other people's (such as pupils, friends, parents, and teachers) perception of them. This also impacts their own self-worth and there is a fear of disappointing themselves as well as others.

1.2.2. Pressure to perform well academically

Year 7 and Year 9 pupils explained how they felt pressured to perform well in their studies. Homework, revision, and exams were highlighted as three of the key pressures amongst pupils. For Year 7 pupils, there is a concern of *"having no time to do it [homework]"* and staying up late to finish it on time. For Year 9 pupils, they emphasised that homework and revision were *"causing stress"* as they didn't feel that they had enough time to complete it which is reducing the time they spend on extracurricular and *"relaxing"* activities. Parents also explained that there are expectations for pupils to perform well in exams which can shape their future job prospects.

Year 9 pupils also explained how they felt that their parents may change their perception of them and feel disappointment if they don't perform well in their studies at school.

"At home, if you've got parents who expect you to be the best of yourself, and expect you to get really high grades, but you're struggling to do that, you could feel like, like you're never going to be like that. You could start getting sad, like you don't want to disappoint anyone."

They described how this pressure to 'do well' can negatively impact their mental health. For example, one Year 9 pupil explained that doing badly in one test *"can make you feel really low…and make you feel like you're never going to be good enough".* Year 9s also discussed the stress they felt when going through security checks for contraband before exams (see Chapter 1.1.2 on Vaping for more detail).

There were also feelings of pressure around school attendance, absence, and detention amongst Year 7 and 9 pupils. There were feelings that pupils would feel judged if they were absent from school for mental health reasons, such as anxiety and depression, and that they felt pressured to return to school early when they may not be ready to:

"If you're off sick, people can be judgemental, thinking you're lazy, but you're not actually, you're either depressed or someone's passed away or something, and you feel pressured that you have to come into school when you don't feel ready to."

Another Year 9 pupil explained how they would restrain themselves from opening up about their mental health for fear of being judged or laughed at by others:

"You could be off because you're feeling depressed and quite low, or you might have really bad anxiety, but you don't open up to anyone about it because you

don't want to be judged or laughed at, or you don't have anyone to actually open up to."

Pupils in Year 9 also explained the pressure from teachers to get their attendance levels *"back up"*. Year 7 pupils also highlighted how receiving detention can cause stress, particularly if they had been sent home ill, if they were late for school, or being later found out that you were not responsible for an incident that happened.

1.2.3. Parent pressures

Parents discussed pressures around paying for their children to have certain things, such as video games, clothes, social media applications and smartphones. Parents highlighted the challenges associated with resisting their child's demands for these things. This includes the rising cost-of-living (COL) on the cost of such items and feeling worried that their child may be bullied for not having them.

One parent who was being pressured by their child to buy them a video game described the dilemma between *"keep[ing] your child in a good relationship with their friends and peers, or do you stick to the moral high ground?".* This parent also felt pressure from the parent of her child's friend who had bought their child the game. Another parent explained how parenting smartphones can be difficult when both parents have different views. This parent, who has a child aged 10, resisted the pressure to give their child a smartphone, however, the child's father went above them and got them one, which has caused worry for the mother because of the dangers of social media.

However, one parent explained how a group of parents at a primary school developed *"parent power"* because they all mutually agreed not to buy their children smartphones. This meant that the children could not claim that other children in the class had a phone to their respective parents because they had made a *"solid agreement"*. This parent explained that not giving them access to a smartphone at a young age helps *"keep them safer for that little bit longer"*.

Another challenge for parents is the need to support multiple children. One parent explained how when one of her children was vulnerable and taking risks, this child received the parent's time, energy, money, and resources, while the other children missed out. This then caused disputes between the family:

"They lose their bedrooms, they lose their privileges, any money would go on [one child] because I'd try and show [them] a nicer life, instead of the one [they were] going down, so the money went to [one] and not to them [the other children]"

"It is hard, but in my head, I'm trying to save one, so the others will just have to wait a bit".

"You're trying to help one, but you don't want to ignore your others. And they did get pushed aside quite a bit".

1.3. Emotional responses

This section discusses young people's emotional responses to certain situations (such as feelings towards global news events, peer pressure and adverse childhood experiences), the internalising of these emotions, and how these can lead to risk-taking behaviours, such as self-harm and aggression.

The professionals and parents highlighted the link between vulnerability and risk-taking behaviours. Parents identified that risk-taking can be an emotional response to adverse childhood experiences such as abuse, trauma, neglect, bullying, and family breakdown. From discussions across the groups, it was clear that young people's emotional responses to these experiences can vary. For example, many of the 17-19-year-olds had grown up in turbulent families and had engaged in drug taking (see Chapter 1.1 - Substance misuse for more detail), while other participants gave accounts of self-harm, disordered eating, running away from home, fighting or being naughty.

The professionals also discussed how there is a changing profile of young people involved in risk-taking, as those who are typically 'shy' are getting involved in risk-taking. The example given in Chapter 1.2.1 of the young person who hardened to fit into a new school and cope with their family circumstances shows the impact vulnerability can have on someone who used to be shy:

"She was a quiet shy girl. She's not anymore. But I think she's had to be that way".

1.3.1. Escalation of emotions and situations

From conversations amongst the Year 7 group, there was a general feeling of fear, worry, and anxiety. This could be caused by the pressures of starting and settling into a new high school, their uncertainties about the future, and the impact of the COVID-19 pandemic. They did discuss their worries about what they are hearing and seeing in the global news, such as the war in Ukraine, and local news around death and violence. They also explained how they were often prone to overthinking, feeling overwhelmed, and worried about life. Similarly, parents discussed how young people are often unable to regulate their emotions – when emotions are escalating, they (and the young person's friends) don't know how to bring them down to base level (such as in cases of dysregulation). Parents discussed these issues in relation to young people being distraught and hysteric over celebrity news, friendship situations, social media content, boredom, hunger, and football.

Young people also attempt to deal with their own issues and problems by *"bottling them up"* instead of speaking out about them. This can lead to practices of self-harm and displays of aggressive behaviour – emotional responses which can be used as coping mechanisms in dealing with their own issues and problems.

1.3.2. Self-harm

Year 9s, parents, and professionals discussed the pressures that can cause self-harm. Professionals highlighted how self-harm is being undertaken at an early age, such as in the 10-12 age group, and that self-harm practices may not just be cutting, but disordered eating, overdosing and alcohol consumption. Year 9s explained how school pupils have undertaken self-harm and its causes are associated with body image, appearance (what pupils wear), anxiety, and peer pressure. Self-harm can also be in response to verbal abuse, as this Year 9 pupil explains:

> *"They do it because someone might say something about their appearance, and it could lead to self-harm, or doing things that could harm you, like overdose or hurting yourself because of what somebody else has said."*

As well as being verbally abused about appearance, peer pressure was also identified as a cause for self-harm:

> *"If you don't look like that, or do something they want you to do, you could be triggered and do something like self-harm, or overdose or result to alcohol".*

One further example of peer pressure is competitive self-harm. Professionals identified girls as one demographic who are engaging in these activities, whereby they challenge each other and increase the danger level, such as taking high levels of paracetamol and suicide attempts. Social media was also identified as a medium through which young people are being encouraged to self-harm. Year 9s spoke about challenges that have been posted on TikTok in which young people take risks and put themselves in dangerous situations – such as the 'lipstick challenge' that involved suicide treats. These activities may encourage vulnerable young people watching these videos to put themselves in potentially life-threatening situations, as opposed to talking about their issues and problems.

1.3.3. Aggressive behaviour

Young people's vulnerabilities can cause strong emotional responses including aggressive behaviour. Some of the causes of aggressive behaviour identified in the professionals, parent and 17-19 groups were PTSD (post-traumatic stress disorder), additional needs such as ADHD (attention deficit hyperactivity disorder), and the COVID-19 pandemic. The professionals said they are seeing increasing levels of aggression and strong emotional responses to small-scale problems, as shown in Chapter 1.4 in relation to violence.

One 17–19-year-old described their aggressive behaviour as an emotional response to bottling up issues and problems – particularly as they grew up in a family where these responses were normal and accepted. Hence, they would not turn to friends for help or support. The area where this young person grew up is also a factor their aggressive behaviour – if they were provoked, they would 'snap' and be aggressive and engage in fighting with other local estates. However, they were not aggressive at school - school was an environment that would help them calm down and they would take their mind off the aggression by being the school joker.

1.4. Gangs, crime, and violence

First, this section discusses the shifting geographical trends of gang activity across Wirral and its links with postcode stigma. It highlights the mobilisation of gangs from Liverpool to Wirral and their associated violent attacks. Second, it provides examples of knife and gun crime and robbery from the professionals and 17-19-year-old groups, and how the COL crisis is likely to increase opportunities for young people to become involved in crime. Third, it discusses the influence of social media in encouraging young people into gang activity and aspiring towards a 'gangster' appearance. Fourth, it outlines how a lack of early prevention was perceived to cause an endless cycle of criminal activity, before lastly exploring some of the safety concerns of the Year 7 group towards gangs and crime in their local area.

Young people discussed their experiences of growing up around gangs, crime and violence in East Wirral. One young person described how robberies, arson and threats with weapons are common on their estate. Reflecting back, another young person felt that the older young people on their estate had *"a lot of influence"* over the *"stupid things"* they did as a kid. Pupils in the Year 7 group also discussed the criminal landscape of their local area and the violent and threatening behaviour taking place there such as local shootings, gang-related activity, crime and local bullies.

