Young people's risk-taking behaviours and access to support: Qualitative study

Executive Summary

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WIRRAL

Contents

Project background

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

- This piece of research contributes to a project around the offer in Wirral for children and young people around **'risk and resilience'** (health-related behaviours within the Healthy Child Programme). This includes areas such as sexual health, healthy relationships, and substance misuse. The aim is to develop a more co-ordinated, evidence-based approach to promoting resilience and reducing vulnerability to risk and the consequences of risk-taking behaviours.

- This work is currently in the **'discovery phase'** where new and existing information on young people's needs around risk and health-related behaviours is being collated, and current support available is being mapped. Both quantitative and qualitative data is being collected, including the School Health Education Unit's health and wellbeing survey being delivered in primary and secondary schools from Year 4 onwards.

- The Qualitative Insight Team was asked to gather qualitative insight into young people's risk-taking behaviours and access to support. This work provides in-depth insights into young people and family's experiences and needs around risk and resilience, helping to ensure their voices and needs shape the design and delivery of the local offer. It will also support the delivery of the Health and Wellbeing Strategy, such as ensuring that that support/services are designed to build young people's independence and resilience and address issues at an early enough stage to prevent lasting impact.

Aims

RISKS AND PRESSURES

Explore:

- The risk-taking behaviours young people are engaging in
- The pressures young people are experiencing in their lives

RESILIENCE

Explore how young people and families manage pressures and influences around risk-taking
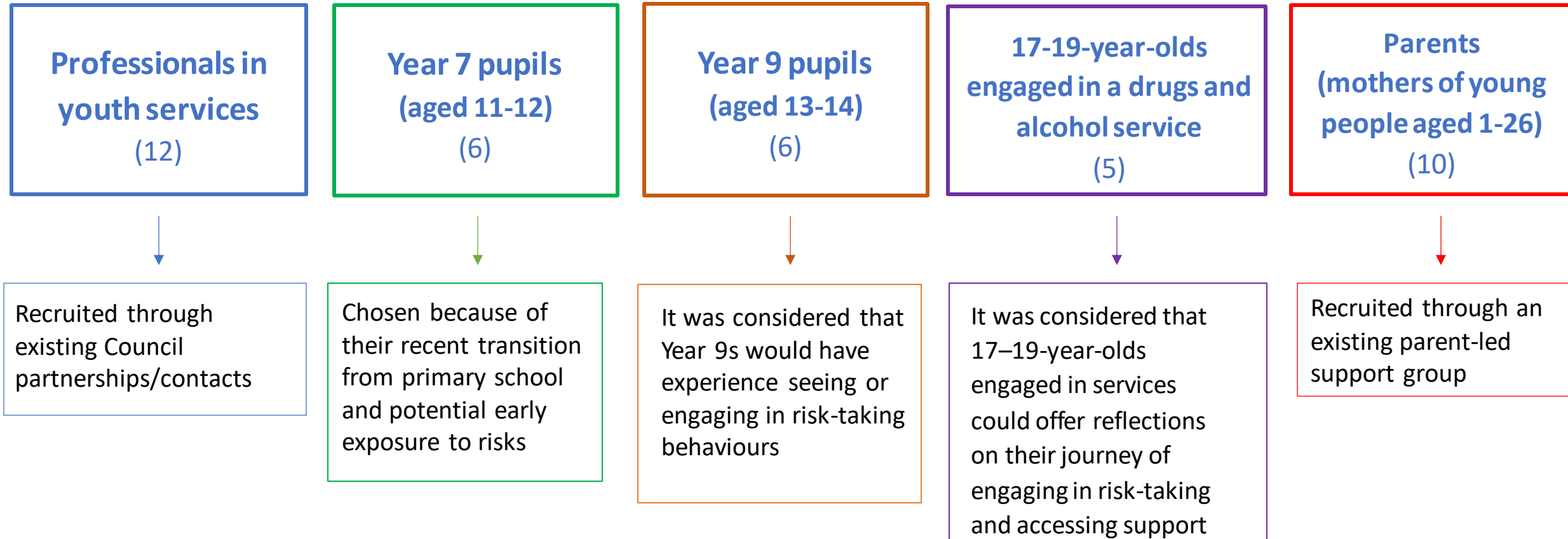
SUPPORT/SERVICES

Explore what helps/stops young people and families to get support or access services, whether at home, at school, or in the community

Who we spoke to...

39 participants:

Professionals in youth services (12)	Year 7 pupils (aged 11-12) (6)	Year 9 pupils (aged 13-14) (6)	17-19-year-olds engaged in a drugs and alcohol service (5)	Parents (mothers of young people aged 1-26) (10)
Recruited through existing Council partnerships/contacts	Chosen because of their recent transition from primary school and potential early exposure to risks	It was considered that Year 9s would have experience seeing or engaging in risk-taking behaviours	It was considered that 17–19-year-olds engaged in services could offer reflections on their journey of engaging in risk-taking and accessing support	Recruited through an existing parent-led support group

Methods

A qualitative approach: We gathered detailed descriptions of people's experiences and feelings. The focus was on quality over quantity.

