An examination of the work of the National Health Service [NHS] England Youth Forum

A research study commissioned by NHS England and undertaken by the University of Hertfordshire

Final Report

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This interim report should be referenced as follows:

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- NHS England for commissioning and funding the project.
- All of the young people from the NHS England Youth Forum who took part in the data collection and who gave their time so willingly.
Executive Summary

Background
The concept of a Youth Forum is now well recognised. The Northern Ireland Youth Forum has been acknowledged as one of the longest running within the United Kingdom [UK]; it was established in 1979 by the Department of Education and has continued to develop, having a very active membership (Northern Ireland Youth Forum, 2016). In 1999, a youth forum was held in The Hague to enable 132 young people, who represented 111 countries, to offer their thoughts and opinions to a range of key organisations (including the United Nations as well as governmental and non-governmental bodies) about areas such as health, human rights and education (Youth Forum, 1999). In the same year, UNESCO introduced their first youth forum event - this has since been held every two years at the headquarters in Paris; it is open to all young people and aims to provide:

“an innovative, ongoing opportunity for youth to work in dialogue with UNESCO, to shape and direct the Organization’s approach and to present their concerns and ideas to Member States.”

There are now more than 620 youth councils and forums in the UK – these include those related to local government as well as Community, Borough and County Councils (National Health Service [NHS] England, 2015), thus enabling young people to be involved in a range of decision-making within the community in which they live. In order to allow young people to participate in decision-making about NHS strategies, and improve health services for them, the NHS England Youth Forum was established in 2014.

Research focus
This report summarises an evaluative mixed methods research study (entitled: An examination of the work of the National Health Service [NHS] England Youth Forum) that was commissioned by NHS England in July 2015 and undertaken by the
University of Hertfordshire [UH] between July 2015 and September 2016; this work is Research Phase II, stages I and II; Research Phase I was completed in March 2015 (Whiting et al, 2015; 2016).

The overall aim of Research Phase II, Stages I and II was:

*To utilise quantitative and qualitative data collection approaches to examine the role of the NHS England Youth Forum members and the strategies being used to influence service provision for children and young people.*

In addition, the research team developed the following objectives and key questions in order to refine the focus of the project:

**Research Phase II, Stage I objective:**

*To use Activity Logs to collect quantitative data relating to the activities undertaken by the NHS England Youth Forum members.*

**Research Phase II, Stage I key questions**

- How many activities are being undertaken by the NHS England Youth Forum members?
- How much time is spent undertaking the activities?
- What types of activities are being undertaken?
- Where are the activities taking place?
- How much cost is associated with undertaking the activities?

**Research Phase II, Stage II objective**

*To undertake qualitative data collection with the NHS England Youth Forum members to gain further insight into their role.*

**Methods**

Information in this report is derived from both quantitative and qualitative data collection that was undertaken in two stages:

- Stage I: Quantitative data collection: Activity Logs that were completed by nine members of the NHS England Youth Forum;
- Stage II: Qualitative data collection: Semi-structured interviews with eight members of the NHS England Youth Forum.
Key findings

Summary of the findings from Research Phase II, Stage I: Activity Logs

Activity Logs were returned by nine (36%) of the twenty-five NHS England Youth Forum members.

- Of the returned Activity Logs, 44% were completed by females and 56% by males. The age range that had the highest representation was the 16-18 years bracket (44%), with just one person being over 25 years of age. There was no evidence of any gender or age differentiation in the activities that were undertaken.

- The participants were from a wide range of areas across England; however, there were no noticeable differences in terms of the type of work that was being undertaken in geographical terms.

- The majority of the participants were in full-time education; all were undertaking activities in their personal time – this would indicate a strong commitment to the roles and responsibilities associated with the NHS England Youth Forum. In addition, most (n = 6) of the participants were involved in other organisations, thus reinforcing this motivation and commitment.

- The NHS England Youth Forum members undertook a vast range of activities, sixty-one were recorded between the nine respondents over the three month time period; activities were undertaken both locally (such as hospital committee membership; local youth forum events; seminars) and nationally (for example, the National Children’s Inpatient Survey; NHS Citizen Assembly and national conferences); many of the activities included high profile events as well as consultancy type roles.

- The activities undertaken were done so in a range of locations, but the home environment was the site primarily used - the participants would, for example, engage in social media activities, respond to emails/documents and write papers from their home-base.

- The data obtained indicated that the majority of activities took more than an hour, but less than three hours. Those that took less than 60 minutes all related to email communication and/or telephone calls.

- The funding for the activities was challenging to quantify, but the data collated indicated that the costs were not substantive with the majority of activities incurring no costs at all.
Summary of the findings from Research Phase II, Stage II: Interviews

- Eight members of the NHS England Youth Forum participated in the individual interviews; the findings provided evidence that the young people were not only very capable of being involved in decision-making, but that they were highly motivated and committed to the giving of their personal time and to ensuring that the youth voice was represented and heard. The young people were, undoubtedly, totally central to the NHS England Youth Forum; there was evidence of their personal growth and development and this may have further facilitated the Youth Forum’s success and achievements.

- The young people’s knowledge of their home community enabled them to network with others (both professional and peers) in their local area and to facilitate the “ripple effect” [Tristan, Whiting et al, 2015; 2016]. The collaborative approach of the Youth Forum fostered a community spirit enhancing the committed and positive approach of the members.

- The young people recognised that finances were required to support the running of NHS England Youth Forum, but they did not have knowledge of the specific details. It was very clear that their personal expenses were covered and that there was no expectation, or desire, from any participant to be paid for their Youth Forum role.

- NHS England employees were knowledge experts who had experience and insight into the NHS. Without their expertise, the young people may not have developed sufficient knowledge or confidence to undertake the activities that they were involved in.

- The youth workers played a fundamental role in the operationalisation of the NHS England Youth Forum. Not only were they a clear point of contact for the young people, but they communicated with them on a day-to-day basis and organised key events, including the residential weekends.
Youth Forum Wheel
The data collection and analysis led to the development of the Youth Forum Wheel [YFW] – please see below. The YFW depicts the ‘components of success’ (all of which were identified by the young people themselves) that have underpinned the positive achievements and overall success of the NHS England Youth Forum. The representation has a circular structure to illustrate the equal value and connectivity that each component has. The model is offered so that it can potentially be applied to the establishment and organisation of youth forums in other arenas.
Recommendations

- Funding for the NHS England Youth Forum has been provided by NHS England, it is strongly recommended that funding continues as there is evidence of the very positive work that has been achieved to date; on-going funding will allow the Forum to further develop so that a broad range of children and young people can benefit in the future.

- Clear documentation of the work of the NHS England Youth Forum should be ongoing to provide evidence of the achievements.

- The NHS England Youth Forum is strongly supported by the work of a number of personnel, both those employed by the British Youth Council [BYC] as well as NHS England itself; it is recommended that this continues as it will enable the young people to maintain their role within a secure, comfortable and informative environment.

- The NHS England Youth Forum appears to be a unique and inspirational model that has the potential to be widely and internationally recognised, it is therefore recommended that its work is strategically disseminated to provide insight to others who may wish to draw on a similar approach.

- The YFW has the potential to be applied to the establishment of youth forums; therefore, the development of a youth friendly version would be beneficial.
The Report
Section 1.0: Introduction

1.1 Introduction

This report initially summarises the strategies that have been used to disseminate the findings from the qualitative evaluation research study that was commissioned by the National Health Service [NHS] England in October 2014 and that was undertaken by the University of Hertfordshire [UH] between October 2014 and March 2015 - this is referred to as Research Phase I; the full report, authored by Whiting et al (2015), is available at: http://uhra.herts.ac.uk/handle/2299/15917

This report continues by presenting Research Phase II, an evaluative mixed methods research study (entitled: An examination of the work of the National Health Service [NHS] England Youth Forum) that was commissioned by NHS England in July 2015 and undertaken by the University of Hertfordshire between July 2015 and September 2016. Research Phase II was undertaken in two stages:

- Stage I: Quantitative data collection via Activity Logs that were completed by members of the NHS England Youth Forum.

- Stage II: Qualitative data collection in the form of individual face-to-face semi-structured interviews with members of the NHS England Youth Forum.

The overall title of Research Phase II, Stages I and II was:

An examination of the work of the National Health Service [NHS] England Youth Forum

In addition, the research team developed objectives and questions in order to further refine the foci (Sections 1.1.1 – 1.1.4).
1.1.1 Overall aim for Research Phase II, Stages I and II

To utilise quantitative and qualitative data collection approaches to examine the role of the NHS England Youth Forum members and the strategies being used to influence service provision for children and young people.

1.1.2 Research Phase II, Stage I objective

To use Activity Logs to collect quantitative data relating to the activities undertaken by the NHS England Youth Forum members.

1.1.3 Research Phase II, Stage I key questions

- How many activities are being undertaken by the NHS England Youth Forum members?
- How much time is spent undertaking the activities?
- What types of activities are being undertaken?
- Where are the activities taking place?
- How much cost is associated with undertaking the activities?

1.1.4 Research Phase II, Stage II objective

To undertake semi-structured interviews with the NHS England Youth Forum members in order to gain further insight into their role.

Information in this report is derived from data collected from Research Phase II, Stages I and II; all aspects of the research, including the writing of this report, were undertaken by the research team: Lisa Whiting [LW](Project Lead), Sheila Roberts [SR], Gary Meager [GM] and Julia Petty [JP].

1.2 Background

Whiting et al (2015) provides a substantive literature review that underpins Research Phases I and II of the evaluative work conducted with the NHS England Youth Forum, particularly in relation to listening to the voice of children and young people. This section, therefore, provides information relating to the development of youth forums in order to offer a background context.
NHS England (2015: 5) defines a youth forum as being in existence to:

“represent the views of young people, giving young people the opportunity to have a voice, discuss issues, engage with decision makers and contribute to improving and developing services for young people.”

The ages of young people involved in youth forums is normally between 11-25 years of age; groups such as Southampton Children’s Hospital invite those who are 10 years and above (NHS England, 2015), whilst others such as the United Nations Educational, Scientific and Cultural Organization [UNESCO] (2016) have an age range of 15-24 years.

Whilst there has been some interchangeable usage of the terms youth forum and youth council, Collins et al (2016) suggest that the latter is normally linked with governmental organisations. Matthews (2001) provides a historical development of youth councils within the United Kingdom [UK] – a summary is provided in Table 1.1.

- 1940s-1950s: The establishment of youth parliaments throughout the UK; in 1949, 240 youth councils were existence; many, however, were not successful as they were linked with political agendas, rather than the priorities of young people (Crossley, 1984).
- 1980s: Following the Thompson Report (Department of Education and Science, 1982), another surge of youth council establishment occurred; however, many were not underpinned by robust structures, so did not last for more than a few years.
- 1990s: Youth councils began to develop more strongly in the 1990s; for example, in 1996, the National Youth Agency started to provide, on request, information about youth forums (Matthews and Limb, 1998). The growth within England and Wales was rather disorganised, whereas Scotland adopted a more structured approach.

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<th>Table 1.1: The development of youth councils within the UK (prime source: Matthews, 2001)</th>
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Research relating to youth councils is very limited, particularly within a UK context. A literature search revealed just one paper of relevance; Matthews (2001) undertook a survey of four youth councils in the East Midlands. 63 young people were offered the opportunity to participate in either a focus group or an individual semi-structured interview to ascertain their views of being involved in a youth council. The findings revealed a number of positive factors, such as personal development, enhanced appreciation of local matters and the ability to make a difference. However, Matthews (2001) reports that a range of challenges were also revealed, these included: Insufficient time to achieve the desired outcomes, having no real authority and being tokenistic, being too bureaucratic, having all members from a similar background and
not fully representing the views of the young people. Matthews (2001) suggests that careful consideration needs to be given to the facilitation of youth councils, particularly in respect of the “initiation, the process and the outcome of young people’s participation” (page 309).

Other research, such as that offered by Collins et al (2016) presents work relating to youth councils, but not within a UK setting; Collins et al (2016) conducted a study in a large metropolitan area of the United States of America; an adult representative was interviewed (twenty-three by telephone and one by email) from each of twenty-four local areas who had an operational youth council and who were willing to participate in the research. Data analysis revealed a number of findings, most notably that the young people were involved in a broad range of activities – this was felt to be beneficial as it enabled the needs of the community, as well as the youth population, to be met; the participants identified positive outcomes from the youth council, this included influencing policy. However, some weaknesses in terms of youth councils were highlighted – in particular, the participants suggested that there was a need to engage a broader range of young people. Collins et al (2016: 140) acknowledge the potential and significant benefits of youth councils, but comment that they “remain limited in practice and the research base is underdeveloped”. Whilst Collins et al (2016) offer a valuable contribution to the literature, the context is not UK-based, nor is the focus directly related to youth forums and the perceptions of the young people themselves.