However, the professionals group explained how the location of gang-related activity in Wirral is changing and is also linked to postcode stigma – an issue they felt is more prevalent than ever before. They explained that they are seeing an increase in organised gangs and gang initiation ceremonies involving violence and risky sexual behaviour. Young people who have no criminal background are being approached by gangs and are *"being innocently caught up in postcode situations".* For example, young people are being asked their postcode by gangs and being victimised if they are not from a particular postcode. Professionals find that young people don't want to be associated with certain areas of Wirral, such as Birkenhead, Leasowe, Beechwood, Noctorum and Woodchurch. They identified that areas of West Wirral, such as in Greasby, West Kirby and Hoylake, are seeing a spike in anti-social behaviour (ASB), which they felt was caused by young people wanting to disassociate from East Wirral. Thus, for professionals the challenge is knowing where to target support:

> *"We need to be addressing where those kids are. Because, actually, those kids might not be West Wirral kids – they're in school in Birkenhead but the ASB is taking place in West Wirral. Its, where does the support go?"*

For more challenges around the location of support, see Chapters 2.2.2 and 2.1.1.

There is also movement of gangs and violence coming over from Liverpool to Wirral. Young people involved in gang activity are consistently moving in and out of Birkenhead. This can be evidenced by this young person aged 17-19 who explained that they don't recognise young people around Birkenhead anymore:

> *"Birkenhead was a close circuit of people, and everyone knew everyone… all of a sudden all mad kids came in from all different places and everything goes off because they're not from that area".*

Other examples and observations from 17-19-year-olds include young people being involved in dealing in and consuming drugs travelling from Liverpool to Wirral to commit murder and violently attack a young person with disabilities. This does suggest that gang-related activity is not just moving within and between areas of Wirral, but there is also mobilisation of gangs between local authorities within the Liverpool City Region.

Participants linked gangs to threatening and violent behaviour and robbery. Examples observed by professionals were stabbings and gun crime. Professionals described an increase in violent crime in Wirral, emphasising that stabbings aren't only happening in South England/London like the media suggests. Professionals believe knife crime is strongly linked to fear – if young people on the street are seen to have weapons, then other young people will feel like they need to carry one too. One professional felt that carrying weapons can be *"fear and fashion".*

Two 17–19-year-olds explained that young people are using threatening behaviour, such as threatening someone with a knife, to steal small amounts of money, like £3. These young people outlined two different reasons for young people to steal and commit crime: first, to be seen as a gangster and second, to better their life. One participant explained that young people are so *"hungry"* they will *"make s*** happen"* to earn £200. They explained that being *"hungry"* meant wanting bigger and better things for yourself, rather than physical hunger (however, physical hunger was also mentioned as a motivation for stealing). This young person identified how the cost-of-living crisis will increase violent behaviour:

> *"Now things are gonna get worse. If you're sat there all day with no money, you're gonna do something nasty to get money."*

The professionals also discussed how the COL crisis is increasing opportunities for young people to become involved in crime. There are already existing peer pressures to own expensive material possessions, such as pedal bikes, to 'fit in' and have what's considered cool or acceptable, which families may not be able to afford. These pressures are inevitably exacerbated by the COL crisis and there is concern that:

> *"More organized criminals are going to be able to seize that opportunity and have more kids running the streets for them". (Professional)*

The young person quoted above suggested that crime and violence is inevitable when growing up around it:

> *"Especially with the people around you, they're already around you, so it's nothing new to you. You going to rob someone on the estate is nothing new. Everyone does it. People's houses get burned down, its nothing new. So if the kid doesn't get told or helped out he's bound to do it, bound to do it"*

There was a similar feeling from another 17–19-year-old that without early prevention, going to jail or prison for committing a crime can start an endless spiral of criminal activity and encourages further risk-taking. This can make young people's problems and issues worse as they can meet other criminals inside and they can aspire to be like them. These young people

felt there are no life prospects after finishing a prison sentence; young people go *"back on the dole, back on UC [Universal Credit] every month".* This young person suggests that other young people are more interested in engaging in criminal activity such as buying and selling drugs than seeking and getting jobs. For these 17–19-year-olds, going to jail is the *"end of your plan".* They felt if there is no intervention and help young people can get *"stuck"* in a cycle of criminal activity. On the other hand, another 17–19-year-old felt able to not get involved in the same risk-taking behaviours (taking drugs) they saw their parents engaging in growing up, and there were other positive examples of young people turning their lives around. Early prevention is discussed in detail in Chapter 2.4.

Some of the 17-19-year-olds and professionals made a distinction between young people who are actually involved in gangs and others who aspire to be gangsters and have a gangster-like appearance. One young person explained how they had met many young people wanting to appear and behave like a gangster, but when they spoke to them, they could see through them that they were not. They explained that these young people are *"living in a world that no-one else is in, like a little fantasy land".*

Social media was discussed as creating an *"aspirational culture"*, which makes young people want to look like they're involved in crime. One example given was *"gangster rap"* artists on social media which young people listen to and aspire towards. Professionals noted that appearing to be involved in crime on social media, because of the bikes they own or clothes they wear, then opens opportunities for young people to actual get involved in crime, as they're easily targeted.

One young person aged 17-19 explained that some young people can get *"mixed up"* and be stereotyped by the police as criminals by what they look like and the possessions they carry. For example, a young person can have a motorbike bought for them who may not necessarily be involved in criminal activity. What these young people wear – such as North Face or Adidas clothing – also entrench these stereotypes by the police:

> *"Walking round dressed up… people have a uniform nowadays… and have nothing to do with criminal life but still get pulled and terrorised by police".*

Thus, there is a sense from these young people that the police are *"half the problem"* as they make assumptions about young people.

As a result of these issues around gang and criminal activity, some young people had safety concerns when they are out and about and socialising in their local area and further afield. One participant in the Year 7 group explained how they heard loud noises and banging one night thinking that it is their door being knocked down. Other participants from this group who live in areas where gangs and crime are common explained how they would put their own safeguards in place to limit the chances of them becoming victims of crime. This included limiting the amount of money they take out with them and leaving credit/debit cards at home. Thus, young people can experience mental pressures such as fear, worry and anxiety about feeling safe in their local area but also about being influenced into gangs.

1.5. Social media

This section discusses the pressures around social media use amongst young people and parents. This included young people's exposures to harmful or potentially dangerous content such as pornography, sexual violence, self-harm, grooming and paedophilia, and unwanted content pushed by social media algorithms such as violent or threatening behaviour. It also highlights how social media platforms and influencers are misinforming young people around risk behaviours, such as sexual health and contraception, and how social media and gaming can have negative impacts on young people's mental health and loneliness. Lastly, it explores how parents manage, navigate, and safeguard their children's access to smartphones and social media and the sharing of harmful content.

1.5.1. Exposure to harmful content

Young people explained how using social media exposed them to harmful content. Year 7s explained the harm around the sharing of images of themselves without their consent. Some pupils in this cohort were victims of cyber-bullying; for example, a photo of one pupil was taken *"as a joke"* and then shared by their friend to other friends, and another pupil's image was posted publicly on TikTok without their knowledge. When discussing the cyber-bullying case study (see Appendix 3), the Year 7s explained how there can be pressure to join in with bullying if images are shared between friends on instant messaging applications, specifically in group chats.

Year 7s, professionals and parents also explained how social media algorithms can push content to them which can contain content that is violent, threatening, and harmful. Year 7s explained how they became exposed to unwanted content, such as *"scary videos"* and *"topics you haven't picked".* These pupils are aware of how social media companies can track their activity across multiple platforms and there is concern they are listening in to their conversations. For example, if a young person discusses a topic relating to violence, they can then be pushed videos on YouTube related to that topic. Similar discussions were had by parents relating to risk-taking content their children can be exposed to on the internet, social media, television, and in video games. For example, pornography, graphic sexual violence, challenges involving self-harm and suicide, and grooming and paedophilia.

The professionals group also highlighted the challenges associated with risk education on social media, in relation to sexual health and crime. There is a concern that social media can circulate misinformation and inconsistent messaging around sexual health. Influencers on TikTok can influence young people's decision around sexual health as they can be read and heard as 'fact' and seen as appropriate ways to act, such as songs promoting not to use contraception. This content poses many challenges as influencers who have large amounts of followers can be considered more powerful voices than professional advice. Similarly, as discussed in Chapter 1.4, social media creates opportunities for criminal activity, such as selling drugs online, and it can make young people vulnerable to criminal exploitation.

1.5.2. Impacts on mental health

Young people explained how excessive use of social media applications and other online activities, such as gaming, can impact their mental health. Year 9 pupils discussed how they felt they were wasting time on social media and gaming. There are pressures to post regularly and instantly message people back:

> *"Social media is a risk, mentally, because you take a lot of your time on that, and it can knock out the whole day."*

This Year 9 pupil also explained how social media can also negatively impact your body image:

> *"Wasting too much time on social media, affects mental health and may cause people to try and alter their figure."*

Consequently, some pupils explained how they self-regulate their time spent on social media by imposing their own time limits and going to bed on time.

There is also concern that frequent and excessive use of social media is causing loneliness amongst young people. They explained how this has been exacerbated by the COVID-19 pandemic and that there has been a lack of opportunities, such as activities and safe spaces for young people to attend which can lead to an increase in risk-taking behaviours. Multiple professionals described an *"epidemic of loneliness"*. They discussed how children can feel lonely at home and are not necessarily getting face-to-face interaction or learning social skills. The parents group also explained how young people can feel lonely and *"shut away with technology behind closed doors"*, which increases opportunities for them to become targets to harmful content and grooming.