We conducted:
- Four **focus groups** with brainstorming activities (2 hours each)
- Three **one-to-one interviews** (45-60 mins each)
- One **friendship interview** (60 mins)
- Five **informal conversations** (30-60 mins each)

Methods used with each cohort:

| Professionals	Year 7s	Year 9s	17 19 year olds	Parents
1x focus group (7 participants)	1x focus group (6 participants)	1x focus group (6 participants)	3x one-to-one interviews	1x focus group (9 participants)
Informal conversations (5 participants)			1x friendship interview (2 participants)	1x one-to-one interview

Parents enablers and barriers brainstorm
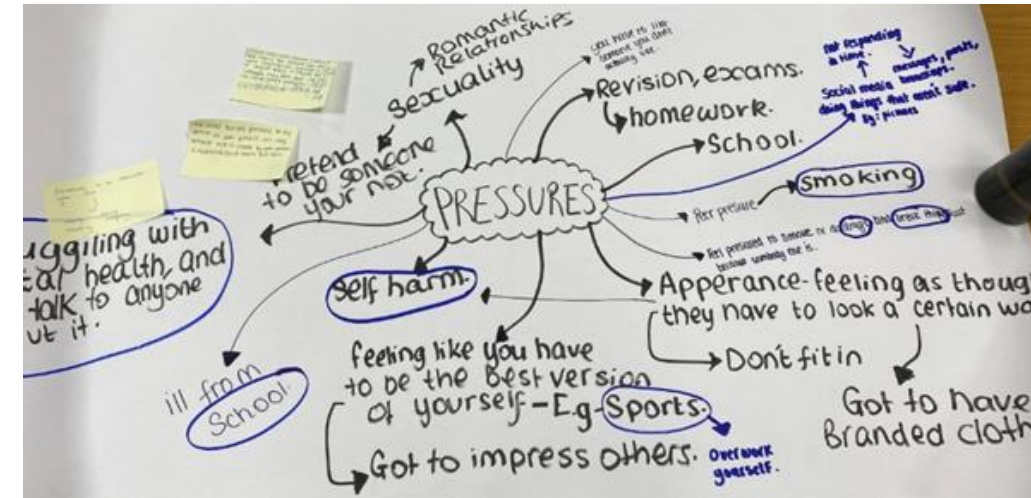
Year 9 pressures brainstorm

Findings: Pressures and risks overview
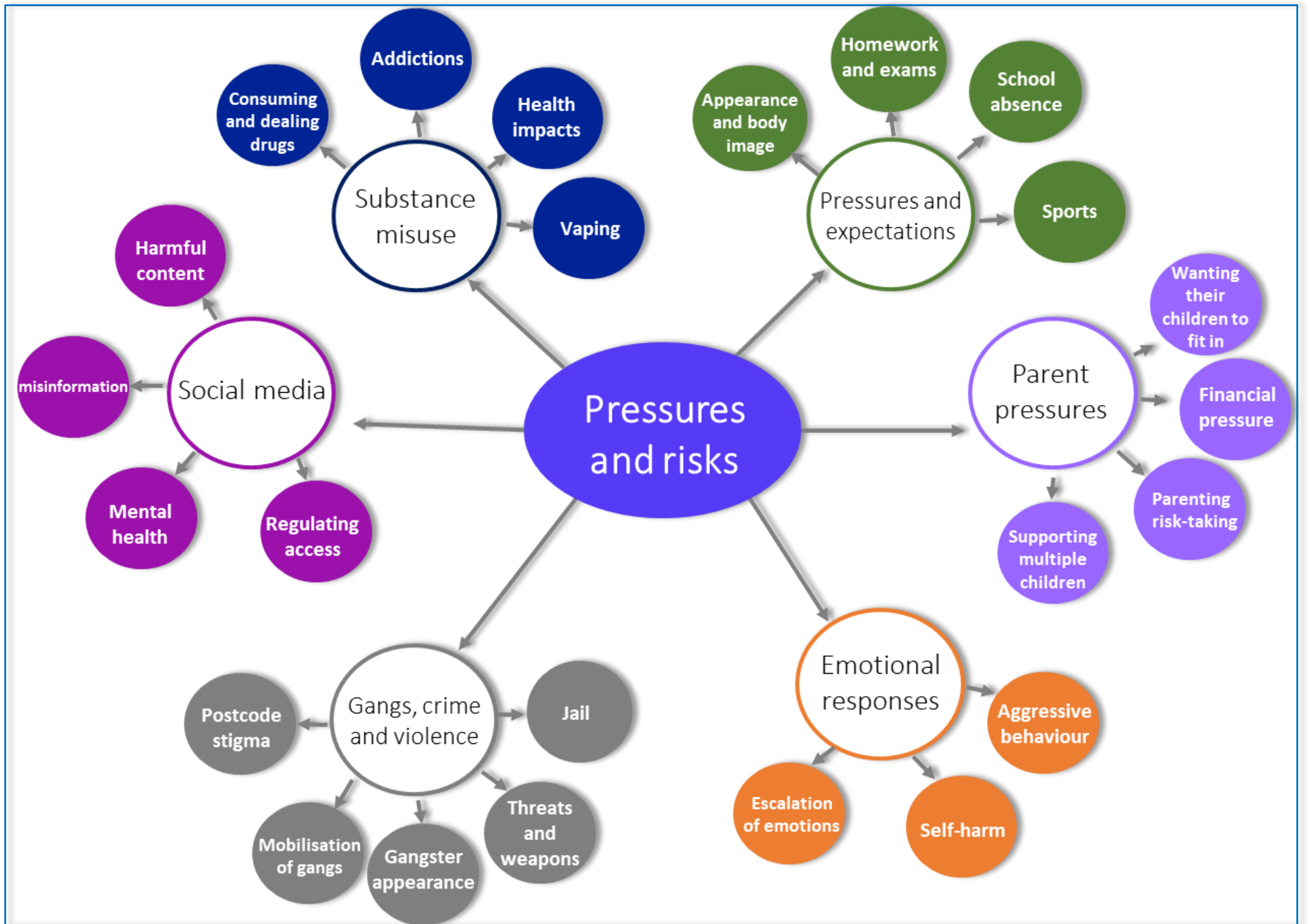
Substance misuse