The longest running youth forum that is widely recognised within the UK is the Northern Ireland Youth Forum which was established in 1979 by the Department of Education – this organisation has continued to develop and has a very active membership (Northern Ireland Youth Forum, 2016). In 1999, a youth forum was held in The Hague to enable 132 young people, who represented 111 countries, to offer their thoughts and opinions to a range of key organisations (including the United Nations as well as governmental and non-governmental bodies) about areas such as health, human rights and education (Youth Forum, 1999). In the same year, UNESCO introduced their first youth forum event - this has since been held every two years at the headquarters in Paris; it is open to all young people and aims to provide:
“an innovative, ongoing opportunity for youth to work in dialogue with UNESCO, to shape and direct the Organization’s approach and to present their concerns and ideas to Member States.”


Matthews and Limb (1998) suggests that six different types of youth councils/forums can exist (Table 1.2); other authors do not appear to have offered further comment about the nature of youth forums so this contribution is of particular value:

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<td>This kind of forum focuses on engaging young people in decision-making that occurs within the remit of the local authority.</td>
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<td>Shadow Organisations</td>
<td>These forums run alongside a committee/organisation that is adult-based and would include, for example, a local youth parliament.</td>
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<tr>
<td>Issue-Specific Organisations</td>
<td>This is established by a specific organisation with the aim of involving young people in decisions that are central to it. The NHS England Youth Forum would be most closely aligned to this approach.</td>
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<tr>
<td>Community-Development Organisations</td>
<td>This style of forum focuses on local issues that are of concern to young people.</td>
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<tr>
<td>Group-Specific Organisations</td>
<td>This approach involves a group of young people who all have a specific issue or concern in common – for example, those with disabilities or those who are lesbian, gay or bisexual.</td>
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<td>Young-People Initiated Organisations</td>
<td>This type of forum is developed, organised, and coordinated by young people – this model is less frequently used.</td>
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Table 1.2: Types of Youth Councils/Forums (Matthews and Limb, 1998)

There are now more than 620 youth councils and forums in the UK – these include those related to local government as well as Community, Borough and County Councils (NHS England, 2015), thus enabling young people to be involved in a range of decision-making within the community in which they live. In order to allow young people to participate in decision-making about NHS strategies, and improve health services for them, the NHS England Youth Forum was established in 2014 with the British Youth Council [BYC] being given the responsibility of managing it on a day-to-day basis.
1.3 The NHS England Youth Forum

The NHS England Youth Forum initially comprised of twenty young people who lived across the English regions. Following some attrition from the membership, as well as further recruitment, there were twenty-five young people at the time that this research was undertaken.

In 2015, NHS England announced that Regional Youth Voice Grants had been given to four projects across England (https://www.england.nhs.uk/ourwork/patients/public-voice/yth-for/#), Table 1.3:

<table>
<thead>
<tr>
<th>Region</th>
<th>Project</th>
</tr>
</thead>
<tbody>
<tr>
<td>South</td>
<td>Youth Access</td>
</tr>
<tr>
<td>Midlands and East</td>
<td>Healthwatch Dudley</td>
</tr>
<tr>
<td>London</td>
<td>Association of Young People’s Health</td>
</tr>
<tr>
<td>North</td>
<td>Multicultural Arts and Media Centre</td>
</tr>
</tbody>
</table>

Table 1.3: NHS England Regional Youth Voice Grants

In May 2016, the NHS England began recruiting for their third cohort of young people (aged 14-25 years) to join the Youth Forum; thirteen of the places were open to any young person from England who had an interest in health, four were available for members of the UK Youth Parliament (elected via an online vote by members of the UK Youth Parliament residing in England). The remaining places were filled by existing members who were re-selected for a second term of office.

The NHS England Youth Forum is now receiving broad publicity, via, for example, the website (https://www.england.nhs.uk/tag/nhs-youth-forum/), Facebook page (https://www.facebook.com/NHSEnglandYF), Twitter feed (@NHSYouthForum), as well as through publications that have introduced the work to wider professional bodies (for example, Evans, 2016; Whiting et al, 2016). Since the inception of the NHS England Youth Forum, there has been a growth in terms of the number of local health forums for children and young people with both children’s hospitals (such as Sheffield, Great Ormond Street, Alder Hey and Birmingham) as well as local hospitals (such as Burton, Blackpool and Barnet) being involved. In addition, key events, such as that held at Great Ormond Street Hospital on 5th March 2016 have helped youth forums to

This report presents the mixed methods research study (Research Phase II, Stages I and II) that was undertaken to evaluate the work of the NHS England Youth Forum.

1.4 Definition of key concepts

For the purposes of this research study, the following definitions are offered:

1.4.1 Young person

A young person refers to someone who is between the ages of 14 and 25 years (to reflect the ages of the membership of the NHS England Youth Forum).

1.5 Conclusion

This initial section has provided introductory information; this report consists of four further sections together with a reference list and a series of appendices:

Section 2.0: Presents the strategies that have been utilised to disseminate Research Phase I (Whiting et al, 2015).

Section 3.0: Identifies and discusses the research data collection approaches, recruitment processes, ethical issues and data analysis procedures for Research Phase II, Stage I and II.

Section 4.0: Presents the findings that emerged following data collection and analysis for Research Phase II, Stages I and II.

Section 5.0: Concludes the report by considering the contribution to knowledge that the study has made, its limitations and suggestions for further work. Finally, closing comments are offered.
2.1 Introduction
Dissemination of results is a central part of the research process (Locke et al, 2000); it needs to be undertaken in a thorough manner to facilitate the potential implementation of findings (Nieswiadomy, 2002). Two of the key strategies that are commonly utilised to aid wider dissemination are conference presentations and publication via journals (Polit & Beck, 2006). However, there is a growing need to disseminate research findings to the lay public as well as professionals; in the case of Research Phase I, this was children and young people. This section will detail the dissemination strategies that have been implemented to date.

2.2 Sharing the research
2.2.1 Disseminating widely
The dissemination of research findings has an ethical dimension insomuch as the failure to share work can mean that others are unable to emulate good practice (Baillie, 2015). Conference presentation and journal publication of the research means that the work can be shared with a broad range of people including the participants, the public as well as professionals (Fredericks, 2015); this approach, as well as other strategies, have been drawn on to facilitate the dissemination of Research Phase I:

- **Sharing of the final report (Whiting et al, 2015):**
  Timmins (2015) discusses the importance of sharing the research with those outside of the immediate team; therefore, in order to widen the potential audience, the final report has been distributed (electronically and in a hard copy format) to the key NHS England and BYC personnel as well as the NHS England Youth Forum members. In addition, the report has been posted on the UH website and is freely accessible from:
  [http://uhra.herts.ac.uk/handle/2299/15917](http://uhra.herts.ac.uk/handle/2299/15917)
• **Publication:**

The following paper has been published:


The article appeared in the Art and Science section of the Nursing Standard (an internationally recognised journal that is published by the world’s largest nursing organisation). A decision was made to disseminate via a UK based journal because of the direct relevance of the study to English healthcare services. The value of ‘gold’ open access has been recognised by Fredericks (2015) as it means that the publication can be freely accessed by anyone, with no restrictions; NHS England financially supported open access costs.

• **Conference presentation:**

The study was presented at the Royal College of Paediatrics and Child Health and Royal College of Nursing annual conference on 26th April 2016:


### 2.2.2 Sharing the findings with children and young people

Shaw et al (2011) highlight that children and young people want to be involved in the sharing and dissemination of research that they have participated in – it was therefore important that the NHS England Youth Forum members were able to make a contribution in this respect. Shaw et al (2011: 54) suggest that participation in dissemination can be undertaken in a number of ways (Table 2.1):
Identifying potential target audiences;  
Developing a webpage;  
Writing or contributing to press releases;  
Distributing summaries or posters to their peers;  
Participating in presentations at conferences or seminars;  
Assisting in the organisation of a conference or seminar;  
Identifying other dissemination opportunities.

<table>
<thead>
<tr>
<th>Table 2.1: Potential dissemination strategies that children and young people can be involved in (Shaw et al, 2011: 54)</th>
</tr>
</thead>
</table>

Following consultation with the Experience of Care Lead - Maternity, Infants, Children and Young People, Nursing Directorate, NHS England, it was agreed that the development of a poster, which could be distributed to each of the 150 acute NHS England Trusts that provides healthcare for children and young people, would be an appropriate dissemination strategy. As the NHS England Youth Forum members live in a broad geographical area, it was decided that children and young people from the local UH community would participate in the poster design and that the NHS Youth Forum members, together with key employees responsible for the management of the NHS England Youth Forum, would form an advisory group.

Financial support for the design, development and distribution of the posters was supported by a UH Small Grant for Impact Award as well as NHS England.

**2.2.2.1 Designing the poster**

Two workshops were held with over fifty Year 4 primary school children (approximately twenty-five per workshop) on 2\(^{nd}\) February 2016, the aims being:

- To ask the children for ideas relating to the potential design of the poster.
- To ascertain opinions of a Children’s Research Summary sheet\(^1\).
- To ask the children to draw pictures that could be used to illustrate a Children’s Research Summary sheet.

Following the workshops, amendments were made to the Children’s Research Summary sheet and their drawings inserted (Appendix 2.1).

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\(^1\) Research Summary sheets (one for children and one for young people) were embedded into the poster and are accessible via a QR code.
2.2.2.2 The advisory group

One of the recognised methods of consulting with children and young people, and of involving them in decision making processes, is via a reference or advisory group – The National Youth Agency (2009: 4) state that this is when:

“A group of children and young people (perhaps with adults) advise and inform those planning, delivering or reviewing a piece of work, or who manage a team or organisation.”

The young people, who are members of the NHS England Youth Forum, as well as the key employees responsible for the management of the NHS England Youth Forum, agreed to act as an advisory group in terms of the poster design and development. The preliminary work that had been undertaken (Section 2.2.2.1) was shared with the advisory group at an NHS England Youth Forum residential weekend held between 26th - 28th February 2016; as a result of the consultation, the following recommendations were made:

- Minor modifications to the layout and wording of the children’s and young people’s Research Summary sheets (Appendices 2.1; 2.2).

- Alterations to the design of the poster, the key points that were suggested were that:
  - The artwork should reflect the Youth Forum membership, for example, with the use of a photograph.
  - There were more details about the research on the poster so that insight could be provided to the reader, should they choose not to access the Research Summary sheets.

The recommendations were taken into account (please refer to Appendices 2.1 and 2.2 for copies of the revised Research Summary sheets); the poster was completed and two copies distributed to each of the 150 NHS England acute Trusts in June 2016.
2.3 Conclusion

This section has detailed the dissemination strategies that have been employed in relation to Research Phase I of the NHS England Youth Forum evaluation. Dissemination will continue to be an important aspect of the research and additional approaches will be identified to facilitate the sharing of Research Phase II.
Section 3.0: Undertaking the research: Methodological approach and data collection methods

3.1 Introduction
This section provides an overview of the research process that was undertaken in relation to Research Phase II, Stages I and II. Initially, the methodological approaches will be presented; this will be followed by an overview of the recruitment strategies, data collection procedures, ethical considerations and analysis processes.

3.2 Methodological approach for Research Phase II: Mixed methods
Research Phase I (Whiting et al, 2015; 2016) was underpinned by a goal-free formative evaluative approach; Phase II was a continuation of the previous research so evaluative strategies were also drawn on. Research Phase II used a mixed methods approach, incorporating quantitative (Stage I) and qualitative (Stage II) data collection strategies. Garbarino and Holland (2009: 11) suggest that the use of mixed methods in evaluative work has “been convincingly made”; Moule and Goodman (2014) concur, stating that the combination of methods enables different perspectives to be appreciated. Greene et al (1989) proposed five purposes for mixed methods evaluations (Table 3.1)

- **Triangulation:**
  Uses different methods to investigate the same phenomenon with the aim of confirming the findings;
- **Complementarity:**
  Quantitative and qualitative approaches are utilised to examine overlapping as well as different aspects of a phenomenon – this potentially enhances the richness of the data;
- **Development:**
  Quantitative and qualitative methods are used successively with the first approach informing the latter;
- **Initiation:**
  This aims to increase the depth and breadth of the investigation; it can highlight contradictions, inconsistencies, different perspectives and prompt the modification of questions;
- **Expansion:**
  This increases the scope of the research by drawing on different methods for the different components.

Table 3.1: Purposes for mixed-method evaluation designs (Greene et al, 1989)
The mixed methods approach for this study facilitated complementarity and development, thus enhancing the richness of data collection.

3.2.1 Methodological approach for Research Phase II, Stage I
A quantitative approach was adopted for Stage I; quantitative research aims to measure a phenomenon with the data collection tools (for example, questionnaires) being pre-planned, structured and consistent (Parahoo, 2014). Rohrer (2014) suggests that quantitative methods facilitate the addressing of research that asks how many and how much type questions, whereas qualitative research is concerned with answering why and how questions. Research Phase II, Stage I focussed on asking:

- How many activities are being undertaken by the NHS England Youth Forum members?
- How much time is spent undertaking the activities?
- What types of activities are being undertaken?
- Where are the activities taking place?
- How much cost is associated with undertaking the activities?

The above questions directed the research team to collect quantitative data, this was done via the development and distribution of Activity Logs (Section 3.4).

