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Original Citation

Howard, Beverley (2018) YOUTH WORK'S CONTRIBUTION TO PROVISION FOR YOUNG PEOPLE WITH MENTAL HEALTH ISSUES, IN THE BOROUGH OF BURY, GREATER MANCHESTER. Masters thesis, University of Huddersfield.

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YOUTH WORK'S CONTRIBUTION TO PROVISION FOR YOUNG PEOPLE WITH MENTAL HEALTH ISSUES, IN THE BOROUGH OF BURY, GREATER MANCHESTER

BEVERLEY HOWARD

A thesis submitted to the University of Huddersfield in partial fulfilment of the requirements for the degree of Masters by Research DX551

The University of Huddersfield

September 2018

This major study complies with the British Educational Research Association's professional, ethical standards and guidelines.

ACKNOWLEDGEMENTS

I would firstly like to thank the University of Huddersfield for offering me this opportunity to study a Masters by Research Degree, under the Vice Chancellor's Scholarship.

I would like to thank all who participated in this research project. Thank you for being honest in a time of worry and uncertainty, offering me great insight into your job role and responsibility to young people. I wouldn't have been able to generate this exceptional data without your valued experience and perceptions of what is going on out there in the field of working with young people.

I would like to thank Karen and Denise. Thank you so much for all your help. I know you had a giggle doing them but I also know how hard it was for you too. I really do appreciate your help and support, I would have been in trouble if you both kindly had not offered to help!

A big thank you goes to my supervisor Professor Paul Thomas, University of Huddersfield. Thank you for all your continued support and guidance. You have been a great supervisor and it has been a pleasure working with you, thanks also for being patient with me when times got a bit tough or I needed some encouragement to carry on.

I would like to thank other lecturers for all your support, encouragement and friendly advice whenever I needed it: Jean Hatton, Helen Jones, and Lyn Boyd.

Last but not least, my beautiful daughters – Lauren and Georgia.

Lauren I thank you for encouraging me and supporting me, even when you were travelling around America, I hope I have inspired you to do your best with your own degrees. I thank you for putting up with me, understanding everything and being there for your mum. I love you both xx

ABSTRACT

This dissertation aims to address growing concerns around increasing levels of mental ill health amongst young people; through a study of youth work's contribution to provision for young people in Bury, Greater Manchester. It aims to identify how youth services could offer more support; how partnerships can be efficient, and how political policy contexts inform services.

Three themes were identified for the literature review: What is youth work?; Mental health and young people; Youth work and mental health.

A critical interpretivist/realist approach, combined with ontological and phronesis paradigms, were applied for methodological structures. The strategy was a qualitative case study and method for data collection was fifteen semi-structured interviews. Data analysis of coding and theming identified five themes: Problems young people are facing; Support which is being offered; Staff confusion over policies; Significant ethical challenges; and Partnership practices.

Key findings are;

- professionals in Bury are witnessing a dramatic increase in the number of young people suffering low level mental health problems; and severe mental health illnesses are becoming more prevalent with this age group;

- since government austerity cuts commenced in 2010 the context for youth work in contemporary times, particular Northern England, is a brutalised one. Many local authority youth services have been discontinued and voluntary groups, many also depending on state funding, are reducing their workforce or closing;

- there has been a significant reduction in resources, staffing and funding for Bury's young people services. Local authority services, voluntary and charity organisations are having to work more integrated. However working in this way is presenting challenges, tensions and is identified as problematic;

- informants displayed a genuine and overall lack of understanding for current local or national policy that informs their service or individual practice.

This research offers insights and well-argued recommendations that local authority and voluntary youth services are experienced in responding to the needs of young people in contemporary Britain. The focus on supporting their personal, social, physical and educational developments; with priority to either helping prevent mental ill health occurring or as an active role in supporting the young person in the recovery.

TABLE OF CONTENTS

ACRONYMS

ADHD – Attention Deficit Hyperactivity Disorder

AYPH – Association for Young People's Health

BERA - British Educational Research Association

CAMHS – Children and Adolescent Mental Health Services

CSE – Child Sexual Exploitation

C&YPN – Children and Young People Now

DES – Department of Education and Science

DfEE – Department for Education and Employment

DfES – Department for Education and Skills

DfH – Department for Health

DoH – Department of Health

ECM – Every Child Matters

HEA – Health Education Authority

HSCIS – Health and Social Care Information Centre

IYSS – Integrated Youth Support Services

MHF – Mental Health Foundation

NEET – Not in Education, Employment or Training

NYA – National Youth Agency

OCD – Obsessive Compulsive Disorder

ONS – Office for National Statistics

PSHE - Personal, social, health and economic education

RCON – Royal College of Nursing

SMT – Senior Management Team

WHO – World Health Organisation

CHAPTER ONE – INTRODUCTION

1.1 INTRODUCTION

My previous undergraduate research in 2012/2013 was a comparative study of young people's and professional's perceptions of what mental health consisted of; how young people could fall ill or be diagnosed with a condition; and what services were offering support for mental health issues at a local and national level. Following the outcomes of the previous research this study aims to build on and investigate further, whether youth work could contribute to supporting young people who suffer mental health problems; and/or if youth work could be implemented as an early intervention to help prevent young people becoming unwell. This reflects my professional involvements as a youth worker, employed by the local authority's IYSS in Bury. The previous study explored the issues of mental health and its impact on young people. This study will try and determine whether youth work can contribute to supporting vulnerable young people, under the government's austerity policies in contemporary Britain. The findings of this investigation will adhere to local understanding of practice and insights about partnership working, at the time of interviews. This research offers useful insights and well-argued recommendations for changes in future policy and practice in the field of youth. The study has been conducted to gain perceptions from professionals working in Bury, Greater Manchester, in regards to young people, mental health, existing services and what support they are providing in the current climate of austerity.

1.2 CONTEXT

Government cuts to young people's services, throughout the past eight years, have contributed to the growing concerns throughout the country. A comparative study

conducted by Abramovitz and Zelnick (2010 in Hughes et al, 2014) of the welfare bill in the US and neoliberal restructuring cutbacks in South Africa, found that the significant cutbacks of government spending had a profound impact on both countries, not only on the wellbeing of service users but also the ability of service providers to care because of a lack of time and resources.

The dramatic rise in numbers of young people identified as suffering with a mental health problem is being witnessed at local and national levels of the UK. Mental ill health of young people is a current and controversial debate within government discussions and regularly seen throughout the news, press releases and media debates (AYPH, 2013; MHF, 2012; RCON, 2012; Whitworth, 2014).

The major concerns of these problems are; if the mental health problem does not get identified at the correct age and time in their life, and the right support and/or medication is offered, then inevitably the young person will become more unwell and encounter further severe illnesses throughout their lives. The neoliberal restructuring and cutbacks in South Africa coincided with rising levels of illness, unemployment, poverty, inequality and placed additional pressure on the existing services provision (Hughes et el, 2014).

This study suggests young people in today's society are suffering more from a wide range of different mental ill health issues. Lower level problems identified are depression, anxiety, low confidence, low self-esteem, conduct and behaviour. More severe illnesses being self-harm, substance misuse, eating disorders, psychosis, schizophrenia and bipolar disorder.

The nature of youth work, its emerging practice and professional ethics have undergone many changes. Not just this change in government in 2010 but endlessly

since its creation in the 1900's. There is a lack of qualitative evidence and a narrow range of literature that discuss youth policy and practice with mental ill health of young people. However some contemporary comparative studies have been found in relation to this research topic (Coleman and Hagell, 2015; Davies, 2011, 2014; Fish, 2014; Hughes et el, 2014; Ord, 2014; Wenham, 2015; Wright and Ord, 2015; Wylie, 2015).

The formation of the youth service, as a distinguishable state institution, was founded in 1939. The country's concerns about young people's mental health and wellbeing have been ongoing since the 1800's. Although current debates at national and local area levels of the country are being discussed like it is a new phenomenon. This study suggests that numbers of young people becoming mentally unwell are dramatically increasing and offers some potential notions of the reasons why. Emphasis on the term 'targeting vulnerable young people' has been the forefront for government policy. The Every Child Matters policy (ECM), introduced by the previous government in 2003, had a detailed framework attached to each of its five themes and required multi-agency partnerships to work together in order to achieve them. It was recognised that children and families received poorer services, due to the failure of professionals understanding each other's roles, or how to work together effectively in a multi-disciplinary manner. The ECM had some effect on this stressing the importance of professional's roles; and their own and each other's individual service's contribution in the planning and delivering of their work for children and young people accordingly. In 2010 the coalition government banned the term ECM, all fifteen informants were unaware of any other policy or initiative which replaced it. However young people's services were still being encouraged to work in partnership, as targeted services, working with the most vulnerable young people. This study

illustrates how difficulties can arise when professionals are expected to deliver their work, with young people, with no real structure, guidance and confidence. This research hopes to make sense and gain a greater understanding of how youth work can be delivered in effective and innovative ways, to support some of the country's most vulnerable young people. Bury is a useful case study, as it is an example of one of the places that has significantly been effected by government budget cuts to its services; mental health problems in young people, of all different acute levels, are being identified more; young people in Bury are also suffering the following societal problems: stress and pressure of educational achievement; unemployment; homelessness; being in or leaving care; and much more. Sadly, *the dominant narrative of social problems is that they are increasingly interpreted as a dysfunction of the individual, with setbacks perceived as personal inadequacy, rather than a structural dysfunction of the contemporary social order* (Giroux, 2013 in Hughes et al, 2014, p3).

This case study of Bury seeks to clarify the above purposes of the investigation and contribute to the overall knowledge of youth policy and practice.

1.3 RATIONALE

To address the aims of this study the investigation will focus on three themes: What is youth work?; Mental health and young people; and Youth work and mental health. The defining features, key dimensions and characteristics which produce the distinctive practice of youth work will be investigated. A clear understanding of what youth work is and does will assist the following questions: What is youth work's current relationship to young people with mental health issues? Could youth work

contribute in preventing young people becoming unwell, and/or can youth work help support young people in the recovery of a mental health problem?

It is anticipated that this piece of the study will enlighten readers to the current representation of young people, their mental health and wellbeing and the factors which could help or hinder a person achieving a healthy one. The investigation will explore the role of youth work and its relationship to young people suffering mental health issues. Partnership working and its advantages and disadvantages will be explored from multiple perspectives within the context of modern policy and practice.

The intentions for this research and its findings are: it may contribute to the existing skills, knowledge and values for the delivery of young people's services; encourage individual professional's to implement different and innovative ways of working; offer opportunities for informants to critically reflect and evaluate their work; inform professionals of the benefits of efficient partnership working which will inform their current practice to have an effective impact on young people, their mental health and state of wellbeing. Within recent years of austerity we need to now rethink of how the state and communities can support and empower young people. This will include some re-making of the respective roles of national agencies, local government and voluntary sectors (Elvidge, 2014 in Wylie, 2015).

1.4 RESEARCH AIMS

The aims of the research are to identify:

1. What is youth work's current relationship to young people with mental health issues?

2. What contributions can youth work make?

3. What professional and ethical issues does such involvement raise for youth work?

4. What does case study experience suggest about potential national and local contribution?

These research questions will be used as a reference point for the investigation and will form the framework for the literature review; methodology; analysis of data; and the findings and conclusion. The research process used a qualitative approach using individual semi-structured interviews with a systematic analysis method for collating and generating the essential findings for the research.

CHAPTER TWO – LITERATURE REVIEW

2.1: INTRODUCTION

This study commenced with the notion of researching youth work theory, knowledge and practice and effective ways of integrating them, to offer the best support for some of the country's most vulnerable young people. This chapter will analyse the changing understandings of youth work's role and its significance in building and sustaining effective relationships with all different young people, which will adhere to identifying it's worth, contributions and relationships to young people in contemporary Britain.

Whilst performing this research gaps were identified in the knowledge, literature and key texts of youth policy and practice. There are large fields of literature on youth work and on mental health, there are very little that combine youth work practice with young people suffering mental health illnesses. Some literature discusses mental health, young people and the following debates: employment and education; culture differences; behavioural issues; detained young people; disability; homelessness; substance misuse; or abuse. However these debates mainly emphasise the medical forms, clinical guides, diagnostics, interventions and treatment that social work and health care professions refer too. Some significant current references, largely journal articles, will be presented which are also comparable insights on issues and concerns raised in this study and debates. With the aims of the study in mind the following themes have been identified and are enquiries of substantial investigation:

- Theme 1 – What is Youth Work? This section identifies the meaning of youth work practice, its roles and contributions to young people. It will also explain the significance of its fundamental nature, purpose and unique values and

how this way of working adheres to building and maintaining effective relationships with young people. This theme informs the study in regards to research aims 1 & 2.

- Theme 2 – Mental Health and Young People. This section will establish the current representation of the issues young people are facing in today's society, regarding mental health and mental health problems/illnesses. It will present the severity of this problem and highlight the growing concerns of the dramatic increase in numbers of young people, who experiencing some kind of mental health illness in the UK. This theme informs the study in regards to research aims 1 & 4.

- Theme 3 – Youth Work and Mental Health. This section identifies what skills, knowledge and attributes young people require to maintain positive mental health and overall well-being. It will also present useful insights and well-argued recommendations of how the youth work process can be effective in engaging young people and building sustainable relationships with them. This section will also present how the practice of youth work can be implemented as an effective approach in the contribution to the prevention of young people becoming unwell; and/or how youth work can help support the recovery of young people's illness or problems. This theme informs the study in regards to research aims 1,2,3 & 4.

The sources used to research this review include a range of materials from organisational and government websites, academic journals, historical material and books written by acknowledged authors.

2.2 THEME 1: WHAT IS YOUTH WORK?

Youth work can mean different things: work with a group of guides; running a youth club; contact with young people on the streets; mentoring a young person; facilitating a church fellowship (Smith, 2013). Over the years the changing understanding of the role of youth work and its relationship with young people has been challenged and modified through different government policies, initiatives, influencers and movements. *Youth work is a way of working with young people that has been thought up and practiced by human beings- in all their diversity. Its definition has always been a matter of sometimes fierce debate; it has responded to changed economic and social conditions resulting over time in very different terminology, core features and incorporation of new ones* (Batsleer and Davies, 2010, p1).

Youth work's role is to encourage and support the personal, social and emotional development of young people, and help equip them in becoming better citizens to play a full role in society (Unite, 2010). These concepts originate as far back as 1939, when the British Government created the Youth Service as a reaction to unknown conditions of war and with a concern to engage the youth of the nation (Davies, 2001 in Gilchrist et al, 2001).