The 17-19-year-olds we spoke to were engaged in a drugs and alcohol service. These young people described their experiences of consuming, quitting and dealing cannabis, Class A drugs, tobacco, and alcohol.

UPTAKE OF DRUGS

- Growing up around addictions
- Family breakdown or adverse experiences
- Exposure through friends
- Boredom
- Covid-19 pandemic

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

IMPACTS ON HEALTH AND RELATIONSHIPS

- Mood swings and anger
- Paranoia and anxiety
- Kidney disease and cancer within the family
- Negative impact on parents and siblings
    - Arguments
    - Parent's energy and money goes to one child

"I was never the same"

DIFFERENCES IN MENTALITIES

One young person felt they had *"no chance"* in life because they'd grown up around drug taking and dealing. They described smoking weed aged 12/13.

Another young person was cautious of following the same path as their parents. They no longer smoke weed because they want a career and it may cause harm to their body.

Case study: substance misuse

A brief look into a 17-19-year-old's substance misuse journey:

UPTAKE

"They're my ways out, cos it has been since I was 14. If I get myself in a bad way, I'd take drugs to get out of it."

USE

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

INFLUENCES

(When unemployed) "I'd be in the pub with all my mates, and then you get the influences, after you've had a drink"

QUITTING

2-3 years of support from a trusted professional, and a work/life routine helped them to quit: "It's a healthy repeat cycle"

RESILIENCE

"Once you get out the habit its easy to say no" "I'm not bringing myself down with you [...] I don't want those type of people around me"

Vaping

Drugs, alcohol and the potential to become addicted were risks identified by the Year 7 and 9s. Both groups discussed their experiences and observations around vaping:

PREVALENCE OF VAPING IN SCHOOL

"It's more vaping, you won't catch someone with a cigarette in the toilets, it's just vapes"

"We learn it [the dangers of vaping] in PSE, but people just think they're cool. It's like a trend now"

LACK OF KNOWLEDGE

There was uncertainty around what vapes contain, their possible dangers to health, and their addictiveness.

IMPACT ON SCHOOL EXPERIENCE

- One pupil explained how they don't like the smell of vapes in the school toilet so try cover their mouth and rush out
- Concern about getting the smell on their clothes and being accused of vaping
- Checks for vapes before exams causing additional stress

"You go to the toilet just to go to the toilet, not to smoke"

MANAGING PEER PRESSURE AROUND VAPING

Abilities to say no depend on the young person's:

- Personality
- Confidence
- Anxieties
- Relationships with friends and family
- Fear of being bullied
- Knowledge of what vapes contain

"It depends on how people cope with certain situations"

Pressures and expectations

All groups described the pressure for young people to constantly be the best version of themselves, 'fit in', look the best and have the best. Not living up to these expectations can lead to bullying, low self-worth and engagement in risk-taking behaviours, like self-harm. These pressures were also linked to social media use.