1.5.3. Parenting social media

Given the parents' concern for the safety and regulation of their children's access to harmful content on social media and the internet, they discussed the challenges around parenting social media. These parents highlighted a variety of ways in which they regulate their child's smartphone and tablet use. One parent explained how they only give their children access to the landline phone while another regulates where their child uses their smartphone and tablet. There is preference by this parent to only allow these devices in communal living areas and ban them from the bedroom to deter them from engaging in or accessing harmful content.

Parents also raised questions regarding their children's privacy and their rights to access their smartphones. Parents discussed the use of *"phone checks"* - checking their child's phone now and again to make sure they are safe and not sharing inappropriate content. Such initiatives have worked with their children as one parent explained that their child's friend would not send them something because their parent checks their phone. However, policing their child's social media use can negatively impact their relationship with the parent and there is difficulty in finding the right balance.

There is also a dilemma in giving their children access to smartphones: providing them a smartphone so they can contact each other, versus giving them access to social media which may expose them to bullying and strangers. One parent explained how they trust their children to use social media responsibly and have taught them to flag to them potentially harmful content:

> *"Engaging with your children to have a trusting and open relationship and ensuring that your children are aware of those things [risks]. Both of my kids sit in their bedroom on their phones most of the day and night, but do you know what, I trust them, and they trust me, and they know they can come to me and say, 'oh looks at this'".*

Thus, there is emphasis here on the importance of parents educating children about the harms and dangers of social media and the internet. However, other parents did feel that there needs to be more information and education regarding what dangers to look out for when it comes to parenting social media.

Chapter 2: Barriers to accessing support and services

This chapter explores the barriers which prevent young people and families from asking for help and accessing services. It also explores some of the challenges of giving or delivering support. Again, we include the perspectives of the young people, parents and professionals we spoke to.

This chapter is broken into sections, first looking at the factors which can make young people and families reluctant to ask for help or engage with services, inducing fear of repercussions, mistrust and fear of judgement; second, the accessibility of services and support; third, experiences of accessing school support; and lastly, challenges around early prevention, including barriers around PHSE education.

2.1. Reluctance around asking for help or engaging with services

Our research found that young people and families can be reluctant to seek help or engage with services for a variety of reasons. The most prevalent themes, explored in detail below, were:

- Fear of repercussions
- Mistrust in services (particularly Social Services)
- Fear of judgement

These barriers make it hard for young people and parents to open up to someone about their problems, and they can feel like they don't have anyone to talk to. As shown throughout Chapter 1, vulnerabilities, such as adverse experiences, anxiety or limited support networks already lead young people to bottle up their problems. This section explores how fear and mistrust, which can often stem from these vulnerabilities, can add to young people's reluctance to ask for help or engage in services.

2.1.1. Fear of repercussions

Fear of negative outcomes as a result of seeking help emerged as a key theme across the groups. The most prevalent concern among the 11–19-year-olds and parents was that sharing information or 'telling the wrong person' could make their problem worse. The theme of information being shared and escalated is explored in detail below, but some other themes that emerged relating to negative outcomes included:

Fear of getting into trouble, such as school discipline or bad reactions from parents. For example, the Year 7s said that students might be reluctant to tell a teacher about their involvement in vaping or cyber bullying for fear of being told off or suspended. Worry about how parents might react was also raised by the Year 7s and 9s:

> *"I think it depends on how close you are with your parents… and how bad or good of a reaction you're gonna get".*

Likewise, parents recognised they don't always react the right way, and that striking the balance between developing a trusting relationship with their children and protecting them from risk can be difficult.

Another negative outcome that was raised in the professionals focus group and discussed again in more detail with two 17–19-year-olds, was the threat of harm when accessing services outside your area. Young people who have been involved in gangs or criminal activity don't want to access services located outside their area because they don't want to be seen or found out. One 17–19-year-old explained their reservations about going to school and college:

> *"If they move you to one of them mad [naughty kid] schools, you're not gonna go. I didn't anyway, especially cos it was in Rock Ferry, and I'm not stepping foot in that area, that's not my area."*

> *"If you go to college, it takes one person to tell someone you're there. I could walk out of them doors and they'd just… [there'd be] full rats there."*

> *"This is one of the main reasons I'm not in college, cos I feel like if I go to a college I could get caught like that kid [a young person who had been assaulted outside a college] anytime. Anyone could just turn up and just, finish me."*

A professional gave an example of a young person not accessing a sexual health service because stepping onto the wrong end of a certain road meant they'd 'get it'. The professionals also felt that young people are more scared of the consequences their peers will inflict on them, than any consequences from the authorities.

Information sharing and escalation

The young people placed emphasis on their fear of their information being escalated. They felt that by disclosing their problems to someone, their information could be shared with others, leading to more serious implications than hoped for when simply trying to reach out for help.

There was a particular frustration among 17–19-year-olds about professionals escalating issues. Three of the young people felt they could trust their drugs and alcohol worker because they don't *"blow things out of proportion"*, or pass on information to other professionals, like the police, unless they must. In contrast, other organisations were thought to have reputations for being *"snitches"* or for not taking the time to understand the young person's situation before escalating it. For example, one young person spoke about how overwhelming it can be when services escalate issues straight away, sharing things you have spoken about in confidence:

> *"If you tell them you've been made to do something by someone, or, no not even like that. If you've gone somewhere and done something bad, they'll escalate it like that… Then suddenly, all of a sudden, you've got big meetings with the police with ten other people in the room and they want you to be in it, talking about the stuff you've talked about to someone, and they've passed that on."*

The same young person told us how they've tried to encourage their friends to get support from the organisation they use, however, their friends are untrusting of the service's confidentiality:

"I've got friends, and because I think so highly of here, I try and say to them, come, come here, speak to them, they'll help […] but my mates say to me, I'm not going in. I'm not speaking about that, they'll pass that on straight away. That is the problem. People don't trust. People don't trust organisations like this…"

A professional also highlighted that differences in confidentiality across services and within services can damage young people's relationships with services:

"Part of that trust is confidentiality, it's a really important part of working with young people, having that consistency around what can and can't be shared. And that really is quite frustrating for young people, particularly if its without our own service…that could be quite damaging to that young person and their relationship with that service".

Professionals find that information gathering scares young people, particularly those involved in criminal exploitation. They find that young people can be suspicious of professionals asking questions and probing for information as they're concerned about where the information will be shared. The professionals find this leads these young people to be secretive.

The Year 9 students we spoke to raised concerns about confidentiality within the school setting. When asked what would prevent them from getting support if they were being peer pressured into vaping, they explained that some teachers escalate issues too quickly to senior staff or pupil progress leaders. Some Year 7 and 9 students felt more comfortable seeking support from other students through the school's peer-led email and drop-in support service, which they emphasised was confidential (importance was also placed on the anonymity of the email service). On the other hand, some Year 7s and 9s were cautious that sharing their problems with their peers could lead to them spreading gossip: one student wrote, *"mates could turn on you"*.

Lastly, parents also perceived that sharing information could have repercussions for their family. For example, one parent remembered how they felt when their daughter first accessed a drug and alcohol service:

"I was scared at first, because I thought, oh god what's she going to tell them? What's going to happen to the family now? It is scary because it's the unknown."

The parents also believed that parents don't reach out for help because they're scared that the information they share will lead Social Services to take their children away.

2.1.2. Mistrust in services

Young people and families can be mistrusting of services and professionals. Mistrust can stem from the individual's personal experiences, but it can also be passed on by family members and peers. As shown above, professionals can be perceived to be untrustworthy by young people because of issues around confidentiality. Parents were also frustrated by services not keeping their promises; they felt that services shouldn't raise parents' expectations or offer support that can't be delivered.

Young people's first experiences of receiving support are important. A negative experience can have a lasting impression and impact the young person's ability to trust others. A young person explained that when confidentiality is breached:

> *"You'll never talk to another guardian or another adult again".*

A negative experience also impacts their parent's trust in services. For example, the parents we spoke to were frustrated that young people can be discharged from mental health services if they aren't engaging in the first session: *"Can you imagine? You might have to build a relationship, God forbid".* One mum explained that her daughter was *"signed off"* straight away but *"she has since been proven to have mental health issues".*

Mistrust in Social Services:

Across the 17–19-year-olds and parents there was a prevalent mistrust of Social Services. While there was an acknowledgement that Social Services do help some people, there was an overarching belief that help from social workers is ineffective. In conversation, Social Services were positioned in opposition to the services they access – one parent said*: "the refuge was for me, not Social Services".* The young people explained that mistrust in social workers is passed down generations:

> *"My dad always said don't trust them, so you couldn't trust them anyway, just because of what he was saying […] You'll hear a lot of people say that, "don't trust social workers", they ruin your life, you can't get rid of them either."*

There were a variety of reasons why the young people and parents felt that support from social workers was ineffective. Two young people explained they would frequently have different social workers assigned to them, so they couldn't, or didn't want to, build a relationship like they have with their drugs and alcohol worker.

> *"My social workers, we had a new one every week. Never kept the same one. So you just didn't even wanna talk to them"*

Uncertainty of which social worker was going to turn up and difficultly contacting them caused one young person to be stressed and angry – they felt they were being *"palmed off".* Similarly, one parent described feeling like she was *"left in the lurch"* and that she was *"just a tick-list"*. In contrast, she thought that smaller organisations are more reliable and personal, and would advise anyone she knows to go to those smaller organisations before they go to Social Services:

"The smaller branches, I find, are more like a family […] They stick to what they say they're going to do, and they do it, ok, they don't make false promises, they do it, they don't let you down, they don't leave you in the lurch. They just stay with you, basically. You don't feel like you're just a tick list".