This section will address the factors that make youth work practice different to other professions that work with young people. Describing youth work in terms of issues, methods and activities (typically referred to as 'targeting') reveals little about what it actually is or the reason it is done—the aspects that make it so unique. This uniqueness can only be appreciated through an understanding of its fundamental nature and purpose (Young, 2006). There are three key stages of youth work: philosophy, practice and art (Ibid). Youth work can be seen as an exercise in moral

philosophy; it enables and supports young people to examine what they consider to be good or bad, desirable or undesirable, in relation to their self and others. Moral philosophising cannot be absent-minded, mechanistic, hidden or coerced, for it to be made possible and effective it requires voluntary participation on the part of the young person. They also need to be fully aware of the purpose, as well as the processes, and fully understand what is involved (Ibid). This moral philosophising is comparable to Aristotle's phronesis; prudence is most often used to translate phronesis and can also be referred to as practical wisdom (Ord, 2014). Aristotle suggests that virtue is similar to prudence (Aristotle, 1144b in Ord, 2014), and prudence is necessary and sufficient for complete virtue of character; someone cannot have it and fail to act correctly (Irwin, 1999 in Ord, 2014). Participation in youth work is therefore more than merely taking part in activities or having a say in them. It involves conscious and critical self-reflection, it focuses on the particular moment in the young person's life when they are developing their awareness, seeking answers, and beginning to explore their beliefs, values and opportunities. This is a pivotal moment in an individual's life, as it is the start of a lifelong process of personal reflection, learning and growth (Young, 2006).

Youth work practice is based on a voluntary relationship with young people that is underpinned by values of honesty, trust, respect, reciprocity; and requires a process that enables and supports young people to learn from experience and develop into authentic human beings. The relationship begins when the youth worker shows the young person that they accept and value them for who they are, and that they recognise that inequalities in society affect people's lives (Young, 2006). It has been suggested that these seven defining features, when configured together, produce the distinctive practice of youth work:

- *young people's voluntary participation,*

- *seeking to tip balances of power in their favour,*

- *responding to their expectation that youth work will offer them relaxation and fun,*

- *responding to their expectation that youth work will penetrate unstimulating environments and break cycles of boredom, by offering new experiences and challenging activities,*

- *seeing and responding to them simply as young people, as untouched as possible by pre-set labels,*

- *working on and from their territory, at times defined literally but also as appropriate to include their interests, their current activities and styles, and their emotional concerns,*

- *respecting and working through their peer networks* (Davies, 2005 in Young, 2006, p2).

Adolescent years are a dynamic developmental phase in the life cycle and can be a time that offers opportunities for physical and emotional change. This can be a crucial time for a young person, they may be having to endure disorderly home lifestyles, insecure environments (Wylie, 2015) and traumatic experiences like poverty, grief, abuse, illnesses, disabilities and/or learning difficulties. Effective youth work practice can help change the trajectory of young people's lives for the better. While the country embraces this period of austerity and accepts cuts to public spending little is likely to change, whereas young people will still be enduring their difficulties with little or no support. It just may be that now is the time for youth work to be acknowledged but delivered in new and innovative ways.

The art of youth work is the ability to make and sustain relationships with young people. It is also about youth workers being able to provide young people with the environment and opportunity for the voluntary engagement in moral philosophising.

For this to be successful it is essential that youth workers have the correct skills which include: effective communication, boundary setting, facilitating learning from experience, and being able to facilitate group work. Central to this is the worker's own values, since values underpin youth work, impact on it and create the foundation for young people's moral reflections (Young, 2006). It is also necessary that youth workers become reflective practitioners by constantly revisiting, reviewing and renewing their practice, values and ethical framework (Ibid). By working in this way they will become effective youth workers and be able to promote these skills and values to others. Youth workers are educators (Jeffs and Smith, 1987), they create opportunities for learning in a wide variety of settings (known as youth work process), this is also recognised as informal education. Informal education offers the opportunity for learning from the conversations and activities that encourage people to think about experiences and situations (Ibid, 2005).

Conversation or dialogue is one of the most important characteristics of youth work practice. The art of youth work is the ability to make and sustain relationships with young people (Young, 2006). This relationship, compared to other relationships young people have with professionals, is informal and most of the interaction takes place with conversation. Meaningful dialogue doesn't just happen, you have to create the environment for it to take place. This environment enables young people to broaden their knowledge, understand the complexity of the issues they are involved in, and express themselves in a clear, straight forward and assertive way (Ibid). Therefore conversation and dialogue, in this context, means more than just having a talk to someone. These combined elements that enable learning, make conversation a powerful tool for educators, it can embody many of the emotions and virtues we may seek to foster. Through conversation we express concern, show we

are interested in the other person as well as what they have to say, it displays trust, respect and value to the other person (Jeffs and Smith, 2005). Through a process of dialogue and social engagement youth work enables a deeper development of knowledge, understanding and a growing encounter with truthfulness (Batsleer, 2008). It is a vehicle of enquiry which opens up new ideas and new ways of understanding the world. It can free those involved from being manipulated by the more powerful and encourage learning, development and change which is a challenging task in the context of power relationships of gender, culture, class, sexuality, religion and/or ethnic identities (Ibid).

Due to the current government austerity policy many of the local authority youth services have now been discontinued. What is left of the country's youth services are concentrating on competing for funding to survive; and being forced to work with other services to subsidise their loss of funding, resources and staffing. However, after decades of existence affiliated organisations cannot articulate what is worthwhile and valuable, regarding what they and their affiliates do (Jeffs, 2015). *Youth work is no longer a mass movement but a remnant sustained, where it survives, by a rapidly decreasing posse of paid full and part-time workers* (Ibid, p77).

Youth work is (and always has been) a powerful intervention which can be implemented to support the physical, personal, social and emotional developments of young people. Prior to 2010 youth work had a valued role and purpose in society, its contribution to the range of services for young people was appreciated and new funding allocated for it to be delivered (Wylie, 2015). In contemporary Britain this is no longer the case. The full force of the coalition government's austerity programme has shredded much local youth work, especially the aspects funded by local authorities (Ibid). Eight years on and for the first time since direct government

intervention began in 1939, youth work is no longer rooted in educational policy; several universities across the country have withdrawn from providing training for professional youth and community work; and the job market in direct youth work has fallen substantially (Ibid). Now faced with the challenge of the very survival of youth work across the country, some key national bodies have retreated from playing their part in a joint battle field. Leaving the most vigorous campaigning to the Community and Youth Workers section of Unite (the trade union), with support from the In Defence of Youth Work network, who articulated the key features of youth work's principles and practice (IDYW, 2009 in Wylie, 2015).

Within the current climate of austerity and the decimation of youth services, young people have been left with limited opportunities, little support to navigate increasingly complex, and for some, increasingly marginalised transitions into adulthood (Wenham, 2015). Consequently then, the question what is youth work should now be what can youth work become? (Jeffs, 2015). Initial motives for this research was due to the drastic increase in numbers of young people suffering with mental health problems/illnesses, being recognised across the UK; and the severity of austerity cuts to services and the impact it was having on young people. This study argues that youth work in many ways is uniquely placed to support a re-framing of mental health services in line with social models (Thompson, 2006 in Wright and Ord, 2015; Tregaskis, 2002) and could work alongside therapy based approaches if needed. It is a practice characterised by flexible approaches and commits to respect the mutuality in the relationships between young people and adults (Ord, 2007 in Wright and Ord, 2015); an emphasis on conversation and dialogue (Young, 2006) which aims to tip the balance of power in young people's favour (Jeffs and Smith, 2005) and this process starts where the young person is at (Davies, 2005). Therefore by

addressing the question what can youth work become? We will unearth the new roles and innovative ways for intervening in the lives of young people that justify the required investment of time and resources (Jeffs, 2015); or even better still the lives of all young people.

The next section will explore what mental health means with regards to young people, the risk factors which can contribute to ill health, problems or illnesses a young person could end up enduring.

2.3 THEME 2: MENTAL HEALTH AND YOUNG PEOPLE

As early as the 1800's the UK's concern and interest about young people's mental (as well as physical, social and spiritual) wellbeing has always been imperative. More recently young people's mental ill health has been a growing concern and is in regular discussions across the country including government agendas. This section will present the severity of the current problem and how worrying the concept is becoming for young people's health in contemporary Britain.

When defining mental ill health and the causes of it there are many theories (Leach, 2009 in Reynolds et al, 2009). The concept of mental health is less understood than that of mental illness and there is no widely accepted definition (Naidoo and Wills, 1998). When the word mental is used before words like disorder, disease, pathology and illness it tends to imply acceptance of an explanatory framework transferred from physical medicine. Terms like mental distress, health problems or difficulties tend to be used in non-medical publications (Leach, 2009 in Reynolds et al, 2009). With regards to young people the terms emotional health or wellbeing should be applied, as they are a lot less derogatory and could help reduce the stigma that surrounds mental health illnesses.

The 1983 Mental Health Act (revisited and amended in 2007) was introduced to consolidate the law relating to mentally disordered persons. It has three explanations for people suffering mental health issues: *mental disorder; severe mental impairment; and psychopathic disorder* (HM Government, 1983, p1). A broader definition was given in relation to children and young people many years later:

> *mental health problems in children and young people are broadly defined as disorders of emotions, behaviour or social relationships. Sufficiently marked or prolonged to cause suffering or risk, to optimal development in the child, or distress or disturbance in the family or community* (DfH, 2000, p25).

WHO (2012) defines health as a state of complete physical, mental and social wellbeing. The first government public health policy to combine both physical and mental health was only launched in 2010 (HM Government, 2010a). Significantly then, could it not be argued that people's mental and physical health have always been seen as separate entities? This is a worrying thought but could explain why mental health illnesses have always carried a negative stigma, one which enforces fear and confusion throughout society.

There are three explanations for diverse approaches to mental health and distress (Leach, 2009 in Reynolds et al, 2009). Biomedical approaches form the main basis for intervention in the UK. It is the medical explanation of madness or mental distress and tends to look at symptoms, rather than the person and the context of their life (Ibid). The model that underpins most of the treatment offered by medical services, is the view of Goldberg and Huxley (1992), that some people are biologically vulnerable to mental ill health but that life events or living conditions can trigger the first appearance of, and subsequent relapses into these conditions. The treatment

offered is medication to control or reduce unpleasant symptoms, combined with advice on avoiding or coping with stress (Leach, 2009 in Reynolds et al, 2009). Many aspects of the medical treatment of mental illness are claimed to be dehumanising and exploitative (Ingleby, 1981). The chemical or organic treatment is a reactionary form of symptomatic relief that is part of a long history of oppression or failure (Albee, 1982). Although a medical route may need be taken with young people who are severely unwell, it is important to remember a holistic approach is needed when seeking a diagnosis, deciding what support the actual young person requires and making sure it is in their best interest.

Sociological approaches have a strong emphasis on the influence of environmental factors which overlaps the social model. Their belief in the capacity that all people can flourish within supportive environments (Leach, 2009 in Reynolds et al, 2009). Social approaches do not come together in the form of a commonly agreed social model of mental health, but do offer ways of viewing the subject (Tew, 2005). They offer interventions than that of medicine in the form of support groups, crisis support centres, and the development of self-management which is seen as an alternative to psychological therapy. It is important to take people's life histories into account, including any environmental factors that may have affected them (Bentall, 2003). Adolescence and young adulthood are described as a time of particular high risk for developing mental health problems (Joy et al, 2008 in Wright and Ord, 2015; MHF, 2007a, 2007b) and possibly the highest at any stage in the life course (Maughan et al, 2004 in Wright and Ord, 2015). A range of individual and environmental factors have been shown to increase these risks (Wright and Ord, 2015), and there is strong evidence associating mental health problems with almost every form of persistent disadvantage in society (Joy et al, 2008 in Wright and Ord, 2015).

The concept of wellbeing is separated into three key areas:

- *needs – a complete wellbeing is underpinned by our basic needs being met,*
- *emotional skills - which include the ability to manage change, recognise acknowledgement and communicate thoughts and feelings, both positive and negative,*
- *feelings and beliefs - that include feeling we have rights, we are worthy, and we have power, control and influence over our own lives* (HEA, 1997, p6).

These concepts are required for a person to have complete wellbeing. Measure these against modern society's values and lifestyle choices, especially the promotion of consumerism, aggression, unhealthy living, pressure to grow up quickly and stresses of the modern education system; and they are all added together and contribute significantly to the difficulties that young people are facing in contemporary society (Layard and Dunn, 2009 in Wright and Ord, 2015). There are a wide range of mental disorders young people can fall ill with: depression, anxieties, conduct and/or hyperkinetic disorders, self-harm, substance misuse, eating disorders. More severe illnesses include: psychosis, schizophrenia, bipolar affective disorder (MHF, 2012) and post-traumatic stress disorder (Royal College of Nursing, 2012). Of the 700,000 children and young people experiencing mental health problems in the UK today, three quarters are receiving no treatment at all and with children's services being disproportionality affected by current NHS budget cuts (Layard, 2012 in Wright and Ord, 2015), this is a very scary representation of the wide spread problems across the UK.

Some of these concerns are presented below:

- *1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder - that is around three children in every class,*
- *850,000 children and young people aged 5-16 have mental health problems,*
- *between 1 in every 12 children and young people deliberately self-harm,*
- *there has been a big increase in the number of young people being admitted to hospital because of self-harm. Over the last ten years this figure has increased by 68%,*
- *more than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time,*
- *nearly 80,000 children and young people suffer from severe depression,*
- *over 8,000 children aged less than 10 years old suffer from severe depression,*
- *72% of children in care have behavioural or emotional problems - these are some of the most vulnerable people in our society,*
- *95% of imprisoned young offenders have a mental health disorder. Many of them struggling with more than one disorder,*
- *1 in 5 young women show signs of eating disorders,*
- *the number of young people aged 15-16 with depression nearly doubled between 1980's and the 2000's,*
- *the proportion of young people aged 15-16 with a conduct disorder more than doubled between 1974 and 1999* (Young Minds, 2015a).

Statistics of young people in Bury suffering with a mental health problem could not be obtained for this research, although they will be a fragment of the national figures above. Informants identified the medical conditions, that young people were experiencing in Bury, through the work they were delivering in their organisations across Bury which is the data that informs the research.

The only statistics found to describe what is happening in Bury were the following local assessments. However they are not updated or do not give prevalence to

certain medical conditions concerning young people (AYPH, 2013; Nixon and Warburton, 2009; Public Health England, 2014a, 2014b). The north west needs assessment highlights some child and adolescent mental health statistics but no mention of self-harm or depression. The assessment categorises young people into four specific disorders: conduct, emotional, being hyperactive and less common (Nixon and Warburton, 2009). The four categories however do not elaborate or identify any specific conditions or treatments so therefore gave no real explanation or representation. The Health Profile for Bury (Public Health England, 2014a) slightly summarises child health. It discusses obesity, alcohol specific hospital admittance, breastfeeding and smoking at time of delivery. The Child Health Profile for Bury (Public Health England, 2014b) does mention young people's mental health, however the report reveals very little evidence of how many young people are experiencing a problem and what the actual problem was they endured. It does highlight a comparison between young people aged 10-24 admitted to hospital as a result of self-harm in the 2007/08-2009/10 period; as similar to the numbers disclosed for the 2010/11-2012/13 period. For the national picture, self-harming is now thought to affect at least 1 in 12 children and young people and over the last ten years in-patient admissions have risen by 68% (Young Minds and Cello, 2013 in Wright and Ord, 2015).