3.2.2 Methodological approach for Research Phase II, Stage II
A narrative inquiry approach was drawn on for Research Phase II, Stage II. Narrative inquiry is an interpretive methodological approach that has emerged as a discipline from within the broader field of qualitative research (Riessman and Speedy, 2007). As an umbrella term, it captures personal and human dimensions and takes account of the relationship between individual experience and cultural context (Clandinin and Connelly, 2000). Narrative inquiry, from an evaluation perspective, focuses on how individuals make sense of something, their views of its worth and their individual perceptions of it (Squire et al, 2014). In the context of this research, the inquiry studied the
narratives of young people in order to explore their experiences and views of the NHS Youth Forum.

3.3 Recruiting the participants
A purposive sampling technique was utilised to recruit participants to both Stages I and II of Research Phase II. Purposive sampling is a form of non-probability sampling where specific predefined criteria are identified, it is widely used for the identification and selection of information-rich participants related to the phenomenon of interest (Palinkas et al, 2015). This type of sampling is valuable for situations where specific participants are required and where sampling for proportionality is not the primary concern. The approach is congruent with the objectives of evaluative research as well as the use of narrative interviews.

In order to meet the aims of this study, the participants sought were required to be members of the NHS England Youth Forum; however the research team were ‘blinded’ to the selection of participants as information about the research was disseminated by a third party – in terms of Research Phase II, Stage I, the Experience of Care Lead - Maternity, Infants, Children and Young People, Nursing Directorate, NHS England and the BYC employee, who is responsible for the day-to-day management of the NHS Youth Forum, were contacted to ask if the current twenty-five NHS England Youth Forum members could be invited to participate in the research study; an Information Sheet (Appendix 3.1) was attached to the e-mail and permission was duly granted. All correspondence with the young people (recruitment and data collection) was conducted by the BYC employee (a person with whom all the young people had a strong relationship) – at no point was there any direct contact from a member of the research team. This approach enhanced objectivity and ensured that the young people felt ‘safe’ not to participate.

A similar approach to recruitment was adopted for Research Phase II, Stage II; the same BYC employee agreed to distribute the Information Sheet (Appendix 3.2) to the NHS England Youth Forum members. Those who were interested in participating in a face-to-face individual interview responded to the BYC employee and a mutually
convenient time for the young people to meet with a member of the research team was then arranged.

3.4 Data collection
In this section, the data collection tools and process associated with Research Phase II, Stages I and II is detailed.

3.4.1 Data collection tool for Research Phase II, Stage I: Activity Logs
Questionnaires are well established data collection tools since information can be collected from participants in a relatively short period of time across broad geographical areas and in a relatively cost effective way (Parahoo, 2014); in addition, the findings can normally be swiftly and readily quantified. As a result, a questionnaire, in the form of an Activity Log (Appendix 3.3), was developed and utilised with the aim of gathering quantitative data from the NHS England Youth Forum members about the activities that they undertake as part of their NHS England Youth Forum role. The Activity Logs were developed following consultation with the NHS England Youth Forum membership at their residential weekend held 19th - 21st June 2015. Following the receipt of ethical approval, all twenty-five of the current NHS England Youth Forum members were sent an Information Sheet (Appendix 3.1) by the BYC employee and invited to complete Activity Logs for October, November and December 2015. The BYC employee sent email reminders to the young people at the beginning of each calendar month.

The data collected via the Activity Logs allowed a flexible approach for the participants as they were able to decide when to document the information and how much detail to give.

3.4.2 Data collection tool for Research Phase II, Stage II: Interviews
Narratives can be generated using a range of methods such as focus groups, open ended questionnaires, diaries, case and life histories as well as interviews. Narrative is not only an approach to research but it is also the
phenomenon being studied. Robert and Shenhav (2014) suggest that it comprises of both the approach (narrative inquiry) and the narrative obtained from chosen methods (in this research, interviews).

Interviews are now one of the most frequently used methods of data collection (DiCicco-Bloom and Crabtree, 2006); Corbin and Morse (2003: 340) have identified three ‘modes’ of interviews: ‘unstructured’, ‘semi-structured’ and ‘quantitative/close-ended’. It was the semi-structured interview that was felt to be most appropriate for this study as it allowed rich narrative to be generated in a one-on-one environment; it also provided some direction and encouragement for the young people when talking about their experiences with a set of ‘prompt’ questions being able to be used to enhance data gathering (Appendices 3. 4).

A total of eight face-to-face individual interviews were conducted with members of the NHS England Youth Forum. The date, time and location of all of the interviews were negotiated with the young people. Four interviews took place on 18th June 2016 at one of the NHS England residential weekends, a further two were conducted on 22nd July 2016 at a University in the North of England when the young people were attending a national event in that location; the final two interviews were undertaken in the home of the young people (one on 16th August 2016 and the other on 20th August 2016). Interviews lasted for between 17 minutes 29 seconds and 45 minutes 10 seconds. An interview checklist was prepared that identified practical arrangements and areas to be clarified with each participant (Table 3.2).
• Purpose of interview;
• Clarification of topic under discussion;
• Format of interview;
• Approximate length of interview;
• Assurance of confidentiality;
• Purpose and use of digital recorder (including consent for its use);
• Assurance that the participant can seek clarification of questions;
• Assurance that the participant can decline to answer a question(s) or terminate the interview;
• Assurance that the participant can ask questions.

Table 3.2: Checklist of points for explanation prior to interview

All of this qualitative data collection was undertaken by the same member of the research team in order to maintain consistency. The participants consented to their interview being recorded; no supplementary written notes were taken.

3.5 Ethical Considerations
There are a number of ethical considerations that need to be taken into account with any study if the participants are to receive the protection that they deserve; these are addressed in Sections 3.5.1 – 3.5.5.

3.5.1 Ethical approval
Ethical approval to conduct Research Phase II, Stages I and II of the study was sought and gained from the University of Hertfordshire Health and Human Sciences ethics committee. Ethical approval for Stage I was granted on 30\textsuperscript{th} July 2015 and was valid from 1\textsuperscript{st} September 2015 until 31\textsuperscript{st} March 2016 [protocol number: HSK/SF/UH/00119]. A minor modification request to allow GM to join the research team, and to extend the ethical approval until 14\textsuperscript{th} April 2016, was granted and received on 3\textsuperscript{rd} March 2016 [protocol number: aHSK/SF/UH/00119(1)]. Ethical approval for Stage II was received on 5\textsuperscript{th} May 2016 and was effective until 30\textsuperscript{th} September 2016 [protocol number: HSK/SF/UH/02383].

3.5.2 Protecting the participants from harm
Whilst it was not anticipated that the research would cause undue distress, it was acknowledged that this can always be a possibility. Streubert Speziale and
Carpenter (2006) advocate that time is made available at the end of each interview in case any advice is required – this suggestion was adhered to and, in addition, a Support Service Information Sheet (Appendix 3.5) was developed and available to participants at the conclusion of their interview, should they require it.

3.5.3 Confidentiality
Parahoo (2014: 405) suggests that confidentiality is the:

“assurance given by researchers that data collected from participants will not be revealed to others who are not connected with the study.”

To assist in the protection of confidentiality, the following actions were taken:

- Participants who were involved in the completion of the Activity Logs and/or interviews were allocated a pseudonym that was used when reporting findings. There was one exception to this – Usman specifically requested that his own name be used; since he was of adult age, it was agreed to respect his wishes, parental consent for this action not being required.
- Any personal data was kept as a hard copy as well as on an encrypted USB memory stick and stored in a locked cabinet. This material will be destroyed on completion of the project.
- All information relating to data collection (the interview recordings, transcripts and Activity Logs) was kept in a locked filing cabinet.
- Care has been taken when reporting the findings and when describing participants as this could lead to recognition.

3.5.4 Consent
Gaining the informed consent of participants is essential (Royal College of Nursing, 2011). All of the participants were provided with an Information Sheet; the guidelines presented by Burns and Grove (2005) were used for the formulation of these (Appendices 3.1 and 3.2). As parental consent had already been obtained for the young people, who were under 18 years of age, to be involved in NHS England Youth Forum activities, it was deemed appropriate for all participants to self-consent for this research; consent was implied by
completion of the Activity Logs, but written consent was obtained by the participants who were interviewed, the consent forms (Appendix 3.6) being signed by both the interviewee and researcher (as recommended by Mitchell, 2015) – the young person kept one copy of the consent form and the research team another.

3.5.5 Valuing the participants
The undertaking of studies frequently prompts researchers to consider whether small gifts should be given to participants as a token of respect and thanks. Whilst gift giving can be ethically contentious (Fargas-Malet et al, 2010), it was felt that respecting and valuing the young people’s contribution and time was important. As a result, and with ethical approval, each participant received a ‘thank you' letter (Appendix 3.7) and an Amazon gift voucher (£20.00 for those involved in completing the Activity Logs and £30.00 for those who participated in the interviews).

3.6 Analysis of data
In this section, the analysis process undertaken for Research Phase II, Stages I and II is described; all data analysis was undertaken by a member of the research team.

3.6.1 Analysis of Research Phase II, Stage I: Activity Logs
The data from the Activity Logs was quantitative in nature; therefore, as is usual practice, analysis was undertaken once all of the Activity Logs had been returned. Descriptive statistics were used since this approach facilitates the answering of descriptive questions (Parahoo, 2014) – this was commensurate with the information collated in the Activity Logs. Descriptive statistics have three key areas – these enable data to be succinctly summarised (Parahoo, 2014):

- Frequency;
- Central tendency;
- Dispersion
The results from the Activity Logs are detailed and graphically represented in Section 4.0.

### 3.6.2 Analysis of Research Phase II, Stage II: Interviews

The analysis of qualitative data:

> “involves organizing, accounting for and explaining the data; in short, making sense of data in terms of the participants’ definitions of the situation, noting patterns, themes, categories and regularities.” (Cohen et al, 2007: 461)

There are different forms of narrative analysis (Reissman, 2008):

- Thematic analysis: Focuses on common themes extracted from raw narrative;
- Structural analysis: Concerned with the linguistic nature of narrative;
- Dialogic or discourse analysis: Reduces narrative to its smallest units;
- Visual analysis: Focuses on arts based narrative such as images.

A thematic approach was drawn on to facilitate the analysis of the interviews with the members for the NHS England Youth Forum as this method is concerned with the content of a story, the ‘what’ rather than ‘how’ it is told. Thematic analysis seeks to describe patterns across qualitative data (Braun and Clarke, 2006), focusing on emergent and common themes extracted from raw data. It is particularly suited to evaluative research that sets out to explore the views and opinions of people.

A number of models have been offered to aid thematic analysis, but all use a similar staged framework (Creswell, 2009). These approaches identify commonalities and differences in qualitative data, before focusing on emerging relationships – this enables the drawing out of descriptive and/or explanatory conclusions clustered around themes (Gale et al, 2013). The six stage ‘bottom-up’ Qualitative Process of Data Analysis offered by Creswell (2012) was used to analyse the interview transcripts as it offers a clear and structured approach to aid the identification of common themes (Table 3.3).
6. Coding of the text so that themes can be used in the research report;
5. Coding of the text so that material/descriptions can be used in the research report;
4. Coding of the data – codes are assigned to elements of the text;
3. Reading of the data several times to facilitate a sense and understanding of it;
2. Preparation for data analysis (for example, transcription);
1. Data collection.

<table>
<thead>
<tr>
<th>Table 3.3: The Qualitative Process of Data Analysis (Creswell, 2012)</th>
</tr>
</thead>
</table>

Each interview was transcribed into a table within Microsoft Word® and then checked for accuracy of transcription against the recordings. In line with the analysis process offered by Creswell (2012), data was concurrently collected and analysed, thus facilitating the simultaneous and iterative processes that are integral to the framework.

Analysis was begun by first listening to each interview recording; this was followed by the reading of each transcript several times - this was undertaken in the chronological order that the interviews had been conducted. Once this had been completed, codes were allocated to the relevant areas of each transcript; analysis then continued by coding the text so that noteworthy areas were highlighted and themes identified – both of which could be used in the final report.

The participants’ own words are used in Section 4.0 when reporting the findings as this has the advantage of giving “readers a sense of entering the participants’ worlds and sharing the experience of being there with them.” (Croker, 2009: 9).

3.7 Conclusion
This section has provided an overview of the data collection approaches, recruitment methods, ethical considerations and data analysis procedures. The findings are presented in Section 4.0.
Section 4.0: Findings

4.1 Introduction
This section presents the findings that emerged from the analysis of the Activity Logs and semi-structured interviews. In terms of the results from the Activity Logs, graphical representations are included to provide visual clarity, aid assimilation and support the commentary. The interview data is presented via a discussion as well as a range of quotations taken from the participants’ transcripts. Pseudonyms or codes are used throughout to maintain the participants’ confidentiality. The chapter concludes by presenting the Youth Forum Wheel (Figure 4.11); this model depicts the ‘components of success’ that underpinned the positive achievements and overall success of the NHS England Youth Forum (all of which were identified by the young people themselves).

4.2 Findings from the Activity Logs
4.2.1 The completed and returned Activity Logs
Ten of the twenty-five members (40%) of the NHS England Youth Forum completed and returned Activity Logs. Three of the Activity Logs contained some data from outside of the agreed data collection months; of these three, all of the data submitted by one young person was from outside of the designated timeframe. Data that was not from October, November or December 2015 was rejected in line with ethical approval; analysis therefore related to Activity Logs submitted by nine (36%) of the NHS England Youth Forum members. Not all members had activities recorded for all three months. Table 4.1 identifies the number of Activity Logs completed for each month.