BODY IMAGE AND SPORTS

Year 9s described how there are expectations around sporting abilities based on body image, which can lead young people to feel low, or disengage from PE:

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

"I play goal in footie, but I'm not very big. I usually get people automatically thinking I'm not good"

SCHOOL PRESSURES

- Pressure to perform well academically
- Fear of disappointing themselves or their parents/teachers
- Feeling judged for having a bad day, bad exam result, or time off for mental health reasons
- Not enough time to complete homework – reducing time spent on extracurricular or relaxing activities
- Challenge of transitioning to secondary school during the pandemic: e.g. hard to make friends (Year 9s)
- Stress of settling into a new school (Year 7s)

PRESSURES ON PARENTS

- Pressure to provide children with material things to make sure they fit in. This adds financial pressure, even before the cost-of living crisis.
- One parent described the pressure to support their child who was using drugs, while supporting their other children and going through their own struggles:

"You're trying to help one, but you don't want to ignore your others"
"It did break me for a bit"
"You deal with that much, and you're expected to get on with it"

Emotional responses

Young people's risk-taking behaviour can be an emotional response to their experiences and vulnerabilities, or a way of coping with them. Emotional responses vary – two that stood out were self-harm and aggression. These were described by young people as behaviours that stem from bottling up issues and feelings.

STRONG EMOTIONAL RESPONSES

- Professionals and parents are seeing young people have strong emotional responses to small-scale problems.

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

- Parents felt that young people don't have the skills to regulate their emotions or deescalate situations.

SELF-HARM

- Self-harm practices identified included: cutting, disordered eating, overdosing and alcohol consumption.

- Professionals are seeing self-harm from young ages as well as competitive self-harm among girls

- Year 9s had seen self-harm among peers and linked it to body image pressures, anxiety and peer pressure.

- Social media was perceived to be encouraging self-harm, such as Tik Tok challenges involving suicide threats.

AGGRESSION

- Aggressive behaviour was linked to: PTSD, additional needs like ADHD, and the COVID-19 pandemic.

- One 17-19-year-old described themselves as "a very angry kid" who would "snap" when provoked and fight with young people from other estates. Bottling up emotions was normal in their family and so they often expressed themselves through anger.

Gangs, crime and violence

The groups discussed their experiences and anxieties around gangs, crime and violence:

GANGS

- Professionals and 17-19s discussed the mobilisation of gangs from Liverpool to Wirral.

- Professionals are seeing gang-related activity and anti-social behaviour shift from East to West Wirral. Professionals felt that postcode stigma related to East Wirral was more prevalent than ever.

- Social media was perceived to be creating an *"aspirational culture"* around gangs and crime. Young people's efforts to appear 'gangster' leave them vulnerable to actually becoming involved in, or being exploited into, gangs and crime.

CRIME

- One 17-19-year-old described how crime was normal when growing up in Birkenhead, and that without early prevention, young people get *"stuck"* in a cycle of criminal activity. They said:

"You going to rob someone on the estate is nothing new. Everyone does it. [...] So if the kid doesn't get told or helped out, he's bound to do it"

- 17-19s and professionals felt the cost-of-living crisis will push more young people to crime and exploitation:

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

VIOLENCE AND WEAPONS

- Young people and professionals are observing increasing levels of violence and threatening behaviour in their local area, including knife and gun crime, robbery and arson.

- Year 7s had safety concerns about socialising in Wirral and Liverpool, and described putting safeguards in place to avoid becoming a target.

"What goes on in Liverpool scares me and scares my family"
(Year 7 pupil)

Social media

The groups discussed young people's exposure to violence, pornography, self-harm and grooming online; the health impacts of excessive social media use; and the challenges around parenting access to phones and online platforms.

HARMFUL CONTENT

- Year 7s felt that they didn't have control over the content being pushed to them through algorithms.
- There can be pressure to join in with cyber bullying

MISINFORMATION

Social media influencers were perceived to be misinforming young people about risk-taking and health-related behaviours, such as sexual health. Influencer's advice is taken as fact, posing a challenge for professionals.

IMPACT ON WELLBEING

- Concern that excessive use of social media and gaming negatively impacts mental health and causes loneliness.
- Year 9s felt pressure to post regularly and respond to messages quickly
- Year 7s had been victims of cyberbullying, which had hurt their feelings