In response to the government national mental health strategy Bury applied its own policy however it only relates to adult mental health (Team Bury, 2013-2018). Reasons for the lack of up to date statistics could be explained by the following arguments. Research into mental health and primary care services (for young people) presents a complex picture of frequently negative and alienating encounters with health care services and welfare professionals, widespread experiences of

stigma and exclusion that impede recovery and prevent seeking help (Brophy, 2006; MHF, 2007a in Wright and Ord, 2015). Millennium Cohort study has data available but only for children of primary school years. ONS performed two larger scale and robust surveys which are the source of most information on this topic, however the data was last collected in 1999 (Meltzer et al, 2000) and 2004 (Green et al, 2005). Another concern is at the time of completing this dissertation these research surveys had still not been completed therefore the quantitative information required for this research could not be collated. The Royal College of GP's also raised similar concerns in 2014 (Whitworth, 2014) and similarly AYPH (2013) argued that the prevalence of selected diagnosed mental health conditions, in the UK youth population, are not being measured regularly. This shortage of good up to date data is a real issue in understanding the full picture of the problem in Bury and across the country. Some aspects of mental ill health are difficult to collect data on, but the problem is mainly that the UK government have not invested in appropriate research in order for it to be monitored (Coleman and Hagell, 2015). These concerns are not unfamiliar as figures were predicted by the UK's leading children and young people's mental health charity in this press release *'100,000 children and young people could be hospitalised due to self-harm by 2020'* Lucie Russell (Director of Campaigns, Policy and Participation) announced:

> *this shocking statistic should act as a wakeup call to everyone who cares about the welfare of young people. More and more young people are using self-harm as a mechanism to cope with pressures of life and this just isn't acceptable. Self-harm is often dismissed as merely attention seeking behaviour but it is a sign that young people are feeling terrible pain and are not coping. Young people today are growing up in a harsh environment with*

ever increasing stress to perform at school, next to zero job prospects and the constant pressure to keep up with consumer trends. Everyone should take responsibility for the next generation; if we don't want these projected figures to become reality (Young Minds, 2015b, p1).

The national mental health strategy No Health without Mental Health (HM Government, 2011) is a cross-government outcomes strategy for people of all ages. In it, the Prime Minister promotes making changes and giving support to children and young people, his words in the document were:

by promoting good mental health and intervening early, particularly in the crucial childhood and teenage years, we can help to prevent mental illness from developing and mitigate its effects when it does. This strategy takes a life course approach, recognising that the foundations for lifelong wellbeing are already being laid down before birth and there is much we can do to protect and promote wellbeing and resilience through our early years, into adulthood and then on into a healthy old age (HM Government, 2011, p2).

There is genuine lack of knowledge and understanding, of how many children and young people are actually suffering mental health problems in Bury and throughout the UK. Not having valid, high quality and up to date research is a real issue in understanding the current picture. Evidence of no up to date research reflects a lack of concern for the country's young people, their emotional well-being and what services are doing across the country to support this. The Prime Minister discusses the promotion of good mental health, intervening early and preventing mental illness developing. However how can you reduce a problem when you do not know the actual scale of how bad it is or what the causes are which are making the problems

worse? This lack of understanding is not going to help with the challenges of working with young people within current climates of cuts and loss of services; and within a demoralised and shrinking field of practice, shaped by neoliberalism, only adds to the problem (Davies, 2014). Evidence of the destructive power of neoliberalism in terms of increased stress, decreased capacity of care providers to care and the reduced well-being of communities, individuals and families can be found in the work of Abramovitz and Zelnick (2010, in Davies, 2014). This section has raised some questions and the need to reflect on this topic some more: how can professionals work towards the vision of recent government policies and their outcomes? How can youth services work together to address the needs of young people and offer them the best support in these times of austerity in contemporary society?

The next section will explore what role youth work could play in preventing mental health problems developing in young people; and/or how youth work could contribute to other support services who work with young people already experiencing mental ill health. It will place some emphasis on how partnership working can be effective, from multiple perspectives within the context of modern policy, which is driving towards more integrated and targeted working.

2.4 THEME 3: YOUTH WORK AND MENTAL HEALTH

This section will present some useful insights and well-argued recommendations for the promotion of young people's mental health and wellbeing; and how the youth work process and practice can be an effective way for working with young people to support and develop their needs, ensure they flourish into young adulthood and help reduce the chances of mental ill health.

Mental health is the absence of mental illness (Cox, 1992) and it consists of people being able to have the following skills, attributes and behaviours:

- *the ability to live productively without being a nuisance,*
- *the capacity to live life to the full,*
- *the ability to work, love and cooperate with others,*
- *adjusting to the world,*
- *being effective, efficient and maintaining an even temper and so on* (MacDonald and O'Hara, 1998 in Cattan and Tilford, 2006, p12),

and capacities, emotions or senses such as:

- *being happy,*
- *being content,*
- *capable of personal growth and development,*
- *having emotional resilience to enjoy life and survive pain,*
- *having spirituality,*
- *having a sense of trust, challenge, competency, accomplishment, humour and so on* (Ibid, p12).

The above key areas describe what skills and emotions an adult requires to develop positive mental health and wellbeing. It is imperative then that young people have the opportunity to develop their social and emotional learning (SEL) to gain the above skills, attributes, behaviours; and capacities, emotions or senses to develop their own positive mental health. Martinovich (2006, in Fish, 2014) provides a useful breakdown of SEL saying, it consists of three competencies: *self-awareness; social awareness and interaction; and self-management.* She defines self-awareness as *awareness of self and own emotions, ability to decode, understand and label emotions, self-regulation, communication, self-motivation and a positive sense of self* (Martinovich, 2006 in Fish, 2014, p96). She defines social awareness and interaction as *awareness of others, ability to decode, understand and respect their perspective,*

appreciating the difference of others and collaboration (Ibid, p97). Lastly she defines self-management as *problem solving, decision making, realistic analysis, ability to set and work towards goals* (Ibid, p97). Martinovich's competencies, which she argues are required for the development of young people's SEL, are an analogy of the key areas of the concept for well-being (HEA, 1997); and combined could be a powerful intervention for worker's to develop their own individual mental health and wellbeing, and as educators in supporting young people to also work towards recognising and developing.

There are certain risk factors that can make some young people more likely to experience problems than others they include:

- *having a long term physical illness,*
- *having a parent who has mental health problems, substance misuse problems or has been in trouble with the law,*
- *experiencing the death of someone close to them,*
- *having parents who separate or divorce,*
- *having been severely bullied,*
- *having been physically or sexually abused,*
- *living in poverty or homelessness,*
- *experiencing discrimination perhaps because of their race, sexuality or religion,*
- *acting as a carer for a relative and/or taking on adult responsibilities,*
- *having long-standing educational difficulties* (MHF, 2012, p2).

These factors could also prevent some young people from learning how to attain the discussed concepts, skills, behaviours, capacities, emotions for positive mental health and wellbeing. The same factors could hinder a young person who is trying to

develop the new skills they have learnt. There are also factors that keep young people mentally well these include:

- *being in good physical health, eating a balanced diet and getting regular exercise,*
- *having time and freedom to play indoors and outdoors,*
- *being part of a family that gets along well most of the time,*
- *going to a school that looks after the wellbeing of all its pupils,*
- *taking part in local activities for young people,*
- *feeling loved, trusted, understood, valued and safe,*
- *being interested in life and having opportunities to enjoy themselves, being hopeful and optimistic,*
- *being able to learn and have opportunities to succeed,*
- *accepting who they are and recognising what they are good at,*
- *having a sense of belonging in their family, school and community,*
- *feeling they have some control over their own life,*
- *having the strength to cope when something is wrong (resilience) and the ability to solve problems* (Ibid, p2).

Mental health promotion is interpreted by the WHO to have two meanings (Cattan and Tilford, 2006): firstly raise the position of mental health in individuals, families and societies so that decisions of government and business improve, rather than compromise the population's mental health; secondly improve the mental health state of populations by reducing disease through prevention, treatment and rehabilitation (WHO, 2001). The health and wellbeing of an individual is determined by their ability or inability to develop adaptive coping strategies. Every person will experience some form of stress or trauma throughout their lives, and each person will cope in a variety of different ways (Naidoo and Wills, 1998). To be able to cope adaptively a person requires a sense of coherence which is stabilised by the end of

young adulthood and unless a person undergoes major changes, in the patterns of life experiences, it will only show minor fluctuations (Antonovsky, 1987). Therefore the development of coping strategies in childhood and adolescence is vital if the future development of positive mental wellbeing and becoming a productive contributing member of society is the required outcome.

As concerns grow about the dramatic rise in numbers of young people experiencing these horrific problems and society's acknowledgement of the shortcomings and impact of government cuts to specialist health services and young people's services, we may just find ourselves with yet another nationwide panic. Left unresolved this increasingly widespread problem of mental distress in young people is likely to result in huge economic, social and emotional costs (Layard, 2012 in Wright and Ord, 2015; MHF, 2007b). The need to address these problems and strengthen positive mental health in young people has never been more pressing. The strengthening of protective factors and the building of resilience can also significantly reduce the impact of risk factors (DfES, 2007 in Wright and Ord, 2015; Jenkins et al, 2002). There is also evidence that suggest effective interventions particularly at early and low level stages of mental distress can prevent escalation into long term problems (Kim-Cohen et al, 2003 in Wright and Ord, 2015). Work with young people around mental health related issues have traditionally not been regarded as part of the youth work role (Banks and Bartlett, 2006). Until recently, mental health was not thought to be the business of youth workers (Rayment, 2004) and there was little focus on this area in youth work training. Youth workers are very aware that they are not counsellors or contributors to the stigmatisation of young people (Banks and Bartlett, 2006). However it is becoming more prevalent for young people's services to integrate and work with other services like health, with alternative approaches

increasingly being explored. Under the targeting initiative services are being required to work with some of the most vulnerable or at risk young people, many of whom are already identified as experiencing some kind of mental health illness. When considering the factors that impact mental health, most current documents agree, that there are a large number of personal, physical, behavioural, social, economic, cultural and environmental determinants that contribute to a person having positive mental health and wellbeing (Cattan and Tilford, 2006). This work with young people doesn't have to be wrapped up as a 'mental health project' or 'targeting young people who are ill' or whatever other new labels are flavour of the month. This tick box exercise cycle needs to cease. Both good physical health and positive mental health are needed for a person to be truly healthy. Not forgetting the definition for health as a state of complete physical, mental and social wellbeing (WHO, 2012) and the definition from government that young people's mental health problems are broadly defined as disorders of emotions, behaviour or social relationships (DfH, 2000).

A report by Coulston (2010, in Fish, 2014) proposes there is an affinity between youth work and the promotion of mental health. It identifies ways in which youth work can help develop and strengthen young people's resilience; reduce the vulnerability of young people to adverse negative social demographic factors; and can also prevent young people already suffering low level mental health problems, from developing into more severe illnesses (Ibid). Martinovich's definitions of the SEL competencies; *self-awareness, social awareness and interaction, and self-management* (2006 in Fish, 2014, p96) are also similar to youth work's values in practice (Fish, 2014). The first competence captures the stage of moral philosophising of self (Young, 2006); the second relates to youth work practice and

building key relationships (Ibid); the last competence can be related to the art stage of youth work (Ibid), in sustaining the relationship with young people to be able to support them in developing new skills, knowledge and values.

This new way of working can be seen as innovation in youth work. It breaks new ground and pushes back the boundaries of professional knowledge and practice. *It develops the capacity of young people and youth workers for original ideas and action; it fosters creative achievement that adds value to the quality and range of work; and can involve professional risk-taking, combining the freedom to experiment with the use of proven skills, knowledge and understanding* (Merton, 2002, p2). Youth workers may feel they are entering new territory and taking risks in forming new partnerships. However to work with young people in a less professionalised or medicalised option, in informal settings and with a more holistic and less stigmatising fashion, suggests youth work can play a vital role (Banks and Bartlett, 2006). If youth work is to play a distinctive and/or complementary role then it needs to hold on to its core values of working within an informal educational framework, and resist taking on the characteristics of health or social care provision (Ibid). Youth work starts where the young person is at and responds to them in a multitude of contexts they are in (Fish, 2014) and/or problems they may be having to deal or cope with. The significance of this way of working is that it can be implemented anywhere and at any time. Plus regarding the impact that mental health problems/illnesses can have on someone, then conversation and the youth work relationship could have real benefits for young people: someone to talk too; not being isolated; empowerment; advocacy; confidence and self-esteem building; learning new skills like coping strategies, attributes, emotions or behaviours to assist with positive mental wellbeing (MacDonald and O'Hara, 1998 in Cattan and Tilford, 2006).

Local authority and voluntary youth services are best placed and experienced to respond to the needs of developing SEL competencies in our young people (Fish, 2014). Given the government's claim to recognise the value of early intervention with regard to mental health (HM Government, 2011), is this early intervention not better delivered by youth services?

As early as the 1800's the concern for young people's mental wellbeing has always had some emphasis, although current debates around young people's mental health, are being discussed at national and local levels of the country like it is a new phenomenon. Since the government came into power in 2010 policies around this subject matter seem to be few and far between. The emphasis at the forefront of government policy still seems to be on the term targeting vulnerable young people. The Every Child Matters policy (ECM), introduced by the previous government in 2003 (HM Government, 2003), had a detailed framework attached to its five themes which required multi-agency partnerships to work together in order to achieve them. In the past it has been argued that children and families have received poorer services, because of the failure of professionals to understand each other's roles, or to work together effectively in a multi-disciplinary manner. The ECM had a positive effect on this stressing that it is important that all professionals working with children are aware of the contribution that could be made, by their own and each other's service; and to work effectively they should plan and deliver their work with children and young people accordingly. This had a real positive effect with all parties having a clear focus of working and using the same terminology when discussing outcomes for young people. (Winchester, 2009).