This parent expressed that it's hard to see how social workers are helping your situation. They caused her stress and made her feel like she wasn't *"doing good enough"*.

Two young people felt passionately that social workers were unable to understand what they'd been through. They felt that social workers *"reading it off a book and getting qualifications"* couldn't understand their experiences because they didn't have lived experience:

"Their mum and dads an accountant and they've got big houses in Caldy, and then they're trying to tell us how to be good. How can they? I can't go into a posh person's house and tell them how to be posh… I don't know what you've been through. You certainly [emphasis added] don't know what I've been through. I could have a guess at what they've been through: tea every night with their family, a couple of family members died. Biggest pain that they've even had – oh, a dead dog every now and then…and then they want to tell me about having a hard life."

2.1.3. Fear of judgement/stigma

Fear of judgement was spoken about as a barrier to accessing support and services. As shown in Chapter 1, fitting in is important for young people, and it was clear that the fear of judgement is linked to the pressure to be accepted by others. For parents, it was about not wanting to be judged on their parenting or their abilities to support their children.

The Year 9s felt that young people could be judged for opening up about their problems, particularly around mental health and sexual health. As discussed in Chapter 1.2.2, Year 9s felt they can be judged for being absent from school for mental health reasons. They identified that struggling with mental health can therefore be a lonely experience.

When discussing reasons why young people may not get help or advice around contraception, the Year 9s felt the experience could be embarrassing for some young people. One male student said he'd feel embarrassed talking to someone about contraception because he'd feel judged for being *"too young"*. To avoid the embarrassment and the risk of friends spreading gossip, this student said he'd *"rather go online"* for information on contraception. In contrast, a female student said she wouldn't feel embarrassed talking about contraception, and she would feel comfortable talking to her friends about it.

Stigma around mental health and wellbeing was also raised by a 17–19-year-old who said they wouldn't turn to friends for support. They said it's a 'lad thing' that boys don't talk about their emotions. This supports the professional's belief that asking for support can be *"uncool"* for young people and that wanting to be accepted by peers stops young people from accessing support and services.

2.2. Accessibility of services and support

This section explores the barriers surrounding the accessibility of services. It first gives an overview before going into more detail about the lack of knowledge about services and issues with the location of services.

The groups identified a range of difficulties that can prevent young people and families from accessing services, as shown in Figure 6.

Figure 6: Word cloud of barriers around the accessibility of services

There was a prominent belief that services are inaccessible because young people and families don't know what help is available. There was also belief that services can be out of reach due practical barriers like the availability and location of services, the cost and availability of transport, or the cost of services.

The groups also highlighted that support can be difficult to access because it's not suited to people's needs. Examples included:

- A lack of age-appropriate support around risk-taking for primary school children
- A lack of tailored support for young people and parents with additional needs
- A lack of support offered in languages other than English

Our research found that self-expression can be difficult for young people and parents when services are not accessible or inclusive. For example, one parent explained that they prefer face-to-face support, because they've found it hard to talk over the phone when crying and

in an emotional state. They also described how they developed a speech impediment in response to their stress, which made talking over the phone even more difficult:

> *"You can't express yourself sometimes over the phone. You just can't. […] I had times where people just put the phone down on me because they thought I was pranking."*

Parents and professionals felt that barriers around the availability and accessibility of services are linked to underfunding. Professionals felt there are not as many services as there used to be. Parents and professionals felt that certain areas of support are underfunded, like support for young people aged 18+, early prevention, mental health and additional needs. Parents said that when young people reach 18, support stops, and they're *"just expected to be better now"*. They also talked about how services are oversubscribed, meaning that waiting lists are an obstacle, especially around mental health and adult ADHD support. For more detail on the challenges of accessing support for additional needs, see Chapter 2.3 - Accessing School Support.

2.2.1. Knowledge of services

Our research found that young people and parents can struggle to know where to go for help.

Case Study 4

The parent of a 17-19-year-old we spoke to said: *"If you don't know, how can you access anything? Its basic that isn't it"*. Their child started accessing the drugs and alcohol service because they were referred following an arrest by the police. The parent said that if the service hadn't approached the family, they wouldn't have known the support existed. The young person's drugs and alcohol worker signposted the parent to other local services so they could get support of their own. The parent said, *"I know loads now"* about where to get help. However, they did mention they were unsure whether support for their young person would stop soon, since they were turning 19. The parent asked, *"Does that mean everything stops now? I don't know what happens as they get older"*. They were concerned that *"what they do ramps up, so that support needs to stay in place".*

In the friendship interview with two 17–19-year-olds, one person said that *"not enough people know"* that support is available, while the other person said, *"Everyone knows, its whether you want it [the support] or not"*. This illustrates how even if young people know about services, they have to have the right mindset to engage. This is discussed in more detail in Chapter 2.4 – Early prevention.

Parents and professionals drew connections between the lack of knowledge and limitations in funding, resources, and skills. For example, parents felt there are gaps in professional's

knowledge which prevents effective signposting, particularly around mental health support. Professionals also recognised that some professionals don't have the skills or knowledge to make the right referral, but they placed more emphasis on how the funding landscape can prevent referrals.

Professionals felt that there is a lack of equity in funding which leads to competition between services. This competitive environment, described as *"toxic"*, means that professionals gatekeep young people rather than making referrals. This creates a barrier to young people's knowledge of services and opportunities to receive support.

> *"It's a fear thing, it's a protectiveness over your service. […] You won't take a kid there just because you're worried they might get more funding. […] But I should be absolutely made up, because it means there's more opportunities for the kids I'm working with. So we should be made up for each other when someone else gets funding."*

Professionals believed that for effective referrals to be made, there needs to be partnership working. Professionals felt there is not enough communication between services due to the competitive environment, but also because there is a *"Lack of foresight in the way funding is structured"*. They felt that funding is given to lots of services and projects that are tackling the same issues:

> *"They've all come from the same pot of money, but there's no joined up through really."*

> *"We're all commissioned to do certain things, and I think that can present barriers to giving the right referral."*

Professionals felt that tight partnerships can increase opportunities for young people to know about services and engage in them. For example, having a café space can then encourage young people to access services in that building:

> *'It gets them involved in things they might never have ever before'.*

One professional emphasised that young people and families need to be guided to, and between, services:

> *'It's important that partnership work is more than just this tokenistic sitting in a room having a chat. Sometimes you've got to hand hold your client into the areas that they need it.'*

2.2.2. Location of services

As discussed in Chapter 2.1.1, the location of services was identified as important for young people who can face consequences for moving outside their area. The professionals thought that the location of services limits young people's opportunities to access support and information. One professional highlighted that services are concentrated in Birkenhead and East Wirral:

"[When] you look at the map of where services are located, you can pretty much draw a line down the Wirral and it's all in Birkenhead and that side. So if you're in West Wirral, your opportunities to access that [services] might be very limited. But even places like Eastham in South of Wirral, if you're looking at leisure, if you live in Eastham your nearest leisure centre is the Oval, that's far, it's not handy."

This weighting of services in East Wirral could be problematic given that professionals are seeing more gang activity and antisocial behaviour in West Wirral. However, as mentioned in Chapter 1.4, professionals face the challenge of knowing where to target support, as the location of the risk-taking behaviour may not correlate to the location where the young people live.

Some young people and parents felt there are a lack of opportunities for young people in their area. It was suggested that this leaves young people vulnerable to risk-taking behaviour, for example, they can be exposed to gangs or crime on the streets, or they can end up isolated in their bedrooms exposed to the risks of social media and gaming. One parent said:

"If home isn't a space, where do you want them to go?".

For one 17–19-year-old we spoke to, this was their reality; home was chaotic and so school was their only 'safe place'. Outside of school, which they called 'real life', they would fight with people from other estates.

Another accessibility issue raised around location was families not having the means to travel to services. One parent said that without their car, they wouldn't have accessed support:

"'I'm lucky that I've got a car. I think if I didn't have my car, I probably wouldn't leave the house. I know I wouldn't leave the house. I wouldn't. And people aren't gonna come out to you, are they? They're just not."

2.3. Accessing support at school

This section explores young people and parent's experiences of accessing support at school. Overall, young people and parents shared mixed emotions about the support offered at school. While some felt that school was a safe space to get help, others felt that support at school was unavailable or limited, especially around additional needs.

The Year 7s felt that their school was equipped to help them, for example, they emphasised that the school had a good anti-bullying policy, and they noted that teachers were adults they could talk to and ask questions. More reluctance to seek help from teachers was seen in the Year 9s; they said it *"depends on which teacher".* In relation to contraception, one female student said:

> *"If you talk to your friends about it, then they'll make you feel a bit more comfortable, instead of talking to a teacher."*

As discussed in Chapter 2.1.1, both year groups were cautious that teachers could escalate their problems to senior staff, leading some young people use the school's confidential, peer-led support service instead.

Across the 17–19-year-olds, parents and professionals there was particular focus on schools not having the resources and skills to support young people with additional needs. Some of the 17–19-year-olds talked about being misunderstood and dismissed as naughty in mainstream schools. These young people felt that specialist provision schools, described as *"naughty schools"*, were more equipped to deal with their needs. One young person with ADHD described how mainstream school didn't deal well with their behaviour:

> *"I never liked school; I preferred the naughty schools. They just know how to deal with you, you know what I mean. With mainstream, if you're naughty or disruptive they just send you away. Whereas like, in [the naughty] school they take you away and give you a hot chocolate or whatever and talk to you and tell you to calm down and go back in. And then you're in a complete different mindset then. But mainstream just makes you worse because they put you off as naughty and that's it."*

They also described how different departments within their college had varying abilities to 'deal' with them:

> *"They know I've got ADHD, but they don't know how to cope with me. Whereas my last one [college] I went two whole years without getting kicked out, and now I've come into this one and I've been suspended because they don't know how to like deal with me […] They knew to just let me go away for 5 minutes, whereas these are pulling me back in, pulling me round."*

Although these young people felt that they needed additional or tailored support, there was a sense that they didn't expect the school or teachers to help, as though it wasn't the school's responsibility to care for them, especially outside of school hours. The young person above said: *"But obviously it's not up to them is it, it's not their fault."* Another young person said:

"They [teachers] are there for their job and they don't think about you once they're back home."