"Wasting too much time on social media affects mental health and may cause people to try and alter their figure" (Year 9 pupil)
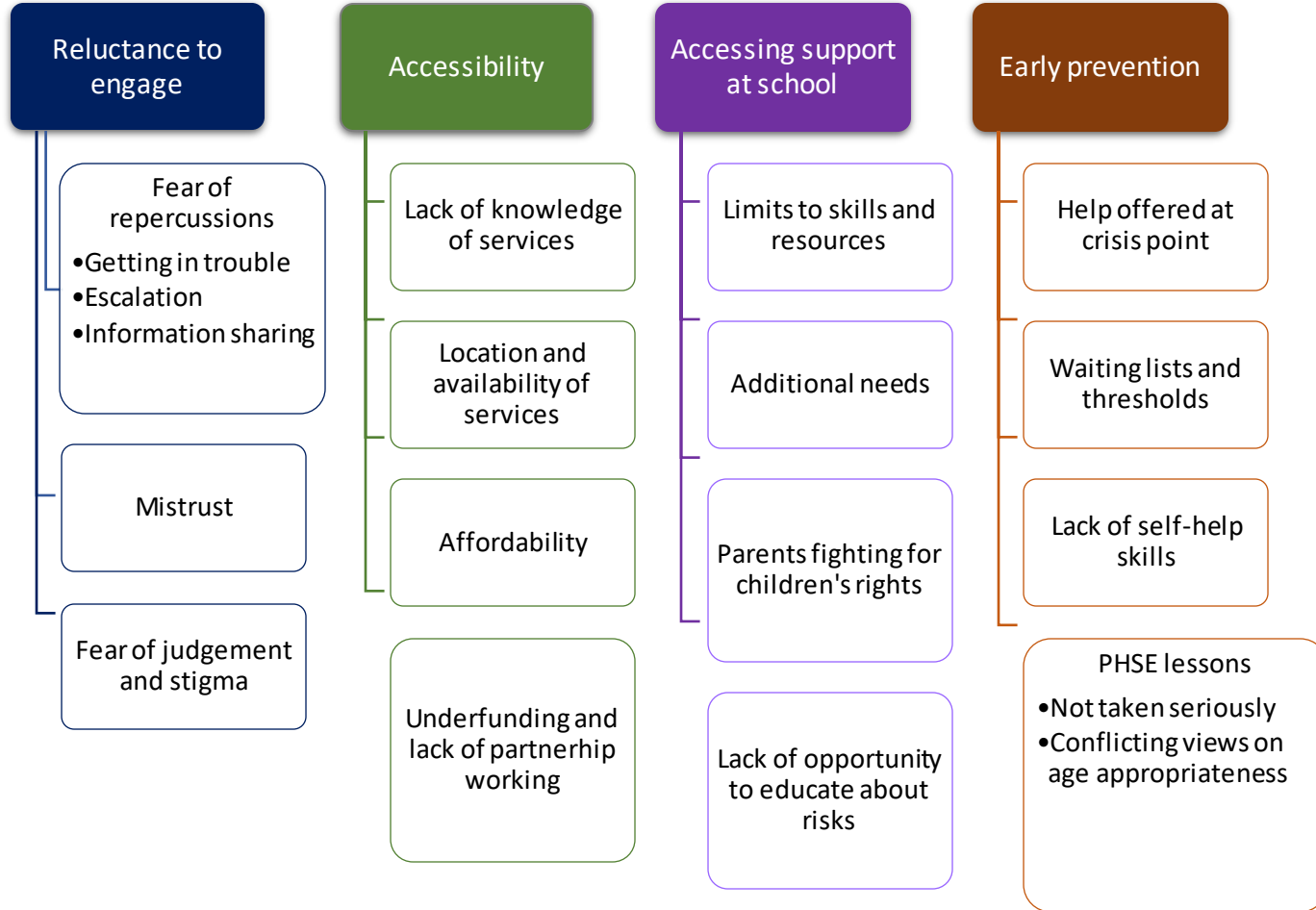
PARENTING ACCESS

- Parents can find it challenging to manage and safeguard their children's access to smart phones, social media, gaming and the sharing of harmful content.
- Parents felt they needed more education about the risks of online dangers

"Do you keep your child in a good relationship with their friends and peers, or do you stick to the moral high ground?"

Findings:
Barriers to accessing support/services

Reluctance to engage

- Fear of repercussions
  - Getting in trouble
  - Escalation
  - Information sharing

- Mistrust

- Fear of judgement and stigma

Accessibility

- Lack of knowledge of services

- Location and availability of services

- Affordability

- Underfunding and lack of partnerhip working

Accessing support at school

- Limits to skills and resources

- Additional needs

- Parents fighting for children's rights

- Lack of opportunity to educate about risks

Early prevention

- Help offered at crisis point

- Waiting lists and thresholds

- Lack of self-help skills

- PHSE lessons
  - Not taken seriously
  - Conflicting views on age appropriateness

Reluctance to engage

Young people and parents felt that telling someone their problems, or telling the wrong person, could make things worse:

GETTING IN TROUBLE

Fear of:
- Detention
- School exclusion/suspension
- Bad reactions from parents

JUDGEMENT

- Young people were concerned they'd be judged if they asked for help, for being *"too young"* (sexual health) or *"uncool"*.
- Likewise, parents can feel judged on their parenting abilities.