In 2010 the present government banned the use of ECM (C&YPN, 2010), however no other policy or initiative were offered to young people's services which replaced it

and services were still being encouraged to work in partnership, as targeted services, working with the most vulnerable young people. Within modern society and austerity policies, especially with regards to local authority youth services (or the extinction of them), the emphasis on partnership working is encouraged now more than ever before. The willing to challenge this policy shift is something which instils fear in a climate of insecurity (Hughes et al, 2014) and austerity. However policies that embrace partnership working argue it can bring agencies and service users together, in mutually beneficial and inclusive arrangements to create opportunities (Balloch and Taylor, 2002). It can be beneficial for all parties involved in a climate where funding, budgets, resources and staffing are being decimated or eradicated. Working together in partnership could bring services together and offer shared resources, funding, shared expertise, skills and knowledge. Effective partnerships can offer the opportunity for professional and holistic service development and a provision which is more effective for young people and their identified needs.

Adolescence years, for most young people, can be a very difficult period in their life. As presented in the previous section of this chapter, this age range are at a time of particular high risk for developing mental health problems (Joy et al, 2008; MHF, 2007a; 2007b), added to that the wide range of individual and environmental factors that can increase this risk (Wright and Ord, 2015). It is a critical time in a young person's life, for early intervention and possibly the best time to inspire change. Services need to be thinking about new and innovative ways of engaging young people. Coleman and Hagell (2015) discuss a variety of ways of delivering health prevention and early intervention support to young people. These are in the form of peer led intervention programmes, as young people's behaviours are flexible and health habits and attitudes are not yet fully formed; short intervention sessions that

explore and reinforce young people's motivation towards healthy behaviour, they can be delivered in different modalities, either individual sessions, group or telephone conversations; and school based resilience programmes delivered by trained facilitators and based on a combination of cognitive behaviour therapy and social problem solving skills. Coleman and Hagell offer these ideas for new ways of working with young people around health. Although their recommendations are very good ones and would be effective interventions, they are very similar ways of delivering support to young people through the youth work process and practice. Peer led programmes would help young people achieve similar outcomes than the ones discussed in the philosophy stage of youth work (Young, 2006). The exercise in moral philosophy would offer both the young person (who is the peer lead on the project) and the young people (who are the participants of the project) the opportunity to learn and develop their selves and gain a better understanding of others. The short intervention sessions are reflections of the practice and art stages of youth work (Ibid), these sessions would achieve similar outcomes of engaging young people, building trusting relationships with them underpinned by youth work values, identify longer term support needs and delivering them in an informal educational way. Which would then become the school based interventions of recognised programmes with longer time scales for the young people to learn new skills and begin to implement them.

Different professions coming together to offer partnership services can be challenging and raise tensions. Youth workers have been confused about their role and how it fits in with other professions like social or health care, more so since the changes in government and the added confusion and insecurities of the new austerity policies. Where youth services have not been closed down they are being

restructured as youth social work services or cut massively or both; and voluntary youth organisations, many also dependent on state funding, are also reducing their workforce or closing (Davies, 2011). With added pressures on the existing services to provide extra support around mental health, one of the challenges in the youth support field is youth workers do not see their role as important as the mental health worker or social worker (Jeffs and Smith, 1987). This can be reflected in the lack of confidence in workers when exposed to the market place of welfare and education, and demonstrates how youth worker's lack of confidence can lead to their relative reluctance to interact with other professionals (Ibid). Other challenges and tensions between partnership working are that of ethics, values and conflicts between the different styles of working with young people. Paradoxically the push for partnership working has also been coupled with increasing competition between youth work initiatives (Mason, 2015). Some of the ethical issues arising with this work derive from the contradictory roles played by the welfare state professionals in caring for, socialising, controlling, helping and educating the people with whom they work (Banks, 1999). Youth workers are very unclear about their professional identity; like a teacher the youth worker is concerned with education but not formal or compulsory; like the social worker the youth worker has a caring and controlling role but not in the legal context (Tucker, 1994). The nature and purpose of youth work offers a different type of relationship to young people than that of other professions. This different way of building relationships with young people can hinder the professional relationship being built with others, their work roles and specific professional boundaries. Informal education and the unique relationship with young people is what defines youth work, although other professionals such as police, health, social workers, teachers may adopt these informal educational approaches

as part of their repertoire. However, if it is not their main process used or core purpose of their work then inevitably it will impact on the partnership and relationship with young people (Ibid). The principle of partnership working does not have to be problematic (Spence, 2004). Partnerships between youth services and health, social care or any other organisation can only be achieved and successful, if the perspectives and professionalism for youth work is accorded equal status. One project considered a success and presented in this study as an example of effective partnership practice, is a project between a youth work organisation and a specialist mental health service. This piece of work from Banks and Bartlett (2006) was chosen to accompany this research, as it recognises very similar factors and presents comparable arguments. They offer the following recommendations for services who would like advise on how their partnerships can become effective:

- *be prepared to understand different organisational and professional cultures and values,*
- *develop joint training between different agencies and professionals,*
- *develop common systems and procedures,*
- *develop better means of information sharing,*
- *allocate more funding and staff to resource partnership working* (Banks and Bartlett, 2006, p27).

Both services felt elements like flexibility and informality were significant when setting up and actually running the project. One of the most important roles for the youth workers consisted of destigmatising mental health services, through offering activities in everyday settings (Ibid). This informal educational approach, which is the hallmark of youth work, included fun methods whilst working on particular difficult issues with young people. The issues identified and then developed with young people were: reasons for underlying aggressive behaviours; improving self-esteem;

and developing coping strategies (Ibid). The project offers three ways as guidelines for new partnerships with youth work agencies and other professions, that might address mental health issues with young people:

- *in a generic youth work context (a youth centre or detached work) – some of the young people participating may be involved with mental health services; receiving counselling or other special support for facing issues that cause them anxiety or stress. Youth workers can engage with them on these issues and may even recommend/refer them to specialist help,*
- *in a specialist youth work/mental health partnership project (for example CAMHS) – these may be specialist if they receive referrals or employ a specialist mental health worker,*
- *in a service or project run by a mental health agency – where a youth worker is either seconded by a youth work agency or employed directly* (Banks and Bartlett, 2006, p26).

There may be some degree of fear amongst youth workers with regards to supporting or working with young people around mental health issues; especially if the worker perceives it as risky areas of work and only the role of health professionals. There may be challenges with these new approaches and youth workers may perceive the mental health role as greater than theirs, they may also see work around mental health as a threat to their professional identity, or there may be an expectation of greater workloads or commitments (Fish, 2014). However for youth work to have any chance of surviving or restructuring then it is necessary for youth services to capture and communicate their contributions towards the SEL competencies (Ibid) and young people's overall positive mental health and wellbeing.

These changes are possible and youth work can hold onto its old ideas but amend and develop them in a deliberative and gradualist way (Batsleer, 2011). The notion of experimental youth work is *what new things are happening in the world that we need to develop the resource and skills for our body of professionals? What new things are happening, what kind of new clubs, projects or associations do we need?* (Batsleer, 2011, pEV43).

The professional and ethical challenges that can arise whilst working towards effective partnership practices can also be addressed. If young people's services implement some of the presented arguments into their work ethos and acknowledge the success of the examples of practice from this section. Services need to be confident about and advocate on behalf of their own individual service and how the proposed partnership practice will benefit from their input, under the austerity policies currently being imposed by the government. By adopting different ways of working together, services may be able to survive, flourish and offer more relevant support for our young people of contemporary Britain. For youth work to be valued as part of that process all partners involved should be informed of its potential and significant contributions which make a difference to the lives of young people and their mental health. Other professionals may be supporting the same young person, and they can continue to do so, as their individual expert skills and knowledge will still play a crucial part in the joint approach to support. In making the case for youth work as a distinctive practice, we are not suggesting that it is superior to other professions that work with young people, or denying the potential added value of youth work approaches and skills within agencies whose structures and approaches are very different (Davies, 2015). The argument lies with how the youth work process and practice is the most effective approach and method whilst working with young

people. These new partnerships will enhance the experience and outcomes for both young people and professionals involved. Effective partnership practice could be augmented successfully, if the guidelines recommended in this section are embarked upon and services actively engage with more up to date and relevant guidance presented by government bodies, youth organisations and current research that applies to their individual service delivery. Future in Mind (DOH, 2015) is the most recent government report, it offers core principles and requirements fundamental to creating a system that properly supports the emotional wellbeing and mental health of young people. This current report informs local transformation plans (NHS England, 2015) with a purpose to provide: guidance for local areas; establish clear direction and key principles around high quality mental health care; and empower local partners to work together, take lead and manage change in line with its key principles. Findings from the CQC programme for comprehensive inspections of specialist mental health services (2017) reported that good examples of multidisciplinary working had: access to a full range of relevant professionals, diverse therapies and specialities; staff from different services worked well together supported by a positive working culture, regular meetings and good working relationships; and services worked towards taking a truly holistic approach to the young person's needs. Add the significance of the youth work process and practice and we create an efficient and effective overall support service for young people that undermines the one-size-fits-all ideology. Working in this way requires a commitment to respect and be responsive to other collectivities which are significant to the young person (Davies, 2015). Those of community and culture are of particular importance and in profound ways will help shape a young person's long term developments and everyday experiences. In this context *community may be defined as geographically*

or by a group's commonality of interests and concerns; culture by their consciousness of the values, norms and practices they share with each other through immediate family, wider kin, friends and neighbours; as well as through their class, disability, sexuality, ethnicity, and/or gender (Davies, 2015, p109).

This section has presented some well-argued insights and recommendations for how youth work is well placed to meet a number of challenges facing mental health services for young people (Wright and Ord, 2015); and how it can support the work being delivered to young people to promote protective factors, which are important to recovery and resilience and implement ways to actually prevent mental illness from happening. The partnership project presented in this section propose *that youth work is well placed to deliver projects involving developmental group work and participative practices; underpinned by anti-oppressive principles which enable the voice of young people experiencing mental health problems to genuinely be heard; enabling young people to develop agency in helping shape the services they receive, which in turn significantly enhances their own and others' mental health* (Ibid, p80).

The consequences of national cuts to youth service have resulted in the redundancy of experienced youth workers, an increase in the numbers of unqualified volunteers and in some instances the closure of valued youth work facilities (Mason, 2015). Having nothing to lose, youth services or campaigners for youth work need to seek new languages of practice and find fresh paths to follow, whilst uncovering a worthwhile function for youth work (Jeffs, 2015) in contemporary Britain. It is essential that informal educators continue to champion the significant and unique processes and practices of youth work and how it succeeds in working with young people. Further training and awareness would be helpful for existing youth services, to widen their knowledge and understanding of how their contributions can impact

and make a difference towards child and adolescent mental health; and given the need for greater partnership working among services working with children and young people then greater collaboration between the youth and mental health professions is essential (Fish, 2014). For youth work to have a chance of survival it needs reinventing innovatively with new employment opportunities, job titles, roles and responsibilities for working with and supporting young people. There is a pressing need to reverse these youth work developments if we are to restore hope and prospects to young people's lives (Hughes et al, 2014). More positive responses are inevitably required, including as an important contribution a spirited coherent articulation, of what distinctively defines the work as youth work. These responses especially need to highlight these defining features of the practice, which makes it attractive and acceptable to young people in the first place. In particular, those young people not being reached by other services and how these distinctive ways of working, not only engage the young people, but also motivate them to make personal and educational gains which policy makers and funders repeatedly claim they want for them (Davies, 2015). Throughout this research discussions have been presented about how the current austerity policy in contemporary Britain has impacted on young people's services and the support they delivery to young people. However, a more recent journal article highlights some disturbing information about a new project that the government are currently planning. Being called the Fortified College, it is a secure college which is going to cost £85m to build and could hold up to 320 young offenders (Belton, 2015). If this kind of money can be found to punish young people for their wrong choices in life, then why can the money not be found to prevent the bad behaviour in the first place. Frances Crook (chief executive of the Howard League for Penal Reform) has stated that building a secure college would

replicate the mistakes of the past and argues that millions of pounds set to be spent on the new facility, would be better invested in community support for young people. The cost per prisoner, per year, in a young offenders institute is an average £65,000. Secure children's homes cost even more – an average of £212,000 per young person, per year. Places in the Fortified College will start at £100,000 a year – three times more expensive than a place at Eton (Ibid). Now more than ever, the campaign for youth work, its benefits for early intervention and prevention work with our society's young people, needs to be championed as the most effective practice for helping young people develop their physical, personal, social and emotional skills, attitudes and behaviours for becoming a positive and constructive member of society. Belton (2015) argues the idea of the Fortified College seems the most ill-conceived of any response to youth crime, education and reform. He concludes that *it poses a question of: at what point do we place the punishment of the young before their well-being?* (Ibid, p118).

The literature review has offered insight into all proposed themes and provided relevant information, of how all the topics discussed interrelate and the importance to each other. The next chapter will describe the methodological structures and chosen approaches which shaped the entire study.

CHAPTER THREE – METHODOLOGY

3:1 INTRODUCTION

This research originated whilst I was employed by Bury MBC children's services, as a full time qualified level 2 youth support worker. Throughout them 18 years I worked with and supported many young people, their families and communities. I also set up projects and worked in partnership with voluntary organisations, charities and other local authority agencies across the borough of Bury, Greater Manchester. I decided on this topic of interest due to the multiple issues and problems I was witnessing and hearing about in my day to day work from young people, colleagues and other services. I became researcher, as well as youth worker, which gave me a dual identity and an insider researcher role (Berger, 2015). These roles and how they impacted the entire research process will be discussed throughout the sections in this chapter.

Bury as a case study

I started working for Bury Youth Service in 1999; I was 21 years old, with two young children of my own and plenty of individual and environmental problems/experiences already under my belt. I wanted to better mine and my children's lives, be a good role model and parent, and more importantly prevent my daughters from experiencing all the bad things in life that I had endured. Being a survivor of my own individual and environmental difficulties whilst being born and raised in Bury, I realised I could empathise with other young people and their situations. So I decided to work with young people, share my own knowledge, experience and if possible

help young people to change their own lives and make better decisions for their own future.

The population of Bury is estimated at 188,700 people and 24% of the total includes children and young people aged 5-24 year old. The total population for 5-24 year olds in 2016 was 44,655. Compared to England, Bury has more 0-14 year olds. There are fifteen local authority high schools, two private high schools and two local colleges. Bury has a wide range of communities including all different cultures, religions, ethnic identities, beliefs, ages, gender and class. Some areas people are living in more states of recognised poverty, compared to other areas that are classed as more affluent (for more information and breakdowns of exact numbers please see ONS, 2016). In Bury there are many identified societal issues that young people may have to endure or overcome: living in poverty; mental and physical health problems; being looked after; learning, behavioural or educational difficulties; caring for someone; child sexual exploitation; risk taking attitudes and behaviours.