Lack of support at school for additional needs was a prominent concern among the parents we spoke to. Provision for special education needs and disabilities (SEND) was thought to be better in primary school than secondary school, making the transition to secondary difficult. They highlighted that Education, Health and Care Plans (EHCP's) are put in place for the young person's transition to secondary school, but that this support doesn't continue into secondary school. They also highlighted that approaches to pastoral care can differ across schools.

Parents felt that mainstream schools are not inclusive for young people with additional needs. They felt in some schools are unequipped to offer support for additional needs because of limited resources and training. Likewise, professionals felt that schools don't have the skills or knowledge to make the right referrals. Parents also experienced schools being unwilling to help, especially grammar schools. They felt grammar schools are likely to reject young people with additional needs because they don't want to damage their reputation and grade boundaries. They gave examples of schools not wanting to accept their children because of their neurodiversity or physical disabilities.

Parents were frustrated that they had to consistently fight for their children's rights. For example, one parent had to fight to get mainstream schools to provide the 11 plus and lessons in Braille for their child. This parent said they were *"gobby"* and *"loud"* to the school and another parent described how *"sometimes you have to beat them [the school] up a little bit"* and *"re-educate them".* However, they described how *"no parents should have to go in and kick off and be rude or obnoxious to get what their child's fighting for".* In another instance, a parent described how they didn't feel listened to until a professional went into the school with them:

"They didn't listen to just me, the school. It wasn't enough. But as soon as someone else came in with me, official, they really had to play ball then […] They realised then that it wasn't just a mum on her own…they realised there's issues. And then they were amazing. Prior to that. No. They were vile to me."

Although the parents were frustrated with the lack of support, they were sympathetic that schools are already overloaded with responsibilities. One parent said, *"There's only so much they can do, their hands are tied"*. Parents acknowledged that schools are overwhelmed by the demand for additional needs support, and therefore they felt that broad, inclusive support should be available for everyone so that specialist support can be saved for those who can't manage. They also placed emphasis on the importance of the role of the parent and family in providing support and the role of early prevention, as discussed in the next section.

2.4. Early prevention

This section explores the participants' thoughts on early prevention and some of the barriers related to accessing, receiving, and delivering early prevention. It details the parents and professionals concerns about the lack of early prevention measures. It also highlights how the mindset of an individual is important when it comes to receiving or seeking out early intervention. Lastly, it includes a section below on the group's thoughts on PHSE (physical, health and social education) lessons in school and their effectiveness as an early prevention tool.

Parents and professionals emphasised that early prevention is important, but they identified barriers that can prevent families from receiving help at an early stage. Parents felt there is lack of provision for, and emphasis on, early prevention. They felt that help is only offered at crisis point. Parents had experienced push back when trying to access help for their children and themselves at an early stage, particularly for mental health issues, as they were told to join waiting lists or that they didn't meet the threshold. One parent described how Social Services won't always intervene if you reach out for help: *"They say: 'you're managing up to now'"*. Reflecting back, others believed that if they had received support for themselves at an earlier stage, their lives would be different. One parent felt they wouldn't be divorced now, and another said:

> *"If I'd have had this [parent-led support] group, my family would still be together".*

As a result of not being able to access support for their children, parents expressed feeling helpless and unable to offer the professional support their children need. One parent questioned:

> *"How do we know if what we're doing is right or not?"*

They felt that parents need to be 'upskilled', to have more knowledge about risks, and more skills to support their children's mental health and risk-taking behaviours. Parents also found that support groups give parents skills to look after themselves and time to take a step back, so they can then look after their children. One parent emphasised:

> *"Just because we're parents, doesn't mean we don't struggle ourselves".*

Likewise, they thought that young people should be taught more self-help tools at school and at home, to help them build resilience. One parent highlighted that you *"can't just wait for the system to magic a fix"*. Parents also felt that raising families' awareness of what, and where, support is available could help. It was suggested that these early prevention methods could relieve pressure on services and allow young people who really need intervention to access specialist help.

One professional said that teaching young people about self-help tools can be ineffective if professionals use *"adult terms"* and jargon with young people, like *"building resilience"*. Instead, they felt that young people respond better when professionals tap into 'felt experience' and provide *"tangible examples".* For example, teaching safe ways of managing emotions, relationships and risks can be done by getting young people to look at the role

models they have around them and question what qualities they have, or discussing what does or doesn't make them feel good.

As discussed in Chapter 2.2, professionals were concerned that limitations around funding and professional's knowledge and skills can prevent young people from getting the support they need. Early prevention was an area they thought was lacking funding. They also thought early prevention is being compromised because knowledge and skills aren't being cascaded, such as schools not knowing referral processes.

One professional described how limits to resources can cause professionals to miss *"sliding door moments"* in young people's lives. These are moments when a young person experiences something, and if it's not caught by someone it can go unnoticed and escalate. As one young person explained:

> *"If you're being naughty, you're being naughty for a reason. You're asking for help".*

Therefore, professionals need to know how and when to pick up on these cues. Professionals are seeing a rise in school exclusions which they described as a 'failure' by the school, as exclusions prevent young people from accessing daytime support. Professionals thought there needs to be more conversation in schools and community settings around risk-taking behaviours and opportunities for professionals to talk and educate about risks, which will then create opportunities for referrals. They said that young people need to feel comfortable talking about issues so they can then feel comfortable being referred, or referring themselves.

Similar to the *"sliding door moments"*, two 17–19-year-olds talked about how young people can get stuck in a cycle of risk-taking if no early intervention is made by professionals, as discussed in relation to gangs and crime in Chapter 1.4. They talked about how it's too late for young people their age (17-19) to receive intervention because they're used to bottling up their feelings and dealing with their own problems. They thought it would be easier for professionals to 'catch' younger kids around age 13. The conversation went as follows:

> Young person 1: *"You've always got to have someone you can trust. If you don't, literally your head goes. If you've done it [bottling up] from when you're a young kid, and you've never shared your problems with no one, when you get a bit older you're more used to it. So when you try and catch kids our age, it can still happen, but if the kid's been stuck into it since young, it's not gonna happen because they know how to deal with their problems […] You get told, if you've got a problem, sort your problem out from when you're a kid. So before you even know it, you're stuck into it."*
>
> Young person 2: *"A criminal life before you're even started your life properly."*
>
> Young person 1: *"Then you get older, and cos you've been through it that much."*
>
> Young person 2: *"You don't feel like you need to [open up]. You've carried it all that time already."*

Young person 1: *"[A youth worker] can catch all the younger ones, like the 13-year-olds, 14-year-olds. And with them, they've got so much of a better chance at catching them. Cos from 14 to 17,18"*

Young person 2: *"Big jump"*

Young person 1: *"That's the big difference. That's from when you're a kid to a man. We don't see it as you're a man when you're 21. I've been a man since I was 14."*

Although they thought it might be easier to 'catch' younger people, when they reflected on their own lives, they said they wouldn't have listened to a professional. Instead, they wished they could go back further in time and do things differently: *"I'd go back to school and do it all again, any day of the week".* They thought that more should be done to give young people growing up in and around deprivation a better start in life:

"'To get further in life you've got to feel good at the start of things. If you don't feel good about yourself, you won't make it, you can't."

For example, one suggested young people should be given nicer clothes to prevent them from being bullied for being *"the scruffy kid"* and feeling like they need to steal or go hungry to afford branded clothing. (This highlights the link between vulnerability, the pressure to fit in, and risk-taking behaviour):

"Even a new coat, he's still gonna have a better chance. Give the kid another helping hand."

Other participants agreed that earlier intervention wouldn't have made a difference. One parent said:

"I don't believe anything could have helped [earlier]. [My daughter] was going to do what she was going to do, regardless. You can't tell them, can you? So, no. There'd be no fast track."

As mentioned in Chapter 2.2.1, having the right mindset to receive support is important. Young people can know about the risks involved and have opportunities to receive support, but they have to want to engage.

2.4.1. PHSE (physical, health and social education)

The researchers discussed school PSHE lessons with the participants. Given the range of ages of the young people it was easier for some to remember their experiences than others.

The Year 7s and Year 9s talked about PHSE as an important factor in their learning around risk-taking. Year 7s said they'd learned about vaping, puberty, bullying (verbal, physical, cyber and mental) and up-skirting. Year 9s said PHSE helps them learn about issues they wouldn't learn in normal classes, like drugs, addictions, health, and grooming.

However, the Year 9s raised some barriers around their PHSE lessons. Firstly, sexual health education. We presented the group with a case study of a young person who had seen an influencer talking about the side effects of contraception (see Appendix 3). The Year 9s had

not been taught about contraception in PHSE yet. They felt they didn't know much about contraception, and that they should know more at their age. They noted that sex education is delivered in form groups. While some would prefer sex education to be separate for males and females, they understood that the benefit of doing it together is that you learn about what each sex is going through. Secondly, the Year 9s said that PHSE is not taken seriously by most pupils as *"most people just joke about it"* and shout out inappropriate things, which *"can be funny, but it's not"*. One person thought that PHSE should be taught by teachers who are stricter and more serious.