CONSEQUENCES FROM PEERS

- Gossiping and fallouts:

  "Mates could turn on you"
  (Year 9 pupil)

- Young people involved in gangs and criminal activity can not want to access support/services outside their area for fear of being *"found out"* or harmed:

  "I'm not stepping foot in that area, that's not my area"
  "This is one of the main reasons I'm not in college, cos I feel like if I go to college I could get caught [...] Anyone could just turn up and just, finish me"
  (17-19-year-old)

INFORMATION SHARING/ESCALATION

- Frustration among 17-19s about professionals *"blow[ing] things out of proportion"*.
- Fear among young people that professionals and teachers will pass on information told in confidence:

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

- Parents fearful of the repercussions for the family:

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

Reluctance to engage - mistrust

Young people can be mistrusting of services, which can come from their own experiences, or can be passed on from family and friends.

LASTING IMPRESSIONS

- A negative experience with a professional/service can have a lasting impression on the young person and their parent.

- One young person explained that when confidentiality is breached: *"You'll never talk to another guardian or adult again". (17-19-year-old)*

SOCIAL SERVICES

There was a particular mistrust among 17-19-year-olds towards social workers:

"My dad always said don't trust them, so you couldn't trust them anyway. You'll hear a lot of people say that, 'don't trust social workers'"

The 17-19s and parents perceived it to be hard to build a relationship with a social worker because:

- They'd frequently have different social workers assigned to them

- They felt *"palmed off"* or *"like a tick-list"*

- They felt social workers couldn't understand them because they didn't have lived experience:

"Their mum and dads an accountant and they've got big houses in Caldy, and then they're trying to tell us how to be good. How can they? […] I don't know what you've been through. You certainly [emphasis added] don't know what I've been through."

In conversation, Social Services were positioned in opposition to the services they access – one parent said: *"The refuge was for me, not Social Services […] The smaller branches I find are more like a family"*

Accessibility

The groups identified practical barriers that can prevent service access. Professionals and parents felt that the barriers around the availability and accessibility of services are linked to limitations in funding, resources and skills.

ACCESSIBILITY ISSUES

- Age appropriateness e.g., lack of primary school risk-education
- Lack of continued support for 18+
- Lack of additional needs provision
- Access to transport
- Waiting lists and thresholds (especially around mental health services)
- Language
- Affordability
- Type of service (online, phone, face to face)

"You can't express yourself sometimes over the phone. You just can't" (Parent)

KNOWLEDGE OF SERVICES

- Young people and parents can struggle to know where to go for help.

"If you don't know, how can you access anything? Its basic that isn't it" (Parent)

- Professionals described how the competitive funding landscape can lead services to gatekeep young people, which limits referrals:

"It's a fear thing, it's a protectiveness over your service. [...] You won't take a kid there just because you're worried, they might get more funding"

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

LOCATION

- Some young people and parents felt there are a lack of opportunities for young people in their area.

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

- Services perceived by professionals to be concentrated in East Wirral:

"[When] you look at the map of where services are located, you can pretty much draw a line down the Wirral and it's all in Birkenhead and that side. So if you're in West Wirral, your opportunities to access that [services] might be very limited."

Accessibility, continued

Word cloud of barriers around the accessibility of services, as identified by the participants

Accessing school support

While some young people felt that school was a safe space to get help, others (and parents in particular) felt that support at school was unavailable or limited, especially around additional needs.

ADDITIONAL NEEDS

- Perception that schools and colleges don't have the resources, skills or capacity to support additional needs.

- 17–19-year-olds described feeling misunderstood and dismissed as naughty in mainstream schools:

"I never liked school; I preferred the naughty schools. They just know how to deal with you, you know what I mean. With mainstream, if you're naughty or disruptive they just send you away."

- Therefore, transitioning to new educational environments can be difficult:

"They know I've got ADHD, but they don't know how to cope with me. Whereas my last one [college] I went two whole years without getting kicked out"

FIGHTING FOR YOUR CHILD'S RIGHTS

- Parents were frustrated that they had to constantly fight for their children's rights. For example, one parent had to push to get mainstream schools to provide the 11 plus and lessons in Braille for their child.

"No parents should have to go in and kick off and be rude or obnoxious to get what their child's fighting for"

RESPONSIBILITY

- Parents were sympathetic that schools are overloaded with responsibilities. They felt broad, inclusive support should be available for all so that specialist support can be saved for those who can't manage. They also emphasised the importance of the role of the parent and family in providing support.

