

NENC Research Engagement Network Development (REND) programme

Final summary report template 2023 – 2024

Organisation	<i>North East Wellbeing (NEW)</i>
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1. Planned Activity

<p>Brief summary of your original planned activity to meet the aims of REND</p> <p>We aimed to engage 30 primary-school-aged children to explore their perspectives of mental health research, including capturing their current understanding of mental health research, any previous involvement, which mental health topics they would like research to prioritise, and how they would want to be involved in any future research activities. Insight gained aimed to inform the development of a future children and young people’s research engagement network that would be developed and hosted by Vonne.</p> <p>NEW has a number of long-term programmes working to support children and young people such as therapeutic schooling, wilderness schooling, and puppetry mental health workshops. Therefore, our approach involved engaging with the schools and children who were taking part in these NEW programmes.</p>
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2. Summary of REND engagement activity delivered May 2023 – April 2024

Brief session/activity description	Number of participants (n)	Broad description of group (e.g. age range, gender, specific group or mixed, ethnic groups where known)
St Joseph’s RC Primary School Focus group 1	5	2 boys, 3 girls (no MH known/reported)
St Joseph’s RC Primary School Focus group 2	6	3 boys, 3 girls (no MH known/reported)
Newport Primary School Focus group 3	8	3 boys, 5 girls (half group had experience of MH issues)
Newport Primary School Focus group 4	8	4 boys, 4 girls (half group had experience of MH issues)

UTC South Durham Focus group 5	7	2 boys, 5 girls ('many' of the group reported to have experience of mental health issues by the student wellbeing director)
Totals: 5 sessions	n=34	13 boys, 20 girls

3. From your engagement activities for the REND programme between May 2023 – April 2024, please summarise

a) Any changes to your engagement activities from your original proposal and the reason for these changes

We contacted schools that NEW had these existing relationships with; both those who NEW had worked with previously and those NEW were working with at present.

This meant we took a more traditional 'research type' approach and conducted focus groups in 3 schools (5 focus groups in total, total children/young people = 34). The engagement was arranged via the school contact who decided which children and young people would be involved, they were provided with some information about the project including the relevant focus group guide and the questionnaire framework. We indicated that the children and young people did not need to have experience of mental health issues themselves, however this was interpreted differently across the places and some children/young people were selected by the school staff because they did have experience of mental health issues.

The focus groups were 30-40 minutes duration and were conducted in a relaxed, conversational style. At the beginning of each group a brief introduction into the project and to the researcher was provided including informing the CYP how the session would be structured. We then administered the REND pre-group questionnaire (as provided by the REND team) before starting the focus group properly, the focus group questions were then asked (as per the attached guides but with flexibility and nuance to ensure conversational tone and approach) and this was followed by the second administration of the post-questionnaire.

b) Key successes in engaging children, young people and/or their families

Please provide details of any specific strategies or methods of engagement you found particularly successful when working with children, young people and/or their families, including contextual information where relevant to reflect where a particular strategy or method worked well with a specific group.

Making the topic tangible/linking to their previous experiences - When conducting the focus groups we found that the children and young people were more actively able to engage with the conversation, particularly in relation to what they might want in terms of engagement from mental health researchers in the future if we made this tangible for them. This was done by asking about engagement in general with other external visitors that came into the school, either related to mental health / research or other topics. We found this then enabled the children to think and express what they did or did not like previously and relate this to how they would prefer to be engaged in the future. This was introduced following the first focus group and subsequent groups were livelier and more engaged with the conversation. As an engagement strategy therefore, this worked well. Examples of prompts included:

- *Have people from outside the school come in to talk to you?*
- *What did you enjoy or not enjoy about it?*
- *Is there anyone in your school that talks about mental health?*
- *Who has talked to you about research?*

Below we provide a couple of examples of responses from the focus group notes ‘experiences of research’ which, as discussed above, expanded to experiences with other school visitors, their engagement approaches and/or people who worked with them on mental health and/or research.