Pre - 2010 and the coalition government austerity policies, Bury had a thriving local authority children's service, a wide range of voluntary organisations and multiple charities offering different activities and support for young people. The borough was separated into six areas and the Youth Service had a youth centre in each area. Each centre was situated in the heart of the area and based on council housing estates. One of the roles for youth workers were to encourage learning, development and change with young people in their schools and communities, which is a challenging task in the context of power relationships of gender, culture, class, sexuality, religion and/or ethnic identities. At the time of this research Bury had undergone significant government cuts to their local authority budgets, having drastic effects on young people's services and how they were being delivered. I was

employed as a local authority Youth Support Worker which consisted of working with vulnerable young people in a wide variety of settings including:

- local high schools,

- alternative education providers, either supporting behavioural or emotional problems,

- mental health wards in hospital settings,

- in care or leaving care,

- and many more.

Working in these areas I witnessed the numbers of young people suffering emotional related problems or illnesses dramatically increasing. I started to question why and if anything could be implemented to help this situation;

> *local educators think 'on their feet'…broadly guided in their thinking by their understanding of what makes for the 'good'; of what makes for human well-being…this mode of thinking comes close to what Aristotle describes as 'prudence or 'practical wisdom' phronesis* (Smith, 1994 cited in Ord, 2014, p64).

This way of thinking and through the issues being witnessed in practice led the research towards a critical interpretivist/critical realist approach, combined with ontological and phronesis paradigms. Conversation and dialogue is one of the unique methods used in youth work practice. The practice of youth and community work is about making and developing a sense of meaning with young people, based on increasing commitment to searching out truthful information and understandings (Batsleer, 2008). This development of knowledge goes further whilst distinguishing between different ways of conceiving youth work and its complex processes.

Aristotle offered a threefold distinction between different forms of knowledge (Ord, 2014). The phronetic knowledge resonates with an approach to youth work which is grounded in an appreciation of young people's lived experience (Ibid).

The research journey can take a number of different routes to its conclusion. The rise of methodological pluralism has generated a diversity of approaches to educational research, which continue to elicit conflicting responses and a lack of consensus of the ideal approach to adopt (Hammersley, 2012). This has led to major upheavals in how researchers conceptualize the research process and how they come to understand the world around them (Sparkes, 1992). The starting point for this research was to gain an understanding and adopt the most relevant theoretical and philosophical approaches. Any form of research that involves people, in a social context, involves making assumptions in particular about the relationship between people and their environment (Ibid). Considering this, the paradigm debate (Ibid), provided me with a provisional framework for understanding how this research fits appropriately, into the world of theory and philosophy. In order to place my research within the most appropriate paradigm I considered the key features: I was not setting out with a theory that I wanted to prove or disprove, rather gain an understanding of the current situation in Bury and at a national level; of how many young people were experiencing mental health problems and if youth work could contribute to either reducing these numbers, and/or support other services currently operating within these times of austerity in a contemporary Britain.

The strategy adopted was a qualitative case study and semi-structured interviews was the chosen method for data collection. The methodological structure consisted of a framework for my research design, approaches, strategies, methods and techniques (Robson, 2002). The terms used to acknowledge this framework

discussion have become common currency of quantitative versus qualitative; scientific versus naturalistic; empiricist versus interpretive (Smith, 1984 in Sparkes, 1992).

My hopes and intentions for this research were to identify in what ways youth work services might offer more support for vulnerable young people; encourage professionals to reflect on their practice and identify current issues young people are experiencing, regarding mental ill health in Bury; how partnership working between different service providers might be more effective; and how the wider political and policy contexts shape Bury's services, for young people and the organisations that deliver them.

Whilst this research was being conducted, managers of young people services across Bury were starting to recognise similar concerns. They started meeting to discuss future action plans. One of the action plans was confirmed in one of the conferences I attended; the priority for services was to focus on developing young people's emotional well-being and resilience (Team Bury, 2015-2018). This acknowledgement that other people were recognising there was a problem augmented my intentions for the research and emphasised its credibility and validity.

The methodological structure section will discuss the paradigms and combined approaches that shaped the study. The broad approach section will demonstrate how the strategies, methods, techniques and my position as inside researcher were applied to the study. The research analysis methods section will establish the approaches applied for generating and analysing the collated verbal data.

3:2 METHODOLOGICAL STRUCTURES

There are three sets of assumptions when discussing research paradigms and approaches: ontology, epistemology and human nature (Burrell and Morgan, 1979) . Ontological assumptions revolve around questions regarding the nature of existence; the very nature of the subject matter of the research (Sparkes, 1992).

The different forms of knowledge offered by Aristotle are episteme, techne and phronesis (Aristotle, circa 5th century BC in Ord, 2014). Episteme equates to scientific knowledge and is achieved with the aid of analytical rationality. The objective of techne is application of technical knowledge and skills; episteme concerns theoretical know-why and techne denotes technical know-how (Flyvbjerg, 2001 in Ord, 2014). Although an ontological approach was implemented throughout the study, Aristotle's phronetic knowledge was also of significance. It applied an alternative theory and a more efficient understanding. Phronetic knowledge and understanding offers a better foundation for a social science (Ibid).

As I became a reflexive researcher I embraced the notion and understanding of phronesis, which can be interpreted as the ability to judge or have insight (Arendt, 1961 in Ord, 2014). Government budget cuts to young people's services, deprivation, lack of funding and resources for young people to access, racial tensions and recent events of young people being victims of CSE, all adhered to the significance of Bury being researched as a case study. People have their own individual perception towards societal problems and may for some reason accept it as 'the norm', if they don't understand the problem and/or are unwilling to question it, then nothing will change and the problem could get worse. Negative assumptions and prejudices regarding mental health difficulties have always existed in British

society, people always seem more sympathetic towards someone having a physical illness. There is a strong social stigma attached to mental ill health and people who are unfortunate to fall ill with one, experience discrimination in all aspects of their lives (MHF, 2014). This is because society, in general, has stereotyped views about mental illness and how it affects people. The belief that people with mental ill health are violent and dangerous, when in fact it is the person with the mental health problem who is more at risk of being attacked or harmed themselves. The stigma around mental health doesn't seem to have changed much over the decades. Surely this cannot be such a surprise, seen as the very first public health document to acknowledge physical and mental health as equal importance, was only introduced in 2010 (HM Government, 2010a). Organisations like Mind, MHF and Young Minds continue to champion their beliefs and campaign for change about mental illness stigma's, beliefs and attitudes. If people live their own lives without questioning anything, nothing will ever change. This study gave informants an opportunity and some time and space to think, reflect and question their professional practice; and what impact it was having on the young people they were working with (Appendix, 7.4).

The research questions were to identify:

1. What is youth work's current relationship to young people with mental health issues?

2. What contributions can youth work possibly make?

3. What professional and ethical issues does such involvement raise for youth work?

4. What does case study experience suggest about potential national and local contribution?

The research questions were created collectively from the three sections of the Literature Review. Questions 1 and 2 systematically relate to the what is youth work section; with the literature discussing the role and unique process of the practice of youth work, the relationship it has with young people, why this is different to the ones of other professions working with young people, and what contributions youth work can make in contemporary Britain.

Questions 2 and 4 systematically relate to the mental health and young people section; this literature presents current issues that young people are having to endure, factors that can prevent these problems/illnesses, and factors which could also make them worse. This section highlights the issues represented at a national and local level of the country.

Questions 3 and 4 systematically relate to the youth work and mental health section; this literature explores what role youth work could play in preventing mental health problems developing in young people, and the contributions it could make in relation to supporting the work of other services. This section then identifies the benefits of services working in partnership and at the same time, how professional and ethical issues are raised for the involvement of youth work within partnerships with other services.

Qualitative research is the study of people's perceptions so there are no true or false answers. For interpretivists it becomes a matter of coherence (Sparkes, 1992), for interpretive inquiry the basis of truth and trustworthiness is social agreement; what is judged true or trustworthy is what we can agree, conditioned by time and place (Smith, 1984). Within a coherence theory of truth a proposition is judged to be true if it coheres (is connected and consistent) with other propositions (Sparkes, 1992). The

qualitative approach to research separates it from the other approaches, it has its own distinct identity and special approach to the collection and analysis of data (Denscombe, 2003).

Researchers of social science have to be somewhere between the two poles of deterministic and voluntaristic views, there is not one definitive conclusion when studying people and the world. Every person, their lifestyle and perception of it are all different and unique to them. The deterministic stance would take people and their experiences to be products of the environment, in which they are conditioned by their external circumstances. The opposing view would say people are much more in control of their own lives and are actively involved in creating their own environment. This voluntaristic stance views people as the controllers not the controlled, with a sense of agency, autonomy and free will. These views are important with regards to this study, young people certainly do not have full control over their own lives. So who is making the decisions for them? And how are decisions being made regarding their health and well-being? Insights presented in the literature review argue that to fulfil a healthy life, a person requires certain skills, attributes and behaviours (MacDonald and O'Hara, 1998 in Cattan and Tilford, 2006). However if a person is experiencing mental health difficulties and their mind is not working properly, then they will not be able to apply the correct coping strategies and will not feel in control of their own life. Are young people gaining the correct skills, attributes and behaviours to fulfil a healthy life in a contemporary Britain?

Generally in educational and social research the main paradigms adopted are positivism and interpretivism approaches. The interpretive paradigm is informed by a concern to understand the world as it is, it sees the social world as an emergent social process which is created by the individuals concerned (Burrell and Morgan,

1979). The natural sciences can develop knowledge which can then be positively applied through the use of critism (Bhaskar, 1998 in Cruickshank, 2011); the critical realist perspective. Critical social research is interested in substantive issues and wants to show what is really going on at societal level. It is concerned with revealing under-lying social relations and showing how structural and ideological forms bare on them. Not only does it want to show what is happening, it is also concerned with doing something about it. This study's foremost concern is for the health and wellbeing of young people; to gain an understanding of what is happening in their lives and why, within emerging social processes in their society. Are young people in a position to create changes or is it that young people's services should advocate them on their behalf. *People who lack [theoretical] knowledge but have experience are better in action than others who have knowledge* (Aristotle in Ord 2014, p66). *Practical wisdom [phronesis] is grounded in experience* (Smith,1994 in Ord, 2014, p66). Applying a positivist paradigm was not useful for the research as this approach is more episteme; if you can relate an event, observation or other phenomenon to a general law then you have explained it (Robson, 2002). Episteme is measured by facts, true and false findings and mostly made up of quantitative studies and experiments. This study did not relate to a general law rather applied a combination of different paradigms and approaches, which led the research down a qualitative journey of people's perceptions and thoughts around the topic. The phronetic approach is not a more complex form of determinism, it is an entirely different order one concerned with and underpinned by values, judgements and meaning (Flyvbjerg, 2001 in Ord, 2014). Out of Aristotle's three aspects of knowledge phronesis provides a sounder basis for understanding the process of youth work than either techne or episteme (Ord, 2014).

3:3 BR0AD APPROACH

A qualitative approach was used for this research as it emphasises words rather than quantification (Bryman, 2008). It aims at discovering how human beings understand, experience, interpret and produce the social world (Sandelowski, 2004). My role of dual identity and insider researcher allowed me to approach the study with some existing knowledge, and my own experiences from working in the field which provided some initial insights into the topic. The critical approach is a reciprocity between researcher and researched, it serves not only to corroborate the interpretation of data but also, provide key informants with insights that might serve as the basis for action, reflection and change (Bain, 1989). Objectivity can have an effect on a researcher's interpretations of received data and how it can impact on the outcomes and conclusions. When discussing reliability in qualitative research, the researcher's self is an integral part of the research instrument (Robson, 2002).

The strategy adopted was a case study as it is a well-established research strategy where the focus is on a case (interpreted very widely to include the study of an individual person, group, setting, or organisation), in its own right and taking its context into account (Ibid). Adopting this strategy allowed the implementation of multiple sources and methods for generating the data, whilst investigating the relationships and processes for the point of interest. Another benefit of applying this strategy is that it adopts a holistic view rather than dealing with an isolated factor (Denscombe, 2003). There is a tendency with case studies to emphasise the detailed workings of the relationships and social processes, rather than to restrict attention to the outcomes from these. My intentions have not been to retrieve specific outcomes, answers or true facts which could lead to changing a phenomena or world issue, rather one which can gain a more holistic understanding of the

subject topic. One of the primary distinctions between phronesis and both episteme and techne is that phronesis is context dependent, whereas episteme and techne are context independent. Techne and episteme strive for context independent explanations of actions, behaviour or wider social practices, upon which generalisations, laws and predictions can be made (Ord, 2014).

My hopes and intentions are this research will make a difference to the lives and situations of those who participated in the study, as well as the young people and the services that are left to support them. I hope to raise people's awareness of the current problems young people are having to endure, at a local and national level in a contemporary Britain.

<u>Methods and techniques</u>

How do researchers judge the quality of their research and ensure validity and warranty? Validity is whether the findings are really about what they appear to be and generalisability refers to the extent which findings of the enquiry are more generally applicable, outside the specifics of the situation studied (Robson, 2002). Interpretivist and critical assumptions were adopted for justifying the methods used in this research in regards to validity. What is real and valid is down to the mutual agreement between researcher and researched (Popkewitz, 1984). Truth is what we make it to be, based upon shared visions and common understandings that are socially constructed. The researcher being self-reflective and applying the use of reflexivity was a critical part of establishing rigor in the study. It helped to enhance the accuracy of the research and the credibility of the findings, by accounting for researcher values, beliefs, knowledge and biases. The research is valid and reliable due to the following methods and techniques being implemented: interviews were

recorded and notes taken which provided valid description of the verbal data, and ensured data was not inaccurate or incomplete for the analysis process. The researcher did not impose a framework or meaning on what was happening instead allowed things to occur and emerge which provided valid interpretation. Alternative explanations and understandings were also considered throughout the research process, which countered with the chosen theories (Maxwell, 1992).

The method employed was individual semi – structured interviews. Secondary data was collected through multiple sources including research from other studies, national young people's campaigners, local and national government policies and initiatives. Some of the benefits of interviewing are, the researcher gets to see life from all angles including multiple sides of disputes and different versions of the same incident; they can explore new areas, discover and unravel intriguing puzzles; and this search for answers keeps the researcher's imagination fresh and their work exciting (Rubin and Rubin, 2005).

The researcher's position and reflexivity were also significant in the study's approaches and techniques. As insider role familiarity of local services and the informant's job roles and responsibilities enabled a better in-depth understanding of the informant's perceptions, interpretations, their professional knowledge and experiences; in a way that is impossible in the absence of having been through it (Berger, 2015). However at the same time the researcher had to remain constantly alert to avoid projecting their own experience and using it as a lens to view and understand informants (Ibid). Adopting dual identity of youth worker and researcher, helped gain and maintain continuous awareness, and the strategies required for securing reflexivity which shaped the research. Self-reflection and recognition of researcher's personal familiarity with informant's situations and the type of

knowledge they may offer, could have potentially impacted all phases of the research process including the recruitment of key informants, collecting data via interviews and/or observations, analysing and making meaning of the data and drawing conclusions (Ibid).