Some of the 17–19-year-olds felt that school did teach about risks and issues that were relevant to their life experiences, but one commented that PHSE is not taken seriously:

> *"No one really listens to that […] Cos everyone knows the dangers but it's not going to make them stop. It's like smoking, no one's going to stop smoking ciggies because they know it's going to give them cancer or whatever […] You either want to [quit] or you don't."*

Again, it is clear from this example that there's a difference between having education/support offered to you and having the right mindset to take it on board.

There were mixed views among the parents about the scope and appropriateness of PHSE education. While some perceived that it *"covers everything"*, others thought that more life skills need to be taught, like applying for a mortgage or jobs. One parent expressed they didn't know what was being taught in PHSE, so they couldn't give an opinion. There were conflicting views on the age young people should be given sex education. Some said it can never be too early as they're going to learn it from social media, while others felt that primary school was too early. One parent noted that PHSE is beneficial because *"not everybody is as open with their kids at home, and their kids need to be taught it"*. However, one parent felt that risks aren't always taught in appropriate ways for children with additional needs. This parent's child who has ASD (autism spectrum disorder) was taught about online dangers at school, but the parent wished they'd have *"softened it slightly"* as *"now he's worried for the rest of his life that anyone he talks to online is going to kill him"*. This parent felt they could have expressed online dangers to their child in a more suitable way.

As mentioned above, professionals thought more opportunities to teach about risks in schools would be beneficial. They felt their presence in schools is important for making young people feel comfortable speaking to professionals and opening up about their issues.

Chapter 3: Enablers to accessing support and services

This chapter explores what works well for the young people, parents and professionals the researchers spoke to. The first section looks at the most prevalent themes of trust, respect and consistency. The second section looks at enablers around accessibility.

3.1. Trust, respect, and consistency

This section is broken into two parts. The first subheading, 'meeting them where they are', explores how a non-judgemental approach, lived experience and tailored support are all important when engaging young people and parents in support/services and building trust and mutual respect. The second subheading explores the importance and benefits of consistent support.

3.1.1. "Meeting them where they are"

As shown in Chapter 2.1.3, fear of judgement was a key reason why young people can be reluctant to engage in services. Therefore, professionals find that it's important to validate the young person's experiences and feelings without judgement - something they called *"meeting them where they are"*. Young people said themselves that they want help (whether that be from professionals, parents or friends) to come from a place of understanding, rather than judgement. For example, one 17–19-year-old explained that they responded well to their drugs and alcohol worker because they understood their circumstances and were never *"pushy"*:

> *"I wouldn't talk about me taking [drugs] to any other drugs and alcohol worker except from her, because she doesn't say 'no'. She doesn't say 'that's bad that'. She understands the situations I get in. They're [drugs] my ways out."*

Instead, the professional told them the risks and consequences of taking drugs and guided them to make informed decisions. Initially the young person didn't listen, but as the professional reinforced those ideas each week, they began to see those consequences in their life. This example shows how meeting young people where they are can build mutual respect – the professional understands that risk-taking is a coping mechanism and respects that the young person has to make their own decisions[1], and in turn the young person respects the advice of the professional.

As discussed in Chapter 2, professionals believed that to gain young people and family's trust and respect they need to be *"part of the bricks and mortar"* of the community. This helps them better understand the realities of young people's lives. Two young people pointed out that professionals don't understand the geography and make-up of gangs. One 17–19-year-old said that to be able to intervene in a young person's life and make a change, professionals need to understand the context of the young person's life:

> *"To break the chain, you've got to know the chain".*

This leads onto the perceived importance of lived experience, discussed next.

[1] Giving young people agency is important in their decision-making to quit drugs.

Lived experience

The groups stressed that it's important that professionals have lived experience of the issues they're going through. Chapter 2.1.2 showed how social workers in particular can be perceived to be out of touch from the young people's experiences. The 17–19-year-olds suggested their drugs and alcohol workers were more relatable and trustworthy because they had lived experience. Likewise, a parent said they liked the community organisation they attend because:

> *"They've all been through the same. They're not just someone whose being paid to do a job. They've been there."*

The Year 7 and 9s also liked that they could get support from other students through the school's peer-led support service as parents and teachers sometimes don't understand their feelings.

Two of the 17–19-year-olds talked about using their lived experiences to help other young people involved, or at risk of becoming involved, in risk-taking behaviour. One young person said they would like to have a job like their drugs and alcohol worker, so they could be that person someone could trust. They felt they'd make a good youth worker because they've *"been through it"* and would be able to empathise with young people.

Professionals highlighted that families will use services if they have family or friends that have had positive experiences with the service. Good client feedback feeds into the reliability of the service. It is therefore easier for professionals to refer young people and families to well-known services with good branding. One parent explained how they trusted recommendations and referrals given by their daughter's drugs and alcohol worker because of the relationship they'd built. This shows the importance of partnership working, as if professionals don't know what other services are like, families could miss out on referrals.

Tailored support

"Meeting them where they are" is also about listening the young person's needs and tailoring support to suit them. The 17–19-year-olds talked about how they liked receiving support that was tailored to their needs. For example, one person said that because of their ADHD they didn't like just sitting and talking, whether that be in the service's building or at home. They said: *"I can't sit still, I need to be out"*. Their drugs and alcohol worker listens to their needs and adapts how they interact, such as going for food or for a walk. This young person talked about food and drink as an incentive that makes them want to engage, as well as something that gives them comfort and distraction when they are talking about, or dealing with, their emotions. When asked what could help young people engage in services, they said:

> Young person: *"Take us to Maccies [McDonald's], feed us [laughing]"*
>
> Drugs and alcohol worker: *"So if the social worker took you to Maccies [McDonalds] would you have been their best mate?"*
>
> Young person: *"Probably, probably not their best mate, but we would have been going somewhere."*

Other 17-19-year-olds also stressed the importance of getting away from their home/local environment when receiving support. Three young people spoke highly about the outdoor activities that are offered by their drugs and alcohol service, such as bike riding, fishing trips and wild camping. These activities were suited to them because it allowed them to *"disconnect from everything"* and get some distance from the fear, worry, anxiety and influences they experience at home:

> *"Either you're sat at home waiting for your door to get kicked off, you're either smoking drugs, you're either with girls, stuff like that, or you get a phone call saying you're gonna get out for the day. And when you're out for the day, you're not in your area, so you're not gonna get stabbed, you're not gonna get robbed. Nothing's gonna happen. Nothing's gonna go down, you can get out the way for a bit. You can come home and deal with your normal stresses of life later on, but just to get a few hours away every now and then, its good. And most kids haven't got the money to get away for the day."*

They described how the activities give them *"peace"* as well as opportunities to *"chill out and have a laugh"*. They expressed gratitude to the professional for going out of their way to make activities and trips available to them. A professional said that residential trips can be *"life changing"* and for young people. As shown in Chapters 1 and 2, some young people are used to internalising their feelings and they can be *"stuck"* in their local area and in cycles of risk-taking. Therefore, getting away can show them different realities. Two young people now felt that moving away from their local area was the only way they could *"break the chain"*:

> *"I can't stay here and make something of my life. If I stay here, I'm doing big jail."*

Another young person described how they had moved out of the estate they grew up in and now felt at peace.

These examples highlight how tailored support can benefit young people's mental and physical health and help them to build trusting relationships with professionals and services. As one professional said, *"a blanket approach doesn't work"* and often *"the wrong offer, and a limited offer"* is given to young people, instead of listening to their needs. One professional said that young people can be reluctant to engage in prescribed services, and it appeared in our discussions that activities like mountain biking or going out for food help make support more accessible or palatable for young people.

3.1.2. Consistency and stability

Chapter 2.1 showed that young people and parents can be reluctant to engage in services because they have had negative experiences of being passed around or *"palmed off"* by services, or they have experienced, or perceive there to be, inconsistencies around confidentiality. The examples below show how consistency can enable young people and parents to access support and trust professionals.

The 17–19-year-olds and parents emphasised the importance of consistency when it comes to trusting a professional or service. Having one consistent drugs and alcohol worker had helped the young people build a relationship where they felt safe to open up. They were then

able to bring down their guards and overcome their reluctancies. For example, one young person explained that having the same professional over a long period of time means the professional knows their history and the reasons why they take risks. Therefore, the young person doesn't feel judged, the young person feels safe that their issues won't be escalated, and the professional knows how and when to help and when to take a step back. This young person also said that consistent support is important when quitting drugs as the professional *"comes and reinforces it to you every week".*

The participants also said that having a consistent professional contact helps them feel like someone is invested in them. One parent identified how it was important for their daughter to have someone dedicated to her, someone to talk to outside of the family, especially when you as a parent are dealing with issues yourself:

> *"I couldn't help her; it was too much for me. And I think when you've got other stuff going on in your family, you're too close aren't you. And as a parent sometimes you won't react the right way. I was trying my best, but it was better for her to have someone she had, for [emphasis added] her, that wasn't mum."*

> *"My respect for [the drugs and alcohol worker] is that [they've] stuck with her through every step of it. Even when I'd had enough, [the drugs and alcohol worker] was there for her."*

Therefore, consistent support can offer stability and comfort to young people and families going through turbulent times.

Professionals raised that the funding landscape can pose barriers to the delivery of consistent support, with *"projects popping up for five minutes, then falling down due to funding"* meaning that support can be inconsistent. This is problematic as the participants described how building trust is a gradual process. One young person said: *"You've got to get used to someone haven't you"*, while another said they'd *"grown to like this organisation".* As mentioned earlier, there is also concern from parents and professionals that support needs to stay in place for young people aged 18 and over.