- There was a sense that young people didn't expect the school or teachers to help, as though it wasn't the school's responsibility. 17-19-year-olds said:

"But obviously it's not up to them is it, it's not their fault"
"They are there for their job and they don't think about you once they're back home"

Early prevention

The participants identified barriers to getting help at an early enough stage:

MENTALITY

- Parents and young people's reluctancies can pose a barrier to early prevention – they have to be in the right mindset to want to engage with support. For example, the 17–19-year-olds explained that growing up being told to deal with your own problems makes it hard to engage with support:

"If you've done it [bottling up] from when you're a young kid, and you've never shared your problems with no one, when you get a bit older you're more used to it. So when you try and catch kids our age, it can still happen, but if the kid's been stuck into it since young, it's not gonna happen because they know how to deal with their problems"

PHSE (Physical, Health and Social Education)

- The Year 7 and Year 9s talked about PHSE as an important factor in their learning around risk-taking.

- Year 9s felt that PHSE lessons are not taken seriously, and they felt they should know more about sexual health at their age.

- Mixed views amongst parents about the scope and appropriateness of PHSE, including some unsure of what is being taught.
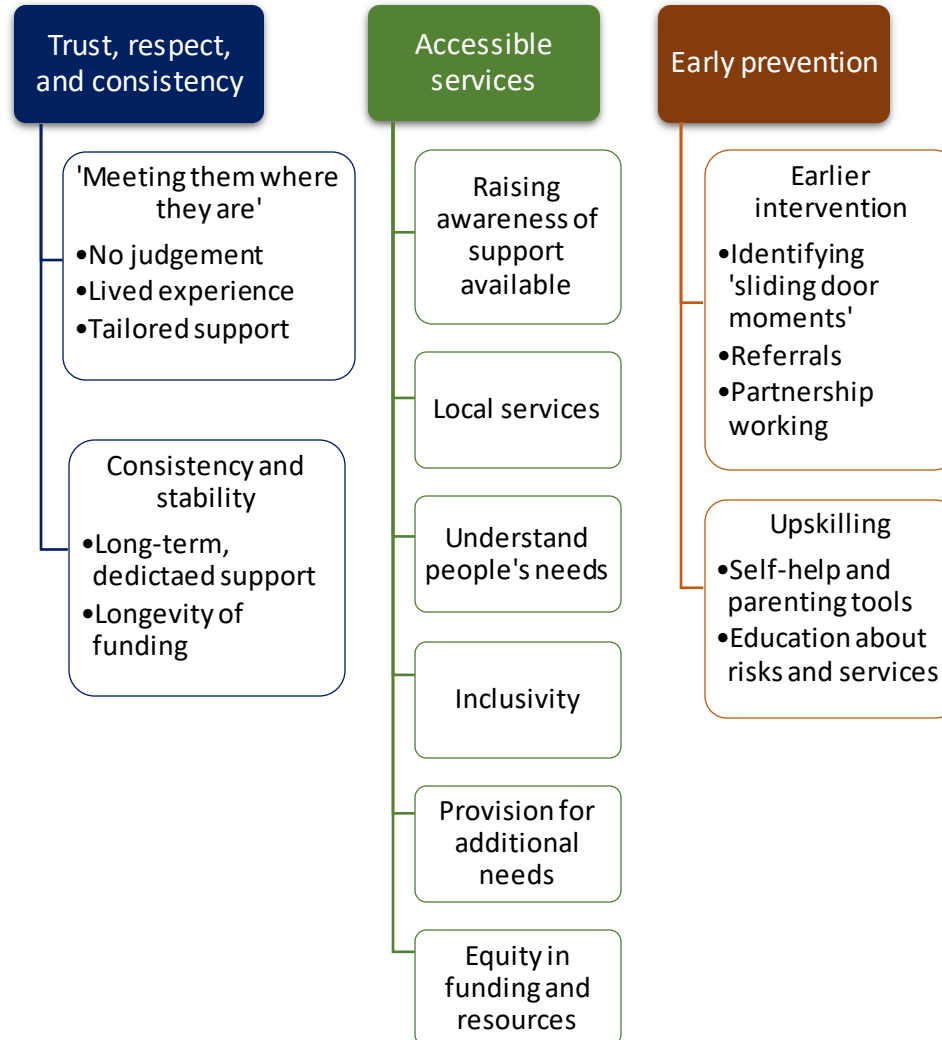
BETTER START IN LIFE

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

SELF-HELP

- Parents felt that help is offered too late, at crisis point, and they'd experienced knockbacks including waiting lists and thresholds, which made them feel helpless.

- They felt families need self-help skills and information on risks to be able to manage their own issues and emotions. They felt that self-help tools would relieve pressure from schools and services.