Part of the process was making choices about which professionals should be recruited as part of the research population and what insights, knowledge and perceptions they could contribute to the study.

The key informants chosen were:

- Nine youth workers either employed by local authority services, local charities or voluntary organisations,

- Two youth work managers, one employed by the local authority and one from a local charity organisation,

- A head teacher of an emotional referral education unit, employed by the local authority,

- A social care CAMHS therapeutic practitioner, employed by the local authority,

- The Executive Director for Children, Young People and Culture, for Bury MBC,

- The Strategic Lead for Health, Families and Partnerships, for Bury MBC (Appendix 7.3).

The sampling techniques employed for the selection process was non-probability and purposive approaches, which involved the researcher having an element of discretion and choice, focusing on a relatively small number, selected on the basis of their knowledge and relevance to gain the best information (Denscombe, 2010).

Informants were chosen due to their professional positions, expertise and specific insights and knowledge around the subject topic; also known as expert interviews. And elite interviews which addresses rather high-ranking representatives of organisations or public life (Flick, 2014); in this case the director and strategic lead for Bury's services. The sampling process was significant in the research aims being successfully achieved. Choosing the correct sample was likely to produce the most valuable and insightful data for the research.

The above explanations are explicit to the reasons why this sample was chosen:

- both the head teacher and mental health therapeutic practitioner were chosen for their expert insights and knowledge of mental ill health, and the causes or triggers of it. They also had many years of experience working with young people, on a day to day basis, that was (or in the process of) being diagnosed with a mental health problem/illness,

- the nine youth workers were carefully chosen from across the borough of different services and/or projects, due to their specific nature of work with young people. Two of them worked with young people, who were identified as a carer who looked after a family member full time, whilst still in school; one worked for a charity specifically supporting young people in/or leaving care, either foster care or children's homes; another one worked for a different charity supporting young people who were suffering with problems around housing, education, family, relationships and the impact these factors were having on the young person's mental health; the other five youth workers worked for the local authority Youth Service. They each supported a wide variety of different projects, with young people who were diagnosed with a mental health problem, was being treated for it and/or in recovery from it. Some of these partnership

projects were in different hospital settings or in other more informal settings like the youth centre building,

- both youth work managers were chosen for their expert knowledge and insights of youth work, young people, what their individual organisation and staff team were delivering and why,

- both the Executive Director (for Children, Young People and Culture) and the Strategic Lead (for Health, Families and Partnerships) were chosen for their elite and expert knowledge and insights. They were both part of the decision making about what young people's services were needed in Bury, what support they delivered and what was important or not with regards to young people's physical and mental health, personal, social and educational development.

The sample was chosen due to their individual specific contexts of work with young people and the expert and/or elite knowledge they could offer the study. Having the opportunity of insider role helped identify a lot of the factors and issues with the required data for the study. This also led the research down the correct paths of what data was relevant, significant and needed to be included in the study. These were highlighted immensely and maintained throughout the course of the research process. Factors identified were informant's lack of understanding about the problems young people were facing in today's society; informants not knowing which policies (locally or nationally) their organisation was working towards; informants recognising more contradictions than benefits of working in partnership with other services.

Semi-structured interviews were the chosen method as they are an effective method for delving into important personal issues. They can help to describe social and

political processes and changes. The questions are open ended and their order not fixed, which is useful as they can be adapted to the flow of the interview conversation (Rubin and Rubin, 2012). Semi structured interviews *have predetermined questions in which the order can be modified, based upon the interviewee's perception, of what seems most appropriate; question wording can be changed and explanations given; particular questions which seem inappropriate with a particular interviewee can be omitted or additional ones included* (Robson, 2002, p270).

The two ideal types of qualitative interviews are topical and cultural (Rubin and Rubin, 2012). This study implemented a topical interview style, as it explored to seek explanations for a specific topic. Group interviews were considered, however it was decided that individual ones were the most effective method for generating the knowledge and information required for this research. With this in mind and the earlier arguments around specialist knowledge, two sets of questions were designed and implemented. One set for professionals (Appendix, 7.1) and the other for the strategic lead managers (Appendix, 7.2).

Interviews took place between 1st February and 30th September 2014. They were performed in a wide variety of settings, across the borough within different organisations, including local authority children service departments, education providers, voluntary organisations and charities that work with young people. Researchers are advised to base their interviews on a schedule, and clarify any information to participants so they are fully aware of what is intended from them (Flick, 2014). Contacting the chosen key informants was the first course of action, by email, introducing myself, my role, a little about the research and why they had been chosen to participate. I then invited them to participate in the interview. Setting up

and confirming the interviews was a slow process and at times felt like too much hard work, or that the interviews were never going to happen. Informants were hard to get hold of or took a long time in replying back to my invitations. Reflecting on this I started to realise that it may have been due to the nature of the research topic and also the timing of the research, in the current climate of local authority cuts and job losses. Professionals were under extended pressure at work, working in a state of fear and confusion and had uncertainties and apprehensions of being interviewed. It became apparent that they felt anxious about the research topic and that the person interviewing them was also a member of the same local authority.

I started to offer more information about the interviews and how my insider role fit into the research. I explained how I was working in the role of researcher and not as a Bury MBC employee, whilst I was conducting the research. Use of reflexivity as a means to monitor the tension between involvement and detachment, of the researcher and the researched, enhanced both the rigor of the study and its ethics (Bradbury-Jones et al, 2007 in Berger, 2015). Qualitative researchers, particularly practitioner researchers, tend to recognise and address this as an inherent part of the research (Drake, 2010 in Berger, 2015).

Reflexivity is a researcher's conscious. And deliberate effort has to be attuned to one's own reactions to respondents and to the way in which the research account is constructed (Berger, 2015). I realised I needed to reassure people because of my insider position. I had to constantly be alert and rigorously reflect on how my presence, and how I am as a person shaped the conversation (Ibid). So I spared some time to meet individual key informants, explain my role and that while we had shared experiences or similar skills, knowledge and values; they had a different perspective than me and each of us all have our own unique ideas. Therefore I

wanted to learn about theirs and how I thought their knowledge would benefit the study (Ibid). Insider's position and familiarity carry the risks of blurring boundaries and the researcher running the risk of imposing their own values, beliefs and perceptions (Drake, 2010 in Berger, 2015). Also there are dangers of participants holding back vital information they assume to be obvious to the researcher (Daly, 1992 in Berger, 2015). However with this study the advantages of being an insider researcher and having a dual identity outweighed the disadvantages, risks and dangers. The researcher was a well-respected, known youth worker who had worked for the Youth Service for some years, working with lots of different services/organisations and other professionals.

Two pilot interviews were delivered to measure whether the questions were accurate and relevant for obtaining the correct information required for the data. Only minor adjustments were needed, the order of questions amending and some changes in the language being used which informants didn't really understand. An advantage of my insider position was that I was aware of potential sensitivities, what to ask and how to ask them. I was in a position to hear the unsaid and probe more efficiently, whilst being able to ferret out hints that maybe others studying the unfamiliar may have missed (Berger, 2015).

This study was guided by BERA's professional, ethical standards and guidelines to research. The main ethical issue identified within this research was, the researcher was an employee of the same local authority were the case study was being conducted. Therefore some of the interviewee's were potential work colleagues or partner agency employees that may have already known her as a youth worker. This already familiar role and position, in relation to the population group and issues under study, may have impacted the research process and its analytic stance

(Berger, 2015). Thankfully it did not and the insider position actually adhered to the research being a success. Adopting the notion of dual identity and insider researcher, whilst implementing reflexivity throughout the complete research process, assisted the research in becoming credible, trustworthy and provided a learning environment for both researcher and researched.

Explaining the role of insider researcher invigorated a trusting relationship and helped acknowledge confidentiality between researcher and researched. People were at a time of stress, worry and uncertainty due to the current situation at the time of interviews. Possibilities were high that professionals might feel uncomfortable being interviewed and uneasy giving accurate and truthful statements in fear of losing their job. Consent forms (which highlighted anonymity and confidentiality) for taking part in the interview and data analysis process were completed. Confidentiality and anonymity was applied, as agreed throughout the study, by not naming informants or the services they worked for. Individual and distinct comments by professionals were presented in the content analysis as practitioners and strategic lead professionals were presented as managers. When referencing individual quotations the thirteen practitioners are defined as R1-R13; and the two managers as SL1 and SL2. In some sections of the data analysis informants will be referenced by their employment title.

The knowledge and insights generated through conducting these interviews have been significant and substantial to the research. The research journey took the route of exploring people's ideas and perceptions, orientated to give the field of study a thematic structure to generate hypotheses. It was used to collect context information and complementing insights, and developed a theory about the issue from

reconstructing the knowledge of various experts and elite professionals (Bogner and Menz, 2009).

3:4 RESEARCH ANALYSIS METHODS

Qualitative data analysis is the interpretation and classification of linguistic (or visual) material and makes statements about implicit and explicit dimensions and structures of meaning (Flick, 2014). Qualitative research produces large volumes of data in non-standard format and poses challenges for researchers, in terms of how to interpret the data (Denscombe, 2003). One way of doing this, is to become immersed in the data. This process is where the researcher looks (or in this case using interviews), listens over and over many times to the data trying to make connections with it and identify key categories. Such an approach can produce brilliant material however it is not a truly reliable method (Turner, 1983). This approach was applied and was effective in the researcher being able to familiarise their self with the data received and use descriptive accounts of the situation being investigated. This approach was implemented whilst transcribing all the interviews that had been recorded, which enhanced credibility of the research through transparency (Rubin and Rubin, 2012). Initially the researcher went through the raw data adding comments and reflections in preparation for content and data analysis. A more systematic method of analysis was advised, therefore the following approaches were applied:

(1) *Coding and categorising of the data* - this entailed breaking the data down into units for analysis, then categorising the identified units which consisted of specific words, occurrences and particular ideas or perceptions. This was

achieved by using four different coloured highlighters and reading through the data numerous times,

(2) *Identification of themes and relationships* - this was a vital method for attempting to identify patterns and processes, similar phrases, commonalities and differences. It highlighted the themes and interconnections that recurred between the units and emerged categories. The themes emphasised in the process were: support being delivered in Bury (highlighted in blue); local and national policies (highlighted in orange); current medical issues young people were facing (highlighted in green); ethical issues identified, evidenced by case study examples (highlighted in pink); and effective or inefficient partnership practices (highlighted in yellow),

(3) *Checking out emerging explanations* - whilst checking validity against reality. This consisted of going back over the original data, listening to recordings of interviews again whilst reading through all the data and comparing them both,

(4) *Develop a set of generalisations* - applied through reflection of the materials, the themes and relationships identified, then linking the generalisations to a formalised body of knowledge in the form of constructs and theories. This was the start of the content analysis and reporting stage. The data collected and generated essentially provided the findings and outcomes for the research (Denscombe, 2003, p271-272).

On reflection of the research process and whether the applied approaches were effective, the researcher being employed with the local authority children's services whilst implementing research in the same area, seemed to have been beneficial to the whole research process. Adopting dual identity of youth worker and researcher, as well as maintaining the position of insider role, also made the research process and

the approaches applied a success. It offered the opportunities to observe practice within children's services, other young people services, and the actions and behaviours of professionals on a daily basis. Gaining and maintaining continuous awareness of reflexivity, was at times difficult, as it was an ongoing process of constantly updating one's own position relative to the study; repeatedly asking self and discussing with others (peers, colleagues, research supervisor) about the current position and how own thoughts and perceptions were not impacting on the data or how the research was being delivered. This was vital in recognising how the researcher's role and position may have affected the research process and the informant's experiences of participating in it (Berger, 2015).

The sampling process and choice of key informants proved successful, all of the chosen key informants actively engaged and seemed to enjoy the interview opportunity. They gave honest and accurate accounts of their own professional practice and throughout their interview experience gave relevant, fundamental insights and knowledge for the research topic. This was due to their professional backgrounds and individual expertise, in their own area of work with young people, and was also obtained due to the process of researcher and researched forming a trusting relationship, gaining a shared respect and understanding for social phenomena (Berger, 2015).

Interviews also proved successful, again after the extra work of building trust with informants and helping them to understand the research, its intentions and the position of researcher. The researcher being familiar and already having some existing knowledge of the research area was also very beneficial. The three key points of insider researcher that made the position and role significant were: the researcher had a head start in knowing about the topic and the area being researched; being an

employee of the local authority and being aware of its existing services and people's job roles, greatly assisted with the recruitment of the correct informants and what expert and/or elite insights and knowledge of the topic they may offer. The youth worker status did affect the process of data collection and content analysis in studying youth work and young people with mental health issues. It allowed me to approach the study with some initial knowledge of the youth work process, issues that young people may be facing in society, and also have a sense of empathy and familiarity for informant's experiences on the subject. This initial knowledge helped to identify certain topics of interest, which were significant for the research, and also helped identify the topics that needed to be addressed (Berger, 2015). I feel this small scale case study was completed successfully due to the correct choices of applied paradigmatic approaches. The research strategies, methods and techniques were effective and constructive in gathering the findings. The chosen research analysis methods and approaches were also valuable decisions, in assisting with the substantial task of analysing the qualitative data. Engaging in this research and adopting a different role and position, critically assisted the opportunity for the researcher to develop academically and professionally, as a reflective practitioner and active researcher.

CHAPTER FOUR – ANALYSIS AND DISCUSSIONS

4.1: Introduction

This chapter will present the analysis of the data collected and relate the significance of the findings, in relation to the literature review and aims of the study. The findings will be presented through four identified themes. The themes emerged during the thematic analysis process of coding and theming the data collected. Due to the volume of data collected it was necessary to divide theme 1 into two distinct parts.

- **Theme 1.1: Problems local young people are facing –** is an assessment of the current situation of mental health issues for young people in Bury. This data materialised when professionals were asked if they could identify what types of issues they were encountering in their day to day work role;

- **Theme 1.2: Support which is being offered -** identifies current support being delivered for young people of Bury. This data materialised when professionals were asked what support they or their service was providing young people regarding mental health;

- **Theme 2: Staff confusion over policies and drivers for Bury's services -** identifies the wider political and policy context which shapes services for young people and the organisations that deliver them. This data materialised when professionals were asked what policies and initiatives were driving their individual service/organisation;

- **Theme 3: Significant ethical challenges and tensions –** consists of reflections on work practices with their own and other services/organisations, informants identified these whilst discussing individual case study examples.

The data materialised through informant's discussing their own experiences of professional and ethical situations experienced in work;

- **Theme 4: Partnership practices –** this data materialised through informants discussing individual case studies, of when they had worked in partnership with another service/organisation. They gave examples of employment issues when delivering partner services with other providers, and how the work could be more coherent and/or effective.