<table>
<thead>
<tr>
<th>Month</th>
<th>Number of Youth Forum members completing the Activity Log</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 2015</td>
<td>7</td>
</tr>
<tr>
<td>November 2015</td>
<td>8</td>
</tr>
<tr>
<td>December 2015</td>
<td>3</td>
</tr>
<tr>
<td>TOTAL:</td>
<td>18</td>
</tr>
</tbody>
</table>

Table 4.1: Number of Activity Logs completed by young people for each month

This is with the exception of Usman who made a specific request for his own name to be used (please see Section 3.5.3).
44% (n = 4) of the Activity Logs were completed by female members of the NHS England Youth Forum, and 56% (n = 5) by male respondents (Figure 4.1); Figure 4.2 details the age range of the young people. There was no age or gender differentiation in terms of the activities undertaken by the participants.

**Figure 4.1:** The proportion of male and female participants who completed the Activity Logs

**Figure 4.2:** The ages of the participants
Members of the NHS England Youth Forum had been recruited from across the country; regional responses are detailed in Figure 4.3 with South West England having the highest number of completed and returned Activity Logs.

Figure 4.3: The numbers of completed and returned Activity Logs in relation to the regions across England

4.2.2 The day-to-day commitments of the participants

The NHS England Youth Forum had representatives who had a range of day-to-day commitments, 77% of respondents were still in education (college, school, University or self-directed study). Four participants also had additional responsibilities, in the form of paid (22%; n = 2) or volunteer work (22%; n = 2); Figure 4.4 provides a diagrammatic representation of the young people’s main day-to-day commitments.
4.2.3 Responsibilities and activities relating to other organisations

Some of the participants (n = 6) were involved in other organisations, as well as the NHS England Youth Forum, these are summarised below and in Figure 4.5:

- **National Health Service, Department of Health and Parliamentary groups:**
  - Children and Adolescent Mental Health Services [CAMHS];
  - Transition Advocacy Project;
  - Health and Wellbeing Champion role;
  - Children and Young Persons Council - Cleft Lip and Palate Association;
  - Hospital committees;
  - UK Youth Parliament.

- **Voluntary and community organisations:**
  - The Council for Disabled Children;
  - Scouts Association;
  - Dorset Youth Council.

![Figure 4.4: The number of the participants and their main day-to-day commitments](image-url)
4.2.4 The NHS England Youth Forum activities

From the data collected from the NHS England Youth Forum members during the three month data collection period, a total of sixty-one activities were undertaken, covering a wide range of engagements. Figure 4.6 provides a summary of all the activities, as well as the number of times they were undertaken by the respondents (n = 9) across the three month time period.

![Figure 4.5: Other organisations that the participants were involved in as well as the NHS England Youth Forum](image-url)
Further details of some the items referred to in Figure 4.6 are given below:

- Marketing for Youth Help project;
- Youth Help Project Advisory Group;
- NHS England Youth Forum residential weekend;
- Facebook: updating the NHS England Youth Forum open page and posting topics;
- Tweeting on nursing issues such as: Empathy, mental health in children and young people;
- Blogging: National Children’s Inpatient Survey, Me First Communication Model, NHS England Youth Forum Posters;
- Attendance / presenting at conferences on topics such as: Transition into adulthood; making ourselves heard seminar (enhancing disabled young people’s participation); Psychology conference; British Youth Council conference; #DearNHS; NHS Citizen Assembly; Cleft Lip and Palate Association conference;
Networking and attendance at NHS England children and young people rehabilitation working group; CAMHS participation meeting; Patient liaison group;

WebEx online meeting: Patient online team;

Participation in Survey: NHS Constitution;

Article writing on topics including: Annual Cleft Lip and Palate Association newsletter, Clinical Commissioning Group guidance for youth engagement.

The time spent on each activity was not completed in every log; however, Figure 4.7 shows the duration of time spent in relation to the number of activities undertaken (this includes travel as some participants did not differentiate between this and other activities).

The data obtained indicated that the majority of activities completed by the NHS England Youth Forum members took between one to three hours. The activities that took less than 60 minutes, all related to email communication and/or telephone calls.

![Figure 4.7: The number of times an activity was undertaken in relation to time spent](image-url)
The location of the activity undertaken was requested on the Activity Log; however, once again, this was not completed by all respondents – Figure 4.8 details the locations where NHS England Youth Forum members undertook their work.

![Figure 4.8: The locations where the participants undertook NHS England Youth Forum activities](image)

The NHS England Youth Forum members were asked to collate information relating to the cost of completing their activities. Not all of the Activity Logs captured this data; therefore, it is difficult to establish whether there was no cost incurred or whether the young people had failed to complete this section. Figure 4.9 provides further details of the data that was recorded; most of the activities that were undertaken were done at home and were listed as not incurring any expense – none of the respondents identified any financial support in relation to a computer, telephone or stationery usage. The costs of over £100 related to conference attendance, £291.00 and £270.00 (the former being externally funded by the British Psychological Society); the activities that incurred lower expenditures (of less than £100.00) related to two travel payments (£2.00 and £35.00). In summary, the total costs documented were £598.00 of which £561.00 was funded. Figure 4.10 details the data that was provided.
Figure 4.9: The number of activities undertaken and the costs incurred

Figure 4.10: Sources of funding for the activities undertaken by participants
4.3 Summary of the findings from Research Phase II, Stage I: Activity Logs

The analysed Activity Logs were returned by nine (36%) of the NHS England Youth Forum members; therefore, the findings presented in this section may not be wholly representative of the activities undertaken by those who did not participate – nevertheless, the analysis of the completed and returned Activity Logs provided some valuable insights that were used to inform Research Phase II, Stage II:

- Of the returned Activity Logs, 44% were completed by females and 56% by males. The age range that had the highest representation was the 16-18 years bracket (44%), with just one person being over 25 years of age. There was no evidence of any gender or age differentiation in the activities that were undertaken.

- The participants were from a wide range of areas across England; however, there were no noticeable differences in terms of the type of work that was being undertaken in geographical terms.

- The majority of the participants were in full-time education; all were undertaking activities in their personal time – this would indicate a strong commitment to the roles and responsibilities associated with the NHS England Youth Forum. In addition, most (n = 6) of the participants were involved in other organisations, thus reinforcing this motivation and commitment.

- The NHS England Youth Forum members undertook a vast range of activities, sixty-one were recorded between the nine respondents over the three month period; activities were undertaken both locally (such as hospital committee membership; local youth forum events; seminars) and nationally (for example, the National Children’s Inpatient Survey; NHS Citizen Assembly and national conferences); many of the activities included high profile events as well as consultancy type roles.

- The activities undertaken were done so in a range of locations, but the home environment was the site primarily used - the participants would, for example, engage in social media activities, respond to emails/documents and write papers from their home-base.

- The data obtained indicated that the majority of activities took more than an hour, but less than three hours. Those that took less than 60 minutes all related to email communication and/or telephone calls.
The funding for the activities was challenging to quantify, but the data collated indicated that the costs were not substantive with the majority of activities incurring no costs at all.

4.4 Findings from Research Phase II, Stage II: Interviews

This section presents the seven themes that emerged from the eight semi-structured, face-to-face interviews that were undertaken with young people who are members of the NHS England Youth Forum. Each theme draws on a phrase that was used by one or more of the young people during the interviews; this captures the essence of the theme from the young person’s perspective. In addition, the term that encapsulates the theme from a more theoretical stance is also identified.

4.4.1 Theme: “I love being part of the NHS Youth Forum”: The young people

This theme focuses on the young people themselves and includes demographic information, the participants’ opinions of the NHS England Youth Forum recruitment and representation, as well as their perceptions of their personal growth and development.

The participant demographic details are shown in Table 4.2 – these are purposely minimal in order to maintain confidentiality; the ages of the young people ranged from fifteen to twenty-two years and representation was from across England. One of the participants had been a member of the NHS Youth Forum for two years and the other seven for one year. One person completed the Activity Logs and also took part in an interview.
The young people were all fully aware of the selection and recruitment process that had underpinned the development of the NHS England Youth Forum – the participants felt that the membership encompassed a diverse range of young people from both genders as well as a variety of backgrounds, ethnicities and geographical areas:

“I think it [the selection and recruitment] was actually robust to be honest. I think it’s always nice to be able to have some people that are younger…but actually, then you’ve got to think also you’re expecting these people to do independent travel, to be away from their parents….in terms of ethnicity I think that was completely fair.” [Millie]

“I’m from London, you’ve got people from Newcastle, from all across the country, all across England rather and that’s interesting.” [Josh]

It was very evident throughout the interviews that the young people very much enjoyed being part of the NHS England Youth Forum, they exhibited a passion and strong desire to be involved in the work, the two quotes below epitomise the participants’ views:

“I love being part of the NHS Youth Forum and all spectrums of it, mental health is my main interest.” [Chloe]

“I can tell you that we get lots of opportunities via e-mail and I love it, to be honest with you.” [Josh]

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3 This is with the exception of Usman who made a specific request for his own name to be used (please see Section 3.5.3).

4 Please note that the residences of the young people stretched across the geographical locations, but these have not been identified for confidentiality reasons.
The participants had all been involved in a tremendous range of initiatives, this reiterated the findings from the Activity Logs (please refer to Section 4.2.4); the young people felt confident that the NHS England Youth Forum was working and that there was evidence of its success:

“I think it [the NHS England Youth Forum] is making changes, it's giving young people a voice to get involved locally and nationally. It's empowering young people to express their views and interests and its motivating people to make a difference in their communities.” [Usman]

“I think given that we only started two years ago, already people are aware of us, already organisations from all over are coming to us….that shows that they know that we're making an impact already.” [Georgia]

The young people all personally benefited from their membership of the NHS England Youth Forum. They spoke about their own growth and development, in particular, their self-confidence and communication skills – these attributes enabled them to be involved in more Youth Forum initiatives:

“So you’ve got the personal development in terms of confidence in things and actually my ability to communicate, because if we go back to before I started this, I wouldn’t have been comfortable going out and talking. I had a lot of anxiety and, well I wouldn’t have ever spoken in front of people….In terms of also independence, being able to travel away and I’d never jumped on a train by myself before….it’s second nature now, that freedom…..it was quite empowering to be able to know that you can do these things, you can make a difference and your opinions are valued.” [Millie]

“For me it was like being introduced to a whole new world. I wasn’t aware that young people could be offered opportunities like that, to actually talk to key decision makers and get people from really important organisations wanting to come and talk to us….It’s helped me with my communication skills….its taught me how to speak properly and confidently.”[Georgia]

“Me personally, well I’ve met a lot of really, really good people. I feel like I’ve developed a lot of presentation and planning skills and organisation type things.” [Charlotte]

“It’s helped improve my personal confidence and helped me more socially.” [Alastair]
In summary, the young people were totally central to the NHS England Youth Forum; there was evidence of their personal growth and development and this may have further facilitated the Youth Forum’s success and achievements.

4.4.2: Theme: “The reasons behind why I wanted to join”: Motivation

The motivation of the young people to be part of the NHS England Youth Forum was very evident and was related to four key areas; the most frequently mentioned was personal experiences that had led to an interest in health issues; some participants went further by specifically saying that they wanted to give back to society:

“It's a major concern for me about the NHS….and I want to improve it, I want to give back….After being elected as young mayor in our local area….we get lots of opportunities about how we can contribute back to society and one of them was the NHS Youth Forum….I saw it and I thought what a brilliant opportunity that would be to kind of get my voice heard, obviously as a service user but also as someone who represents young people locally. It was a brilliant opportunity.” [Josh]

“The reasons behind why I wanted to join were more personal….I was quite passionate about mental health because my….[relative’s name omitted] suffers from schizophrenia.” [Georgia]

“I decided to choose to do it [the NHS England Youth forum] because it was personal to me….Also I just thought it would be a good opportunity and see how much I can learn and also gain from it and to be honest helping people is a good thing.” [Alastair]

“Strong personal experience with the [service name removed] health system.” [Matt]

A second purpose for wanting to join the Youth Forum was vocalised by a small number of participants who stated that involvement could help to facilitate their future career or University aspirations; however, for none of these young people was this rationale the sole one, all provided (at other points in their interview) an additional reason: responding to encouragement from others [Usman]; wanting to give something back [Josh] and personal experiences [Chloe]:
“It's helped me put something on my CV, to put something on my Professional Career Development Plan and I hope it should improve my future career prospects as well.” [Usman]

“It’s an opportunity, whether or not you want to put it on your CV or not.” [Josh]

“I mean I’m doing it because I do genuinely enjoy it, and I am really passionate about mental health, but at the same time I did put it on my personal statement [University application].” [Chloe]

Thirdly, some of the young people had seen membership of the Youth Forum advertised, or had had it highlighted to them by someone, and had then responded to this; however, even if the young people had not previously heard of the Youth Forum, they were all already involved in volunteer work:

“Well, I saw it being advertised by the UK Youth Parliament and I’d known of it because a girl who was in Youth Parliament, she’d been talking about it and things and I’ve always been involved in healthcare stuff. I saw NHS Youth Forum being advertised so I applied for the position.” [Charlotte]

“One of the workers informed me about the NHS Youth Forum and I was part of the Young Healthwatch….She manages volunteers, I got informed by her to apply and I applied for it.” [Usman]

“The participation worker received an email from someone in NHS England which had a link to the application page for NHS Youth Forum so passed it on to me and then that’s what sort of made me decide to apply.” [Millie]

“Well I’m part of my local [service name removed] participation group….where I live, and then I think they got informed about it, I don’t know really, I’d never heard of it before and they just, we have a Facebook group and they just said like ‘If anyone wants to apply they can.”’ [Chloe]

Finally, and perhaps most importantly, motivation to become an NHS England Youth Forum member came from the participants’ absolute belief in the importance of enabling the voices of young people to be heard; whilst there were many comments about valuing the voice of the young person and striving for it to be heard, the quote below from Matt captures the passion and importance:
“We’ve not got mandate to speak on behalf of like health issues but we have a voice…. young people’s voices are heard in the NHS but they’re not heard well enough yet….. We’re like a catalyst in between young people having their voices heard properly by the NHS…. I think the most key point is showing adults that young people want to have their voices heard and they’re not just these kids who you can put in a children’s ward and be forgotten about….I think what’s absolutely testament to NHS England and to BYC is that they found young people who they know are going to be dedicated and they’re going to work hard….And they are going to fight for the voices of young people and everything that they do. And I think that’s great, I really do.” [Matt]

The young people had been motivated to apply for membership of the NHS England Youth Forum for a range of reasons, some of them providing more than one rationale. However, the enthusiasm to be part of the Youth Forum’s work was evident and the appreciation of the opportunity was clear – Josh spoke of how people were “gutted” that they did not get a place and that there were “hundreds of applications”. In summary, the motivation and drive of the young people who were selected, was very evident.

