



# How are you doing?

Gathering feedback from the public and professionals on how they are coping during the COVID 19 pandemic

Targeted Engagement: Young People



## Introduction

During March 2020, England was declared in a state of pandemic, and a 'lock down' was ordered by the Prime Minister. This had a knock on effect on all health and care services in Luton.

Healthwatch Luton began a project, to ask the public and professionals in Luton 'How are you doing?'.

The purpose of the project is to understand how the pandemic has affected the residents within Luton, their access to health and social care and their experiences since the pandemic began. There will also be an understanding of how this has affected the professionals within Luton, in both statutory and voluntary sectors.

- Gather views to inform the wider health and care system, to improve delivery of care
- Ensure the voice of the public is heard
- Ensure people have an outlet for their voice
- Share current messages from partner organisations
- Promote guidance from the government
- Gather feedback from the seldom heard
- Pass on feedback to shape the system going forward
- Promote Healthwatch Luton

As part of this project, Healthwatch Luton have carried out Targeted Engagement sessions in a virtual manner, using Teams. The sessions will continue throughout the project, and with partner and local organisations as and when invited.

This session ran on a Friday afternoon as part of a people participation meeting for those who have been or are currently under the care of CAMHS (Child and Adolescent Mental Health Services) within Luton and Bedfordshire.





## Methodology

The purpose of targeted engagement was to be able to attend already existing meetings or groups of individuals who were willing to speak with us.

As defined within Healthwatch Luton's previous work with young people, those who are within this range are aged 14 – 25 years old.

The sessions followed a similar format to the survey that has been shared throughout the **How are you doing?** project. The four questions used were:

- What is or has worked well during the pandemic?
- What is or has not worked so well?
- What could be improved and how?

Additional questions surrounding testing, treatment and communications were also asked.

Questions were not asked in a formal format as it was more of a free flow conversation to cover those aspects.

To prevent bias, two members of staff took notes to ensure all aspects and feedback were taken correctly. At the beginning of the sessions, all participants were reminded of how their data would be used and where relevant during the session, sensitive information was omitted and an opportunity to share this outside of the session given (such as a school for a young person and a diagnosis of a condition). All information and feedback gathered will be reported on anonymously unless explicit consent was given.

After the sessions, individuals were invited to provide feedback via the existing survey, or by sending emails or making phone calls to Healthwatch Luton.

## Attendees

There were seven attendees at the session in September. Attendees were not asked to register or provide demographic details as this session was part of an already existing meeting set up by CAMHS Patient Participation.



## Feedback gathered

Lockdown has been hard for some young people (YP) with it 'making things difficult' for some in all aspects of their lives, including school and current treatment programmes.

### Appointments

Several YP mentioned medical appointments as being different to usual.

One YP was advised of their treatment plan and needs, which were to include sessions with parents. Due to coronavirus, there was only a telephone session with the YP and not the parental involvement, however, a letter was then sent to the GP, which stated the parent had been involved .

YP mentioned they preferred for their parents to speak to GPs on their behalf and to make appointments.

One YP mentioned a doctor appointment for an infected foot, which was carried out virtually, which worked well.

One person mentioned a relative who was trying to access an appointment for a hearing aid – which could not be done virtually. It was apparent for them that if they were a private patient, they could be seen, but if they were NHS, they could not.

Autism assessments have been put on hold as these need to be carried out in a face-to-face environment. They also cannot be carried out with a mask being worn.

Virtual art therapy seemed to be a real hit with the YP who had accessed the summer art sessions. It was felt that it worked well for those who do not like to meet people and it was a way to be able to express and 'get emotions out' that had been building up over lockdown.





## **Online support**

YP mentioned several barriers to accessing virtual support, including poor wi-fi, lack of confidential space and not having data available on mobile phones. As well as the physical and technical concerns with virtual appointments, some people do not like online access and much prefer face-to-face access.

One young person mentioned the housekeeping carried out at the start of a session was very helpful, as it was confirmed the therapist was alone, was not recording the session and put the individual at ease.