Focus group 1 (no prompts given):

- They have done activities with visitors to school, but not research, e.g. special activities for black history month

Focus group 2 (prompts):

- A woman used to come in every Tuesday to talk about the children’s worries; they found this helpful
- They liked this because she could help with their worries; “you could see a difference from before” after she had worked with someone
- She would “say stuff that would make you calm down”
- Some thought they would be equally happy to talk to a teacher as to talk to the counsellor
- Someone had visited school to talk about science research, but not MH
- Associated research more with science experiments than health
- They had enjoyed a recent fire safety talk because the speaker was “funny”, “told us things we didn’t know...”, “does quizzes at the end so it’s nerve-wracking but fun”, “tells us a story”, “if you get the questions right he would give you prizes”
- Think researching children’s MH is important because “children have different brains to adults so should have that right”, “it’ll help us learn more”, “if you’re a child and something has been going wrong you should check your mental health, but if you’re an adult you should too so it should be both equally”

Keeping timing of sessions short – keeping focus groups to a maximum of 40 minutes worked well for maintaining children and young people’s attention and focus and worked well in terms of school-timetables.

c) Any enablers to your activity to engage children, young people and/or their families around mental health research i.e. anything else that has supported or helped in delivering your REND activities

Ensuring understanding of the terms ‘research’ and ‘mental health’ and ‘mental health research’- ensuring children and young people know what each of these mean and how they can be connected was vital in ensuring understanding and engagement during focus group sessions. We found that offering the children and young people the opportunity to provide definitions first, then confirming or correcting their definitions or expanding on them meant everyone was of the same understanding as the session progressed.

Ensuring clear distinction between ‘mental health research’ compared to ‘health research’ - In our first session the pre- post- questionnaire provided by REND referred to ‘health research’, whereas our focus

group questions discussed mental health- it was clear from some completed questionnaires that children we responding to this with physical health in mind, rather than mental health. This could create confusion about what the session was about and risks responses that dont accurately reflect their opinions about mental health research. The subsequent sessions this was changed to read ‘mental health’ research. Other enablers included:

Existing relationships with school contacts – the familiar and trusting relationships established between NEW and school staff enabled access to be able to engage with the children.

Speaking about mental health in an open and empathetic way- encouraging conversation and openness. (e.g., no wrong answers, we are here to find out what you think, providing brief confirmation or feedback if necessary/if questions were asked, talking about boundaries/safety if important – for example a student indicated that it was suggested by an external visitor that they share their mental health experiences on social media for the purpose of raising awareness and helping others, they did not feel comfortable with this – a brief discussion was had in the group about how sharing (especially on social media) has pros and cons/risks and should only be done safely, that people should only share what they feel comfortable with and personal privacy is important, etc.

d) Key challenges or concerns and how these were overcome, including any areas where you sought support from the Programme Team

Whilst NEW has established good relationships with many schools and are working with these schools, we still faced challenges gaining access to hold a focus group within a couple of them for the following reasons:

- Hesitation/refusal from some schools to be involved because of the subject matter (i.e., mental health)
- concerns regarding how the subject matter could be relayed to children that did not speak English as their first language

There were also some concerns from NEW practitioners who worked into these schools about introducing a new project to children and schools when several projects were already underway with a different focus (i.e., outdoor education).

There were also some challenges with engagement of the children in focus groups 4 particularly, likely due to the selection of children including those with mental health issues as some behavioural issues were evident. This did not prevent the running of the focus group but indicated that for those children a more interactive/active activity may have been suitable rather than being asked to sit and focus at a table with people they did not know. Those children also stated the following during the focus group when asked about preferences:

- *For mental health research they don't like more formal conversations, as it is "uncomfortable", "nerve-wracking", "scary"*
- *Visitors were described as "fun", "terrible", "nerve-wracking"*
- *Some children might not want to do MH research because "they might not find it interesting", "they might think it's not fun or for their age", "they might feel uncomfortable"*

It was also noted that this group had more family or personal experience of mental health issues in real life, indicated by the below:

- *Mental health is “like where people have mental health”, “when you are supporting mental health like you are making sure you’re in good health”, “where people don’t have a healthy lifetime and they are mentally sick like depression”, “how healthy your mentality is”, “committing suicide”, “where you have to go to the doctor to get your medicine”, one of the children understood that their mum had mental health issues, “trauma”*
- *They had awareness of mental health care facilities*

This reiterates the importance of conversations around mental health, an awareness of the experiences/trauma and memories that children or young people may have regardless of age and that this must be recognised during any interaction. Conversations around mental health research can bring up deeper or more difficult issues and this should be anticipated, with safeguards in place where required. We ensured the focus group ended with lighter discussion and topics around how they would like to be engaged in general and we also gave the option for children to go back to the classroom if they weren’t enjoying the session or didn’t want to stay.