4.4.3 The young people: “You can't just say ‘Oh, actually I'm busy’”: Commitment

It was clear that the young people were not only passionate about the Forum and the associated work, but their commitment also shone through – “you know, you sort of make a commitment and you can’t just say ‘Oh, actually I’m busy’ you can’t.” [Millie]. The commitment primarily related to personal time and the length of the term of office.

Section 4.2.4 details the time that some of the young people spent engaging in different activities; the interviews concurred with the quantitative data from the Activity Logs in that there was not a specific amount of time spent undertaking Youth Forum activities each week – this varied tremendously according to other responsibilities as well as the events that were taking place; however, it was clear that there was a substantive time commitment over the course of a year:

“I spend about an hour a week looking through e-mails and then when I go to the residential that's three days per one, and then if I go to a
convention with them or an event that's about a day to a few hours.”  
[Alastair]

“To be honest over this summer I haven’t spent a lot of time on it, just because I had my A-levels and then straight from my A-levels I’ve been on holiday and it’s just been non-stop. So I haven’t spent like nearly as much time as I hope in the next year. I don’t know, it’s really hard to say to be honest.” [Chloe]

“It does vary week on week. Some weeks I’ll do absolutely nothing, but then some weeks I’ll do absolutely loads. It really, really does vary. It depends what needs doing or what I think needs doing.” [Matt]

“It varies because there’s like different things on at different points.” [Georgia]

The participants also mentioned the time that was required to travel to the residential weekends and national events; this could be quite onerous so it sometimes limited their attendance:

“Yeah, I mean there has been things that I’ve wanted to go to, but I just couldn’t because of the travel.” [Chloe]

“Even if it’s in London which is only three hours on the train…..even then I’d have to travel down in the morning and then travel back in the evening and it’s like seven hours of travelling.” [Charlotte]

The young people spoke about the length of their term of office and it was generally agreed that being a member for a two year period was advantageous as this enabled them to not only gain insight, knowledge and familiarity with the NHS, but it also gave more opportunity to participate in activities; they felt that this was important as if they were, for example, in school years 11 or 13, their personal time may need to focus on their examination studies – a second year of office gave more scope for involvement:

“The first year I felt like I was just adjusting to the whole thing and getting used to it. So this year I’m hoping I’ll be able to get involved a lot more.” [Chloe]

“For me last year was more of a kind of ‘Right, I’m going to get a feel for what this’….I really am comfortable I’m in the role now.” [Matt]
“When we had the second year, you had the five or so [young people] that carried on, and actually we were able to support the other people to actually understand what we were talking about.” [Millie]

The commitment of the young people was beyond question; all of the participants spoke with enthusiasm about the work of the Youth Forum and the activities that they had been involved in. Whilst there were times when other responsibilities (such as examinations) needed to be prioritised, the overall commitment was unwavering.

4.4.4 Theme: “You’re working with a bunch of people that actually are all likeminded”: Community

This theme represents some of the local and community based activities that the young people were involved in, as well as the community spirit and friendships that were formed amongst the members. A significant aspect of the NHS England Youth Forum work related to the “ripple effect” (something that was described by Tristan in an earlier research study [Whiting et al, 2015; 2016]) – in other words collaborating with others at both a local and national level so that the Youth Forum work was disseminated. All of the young people had a good knowledge and awareness of their local area that had come from growing up in their community. Through this, they had gained knowledge of the physical geography, but had also developed friendships with peers as well as relationships with key people – the latter sometimes being as a result of accessing health services or being involved in local initiatives. The essence of Matt’s comment below was reiterated by others:

“Because it’s such a close-knit community and you can’t walk round the corner without knowing everybody or without knowing somebody.” [Matt]

Usman gave a specific example by describing how his knowledge of his local environment, and the people in it, had helped him to engage with a General Practitioner [GP] surgery to raise awareness of health issues to young people (in particular mental health and teenage cancer).
The participants had all been involved in local initiatives (please also refer to Section 4.2); sometimes these were as a direct result of their NHS England Youth Forum work, in other instances it was the local activities that had informed the NHS England Youth Forum:

“This year we’ve [local organisation]…made an animation about transition, the transitioning process for [name omitted] University….So I showed them [the NHS England Youth Forum] the transition animation in one of the residentials and they all liked that.” [Chloe]

“Something like the NHS Youth Forum it’s backed by NHS England, it’s supported by the NHS chief executive….And I kind of saw it as a way to like gain some ground in putting arguments forward on a local level really, that was what persuaded me to join.” [Matt]

“Because always we’re working locally but everything contributes to the national picture and this is why the British Youth Council and the NHS Youth Forum, they all do vital work in bringing people together and it’s given me a chance to kind of talk about the issues and action the issues that I care about which for me is very important. I don’t like to sit back….If you change something in the local area and people are happy with it that makes me happy….there’s been an event at Great Ormond Street Hospital which I spoke at, talking about how to create local youth forums….This summer I’m so excited to get involved more with NHS Youth Forum activities and I’m really keen to set up a youth forum in my local area.” [Josh]

Josh went on to explain how the NHS England Youth Forum had been a “platform” for him to raise both local and national issues. He spoke of the campaigns that he had been involved in to try to prevent the reduction in services that were being proposed at his local hospital.

Another aspect of this theme was the community spirit that the NHS England Youth Forum generated, the participants vocalised how they worked together with a common aim and how they had formed, in some cases, very strong friendships:

“So, yeah, so it started with the initial residential and then once, you know, you sort of worked out who everyone was and everything, it was, you know, you’re working with a bunch of people that actually are all likeminded and actually have participation at the base of everything they do.” [Millie]
“So I remember going and it seems like ages ago now, and we got put into rooms and I made friends quite quickly with the girls in my room.” [Chloe]

“The people that I met at the NHS Youth Forum actually ended up being some of my closest friends. When we were there we were like a family; we were all really close, we got on so well and I think that’s what made the NHS Youth Forum so accessible because everyone was so nice to each other. We could all get along, we could all understand each other and, you know, appreciate each other’s views and, you know, function really effectively….new friends and friends that were interested in similar things to us, friends that also wanted to make an impact….we gained people that would help us in our journey in life, in the different things that we are all hoping to do, the different ways we are all hoping to make a change. You can’t really get friends like that at school.”[Georgia]

“It’s offered me some good experience and some opportunities to meet young people, meet young professionals, make new friends.” [Usman]

“I just find it’s helped me make more friends and be more social.” [Alastair]

The young people’s knowledge of their home community enabled them to network with others (both professional and peers) in their local area and to facilitate the “ripple effect” (Tristan, Whiting et al, 2015; 2016) of the NHS England Youth Forum. The collaborative approach of the NHS England Youth Forum fostered a community spirit enhancing the committed and positive approach of the members.

4.4.5 Theme: “All my expenses are paid”: Funding

There was some acknowledgement from the young people that funding was necessary to support the Youth Forum; whilst the young people had not encountered any difficulties in terms of travel expenses, Alastair commented that he did not think it would be possible to stay overnight when travelling to an event that was some distance away “because it’s a bit expensive”. Funding was also mentioned in a broader manner:

“I just think, if I haven’t reiterated it strongly enough through what I said, I just think it’s such a valuable project [the NHS England Youth Forum].
And I mean I wouldn’t say it was valuable if I didn’t think it was, because I know that budgets are so, so tight these days and everything’s being pushed to be even more efficient and resources are being stretched so thinly that if I felt money spent on the NHS Youth Forum could be better spent elsewhere then I would say it. And I really don’t, I think it should have more investment and I think there should be more of them.” [Matt]

Financial awareness was more strongly related to local initiatives, some of which had been undertaken as a direct result of the young person’s involvement in the NHS England Youth Forum:

“There’s no way we’re going to get more funding because I mean that’s just not going to happen where I am….I don’t know about NHS Youth Forum because we’re not really involved in the funding side as much. Locally, yeah, definitely. Everyone has. It is very hard to get money now but we just make the best of what we’ve got.” [Charlotte]

“I know that Pauline was looking for some more funding to keep her place, like she might have lost her funding to work with us” [Chloe]

“Well I became involved in Young CDC [Council for Disabled Children] as well for a year, but they lost funding to continue so it’s just finished now.” [Millie]

In terms of expenses for their own time, there was a consensus that there was no expectation that they should be financially reimbursed, this was eloquently vocalised by Millie:

“I don’t want to be paid, like I do it [being a member of the NHS England Youth Forum] because I really enjoy it. All my expenses are paid, it’s not like I’m forking out money for train fares and things, so because that’s paid, you know, it’s not at any expense to me apart from actually it’s helping me out in a back-to-front manner because actually it’s helped me to, not necessarily grow up, but to develop, to build up self-esteem and confidence and things like that which are skills or attributes that I wouldn’t have achieved otherwise.” [Millie]

The young people recognised that finances were required to support the running of NHS England Youth Forum, but they did not have knowledge of the specific details. It was very clear that their personal expenses were covered

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5 Pseudonym for a therapist who worked with a local health services team.
and that there was no expectation, or desire, from any participant to be paid for their Youth Forum role.

4.4.6 Theme: “They’ve got the NHS knowledge”: Knowledge experts

The young people very much valued the knowledge and expertise of key NHS England personnel; two people who were consistently and repeatedly mentioned were Jess and Hannah⁶, both of whom were central to the inception of the NHS England Youth Forum and both of whom were interviewed as part of the earlier research study undertaken (Whiting et al, 2015; 2016). The young people identified that Jess and Hannah had provided insight and understanding of NHS England as an organisation:

“You know, you’re going into these residential and actually they’re filling you with information there so….it’s always quite hard because, you know, when we started in the first year actually the ins and outs of the NHS, I wouldn’t have had a clue about, I wouldn’t have known what the five-year forward view is and what a constitution is and everything like that, straight over my head….it’s always hard when you’ve got to learn all these terms. I think I’ve only just learnt what a commissioner is and that’s after I’d finished.” [Millie]

“And I think something else that really did stick out to me is….before I joined this, to me the NHS was ambulances, doctors at A&E, okay if you needed an operation it was there as well, and it was just GPs. That was it. But I’ve come out now and you’ve got all sorts, you’ve got not just the system of A & Es and GPs, you’ve got your social care system on one side, you’ve got the district nurses, you’ve got obviously things like patient outreach….” [Matt]

Having this knowledge of NHS England enhanced the young people’s confidence as members of the Youth Forum, Josh explains:

“You need to have the knowledge to kind of talk about these issues and the guidance and support from Jess and Hannah and Beth and Jodie⁷ and everyone gives me the confidence to actually know what I’m talking about firstly.” [Josh]

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⁶ Jess and Hannah are pseudonyms.
⁷ Beth and Jodie are pseudonyms for two of the BYC employees mentioned by the young people.
Not only was the knowledge of Jess and Hannah important, but their supportive and approachable manner meant that they were able to engage and develop a rapport with the young people, fostering a partnership approach:

“Jess and Hannah….they’re like a big part of it as well, because they’re always so happy and jolly like when we’re there. I think it’s good to have people actually from the NHS working there….they add the knowledge of the NHS.” [Chloe]

“So we’re just working with Jess, Hannah, Beth, Jodie and Paul\(^8\) just to kind of bring this all together and see how we go forward.” [Josh]

There was evidence that Jess and Hannah maintained an on-going active involvement with the young people; for instance, the participants all mentioned their presence at the residential weekends, giving examples of how they had facilitated group work or decision-making – the latter particularly relating to the themes for the NHS England Youth Forum work. In addition, Jess and Hannah had a presence with the young people at other key activities across the country, examples that were mentioned included events such as that held at Great Ormond Street Hospital on 5th March 2016 and the Health and Care Innovation Expo, as well as a range of conferences:

“Hannah and Jess because, you know, they’ve got the NHS knowledge and they’re usually at an event or whatever we’re trying to do and very willing to give up their time.” [Millie]

“When I went to Leeds it was with Jess and Hannah.” [Chloe]

There was also a sense that Jess and Hannah could be used as a wider resource and that they could liaise with other people to facilitate work with young people in other parts of the country.