4.2 Theme 1.1: PROBLEMS LOCAL YOUNG PEOPLE ARE FACING

On a day to day basis informants recorded that they were identifying the following mental health problems, medical and/or diagnosed conditions:

- anxiety,

- bipolar disorder or schizophrenia,

- depression,

- eating disorders,

- low confidence,

- low self – esteem,

- obsessive compulsive disorder,

- panic attacks,

- psychosis,

- self-harm,

- suicidal thoughts or tendencies.

This list corresponds with data presented in the literature review regarding mental health problems at a national level (Young Minds, 2015a). Eleven medical issues were

identified, some discussed more commonly than others. All thirteen practitioners claimed they were witnessing more young people suffering self-harm and depression and it was becoming more of an ongoing problem. Similarly, the press release in 2011 warned by the year 2020 over 100,000 children and young people could be hospitalised due to self-harm (Young Minds, 2015b).

A specialist in this area highlighted:

> *in Bury it kind of goes in peaks and troughs. There is a massive issue at the minute around self-harm, suicidal people and a major increase in young people presenting with symptoms of anxiety and depression; often the two are kind of linked* (R13).

Several informants identified similar concerns:

> *largely I would say the majority of it is around low mood, low level depression and self-harm. Those are the most significant ones coming through* (R6).
>
> *I have worked with some young people who have been diagnosed with depression, others who have low mood but haven't been diagnosed* (R4).
>
> *there are a lot of young people with depression and seeking counselling for it* (R7).

R9 spoke about one of the projects they were working on, where they attended a hospital to deliver activities for young people residing there:

> *there is a lot of self-harm in the hospital we work in and a lot of young people presenting with eating disorders – majority of them are girls* (R9).

One key informant expressed why they felt young people were self-harming:

> *because they don't know how to deal with things, young people are turning to self-harm as coping strategies* (R2).

In the interviews held with both managers they were asked the question: what policies or initiatives inform your response to young people with mental health issues? This raised discussions around the problems occurring geographically around the borough. Similarly, self-harm was high up on the agenda and both managers discussed this serious issue for young people:

> *there is a perception amongst most partners that; firstly this is an absolutely fundamental issue and secondly actually from everything we know the levels of mental ill health are getting worse. In particular the thing that's always quoted is around self-harm, we have seen a massive increase in the levels of young people who are presenting to CAMHS for self-harm* (SL1).

SL2 highlights the serious issue in society regarding child sexual exploitation and the damaging effects it has on the young people involved. Sadly, both Bury and Rochdale witnessed some severe and horrific incidents regarding these issues (Bury Times News, 2011, 2013, 2015). SL2 talks about the vulnerability of the young people who had been involved:

> *you'll know that sexual exploitation has got a massive lens at the moment both from government and locally due to our neighbours in Rochdale and laterally Rotherham. These young people are highly vulnerable and often have huge issues around self-esteem, self-harm and eating disorders* (SL2).

Several informants identified eating disorders as another rising problem for young people, R3 highlights:

> *we have encountered eating disorders over the last couple of years in the area; lot of it seems to be about self-worth (R3).*

Like self-harm, eating disorders may be underestimated in the general population. AYPH (2013) argue, significant proportions of young people will not seek help and

good representative community surveys are rare, which highlights the problem of actual accurate numbers not being known. This was identified in the literature review. HSCIS (2012) reported, young people aged 10-19 years old account for more than half of hospital admissions for eating disorders. Low self-esteem, anxiety and suicidal thoughts/tendencies were identified as the next common problems:

we have come across young carers who have low self-esteem, suicidal thoughts and anxiety issues. Some are on anti-depressants and some are accessing CAMHS (R1).

at present we are seeing a lot of 12/13 year olds coming through triage with anxiety issues which was never really recognised in the past (R10).

anxiety and the inability to deal with a wide range of emotions. At the minute I find a lot of young people are struggling to deal with their emotions (R11).

other young people it tends to come out as their coping mechanisms, so it could be eating disorders is the way they choose to control a situation (R7).

The last couple of quotes suggest that some young people are unable to deal with their situations or emotions, so they are therefore using negative and very dangerous methods as coping strategies which is adhering to them becoming more unwell. This was highlighted in the literature review regarding people's ability or inability to cope with situations (Naidoo and Wills, 1998), and how a person develops their sense of coherence (Antonovsky,1987).

Informants lead the discussion onto social issues and identifying some of these as being a risk factor for young people becoming unwell in the first place:

it may be low self-esteem, body image, peer pressure, drug taking, alcohol abuse, being involved with social media and putting things on the internet (R2).

suffering bereavement, suffering neglect or sexual abuse, anger management issues; they don't know how to deal with things (R2).

often you will get young people who say nobody listens, got no one to talk too, they are stressed and that may manifest (R13).

Several more informants claimed:

it could be down to bullying or issues at home (R3).

it could be social or family pressures, expectations from school, being outside something or not belonging (R5).

These risk factors that make young people more likely to experience problems than others are similar to the ones highlighted in the literature review (MHF, 2012). Two informants also identified pressures at school and the focus on educational achievement as being initial problems related to stress for young people:

peer pressure, exam pressure, bullying at school, body image, family break ups (R10).

we put a lot of stress on young people in terms of education and the new policies that are coming through, from the education secretary, is going to get even worse. There is a section of society that does not fit into the Gove mould of education and will not succeed in that environment. More young people are going to be presented with depression and other symptoms (R6).

The Public Health report regarding the link between pupil health, well-being and attainment in education highlights similar discussions and concerns. At the time of this research being conducted this was also a current debate in young people's services and schools in Bury (Public Health England, 2014c). One informant particularly emphasised:

> *often when you unpick throughout the assessment and certainly the direct intervention process, it's actually symptoms as opposed to engrained depression. If you look at the family system and address some of them issues and the impact it is having on young people, it is not an issue intrinsic to the child it's actually what is going on around them and their reaction to that* (R13).

R13 suggests, if professionals took the time to identify the initial problem, of what is actually going on in a young person's life, instead of assuming a mental health illness, then a better understanding of what support the young person requires will be identified earlier and more effective outcomes can be achieved. This will inevitably prevent the problem/illness from getting worse and having a long lasting effect on their adult life. In the literature review, MHF (2012) discussed how mental health can be influenced by our genetic inheritance, which also compares to the theory about people's strategies to cope, their ability or inability to cope with difficult situations (Antonovsky, 1987; Naidoo and Wills, 1998), and how the development of physical and emotional resilience can help keep young people mentally well (MHF, 2012).

Informants raised similar concerns:

> *it's how they deal with situations that depicts their mental health state. So two young people might experience the same thing but cope very differently; the resilience of individual young people, anything can affect someone's mental*

health – family, school or friendships, it tends to come out as their coping mechanisms, the way they choose to control the situation – eating disorders or self-harm (R7).

young people with drug or alcohol problems use it as a coping mechanism, escaping, trying to get away from problems (R8).

young people's experiences in early life and how that leads into mental health problems in later life - resilience factors (R4).

Young Minds (2015b) claim, the numbers of young people self-harming will continually increase. However due to the lack of up to date national and local statistical data, these predictions have been very difficult to compare or give accurate accounts for the actual numbers (AYPH, 2013; Green et al, 2005; Meltzer et al, 2000; Public Health England, 2014a, 2014b). This study's analysis does suggest that professionals have identified growing numbers of young people who are suffering with low level mental health problems. And more severe illnesses, specifically self-harm, are on the increase and becoming more prevalent with this age group in question - adolescents. Although an accurate account cannot be given of exactly how many young people in Bury are suffering a mental health problem/illness, the perspectives and insights on the current situation has been presented by key informants and experts in their own field; which suggests they are witnessing the numbers of young people dramatically increasing, who are suffering low level mental health problems like anxiety, low confidence, low self- esteem and obsessive compulsive disorder. More severe illnesses like depression, eating disorders, self-harm, suicidal thoughts, bipolar disorder, schizophrenia and psychosis are also being witnessed as growing problems for this age group.

Lower level mental health problems, if identified and treated at the right time in a person's life, can be resolved with the correct interventions. Sadly, many of the lower level mental health problems are going unrecognised and are very quickly escalating. These types of problems/conditions will inevitably lead onto more severe illnesses, and if not treated early enough will then need a higher level of support, often medicalised treatment or even admittance to hospital or secure units. As emphasised in the literature review, adolescence and young adulthood are described as a time of particular high risk for developing mental health problems (MHF, 2007a, 2007b; Joy et al, 2008 in Wright and Ord, 2015), with a range of individual and environmental factors that can increase these risks (Wright and Ord, 2015). The evidence displayed in the literature review argues, that not only can effective interventions prevent escalation of low level problems developing into long term problems (Kim-Cohen et al, 2003 in Wright and Ord, 2015); but also if these problems are treated early enough the impact on economic, social and emotional costs for the country could also be prevented/reduced (Layard, 2012 in Wright and Ord, 2015; MHF, 2007b).

4.3 Theme 1.2: SUPPORT WHICH IS BEING OFFERED

Practitioners identified a wide range of support for young people that different services were offering in Bury. They also discussed individual case studies (examples of practice) of how they were supporting young people in their current job role. The data suggests practitioners did not view their job role as linked to mental health work, unless they were practicing in the field of health or working on a specific project recognised as mental health promoted. Youth workers explained their roles as 'just youth work' and others viewed their roles as 'education providers' or 'social care', which

corresponds with the work in the literature review (Banks and Bartlett, 2006; Rayment, 2004).

The interview process offered informants the opportunity to reflect on their practice and the work of others. With the way the questions were structured and asked in the interview, they started to link their individual practice to more of an advocate and support role, for young people suffering mental health problems; and/or providing early interventions to help prevent them from experiencing a problem in the first place. This reflects some of the earlier work found in the literature review (Davies, 2014; Jeffs, 2015; Smith, 2013) that discusses professionals confusion about work roles and responsibilities.

When asked if they could explain what their organisation's role was, and to identify their individual role within that was; informants struggled to explain what their service was providing to support young people in achieving positive mental health. Asked to break down what their service was providing specifically, a youth worker commented:

> *we don't have one specific project which is directly for young people with mental health issues. We have looked at running one in the past but wasn't successful with funding, other projects we run are open as long as the young people fit the criteria* (R4).

The response from R4 suggests, mental health problems are seen as separate issues than other problems young people may be facing in their lives; and there would be a need for a specific support group which incorporated the term mental health. This is definitely not the case, but also not a surprise, that people working with young people think like this. As we know, the UK's first public health policy (that recognises mental

health as equal importance to physical health) was only designed and implemented in 2010 (HM Government, 2010a).

When working with young people an holistic approach is more effective in understanding what could be the cause of the problem, as presented in the literature review regarding being respective and responsive to people's different needs, in particular those of community and culture differences (Batsleer, 2008; Davies, 2015; Wright and Ord, 2015). Until a trusting relationship is built between a young person and an adult they may not wish to disclose any problems they may be facing in society. So it's the process of recognising and responding to the young person's needs, at that time in their life, and implementing the process and practice of youth work principles and values to help build the relationship and sustain it (Young, 2006). For this to also be effective the professional needs to be trained with the relevant knowledge and awareness of early signs, symptoms, societal problems, other risk factors, causes and preventions, and so on.

Youth work is about helping the young person to better their life in whatever way that might be. Even in 1848 the primary concern was the young person's health and mental well-being (Smith, 1997). Current national statistics show 1 in 10 children and young people aged 5-16 now suffer from a diagnosable mental health disorder (Young Minds, 2015a). This data suggests that any child or young person could fall ill, at any time in their life, due to a wide range of factors. Significantly this study suggests to deliver effective support and practice, which addresses the urgent needs of young people, then youth services need to make sure all their work force are continually trained and provided with up to date information. An important part of working with young people is having the skills to recognise early warning signs of certain problems arising, identifying them early enough, so the correct support can be implemented at the right

time which will prevent the matter getting worse (Layard, 2012 in Wright and Ord, 2015; MHF, 2007b, 2012).

Since 2010 there have been cuts to local authority budgets which have impacted on young people services. Professional attitudes and practice have changed dramatically to adhere to the new governance of austerity policies and change. However this study suggests there is a lot of confusion with young people's services around what support they are supposed to be offering; and also which young people should be receiving the support. Labels and guidelines for the work with young people have been enhanced to incorporate the term 'targeting of vulnerable or at risk young people' which is identified in the literature review (Smith, 2002b; Spence, 2004). Throughout the data this was also highlighted by all informants. A young people's mental health charity worker claimed:

> *within the local authority there has been cuts, the Youth Service and low level*
> *support have been cut so at the moment your prevention work is not happening*
> *and its more your higher level needs that are being met. So there is a big gap*
> *that isn't adequate in my opinion* (R7).

The majority of informants reported that their service was providing some kind of support for young people. Two young carer workers and a youth worker highlighted:

> *we deliver physical activities. The government website says it is one of the most*
> *important things to do for depression and mental health. We also do arts and*
> *crafts, not everyone can do exercise especially if they have an eating disorder*
> (R9).

> *we provide one to one support if they need someone to talk too* (R1).

weekly drop in sessions where young people can meet other young carers, have rest bite from caring responsibilities and have a chance to socialise (R2).

A manager of a young person's mental health charity explained:

we offer support across the spectrum of mild to moderate - severe to enduring; we look at the young person and plan what they need through their risk assessment and care plan; offering anxiety management, confidence building, anger management, self-harm and self-injury groups, drug & alcohol groups (R10).

Similarly two youth workers explained:

we go into …. which is a mental health unit for young offenders and …. - unit at the hospital which is a secure unit for young people suffering mental health problems. We deliver Duke of Edinburgh projects including sports, physical and teambuilding sessions (R3).

we offer support to specialised hospital units for young people and a unit that offers education places, outside mainstream high school, for young people suffering with emotional/mental problems (R5).

This data suggests only the informants who work on specific face to face projects that have particular aims around improving young people's mental health, have an understanding of mental health problems young people are suffering with. One youth work manager commented:

we plan projects and if we are doing it right positive mental health should run right the way through (R6).

Throughout the data the confusion concerning work roles and responsibilities was prevailing and the loss of service/organisation and individual values were also present. This kind of confusion and the different reasons that could have caused it were identified and presented in the literature review regarding times of austerity (Davies, 2015; Hughes et al, 2014; Jeffs, 2015; Wylie, 2015), and the changes to the youth work profession and its reduction in contributing to today's society and young people (Aristotle in Ord, 2014; Banks and Bartlett, 2006; Batsleer, 2008, 2011; Coulston, 2010 in Fish, 2014; Jeffs, 2015; Jeffs and Smith, 1987, 2005; Young, 2006).

Other informants identified that their own individual work role was not supporting specific mental health projects, but did discuss their particular job role and responsibility. A charity worker commented:

> *as an organisation we don't always have the same outcome we are working towards, its very project specific, a lot of our outcomes are based around emotional well-being and health* (R4).