Case Study 5

This case study is a positive example of how having access to consistent support helped a parent and their family.

This parent described how they had reservations about accessing support, especially as they had felt immediately judged by Social Services:

> *"A year ago, I would have been 'shove your advice' I'm not interested"*

However, they were referred to a community organisation where they gradually engaged in support for their mental health. They have since received counselling, coaching, hypnotherapy, completed a range of courses and attends a parent-led support group - all things they used to think were *'nonsense"*. They said: *"I didn't realise how many issues I actually did have."* Having received support in many areas of their life from the one organisation, they feel like a *"completely, completely different person"* now and relationships with their family have improved. They emphasised:

> *"They don't think of the time that it takes to sort people out like me"*

Their children also received support from the organisation – one daughter with severe mental health issues is now *"a completely different child"*.

The parent said they have since invited friends and neighbours to the organisation, "*bringing people into it that I realised needed support"*.

3.2. Accessible services

As shown throughout Chapters 2 and 3, making support and services available and accessible to young people and families was an important theme across the groups. All groups felt there should be more opportunities for young people to access information and support around risk-taking behaviours and wellbeing. More can be done to ensure that services are inclusive, easy to access and appropriate for people's needs, particularly for people with additional needs. As one professional said:

> *"If we can make whatever we do easy for someone with additional needs, then it's easy for everyone, even down to the language you use"*

It is important that support is designed with the needs of young people, discussed throughout this report, in mind. For example, taking the mobilisation of gangs in Wirral into consideration when thinking about the location of services, listening to parents needs around upskilling, or understanding young people's mentalities and reluctancies when thinking about how to engage with them.

Chapter 4: Opportunities for future research

This research has explored many diverse and dynamic perspectives from young people aged 11-19, parents, and professionals from across Wirral to understand young people's pressures and risk-taking behaviours. In addition, it has also identified the enablers and barriers in young people and family's access to support and services. From concluding this research, we have identified below a number of opportunities for future research around the pressures and risk-taking behaviours that young people can experience. These opportunities stem from our thematic analysis of the focus group and interview data, and from discussions with respondents that can provide valuable qualitative insight.

1. Expand the age range of young people to include those of primary school age and up to the age of 25 to explore the support they have accessed and how they have transitioned (if at all) to alternative support as they have got older. The parents group shared concern about not having support, and a lack of information about the support available to young people after they turn age 18. Thus, exploring young people's engagements with, transitions to, and withdrawal from service provision beyond age 18 could help address these issues.
2. Develop further research into the effectiveness of PHSE lessons. Our discussions found that some parents are unsure of what is being taught in schools, but it is unclear if this is true of most parents. Schools also have different approaches to PHSE so it would be good to get a better understanding of young people's experiences, including those with complex additional needs such as ASD and ADHD, across schools and age groups. It would also be interesting to hear from teachers about their experience of delivering PHSE lessons.
3. Examine further the influence of social media and peer pressure on young people's appearance, body image, and how they look after their own health (e.g., sexual health). Year 9 pupils discussed at length pressures in sports and to perform and look 'the best' which impacts on how they perceive their appearance and body image. There may be an opportunity to explore this in further detail with Year 9 groups in schools across Wirral and explore the similarities and differences between males and females. Moreover, the professionals group highlighted the challenges associated with targeting misinformation of sexual health advice by social media influencers and how this can cause harm. Given the continuous developments and ever-changing landscape of social media, trends, and content, this may be one further area in which to gather insight.
4. Develop further understandings of the impact of poverty, austerity, and the cost-of-living (COL) crisis on young people and families. This research found how peer pressure is encouraging young people to want and own what their friends have and providing more opportunities for young people to get involved in crime.

Appendices

Appendix 1 – Professionals brainstorm activities

Image 1: Risk-taking behaviours and needs brainstorm (professionals, group 1)

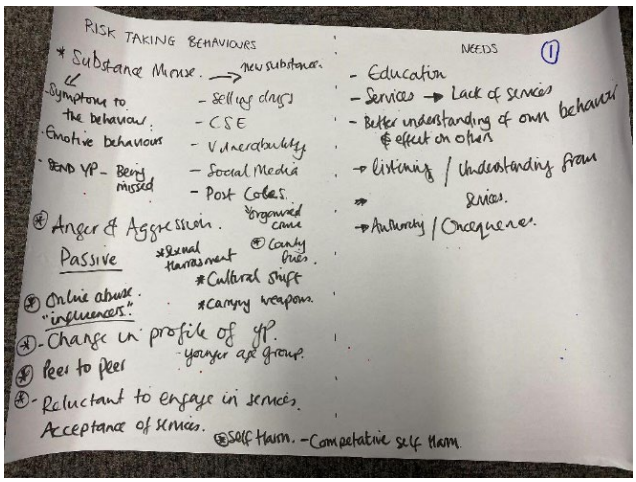


Image 2: Risk-taking behaviours and needs brainstorm (professionals, group 2)

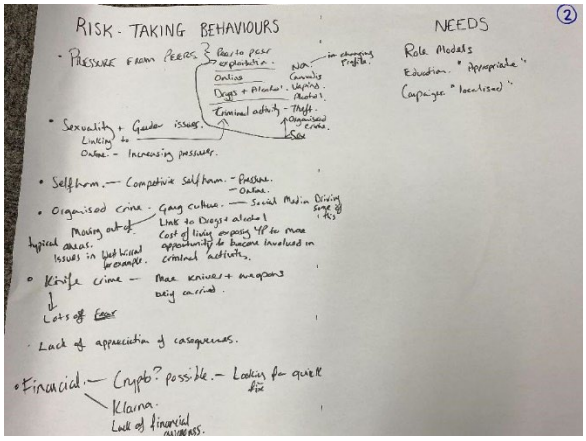


Image 3: Barriers brainstorm (professionals, group 1)

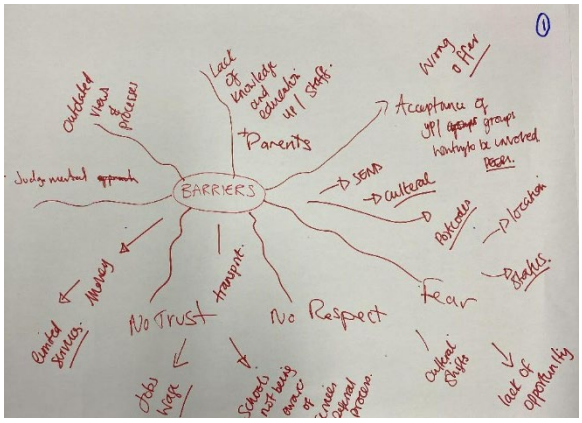


Image 4: Barriers brainstorm (professionals, group 2)

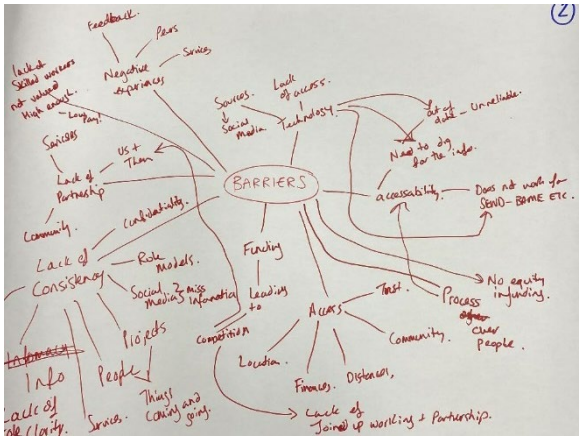


Image 5: Enablers brainstorm (professionals, group 1)

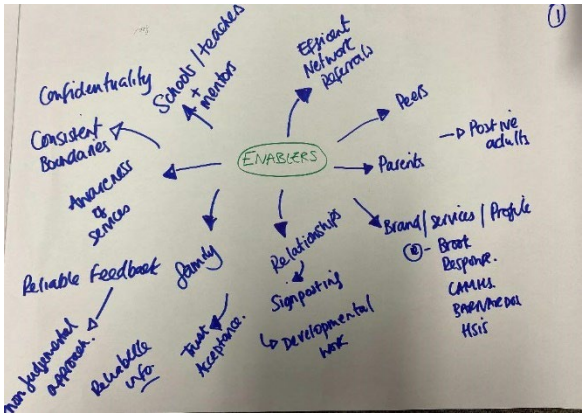
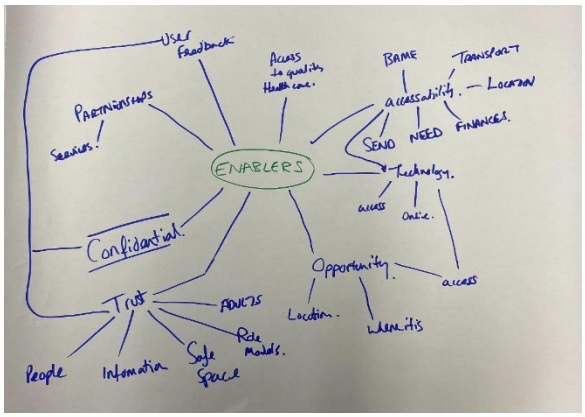


Image 6: Enablers brainstorm (professionals, group 2)



Appendix 2 – Year 7 and Year 9 brainstorm activities

The Year 7 and 9s were first asked to write down pressures in black pen. They were then asked to circle the pressures that could be identified as or lead to risk-taking behaviour, in blue pen. The also wrote more risks in blue pen.