In summary, this theme clearly identified that there was a need for NHS England employees, who had experience and insight into it, to be involved in the Youth Forum. Without their expertise, the young people may not have developed sufficient knowledge or confidence to undertake the activities that they were involved in.

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\(^8\) Paul is a pseudonym for a BYC employee mentioned by the young people.
4.4.7 Theme: “They’ve supported me, they’ve said ‘We will give you advice wherever you need it and support, planning and stuff like that’”: Youth workers

The young people all spoke of the support and guidance that the youth workers, who were all BYC employees, had provided. Their role differed to that of the knowledge experts in that they led the day-to-day management of the Youth Forum. The young people mentioned three BYC employees in particular: Beth, Jodie and Paul.

Communicating with the young people was a key aspect of the youth workers’ role. A variety of strategies were used, including discussions at the residential weekends, as well as personal email and telephone communication. However, the prime route on a day-to-day basis was via the closed Facebook page and the Wednesday Weekly email (a form of newsletter); these mechanisms were mainly used to pass on information and also to ask the young people for their opinions. There was evidence that the participants liked this form of communication and responded well to it:

“Yeah, so they’ll ask us and say, ‘Do you like this leaflet? Do you like the graphics on this? Which one do you prefer?’ They’ll ask us that all the time and that’s quite a good way of doing it because it’s quite instant and you’ve always got your phone with you and they’ll say, ‘Oh, we’ve got this event coming up, does anyone want to come?’ That’s quite good. I like the way they communicate with us.” [Charlotte]

“I always receive the Wednesday Weekly mail they send….They started doing it last year I think, just every Wednesday they keep you up to date, they send you an e-mail about what people have done, what events are coming up. So that’s a good thing to look at.” [Chloe]

“Yeah, I go on the Facebook page as well.” [Usman]

“They communicate through Facebook conversations and e-mails saying ‘What do you think of this?’ and also about these residential.” [Alastair]

“We communicate on our NHS Facebook page and through our e-mails. So by the time we get to the event itself that we are preparing for, we’re already ready.” [Georgia]
The young people talked about the supportive role that the youth workers had. Their communication mechanisms and their presence at the residential weekends, as well as other key events, enabled the young people to develop a rapport and professional relationship with them – this meant that the young people felt ‘comfortable’ and secure in their role and able to voice any queries or concerns:

“But also if we have any questions in general, like I feel comfortable to e-mail Beth or Paul. So for example I felt a bit uncomfortable about getting the tube to somewhere and I don’t know London that well. So I e-mailed them and they like organised a taxi for me. Just things like that.” [Chloe]

“British Youth Council have been encouraging, they’ve supported me, they’ve said ‘We will give you advice wherever you need it and support, planning and stuff like that’...But the best thing is that they are on hand. You want to do something you ring them up, you call Beth, you call anyone and they will give you advice, they will tell you which way to go and they will give you a platform to kind of voice your opinion.” [Josh]

At the time of data collection, a number of the young people had recently been involved in examinations, they talked about how the youth workers had appreciated this and had been supportive of their need to focus on their studies:

“So if I’ve got a busy period in exams, like they’re absolutely fine with me doing nothing, which is good for me, but then over half term or over the summer I’m happy to do loads so it just depends whatever I want to do……they’ll check in with you and say, “Are you okay?” I’ll just say, ‘I need a bit of time off because I’m doing exams,’ and that’s really good.” [Charlotte]

“I've had exams and....I haven't even checked my e-mails this few weeks. But the best thing about NHS Youth Forum is that you’re never forgotten about, you’re never cut off. They know that you’re busy.” [Josh]

The youth workers also had a key role in terms of the Youth Forum organisation, one area being the planning of the three residential weekends each year. This necessitated the booking of the facilities, communicating with young people about their travel, accommodation and timetable as well as ascertaining that
everyone had arrived home safely. The youth workers provided “guidance” [Chloe] and this was very much appreciated:

“I think at residential they definitely give us guidance, like they set up all the activities to do, like what we’re supposed to be doing, and I think if we had any questions about activities or anything they’d guide us along the right track.” [Chloe]

“Beth and Jodie, and it works so, so well and I don’t think it would work quite so well without BYC’s expertise.” [Matt]

In summary, the youth workers played a fundamental role in the operationalisation of the NHS England Youth Forum. Not only were they a clear point of contact for the young people, but they communicated with them on a day-to-day basis and organised key events, including the residential weekends.

4.5 Summary of the findings from Research Phase II, Stage II: Interviews

- Eight members of the NHS England Youth Forum participated in the individual interviews; the findings provided evidence that the young people were not only very capable of being involved in decision-making, but that they were highly motivated and committed to the giving of their personal time and to ensuring that the youth voice was represented and heard. The young people were, undoubtedly, totally central to the NHS England Youth Forum; there was evidence of their personal growth and development and this may have further facilitated the Youth Forum’s success and achievements.

- The young people’s knowledge of their home community enabled them to network with others (both professional and peers) in their local area and to facilitate the “ripple effect”[Tristan, Whiting et al, 2015; 2016]. The collaborative approach of the Youth Forum fostered a community spirit enhancing the committed and positive approach of the members.

- The young people recognised that finances were required to support the running of NHS England Youth Forum, but they did not have knowledge of the specific details. It was very clear that their personal expenses were covered and that there was no expectation, or desire, from any participant to be paid for their Youth Forum role.

- NHS England employees were knowledge experts who had experience and insight into the NHS. Without their expertise, the young people may not have
developed sufficient knowledge or confidence to undertake the activities that they were involved in.

- The youth workers played a fundamental role in the operationalisation of the NHS England Youth Forum. Not only were they a clear point of contact for the young people, but they communicated with them on a day-to-day basis and organised key events, including the residential weekends.

4.6 The Youth Forum Wheel [YFW]
The aim of this research was to examine and evaluate the work of the NHS England Youth Forum. The data collection and analysis led to the development of the Youth Forum Wheel [YFW] – Figure 4.11. The YFW depicts the ‘components of success’ (all of which were identified by the young people themselves) that have underpinned the positive achievements and overall success of the NHS England Youth Forum. The representation has a circular structure to illustrate the equal value and connectivity that each component has. The model is offered so that it can potentially be applied to the establishment and organisation of youth forums in other arenas.
Figure 4.11: The Youth Forum Wheel [YFW]
4.6.1 Components of success

These are the areas that emerged, following data collection and analysis, as being central to the success of a youth forum. Firstly, the young people themselves are fundamental; therefore it was essential to acknowledge this by placing them at the core of the YFW. Two of the other components of success are qualities that the young people possessed (‘motivation’ and ‘commitment’). The other four are external factors that were integral to the Youth Forum achievements (‘community’; ‘funding’; ‘knowledge experts’ and ‘youth workers’). Table 4.3 provides further clarification:

<table>
<thead>
<tr>
<th>Component of success</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young people</td>
<td>The members of the youth forum who are central to its work.</td>
</tr>
<tr>
<td>Motivation</td>
<td>The young people’s incentive that initially prompts them to apply for membership of the youth forum.</td>
</tr>
<tr>
<td>Commitment</td>
<td>The pledge that the young people make in relation to their personal time and their term of office with the youth forum. The commitment is essential to the achievement of the goals that have been set.</td>
</tr>
</tbody>
</table>
| Community            | This has two aspects:  
                        - The young people’s knowledge of their local community which facilitates the “ripple effect” (Tristan, Whiting et al, 2015; 2016);  
                        - The community spirit that is central to the youth forum – the fact that everyone has the same aim and focus is of fundamental importance. |
| Funding              | The financial backing that is required to support the youth forum. |
| Knowledge experts    | The personnel who are able to provide information that enables young people to understand relevant organisations and formulate appropriate aims and goals for achievement. The young people’s knowledge then facilitates the undertaking of youth forum activities. |
| Youth workers        | The people who provide the day-to-day expertise and skills that underpin the ‘safe’ and secure environment for the young people; the relationships that are established and maintained mean that young people are able to speak freely and comfortably. |

Table 4.3: The Youth Forum Wheel: The components of success

4.7 Conclusion

Section 4.0 has provided an account of the findings that emerged from the analysis of the Activity Logs and the individual face-to-face interviews, this has culminated in the presentation of a model: The Youth Forum Wheel. Section 5.0 concludes the report.
Section 5.0: Conclusion

5.1 Introduction
Through the use of a mixed methods data collection approach, this evaluative study sought to gain insight into the role of the NHS England Youth Forum members and the strategies being used to influence service provision for children and young people - the YFW encapsulates the components of success. This concluding section initially provides a contextualised discussion; this is followed by a consideration of the recommendations, plans for dissemination, an acknowledgement of the limitations of the research and suggestions for future work.

5.2 Discussion

5.2.1 The research approach
A mixed methods research approach was drawn on for this study; in terms of the quantitative data collection, Activity Logs were returned by nine (36%) of the NHS England Youth Forum members. Whilst a higher level of response would have been advantageous, and it has been recommended that researchers should aim for a rate of 60% (Fincham, 2008), surveys and questionnaires do usually have a low return (Wilson, 1996); in addition, it has been suggested that studies with a lower response may contain data that is indistinguishable to that achieved via a higher return rate (Keeter et al, 2006). Nulty (2008) suggests that strategies are employed in an attempt to increase the number of responses, these include email reminders and incentives – both of these techniques were utilised for this research and the number of completed Activity Logs may have been lower without them. It must also be acknowledged that the NHS England Youth Forum members have busy lives and the additional request to complete the Activity Logs may have been another demand on their time that was simply not feasible. Nevertheless, the findings from Research Phase II, Stage I provided valuable information about the activities that the NHS England Youth Forum members were involved in and informed the undertaking of Research Phase II, Stage II.
The qualitative data collection and analysis facilitated the emergence of the YFW. Matthews and Limb (1998) and Matthews (2001) discussed the different forms that youth councils/forums can take, NHS England (2015) has offered a guide to establishing a youth forum and Street et al. (2015) have showcased examples of how young people are informing the shaping of health services (via work such as youth forums); however, a youth forum model, within an English context, and derived directly from research with young people themselves, has not previously been offered. As this is the first presentation of the YFW, it is recognised that there are likely to be challenges as well as strengths associated with it. Most notably, it is acknowledged that the YFW has been developed from one small-scale study, undertaken within a particular national context (that of health); as a consequence, applicability to other situations may be limited. Despite possible challenges, the YFW has a key strength in that it has been developed to reflect the perceptions of young people – as such, it has the potential to underpin future work as well as making an academic contribution. It is worth highlighting and discussing key areas from the YFW, this is done in the following section.

5.2.2 The Youth Forum Wheel: Components of success
Volunteering involves committing time and energy to provide a service that benefits someone, society or the community without expecting financial or material rewards (Akintola, 2011); this was very much the case in terms of the NHS England Youth Forum members - the young people gave their time freely, willingly and with enthusiasm, without wanting any financial remuneration. Most of the young people had previously been involved in other local volunteer initiatives (some of which were health related) – this had, in many instances, led directly to the application for Youth Forum membership. This had two consequences; firstly, it meant that the participants had some prior insight into the expectations of a volunteer role, and this may have, in turn, contributed to their understanding of the need for commitment and motivation. Secondly, it facilitated a bi-directional dissemination of the NHS England Youth Forum work so that national initiatives could be implemented at a local level and vice versa.
The Youth Forum members showed tremendous commitment to their role. A study by Salusky et al (2014) considered the development steps of young people to commit to a specific project. Initially, young people volunteered to take on a role and were excited by what it offered and the obligations attached to it. However Salusky et al (2014) found that at some point the majority of young people experienced challenges and could even waiver in their responsibilities. Three main reasons were identified for the original commitment; firstly, the young people specified their own drive to complete obligations; secondly, they highlighted that they remained committed and motivated due to the leader’s high expectations and support; finally, there was a solidarity with, and an obligation to, their peers (Salusky et al, 2014). The study by Salusky et al (2014) has some relevance to the components of success encapsulated in the YFW - the importance of the personal motivation and commitment of the young people, the skills of the youth workers as well as the community spirit that was generated. The degree of personal time commitment that the young people invested was considerable – for some this was for a two year period of office; none of them referred to any ‘wavering’ from their commitment to their role.