All children and young people found it difficult to connect mental health and research together (very able to discuss separately) and therefore some imagery/examples brought to life may have supported this understanding (acknowledge great example provided by REND team), as well as building understanding over a period of time rather than during one very short session. A short series of workshops to with the intention to initially build understanding around mental health research then followed by a session to gather experience and perspectives, may be advantageous.

- e) Key learning from the views of children, young people and/or families you engaged in terms of**
- i) Any enablers or barriers to engaging children, young people, and their families in research**
 - ii) Any priorities or topics for mental health research**
 - iii) Any other key messages for research/researchers**

Key messages from across all focus groups include:

Enablers to engaging children, young people, and their families in research:

- Keep research activities interactive, fun and creative
- Use a range of different activities to engage children and young people
- Use informative educational stories and presentations to shape understanding
- Website/animations/pictures more engaging than lots of reading
- Provide links to relevant resources/signposting for children and young people
- Reassure that research involvement is confidential
- Offer both group and 1-1 opportunities for taking part
- In-person visits

Barriers to engaging children, young people, and their families in research:

- Sensitivities of discussing own mental health and some feeling uncomfortable
- Some children and young people wouldn’t want to discuss mental health with a stranger
- Avoid formal conversations about mental health
- Avoid formal settings and formal layouts such as round table discussions
- Wouldn’t want to talk on camera or do too much writing or reading
- Children and young people feeling pressured to talk about sensitive topics

Any priorities or topics for mental health research

- Suicide
- Anxiety
- Depression
- Day-to-day wellbeing, coping mechanisms

Other key messages for research/researchers

- They would want to hear about the research and like posters/animations/images/websites as ways of sharing outcomes
- Children and young people would like more information about mental health and mental health research

f) Any new collaborations, partnerships or opportunities that have come about through your involvement in REND (these could relate to young people, particular groups, your organisation or more widely)

We valued being part of the regular REND reflection session whereby we were able to share learning and discussion with other people/organisations engaged with REND. At present we have not made any formal new collaborations but are hope to at the launch event in May

5. Your views on the support provided

The REND programme is a learning programme and we are keen to understand all we can about what has and hasn't worked well, including in the support you have been offered. Please share your honest reflections on what has worked and what could have been done differently to help us maximise our collective learning.

We have really enjoyed and valued our experience of working with the REND project team and we NEW hope to continue the connections via the networks that are forming. We have felt very supported throughout and particularly enjoyed the regular reflection/learning sessions, this kept the momentum of the work going and provided a valuable opportunity to share, troubleshoot, and learn. We also found the direct support from Greta and the team to be responsive and supportive, for example if we contacted them to ask a question, discuss plans or during our visit from Greta. The whole project has felt like being part of a community of VCSE researchers and there has been a sense of collaboratively co-producing something new, exciting, and important.

We also took part in the recent evaluation and provided our feedback in an interview which we enjoyed and we felt this facilitated our own reflections and drawing together of learning from the project.

6. Next steps

Please share your thoughts as an organisation around future involvement in the design, development, or delivery of research, including suggestions on how we can sustain a Child Health Research Network for future involvement in CYP mental health research

NEW hope to maintain relationships and connection with VONNE, the REND project team and all its VCSE collaborators, and support the further development of the Child Health Research Network.

The importance of the network is understood by NEW- there is often disconnect between academic, institution-based research and community involvement and a need to bring together multi-sector organisations to work collaboratively to support research. There is also a wealth of great research already being conducted in VCSE organisations which should be celebrated. NEW feel this network could provide cross-sector connections and new opportunities to involve children and young people in research via the close day-to-day connections VCSE organisations have with them.

Suggestions for sustainability of the network-

- creating a sense of community and shared responsibility, all working toward the same goal
- ensuring visibility and good communication, regular newsletters/blogs and opportunities to connect online or in person
- a clear 'buy-in' for network members, i.e. what are the benefits to them of being involved.
- a clear 'USP'- there are a number of regional networks in operation now, so thinking about why this one is different, what is its 'USP' that sets it apart from other networks.