Image 7: Pressures and risks brainstorm (Year 7, group 1)

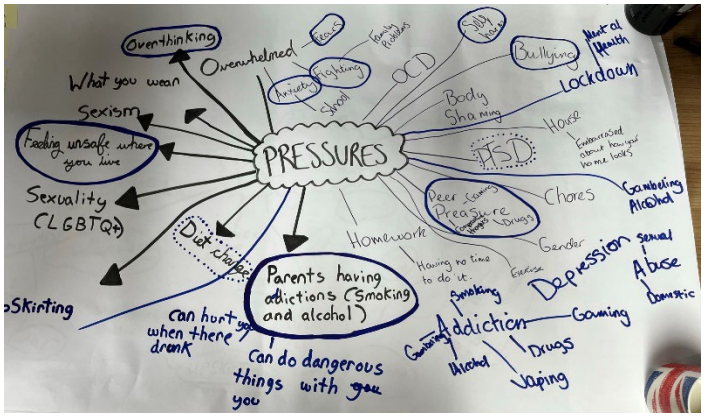


Image 8: Pressures and risks brainstorm (Year 7, group 2)

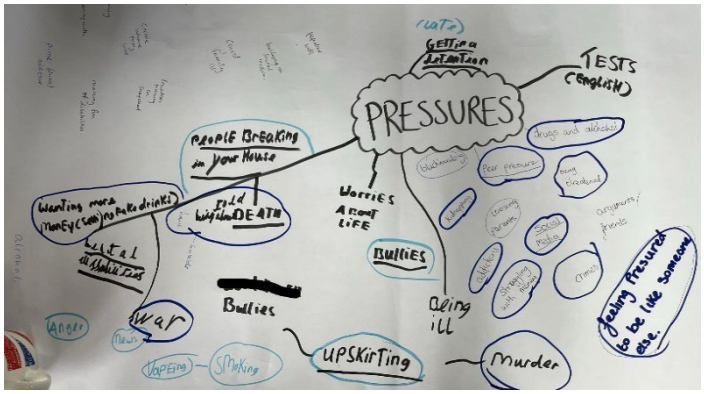


Image 9: Pressures and risks brainstorm (Year 9, group 1)

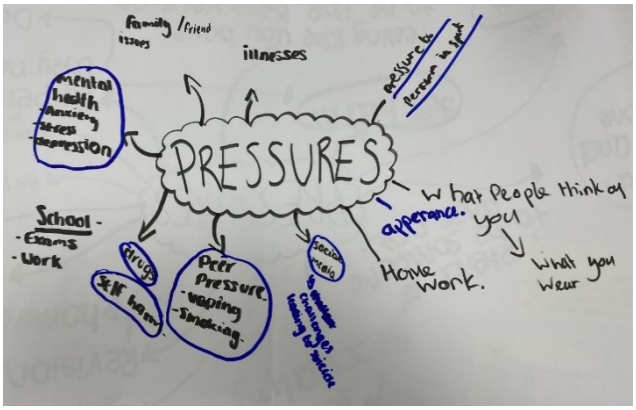
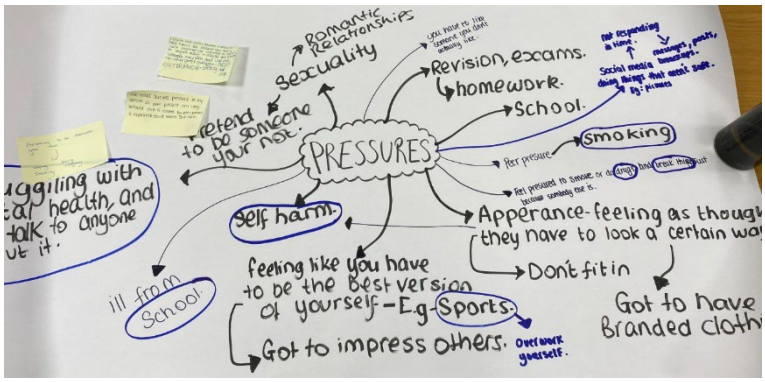


Image 10: Pressures and risks brainstorm (Year 9, group 2)



Appendix 3 – Case studies presented to Year 7 and Year 9s

Image 11: Vaping case study (Year 7 and Year 9)

Emma is on the bus to school with her friends. One of them taps her on the shoulder and hands her a vape and says "try it, its mango flavoured, my big sister got it for me". Emma's other friend says "she won't do it".

Emma hasn't tried vaping before. She's heard its addictive but she wants to fit in.

Image 12: Body shaming friends on social media case study (Year 7)

Jordan has a WhatsApp group with his friends. Last night they were talking about a girl in their class. Over the summer her body changed and she has bigger breasts now. Jordan went along with the jokes but when they started sending photos of her, Jordan felt uncomfortable. He had a feeling these photos were meant to be private.

Jordan feels bad for being involved. He's not sure what to do.

Image 13: Social media influencers sharing information on contraception case study (Year 9)

Becky saw a video of her favourite influencer talking about contraception. The influencer said "I've stopped using contraception because they all give me really bad side effects, plus my boyfriend hates condoms".

Becky hasn't spoken to anyone about contraception before and wonders what the side effects could be. It's not the first time she's seen an influencer saying negative things about contraception.

The pupils were asked to discuss the following questions after reading through the case study:

- What are the risks and pressures?
- Who might the young person talk to?
- Where might the young person go for help?
- Is there anything stopping the young person from getting help?

Appendix 4 – Parents activities

Image 14: Pressures and risks (parents, group 1)

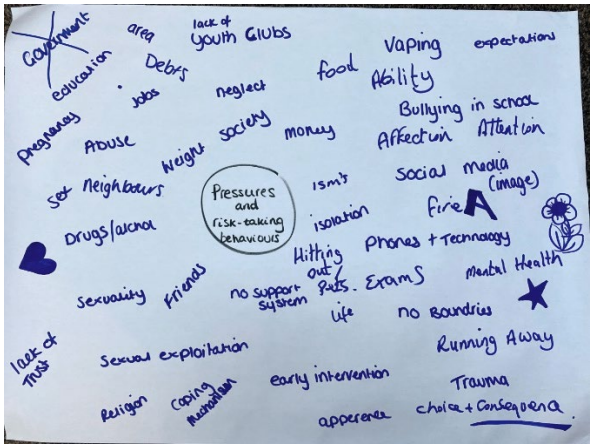
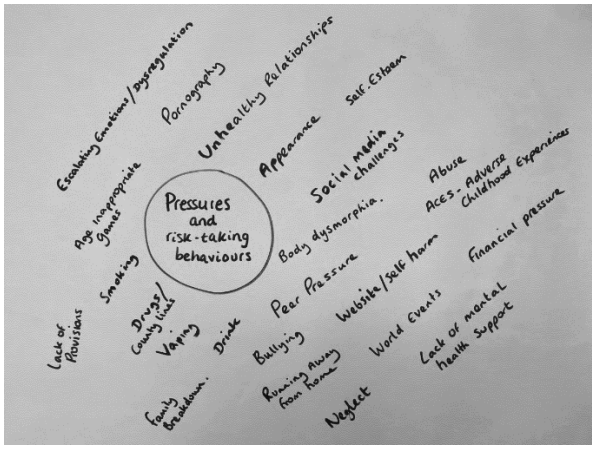


Image 15: Pressures and risks (parents, group 2)



On the snakes and ladders board, the parents were asked to write down enablers on and around the ladders in blue pen, and barriers on and around the snakes in red pen:

Image 16: Snakes and ladders board (parents, group 1)

Image 17: Snakes and ladders board (parents, group 2)

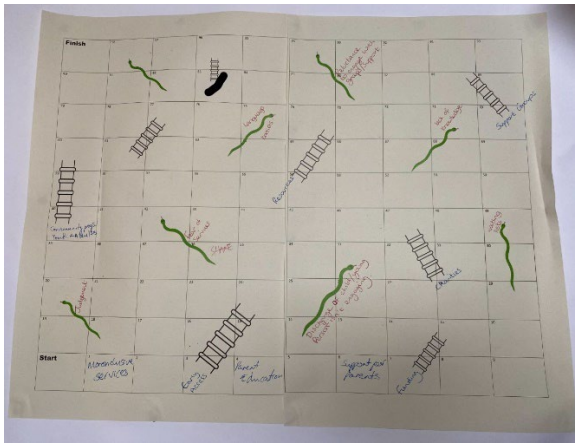
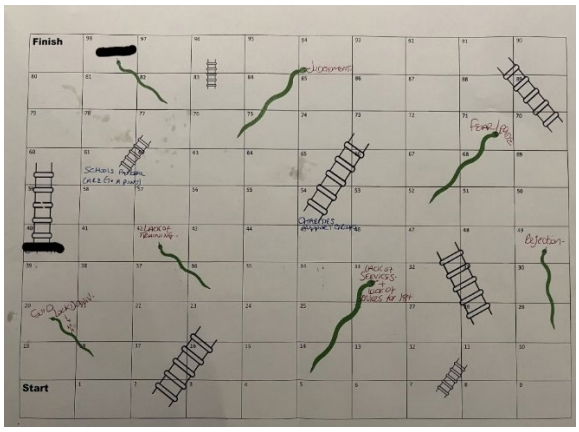


Image 18: Snakes and ladders board (parents, group 3)



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About us

Qualitative Insight is a type of research that speaks to people to gather their thoughts, experiences, and ideas on particular subjects. The Qualitative Insight Team at Wirral Council work with residents to ensure that their voices are heard when informing council policy and decision making. The team supports the delivery of the Health and Wellbeing strategy, in which residents' voices are a key strand.