Findings: Enablers to accessing support/services

Trust, respect, and consistency

'Meeting them where they are'
- No judgement
- Lived experience
- Tailored support

Consistency and stability
- Long-term, dedictaed support
- Longevity of funding

Accessible services

Raising awareness of support available

Local services

Understand people's needs

Inclusivity

Provision for additional needs

Equity in funding and resources

Early prevention

Earlier intervention
- Identifying 'sliding door moments'
- Referrals
- Partnership working

Upskilling
- Self-help and parenting tools
- Education about risks and services

Trust, respect, and consistency (1)

Understanding, lived experience, consistency and tailored support were described as important for building trust and mutual respect:

'MEETING THEM WHERE THEY ARE'	**LIVED EXPERIENCE**
• Important for professionals to validate young people's feelings and experiences, which builds mutual respect. • Young people want to feel understood rather than judged. • On substance misuse, young people want to be guided to make informed decisions rather than being pushed to quit. *"I wouldn't talk about me taking [drugs] to any other drugs and alcohol worker except from her, because she doesn't say 'no'. She doesn't say 'that's bad that'. She understands the situations I get in'"(17-19-year-old)* *"If they're in that world, telling them not to carry a knife doesn't work" (Professional)*	• The groups stressed the importance of professionals having lived experience of the issues they're going through *"To break the chain, you've got to know the chain" (17-19-year-old)* *"They're not just someone whose being paid to do a job. They've been there"(Parent)* • The Year 7 and 9s liked that they could get support from other students through their school's peer-led support service, as parents and teachers sometimes don't understand their feelings. • To build young people and family's trust, professionals felt they need to be *"part of the bricks and mortar"* of the community.

Trust, respect, and consistency (2)

CONSISTENT, DEDICATED SUPPORT

- Having one consistent drugs and alcohol worker helped the 17-19s build a trusting relationship:

  "You've got to get used to someone haven't you"

- Consistent support can offer stability and comfort to young people and families going through turbulent times – it can help them feel someone is invested in them:

  "I was trying my best, but it was better for her to have someone she had, for her, that wasn't mum.' '[They've] stuck with her through every step of it." (Parent)

- The longevity of services/projects was highlighted as important for building trust

  "They don't think of the time that it takes to sort people out like me" (Parent)

TAILORED SUPPORT

Support that is tailored to young people's needs can make support more accessible/palatable for young people, and help them to build trusting relationships with professionals and services.

- A 17-19-year-old with ADHD described how they don't like sitting and talking in the service's building, so their drugs and alcohol worker takes them for food or for a walk. They described how food and drink can be an incentive, as well as a comfort or distraction when dealing with, or talking about their emotions.

- For other 17-19-year-olds it was important to get away from their home/local environment when receiving support. Outdoor activities and residential trips allowed them to *"disconnect from everything"* and get some *"peace"* from the fear, worry, anxiety and influences they experience at home.

Trust, respect, and consistency (3)

TAILORED SUPPORT – GETTING AWAY

This 17-19-year-old described the importance of having the opportunity to get away from their local area:

"Either you're sat at home waiting for your door to get kicked off, you're either smoking drugs, you're either with girls, stuff like that, or you get a phone call saying you're gonna get out for the day.

And when you're out for the day, you're not in your area, so you're not gonna get stabbed, you're not gonna get robbed. Nothing's gonna happen. Nothing's gonna go down, you can get out the way for a bit.

You can come home and deal with your normal stresses of life later on, but just to get a few hours away every now and then, its good. And most kids haven't got the money to get away for the day"

Accessibility and early prevention

RAISING AWARENESS AND UPSKILLING

All groups felt there should be more opportunities for young people and parents to access information and support around risk-taking behaviours and wellbeing.

"It comes back to educating the parents. We need to know the dangers" (Parent)

INCLUSIVITY

More can be done to ensure that services are inclusive, easy to access and appropriate for people's needs, particularly for people with additional needs. As one professional said:

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

PARTNERSHIP WORKING

- Professionals felt that tight partnerships can increase opportunities for young people to know about services and engage in them.

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

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

- Parents and professionals felt that more skills, resources and equity in funding could improve referrals and signposting, and create more opportunities for early prevention.

Opportunities for future research

Expand the demographics of research participants to include primary school age children and up to the age of 25 to **explore how (and if) they transition between support and services** at different ages.

Develop further research into **the effectiveness of PHSE lessons** and get a better understanding of young people's experiences, including those with complex additional needs, across schools and age groups.
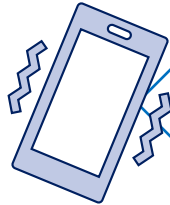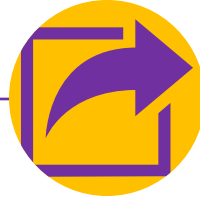
Examine further the **influence of social media and peer pressure** on young people's appearance, body image, and school experiences

(e.g., engagement in sports).

Develop further understandings of **the impact of poverty, austerity, and the cost-of-living crisis** on young people and families.

Next steps

- Share with wider partners and discuss how the qualitative and quantitative data collected in the discovery phase (see slide 2) can be used to start addressing/developing a response to meet the needs identified.

- Feed into appropriate networks and strategies.

Thank you.

Qualitative Insight Team

Email: qualitativeinsightteam@wirral.gov.uk

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