Shier (2001) sub-divides commitment into three areas, all of which are evident in the NHS England Youth Forum ethos: openings, an organisation is committed or demonstrates an intent to participate; opportunities, resources being available such as through funding or training and finally, obligation, when it becomes the agreed policy to operate at this level, for example, enabling a specific level of children and young people’s participation. It is perhaps particularly relevant to acknowledge the importance of funding as this is a resource that is key in terms of supporting a youth forum; whilst the young people in this study had limited insight into the financial underpinning required to sustain the NHS England Youth Forum, they commented on the activities that they had been involved in, acknowledging that these incurred expenditure. In addition, the young people spoke very positively of the resources that were available, in particular, the residential weekends as well as the youth workers and knowledge experts who provided ongoing guidance and expertise.
Sherrod et al (2002) state that young people’s motivation to be involved in volunteering is based on: personal satisfaction, collective efficacy and contributing to shared national values; this was the case in this study with participants expressing how much they had enjoyed membership of the Youth Forum; the work had meant that there had been personal growth and development as well as the achievement of shared local and national objectives. Ballard (2014) suggests that the motivation to volunteer is a dynamic interaction between values, goals, and experiences and that youth are motivated to some extent by extrinsic or social rewards. The work by Ballard (2014) suggests that motivation can be organised into four categories, there was evidence of these in the data from this research: personal issue or cause captures issues that the individual young person is passionate about; beliefs, suggests that motivation stems from a specific belief about the cause, thirdly self-goals, this is related to self-development and enhancement and finally response to an invitation (in the case of the participants in this study, this came in the form of encouragement from someone or an advertisement to apply for membership of the NHS England Youth Forum).

Involvement by young people in youth forums has previously been described as an opportunity to participate through structures created by adults and on agendas set by adults (Fleming, 2013), it is therefore important to consider the role of the youth workers and knowledge experts within youth forums as there is a need to ensure that the agenda, whilst rising from an organisational need, belongs to the young people. Historically, involvement with public advisory boards was typically characterised by age segregation which evolved to become adult and youth partnerships where citizens across the age range worked together to address common concerns (Zeldin et al, 2013). Whilst the Children’s Commissioner and others in positions of authority advocate for children and young people, Wyness (2009) suggests that the role of the adult should be that of facilitator or mediator, working alongside children and young people in a supportive role. The NHS (2015) discuss the need to ensure there is support from NHS staff in order to enable young people’s opinions to be heard and acted on; this suggests that one of the key roles, within a youth forum, of the youth worker and knowledge expert, is to build bridges between the young
people and those in authority to bring about change. Fleming (2013) raises questions about the values and motivations of adults to work with young people; there is a need to see young people as equal partners and to support them to take actions which are important to the young people and not to the adults. It is clear that the NHS England’s Youth Forum’s agenda is driven by the young people themselves and both this study, as well as previous research (Whiting et al, 2015; 2016) has provided evidence that the adults involved facilitated and guided, rather than led, the decision-making process.

In summary, this research concurs with existing literature, especially in terms of the commitment and motivation of the young people. However, the YFW offers a new contribution as it highlights other components of success, most notably, the significance of the young person’s relationship with their community and the importance of knowledge experts. Without the young people’s insight into their local area, the dissemination of the Youth Forum work may have been hindered. Whilst the enormous value of youth workers has previously been acknowledged and discussed (please refer to, for example, the McKee et al, 2010 and the National Youth Agency, 2016), the crucial role of knowledge experts has not been highlighted.

This study was the first evaluation of a national youth forum based in England; in addition, the YFW is the first model that has been offered that captures the components of success that underpin an effective youth forum, within a discrete framework; importantly, it has been derived from work with young people themselves and as such, it has the potential to inform academic debate as well as future research.
5.3 **Recommendations**

The findings from this mixed methods evaluative research study have raised areas that may be worthy of further consideration in terms of the future development and work of the NHS England Youth Forum; the following recommendations are offered:

- Funding for the NHS England Youth Forum has been provided by NHS England, it is strongly recommended that funding continues as there is evidence of the very positive work that has been achieved to date; on-going funding will allow the Forum to further develop so that a broad range of children and young people can benefit in the future.

- Clear documentation of the work of the NHS England Youth Forum should be ongoing to provide evidence of the achievements.

- The NHS England Youth Forum is strongly supported by the work of a number of personnel, both those employed by the BYC as well as NHS England itself; it is recommended that this continues as it will enable the young people to maintain their role within a secure, comfortable and informative environment.

- The NHS England Youth Forum appears to be a unique and inspirational model that has the potential to be widely and internationally recognised, it is therefore recommended that its work is strategically disseminated to provide insight to others who may wish to draw on a similar approach.

- The YFW has the potential to be applied to the establishment of youth forums; therefore, the development of a youth friendly version would be beneficial.

5.4 **Dissemination of the findings**

Firstly, and perhaps most importantly, it is essential to report the findings to participants; all those who were involved were provided with an Information Sheet (Appendices 3.1 and 3.2) in which it was stated that the report would be available to them, should they wish to receive it; some participants have requested a copy and this will be sent following submission of the final document to NHS England.

This research was commissioned and funded by NHS England, therefore, discussions will take place to identify suitable and joint methods of dissemination to the both the wider professional population and the general public (in particular, children and young
people) – it is anticipated that this will be via conference presentations and journal publications.

5.5 **Limitations of the study**

It is important to reflect upon some of the limitations of Research Phase II, Stages I and II.

- Whilst all the NHS England Youth Forum members were approached and invited to complete the Activity Logs, it should be recognised that some may have not felt able to do so, perhaps because they did not:
  - Feel confident;
  - Have the physical ability to do so (there are members of the NHS England Youth Forum who have health needs);
  - Feel the Activity Logs were user-friendly (although they had been discussed at the residential weekend in June 2015);
  - Have the time because of other commitments;
  - Undertake very many activities in their NHS England Youth Forum role.

- As a small number of Activity Logs were distributed and returned, it is acknowledged that it is not possible to make statistical inferences or generalisations.

- Within the Activity Logs, there was a reliance on self-reporting and this can be associated with response bias (Polit and Beck, 2011); for example, there may have been a tendency for some of the young people to present a favourable image or document information that is consistent with the NHS England Youth Forum role.

- The number of Activity Logs completed and the interviews undertaken was small; therefore, the findings may not be representative of all of the NHS England Youth Forum membership.

- Just one person who completed the Activity Logs went on to participate in a semi-structured interview; however, on a positive note, this means that some data was obtained from sixteen of the twenty-five NHS England Youth Forum members – this may indicate that different people were receptive to engaging with one of the methods used, but not the other.
5.6 Suggestions for future work

This study has revealed areas that may warrant further investigation:

- It would be beneficial to examine the applicability of the YFW to the establishment and operationalisation of other youth forums, both within and outside of a health context.

- Consultation with health professionals to ascertain their knowledge of the NHS England Youth Forum and how this may influence their day to day clinical practice, would be valuable.

- Research with children and young people, who are not part of the NHS England Youth Forum, may be useful to facilitate suggestions about how the work of the Forum could potentially further embrace and engage with the wider population.

5.7 Concluding remarks

The NHS England Youth Forum has developed rapidly and successfully - this is undoubtedly due to the total commitment, motivation and enthusiasm of all those involved, especially the young people who have given their time so willingly.

This study has provided strong evidence that the strategies and approaches being used by the Youth Forum are positively influencing service provision for children and young people, the YFW has captured the components of success. Most importantly, the work of the NHS England Youth Forum has ensured that the voices of children and young people are now being more widely listened to:

“I think the most key point is showing adults that young people want to have their voices heard…. yes, it [the NHS England Youth Forum] has done its job because they [health professionals] were coming to speak to us and saying ‘Oh, how do we engage with people?’” [Matt]

It has been an absolute pleasure and a privilege to work with the NHS England Youth Forum members as well as associated staff. Thank you.
References


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APPENDIX 2.1
An evaluation of the NHS England Youth Forum
Children’s Research Summary

The University of Hertfordshire is a place that people go to learn after they leave school. You might have an older brother or sister who is at a University. As part of finding out about things, has your teacher ever asked you to do a project? People at University have to do that too, but it is called ‘research’. We did some research to find out more information about the NHS England Youth Forum.

NHS stands for the National Health Service; it is the organisation that provides healthcare for everyone who lives in this country. With the help of the British Youth Council, the NHS in England started a brand new Youth Forum in March 2014; hundreds of young people wanted to be part of the Youth Forum, but there could only be 20. The Youth Forum has an important job - the members are there to speak for children and young people about the NHS and the care that is provided. We were asked to do some research to see how well the Youth Forum was working; we did the research between October 2014 and March 2015.

The research:
For the research we spoke to:

- Young people who were part of the Youth Forum.
- The adults who helped to set up the Youth Forum and who now help to keep it going.

We asked all of these people many questions about the Youth Forum, including whether or not they thought it was working well. We also wanted to know what the Youth Forum young people did and how they thought this helped the healthcare services provided for children and young people.
What did we find out?

- It can be hard work being in the NHS Youth Forum as it takes up a lot of time.

- However, the young people in the NHS Youth Forum really enjoyed being members. They were doing lots of things to try to help improve and influence the NHS; for example, they made some posters and leaflets to give other young people more information about the NHS and to explain how important it is for children and young people to be involved in decisions about their own health. You can see these by going to the website:

- The Youth Forum young people had meetings with some of the very important NHS managers. The managers listened to them and were interested in what they were saying.

More information:
On the NHS Youth Forum website (please see the link above), there is lots more information about the NHS Youth Forum and the activities that it is involved in. Your Mum, Dad (or the person who looks after you) can also follow the NHS England Youth Forum on Twitter.

What will happen now?
The final report about the research has now been written and a full copy of it can be found at: http://uhra.herts.ac.uk/handle/2299/15917; information from the report will be shown to professionals who make decisions that affect children and young people - this is really important as it will help them to improve healthcare services. Parts of the report will also be presented at meetings and be published in journals - this will mean that people in other countries can also learn about the NHS Youth Forum and they may decide to start one as well.

Thank you to the Year 4 children at Commonswood Primary School, Hertfordshire for drawing the pictures that appear on this summary sheet.
APPENDIX 2.2

An evaluation of the NHS England Youth Forum

Young Person’s Research Summary

The University of Hertfordshire is not only a place where people learn but also a place where students and lecturers get involved in research.

We carried out some research to find out more information about the NHS England Youth Forum.

The NHS, or the National Health Service, is the organisation that provides healthcare for everyone who lives in this country. With the help of the British Youth Council, the NHS in England started a brand new Youth Forum in March 2014; hundreds of young people applied to be part of the Youth Forum, but there could only be 20 members. The Youth Forum has an important job – the members are there to represent the views and opinions of children and young people in relation to the NHS and the care that is provided. We were asked to do some research to see how well the NHS Youth Forum was working; the research was carried out between October 2014 and March 2015.

The research:
For the research we interviewed:

- Young people who were members of the Youth Forum.
- The professional people who helped to set up the Youth Forum and who now help to keep it going.

We asked all of these people many questions about the Youth Forum, including whether or not they thought it was working well. We also wanted to know what
the Youth Forum young people did and how they thought this helped the healthcare services provided for children and young people.

**What did we find out?**

- The young people reported that being a member of the NHS Youth Forum can be hard work and very time consuming.

  However, the young people in the NHS Youth Forum really enjoyed being members. They were involved in many projects to try to help improve and influence the NHS; for example, they produced a range of posters and leaflets to give other young people more information about the NHS and to explain how important it is for children and young people to be involved in decisions about their own health. You can see these by going to the website: https://www.england.nhs.uk/ourwork/patients/public-voice/yth-for/

You could ask for the posters to be displayed in your local hospital or any other area that provides healthcare for young people.

- The Youth Forum young people had meetings with some of the very senior NHS managers. The managers listened to them and were interested in what they were saying.

**More information:**

On the NHS Youth Forum website (please see the link above), there is lots more information about the NHS Youth Forum and the activities that it is involved in. You or your family can also follow the NHS England Youth Forum on Twitter.

**What will happen now?**

The final report about the research has now been written and a full copy of it can be found at: [http://uhra.herts.ac.uk/handle/2299/15917](http://uhra.herts.ac.uk/handle/2299/15917); information from the report will be shared with the professionals who make decisions that affect children and young people - this is really important as it will help them to improve healthcare services. Parts of the report will also be presented at conferences and be published in journals - this will enable people in other countries to learn about the NHS Youth Forum and consider if they too want to start a Youth Forum to influence children's and young people’s health services.
APPENDIX 3.1

An examination of the work of the NHS England Youth Forum

PROJECT LEAD: Dr. Lisa Whiting, University of Hertfordshire

Hi,

Our names are Lisa Whiting and Sheila Roberts; we are both Registered Children’s Nurses, employed as Lecturers in Children’s Nursing at the University of Hertfordshire. We have been asked to undertake a project on behalf of NHS England.

As you are aware, NHS England launched their Youth Forum in March 2014; as the Forum has now been running for eighteen months, NHS England would like some feedback about its work. We would very much value your knowledge and expertise in terms of informing the project.

What is the purpose of the project?
The project will have two stages, this Information Sheet only relates to the 1st stage. The aim is to collate details about the NHS England Youth Forum activities that you are undertaking – this information will then be used to inform and develop the later 2nd stage of the project.