Equally, during a session a YP could see people walking about in the background of the call, and this made them feel uncomfortable.

## **Right staff**

One YP mentioned that finding out little bits of information about a therapist makes them appear more human and assists with building relationships. The example given was about dogs and a like of dogs/having a pet dog.

## **PPE**

When discussing face masks and other PPE, there was a mixture of feedback, regarding both appointments and also out in the community. It was felt that visors were more accessible than masks. It is felt that it is hard to read expressions when a person is wearing a face mask. One YP mentioned they had attended an appointment and the clinician had removed their mask once they were in the room, which made the YP feel uncomfortable.

It was mentioned that one YP had noticed on their way to school using public transport, that there were very few people wearing masks and they were not confronted or questioned by the bus drivers, or other passengers. It was felt there was little enforcement. It was also noted that one YP at their school had witnessed another YP being mocked and 'shouted at' for wiping down the desk they were about to use, by a teacher.



## **Communications for young people**

It was felt that there does not tend to be communications aimed at young people in the health and social care sector. One YP noted there was a poster in the GP surgery along the lines of 'feeling sad, let your parents know to call your GP'.

Regarding coronavirus communications, there was some concern that there is not enough enforcement with the government guidelines, such as the school buses being strict but the public buses not so, and it was noted that as a person with anxiety, this could make the difference between whether or not people go to school.

One YP mentioned bubble systems at their school and how they are to wear a certain colour badge, and these colours are not to mix, however, it does not seem to work and it has not been communicated well to all.

One YP felt at school they were 'bombarded with rules' but they were not stopped to ask how they were.

Anxiety for one YP had been exacerbated because they had heard a rumour about a coronavirus positive case in the school, which was a teacher. They were then not informed which pupils were also positive, meaning they were unsure if they had been in contact with anyone effected.

## **Diagnosis**

One YP mentioned their ASD (Autistic Spectrum Disorder) was given and information was shared at the time of diagnosis, however, they were told to 'read a book and research themselves'.

Another YP was not given a diagnosis for a long time. When they saw a different psychiatrist, they were given a list of diagnoses, which they felt helped them.

A different YP was given a list of diagnoses, but was not sure what they were and they were not explained. The list of acronyms was not helpful.

An eating disorder diagnosis was explained through the treatment the YP received, which they felt was helpful.



## Misconceptions

It was felt by the YP that there is a misconception that YP are blasé about the virus and they are not keeping to rule or following guidance, when in fact the YP we spoke with felt the opposite, they felt that they were trying to adhere to rules and were being 'mocked' by people or their concerns ignored.

Overall, the **positives** that the YP have found from the pandemic and their treatment and care included:

- Making new friends and meeting new people from the CAMHS groups merging online
- Virtual art therapy was really good

The **negative** aspects included:

- Lack of face-to-face appointments
- Lack of enforcement of government guidelines in schools, public transport and a clinical setting
- Diagnosis or assessments not happening
- An assumption that YP do not care about the virus and it's potency





## Evaluation

Healthwatch Luton are aware that there are those who are digitally excluded due to the manner of a virtual engagement, however, contact details have been shared with the People Participation Lead for CAMHS should anyone want to further share their experiences with us.

Equally, speaking up about experiences with those who are not already known to them, or in an open environment, might not be ideal for some young people, so the same option was given to those who did not want to participate or who wanted to speak with us privately.

Healthwatch Luton would like to attend with CAMHS People Participation on a regular basis, perhaps bi-monthly, and ensure the voice of the young people is heard.

## What next?

- Healthwatch Luton will continue to gather feedback from a range of sources and ensure that all areas of the community are able to share their feedback.
- Healthwatch Luton will attempt to engage those areas of the community that are disproportionately effected.
- Healthwatch Luton will consider how those who are digitally excluded can be included within Engagement Forums whilst there is currently no face to face engagement.
- There is a request and potential to carry out similar forums with specific providers and their service users, such as inpatients within mental health