Why have you been invited to take part?
You have been invited to take part in this project as you are a member of the NHS England Youth Forum; we have been in touch with both Kath Evans (Head of Patient Experience - Maternity, Newborn, Children and Young People, Nursing Directorate, NHS England) and Anna Sterckx (the co-ordinator of the NHS England Youth Forum) and it has been agreed that we can approach you to ask you to participate in the project.

Do I have to take part?
No. It is entirely up to you.

What is involved?
We would like you document the activities that you undertake in your capacity as a member of the NHS England Youth Forum, for the months of October, November and December 2015 – this will be done via an electronic log; the electronic logs have been sent to Anna - she will
distribute these to you to complete and return to her at the end of each month. We anticipate that this will take approximately 30-60mins of your time, per month. Your logs will be returned to the project team for collation, analysis and to inform the 2nd stage of the project.

What will happen with the information?
The logs will only be accessible to the project team and will be kept securely in accordance with the Data Protection Act; at the end of the project, the logs will be destroyed. The logs will be analysed and data from them will be used in the final report that is written for NHS England; part of this may be presented at conferences or published in professional journals, but pseudonyms will always be used to protect your identity. You may have a copy of the report if you like; you will also be sent a gift voucher and a formal thank you letter.

What are the possible benefits of taking part?
It is important that the activities that you are undertaking are clearly documented so that your work, and its potential impact, can be recognised. Although the project may not specifically benefit you, it could provide important information for the future development of the NHS England Youth Forum.

What are the possible disadvantages of taking part?
There are no foreseeable risks to taking part, but if you should find any aspect uncomfortable, you can choose not to complete the logs. If you feel that you need to access additional support services, please contact a member of the project team (details below).

Who is organising and funding the project?
The project is being led by me, Lisa Whiting; it is funded by NHS England. Ethical approval has been received from the University of Hertfordshire Ethics Committee (HSK/SF/UH/00119) to undertake this project.

What if you have some questions about the project?
If you would like to find out more about this project before agreeing to be involved, you can contact one of the team members detailed below.

Project Team:
Lisa Whiting (Project Lead): 01707 285291; L.Whiting@herts.ac.uk
Sheila Roberts: 01707 284749; S.A.Roberts@herts.ac.uk

We would like to take this opportunity to thank you for taking the time to read this information sheet.
An examination of the work of the NHS England Youth Forum

PROJECT TEAM:
Dr. Lisa Whiting, Sheila Roberts, Gary Meager,
University of Hertfordshire

Hi,

Our names are Lisa Whiting, Sheila Roberts and Gary Meager, we are all Children’s Nursing Lecturers, employed at the University of Hertfordshire. We have been asked to undertake a project on behalf of NHS England.

As you are aware, NHS England launched their Youth Forum in March 2014; as the Forum has now been running for two years, NHS England would like some more feedback about it - we would very much value your knowledge and expertise in relation to this.

What is the purpose of the project?
The project aims to find out what you think about the NHS England Youth Forum, your experiences and views of it as well as the specific activities that you have been involved in. This information will help NHS England to consider the future plans for the Youth Forum.

Why have you been invited to take part?
You have been invited to take part in this project as you are a member of the NHS England Youth Forum; we have spoken to Kath Evans (Experience of Care Lead - Maternity, Infants, Children and Young People, Nursing Directorate, NHS England) and she has agreed that we can approach you to ask you for your views.

Do I have to take part?
No. It is entirely up to you.

What is involved?
We would like to conduct a face-to-face interview with you at a place that is convenient to you, such as your college, workplace or home; we would like to learn about your views, experiences of being involved in the NHS England Youth Forum as well as the activities that you have undertaken. It is anticipated that the interview will take approximately 60-90 minutes of your time. If you agree, we would like to record the interview.
What will happen with the information?
The interview recordings and transcripts will only be accessible to the project team and will be kept securely in accordance with the Data Protection Act. At the end of the project, the recordings will be destroyed and the transcripts will not identify you as pseudonyms will be used. An analysis of the information gained from the transcripts will be used in the final report that will be written for NHS England; part of this may be presented at conferences and published in academic journals. You will be provided with a copy of the final report, if you would like it.

What are the possible benefits of taking part?
It is important that young people are given the chance to express their views about the NHS England Youth Forum and the activities that are undertaken, this project will give that opportunity; although the project may not specifically benefit you, it could provide important information for the future.

What are the possible disadvantages of taking part?
There are no foreseeable risks to taking part, but if you should find any aspect of the interview uncomfortable, you can choose to not answer the question(s). If you feel that you need to access additional support services, please contact a member of the project team (details below).

Who is organising and funding the project?
The project is being led by me, Lisa Whiting; it is funded by NHS England. Ethical approval has been received from the University of Hertfordshire Ethics Committee (HSK/SF/UH/02383) to undertake this project.

What if you have some questions about the project?
If you would like to find out more about this project before agreeing to be involved, you can contact one of the team members detailed below.

Project Team:
Lisa Whiting (Project Lead): 01707 285291; L.Whiting@herts.ac.uk
Sheila Roberts: 01707 284749; S.A.Roberts@herts.ac.uk
Gary Meager: 01707 285247; G.Meager2@herts.ac.uk

We would like to take this opportunity to thank you for taking the time to read this information sheet.

If you would like be involved, please let Kath know. Thank you.
APPENDIX 3.3

An examination of the work of the NHS England Youth Forum

Guidance on the completion of the Activity Log: 1st - 31st October 2015

Thank you for recording the activities that you undertake as part of your NHS England Youth Forum role. There is one log for each of the following months: October, November, and December 2015; this log is for October. Please complete the log electronically and return to Anna Sterckx at the end of the month. These guidelines are to provide further clarity in relation to the information required:

Your details:
- Please insert your name, age, gender, home location, day-to-day activity and membership of any other organisations/Youth Forums on the next page (page 2).
- The subsequent pages only require your name – please use as many as you need.

Information about the activities:
- NHS England Youth Forum activity: This is anything that you do as part of your role as an NHS England Youth Forum member; examples include time spent on social media, such as the NHS England Youth Forum Twitter account and Facebook pages (‘open’ and ‘closed’) as well as your residential weekends, visits to events and writing of any reports/literature. Please include the names and designation of key people that you meet, for example: David Cameron, Prime Minister
- Capacity: It is recognised that you may undertake some activities that ‘overlap’ with other roles (for example, if you are a member of the Youth Parliament); please therefore clarify if you are representing another organisation as well as the NHS England Youth Forum.
- Date: Please identify when the activity took place and whether this was spread across more than one day.
- Length of time: Please specify approximately how long you spent undertaking an activity; where possible, please identify separately any travel time and the amount of time spent doing an activity. Please provide this in approximate hours and minutes, rather than, for example, ‘1 day’ as this is more difficult to quantify; if you make several Facebook/Twitter entries over the course of a day, this can be collated into one entry on your log for that day.
- Where: Please state where the activity was undertaken, this could be: home, school, university; if it is at another venue, please name the building and the location – for example, Houses of Parliament, London.
- Cost: Please include any information that you have about, for example, travel expenses, food, resources.

Please try to fill in as much detail as you can; thank you again for undertaking this log, we really appreciate it.
An examination of the work of the NHS England Youth Forum
Activity Log, for the period: 1st - 31st October 2015

Name: ............................................................................................................. Age: ..............

Gender (please tick)  Male  [ ]  Female  [ ]

Home (please specify your town/village and area in England (for example, Hatfield, Hertfordshire):

........................................................................................................................................

Day to day activity (For example, school, college, University, work, volunteer):

........................................................................................................................................

Membership of any other organisations or Youth Forums (for example, Youth Parliament - please name):

........................................................................................................................................

<table>
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<tr>
<th>NHS England Youth Forum activity (please describe)</th>
<th>In which capacity are you doing this activity?</th>
<th>Date:</th>
<th>Length of time</th>
<th>Where</th>
<th>Cost</th>
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An examination of the work of the NHS England Youth Forum
Activity Log, for the period: 1\textsuperscript{st} - 31\textsuperscript{st} October 2015

Name:......................................................................................

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APPENDIX 3.4
Interview Questions:
Schedule for NHS England Youth Forum members

- Introductions, including:
  - Purpose of interview
  - Clarification of topic under discussion
  - Format of interview
  - Approximate length of interview
  - Assurance of confidentiality
  - Purpose and use of digital recorder (including consent for its use)
  - Assurance that the participant can seek clarification of questions
  - Assurance that the participant can decline to answer a question(s) or terminate the interview
  - Assurance that the participant can ask questions

The broad aim of this interview is:
- To understand and explore your journey with the NHS England Youth Forum

Key Question:
Please tell me all about your involvement in the NHS England Youth Forum – from when you initially started to now.

Prompt questions:
- What is your main day-to-day activity (for example, school, college, work)?

- How and why did you initially become involved in the NHS England Youth Forum? How long have you been a member?

- Can you tell me about the activities you’ve been involved in? Could we explore some of these further:
  - Please provide some background to the event / activity e.g. what was it, where was it held, who attended etc.?
  - What was the role of or purpose for the NHS Youth Forum within the event / activity?
  - What was your particular role?
  - What was the aim of the NHS Youth Forum’s attendance / involvement at this event / activity?
  - Was this aim achieved, how do you know?

These questions will be repeated to explore additional activities and events undertaken by the NHS England Youth Forum member
- Can you describe a typical week?

- What do you think you have achieved as a result of your NHS England Youth Forum activities?

- Have you personally gained anything from being a member of the NHS England Youth Forum?

- Do you think that being an NHS England Youth Forum member has influenced any of your personal decisions, such as career choice?

- How much time do you think that you spend engaging with the NHS England Youth Forum in an average month?

Thank you.
APPENDIX 3.5

Support Services Information Sheet

An examination of the work of the NHS England Youth Forum (Protocol Number: HSK/SF/UH/02383)

PROJECT TEAM:
Dr. Lisa Whiting, Sheila Roberts, Gary Meager,
University of Hertfordshire

Thank you so much for taking part in this research study – we appreciate how busy you are and are very grateful for the time that you have given.

If you should have any further queries, or feel that you would like some support or advice following your involvement, please contact one of the following:

Project Team:
Lisa Whiting (Project Lead): 01707 285291; L.Whiting@herts.ac.uk
Sheila Roberts: 01707 284749; S.A.Roberts@herts.ac.uk
Gary Meager: 01707 285247; G.Meager2@herts.ac.uk

SupportLine Telephone Helpline:
Telephone: 01708 765200
Email: info@supportline.org.uk
Address: SupportLine PO Box 2860, Romford, Essex RM7 1JA
This service provides confidential emotional support across the age spectrum; if required, the organisation will also refer people to other helplines, counsellors and support groups throughout the UK.

Get Connected:
Telephone: 0808 808 4994
Email: www.getconnected.org.uk
Get Connected will connect a young person to any UK helpline.

Thank you again for your support with this initiative.
APPENDIX 3.6

Consent Form for NHS England Youth Forum members

An examination of the work of the NHS England Youth Forum
(Protocol Number: HSK/SF/UH/02383)

PROJECT LEAD: Dr. Lisa Whiting, University of Hertfordshire

<table>
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<th>Please initial (Participant)</th>
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<tr>
<td>1. I have read and understood the information sheet for the above project. I have had any questions about the project answered to my satisfaction.</td>
</tr>
<tr>
<td>2. I agree to take part in the project and understand that I can decide to leave it at any time without giving a reason.</td>
</tr>
</tbody>
</table>

Details of person participating in the study:

Name: .................................................................

(please print)

Signature: ......................................................... Date: ............... 

Details of person taking consent:

Name: ................................................................. Date: ............... 

Signature: ............................................................. 

Copy for participant and copy for project file
Dear

Re: An examination of the work of the NHS England Youth Forum
(Protocol Number: HSK/SF/UH/00119)

Thank you so much for providing details of the activities that you undertake in relation to your NHS England Youth Forum role. The information that you have given will be important in terms of informing the next stage of the project.

We know you are very busy and very much appreciate the time that you have given. Thank you.

Kind Regards,

[Insert signature]

Dr. Lisa Whiting & Sheila Roberts,
Project Team
L.Whiting@herts.ac.uk; S.A.Roberts@herts.ac.uk
APPENDIX 3.7

[Insert date]

Dear

Re: An examination of the work of the NHS England Youth Forum
(Protocol Number: HSK/SF/UH/02383)

Thank you so much for participating in the above research study that was funded by NHS England. The information that you have provided will inform the final report and will help NHS England to decide on the most appropriate strategies of engaging with, and involving, children and young people in decision-making processes. We anticipate that the final report will be completed by the beginning of September 2016; if you would like a copy of this, or a précised version, please e-mail us with details of where you would like it sent to. Thank you.

We know you are very busy and very much appreciate the time that you gave to participating in this project. Thank you.

Kind Regards,

[Insert signature]

Dr. Lisa Whiting, Sheila Roberts and Gary Meager,
Project Team
L.Whi ting@herts.ac.uk; S.A.Roberts@herts.ac.uk; G.Meager2@herts.ac.uk