A manager from an alternative education provider explained:

> *our main remit is to provide education and to re-engage into learning young people in years 10 and year 11 who are not accessing main school provision because of a range of emotional and mental health difficulties* (R12).

One charity worker revealed:

> *I guess the kind of work with those young people is continue to encourage them to participate in either group or one to one positive activities* (R4).

More evidence of confusion was presented in the data and is emphasised here with a youth worker explaining:

our organisation is for 16-25 year olds who need support with mental health but if you advertise like that they wouldn't come so we market it differently (R10).

To gather more in depth knowledge for the study informants where asked what their service was offering for young people and what support they were currently providing at an individual level. Yet again, informants struggled to provide answers which were relevant to the questions being asked. On reflection of this part of the interviews, informants seemed more confident speaking about their particular organisation's aims and objectives rather than what they were offering as an individual. After some time to think about the questions, practitioners started to identify different areas of their work that highlighted some support being offered to young people around mental health issues.

One youth worker explained:

some of our projects are in partnership with schools and the local hospital. I am not personally working on any were that appears to be the main goal, it's not been identified but I suppose mental health includes lots of different things (R8).

This study suggests that since the changes to the local and national agenda, professionals are under pressure to work towards a more target specific client group, but with no new training or guidance in how to deliver it or to which young people. When conducting the interviews it became apparent very quickly that informants were confused about their own work role, and exactly what their organisation was requiring with regards to delivering young people's provision. The findings in the literature review around national and local reports, no up to date qualitative data and new government plans or outcomes (Davies, 2014; HM Government, 2011) are not being made clear to professionals who are actually out in society doing this work. This surely

is evidence in itself why people may be feeling confused and unsure. Stressed below by R5 & R8:

I can quote the official line that we are a targeted youth service but if I was to be asked if I was 100% clear and succinct on what we are as a service I would probably say no (R5).

the service is for targeted young people so there are different targets that have been determined. Don't really know who determined it (R8).

A continuum of similarities throughout the data suggests informants displayed a complete lack of confidence and clarity when discussing their own job role, responsibilities and service objectives. The intense feelings of confusion and worry throughout all the interviews with informants, is evidence that these issues were present throughout, not just one organisation, but a variety of young people service providers across the whole borough of Bury. This data suggests that whether they were local authority, charity based or voluntary organisations they were all experiencing the same problems of uncertainty, fear and confusion. This undoubtedly was such an uneasy and worrying state of affairs, for services and their employees who were expected to deliver high quality young people's services to vulnerable young people, whilst in times of austerity. A support worker for young carer's and youth worker explained:

a lot of the work I do is group work, mental health work, deliver multi sports, teambuilding and fun things (R2).

I do a project based session at the hospital's mental health unit for young people. I deliver activities which ticks a box for them and a box for us, apparently proven, that when we are in there doing activities there is less self-harm (R9).

This data again highlights informant's confusion about what their job role and responsibility was, what service they were supposed to be providing and why; which corresponds with the findings in the literature review (Banks and Bartlett, 2006; Davies, 2014; Jeffs and Smith, 1987), and the impact of the destructive power of neoliberalism has on communities, individuals and families (Abramovitz and Zelnick, 2010 in Davies, 2014).

The data does suggest that a wide range of support for young people was being offered, by a compilation of different services around Bury including: drop in sessions, one to one and group activities, specific programmes relating to issue based problems like substance misuse and/or personal development, advocacy work, schools, colleges and other institution based work, school holiday provision, residential and outdoor activities. However the data also suggests that the practitioners identified mental health work with young people as a separate provision to that of their own. This way of thinking is presented in the literature review (Banks and Bartlett, 2006; Rayment, 2004) and what the data suggests is that over the years youth work's unique principles and values have been lost. Managers explained that they decided what support was required for young people and implemented within the services being offered in Bury. SL1 spoke about two important pieces of work that was happening (at the time of interviews) for Bury's services:

children's services co-commission CAMHS and a charity which focuses on substance misuse. We have a number of targeted youth services which

contribute to one's support, a nominated worker for young people witnessing domestic violence at home and preventative work in schools (SL1).

the children's trust board brings all key agencies together, our next children and young people plan has three priorities that all agencies are involved in: emotional health and well-being; early help; substance misuse (SL1).

SL2 also discussed what support was being offered to young people in Bury:

emotional mental health needs are met by the following commissioned services: schools purchase counselling services however not sure of the quality, impact or outcomes; a mental health outreach worker for the early help team; two full time social workers with extensive mental health training working with child in need and safeguarding; a clinical psychologist and mental health social worker for the children in care team; and the CAMHS service (SL2).

Practitioner's confusion of who should be supporting young people with mental health problems could be justified with the above comments from manager's. The data suggests that mental health support (at the time of interviews) was seen as the role of specialised health services including CAMHS and mental health charities, with immediate support going to young people in social care. Whilst in these times of austerity in contemporary Britain, it is good to know that money is being allocated to these important services, who help and support young people already identified as unwell. However, what about the rest of the country's young people? What about reducing the numbers of young people falling ill? And is preventing these illnesses/problems from occurring not a more efficient way of bringing the costs of public spending down and saving the economy more funding in the future? Surely if the government see fit to spend more than £85m on building a college that could hold

up to 320 young offenders, pay £65,000 per year per young offender to be held in a young offenders institute, and an average of £212,000 per year per young person to keep them in a secure children's home (Belton, 2015); then you would have thought they would be willing to pay this money for intervention and prevention work instead, that could prevent or even eradicate all this future economic costings of punishing young people for making the wrong life choices or not being helped and supported when they needed it.

SL1 identified similar problems:

> *with our services we have got a mish-mash of those different pieces of provision. I am not sure if it's as coherent as it might have once been. We do okay at the clinical end work with CAMHS, we still have a very good service for children and young people in public care. However other young people how will they manage, who can help them?* (SL1)

Analysis of the data suggests that different services and organisations are offering some support to young people in Bury. However, there doesn't seem to be a coherent, directive approach in the overall promotion of all young people's mental health and wellbeing. Most of the practitioners and both managers seem to discuss mental health as a separate issue or problem and that it is the role of specialist health services to intervene and offer support. Near to the completion of interviews, changes were being introduced (governed by the local authority managers) to try and address the issue of the growing numbers of young people becoming mentally unwell. New plans were set to be implemented, guided by the government, which will affect all local authority services, charity based and voluntary young people's organisations. This could facilitate a more comprehensible set of aims and objectives for organisations to work

towards and give individual workers a clear, succinct concept of their job role and responsibility to supporting the overall health of young people (Team Bury, 2015-2018).

4.4 Theme 2: STAFF CONFUSION OVER POLICIES

Since the change of government in 2010 front line workers have a genuine and overall lack of understanding and clarity, of what policies or initiatives are driving their individual service, either from a local or national context. Whilst being interviewed informants demonstrated their confusion and anxiety over not being able to answer certain questions. This undoubtedly must be having an effect on their own confidence, self-esteem and job satisfaction which was identified in the literature review (Banks, 1999; Davies, 2011; Jeffs and Smith, 1987; Mason, 2015; Tucker, 1994).

Very few local initiatives were mentioned for Bury's services and what was guiding their current work practice. One manager admitted:

> *there is starting to be a real recognition from a government point of view: mental health rather physical disabilities are one of the biggest issues preventing people getting back to work – actually if we do a bit better to keep people emotionally well, then there is better chance they can participate economically, rather than sitting around on benefits getting more unemployable as years go on* (SL1).

It is good practice to admit when things are not going too well and then how they can be made more effective and successful. Although just talking about it will not solve the problems or implement any changes.

'Healthy Lives, Healthy People' is the current government's national public health strategy (HM Government, 2010a). The national strategy for mental health is 'No Health without Mental Health' (HM Government, 2011), which then lead to the government paper 'Closing the Gap: Priorities for essential change in mental health' (HM Government, 2014). 'Help Children Achieve More' was the replacement policy for ECM (C&YPN, 2010) which none of the informants interviewed knew anything about. 'Positive for Youth' is the most current youth policy (HM Government, 2010b). And at a local level, Bury has its own mental health strategy (Team Bury, 2013-2018) which provides information of the identified needs across the borough. To also inform decision making there are a variety of local assessments, North West needs assessment and health profiles (Nixon, B and Warburton, H, 2009; Public Health England, 2014a, 2014b).

Informants were asked to explain any local or national policies or initiatives which were driving their individual services. Every key informant discussed pre 2010 government policies, however they all struggled to identify any new or current ones. At times informants displayed anxiety about being questioned on something they didn't know, that maybe they should. Practitioners had to be reassured whilst being interviewed that they were not being judged on their knowledge like an exam test. The questions were being asked simply to offer the research the information it required to reflect the current picture of Bury's young people's services. The significance of this is highlighted throughout the analysis of the data collected.

Two youth workers commented:

all our workers have the belief in young people to succeed. But in terms of policies or procedures, if there are any government policies we would try and work in line with them (R4).

there doesn't seem to be many initiatives coming in, as far as I am aware there is nothing out there nationally (R8).

When informants were asked since the new government came into power, some years ago, are you aware of any new policies that direct your service? The response from one informant was simply:

I am not aware of any (R9).

Even more informants said the same, some youth workers and one youth work manager explained:

as far as I know we work towards ECM, I am not aware of any new policies (R3).

we used to work to ECM, as far as I am aware they are still making use of that policy, it's not mentioned at higher level, it is locally with us but not as much as it used to be (R8).

I don't think we are driven nationally, we used to have ECM, I was told a year or so ago it no longer exists but I don't think I have had anything kind of official to confirm this. It just comes through conversation off colleagues or people elsewhere (R5).

in terms of policies, I suppose it's a bit old fashioned to say but the one that still drives it for me is the ECM, it's probably one of the most sensible pieces of legislation ever to come out (R6).

Several informants discussed a little knowledge of local initiatives. Two charity workers revealed:

we have all the local policies in place - child protection policies and stuff like that. The only thing we do ourselves is policies for early intervention – seeing them as quick as we can so that they are not waiting for a service (R10).

at the minute the local agenda we work towards is the children's plan and children's trust (R11).

Those who were employed by the local authority spoke about specific local policy which adhered to their section of the service. So for education workers, it was the government education acts; health workers spoke of the CAMHS reconfiguration and the national health service framework which governs it. Informants revealed:

employed by the council we have to adhere to policies like child in need and safeguarding (R1).

we have small policies like transport, safe guarding, IT - all to keep young people safe (R4).

One informant highlighted the difference between the health and social care policies and their knowledge of it. They had had their work contract changed and went from being employed under the health sector to being employed under the local authority:

I think it's more difficult coming out of health, the drivers and policies are very clear. I would still be driven by those but there is more flexibility within social care, you don't have the restrictions you have in health (R13).

R3, R8 and R5 discuss the ECM policy (HM Government, 2003) introduced in 2003 by the labour government; it was seen as one of the most important policy initiatives in relation to children and children's services of the last decade. Described as a sea change to the children and families agenda, it had a positive effect on different services working together; and stressed the importance of professionals being aware of the contribution their own and each other's service could make. The policy advised that together services should plan and deliver their work with children and young people accordingly. This had a positive impact on partnership working and the delivery of it. With all parties having a clear focus for their work, using the same terminology and language when discussing outcomes for young people (Winchester, 2009) and having an agreed agenda, common set of goals, aims and achievements. In 2010 the current coalition government banned the use of ECM (C&YPN, 2010), no other policy or initiative was spoken about which replaced it and young people's organisations are compelled to still work in partnership, as targeted services, working with the most vulnerable young people. This study suggests the government is accountable for the fundamental reason why informants feel anxious and confused. As we have witnessed throughout the years developments and changes are inevitable, however this study highlights what is more important. That is, professionals require clear and succinct direction and advised guidelines for work practice to be confident in delivering their work. Banning recognised policies that services have implemented and worked towards for years, with no offer of new plans or alternative ways of working, is unfair and unjustifiable. These services/organisations and the professionals that work for

them, who look to the government for support and guidance, are working with and supporting some of the UK's most vulnerable young people.

SL1 does not mention any national policies although he does discuss what is important to him at a local level:

> *it's not so much that we are driven by national policy; we are being driven by the presenting need people see out in the community. In terms of our response we have just been doing some work on our next children & young people's plan* (SL1).

Another explanation was:

> *initiatives would be about ensuring young people get the right support at the right time that they need it* (R13).

The comment from R13 about young people getting the right support, at the right time, was becoming a popular used term in national and local debates. The new children and young people's plan for Bury has two over-arching ambitions: right help right time, and life ready. With the following three priorities for services to focus on: providing early help; developing resilience and improving emotional well-being; and preventing alcohol & substance misuse (Team Bury, 2015-2018). The following data was the only information presented regarding national and local policy:

> *nationally we use the mental health strategy and locally the joint needs assessment. I also look at the public health outcomes framework and the annual public health report for information and intelligence. We also get a review of our core CAMHS commissioned service to look at any emerging situations* (SL2).

When asked how Bury was responding to national agendas SL1 explained:

in Bury the key issue will be included in the children and young people plan because then there will be a multi-agency sign up to actually do something over the next three years (SL1).

The next response suggests that people are confused on the topic of national or local policy:

I think the driving factors are money and what is flavour of the month, for example CSE wasn't on the agenda five years ago, now due to some high profile cases in Rochdale and Bury it is. So it's a responsive reaction to what's happening rather than prevention, the government requirements strategically from above but all depends on whether its local authority core responsibility (R7).

The overall data generated does not give a clear enough picture of how national contributors impact on local policy for Bury's young people.

Informants discussed their own individual organisational procedures and what they would do if they had uncertainties of practice, including any ethical issues when supporting a young person. The majority of informants said without any hesitation that they would go and speak with their supervisor or manager. This confidence in answering a question straight away speaks volumes:

I would probably go straight to my line manager (R5).

if an issue came up it would be dealt with a management decision, it would be about supporting that worker in the most appropriate and ethical way. I have

never had an incident which needed to go higher but if we did we have SMT (senior management team) to support also (R6).

I would seek advice what I should do and then get back up from my management for their support (R7).

When asked what organisational procedures are in place to support you when any ethical issues arise one answer was:

I would follow the council procedures, not sure what they are, but if an issue did arise I would see my line manager (R9).

Prominence lies here with the importance of having policies in place for services to follow. It would lower people's anxiety of work practice, ethos and their own self-belief; and it would raise worker's confidence in delivering an effective service which achieves the best outcomes for young people. Clear learning from the data suggests that since the change of government in 2010 there has not been a concise set of guidelines, or clear and succinct direction given to services, who are working with children and young people in Bury. At a national level government policies have been introduced however this study suggests they have not been clarified, or if they have, then at a local level this information is not being filtered through to everyone effectively. Practitioners displayed a real lack of knowledge of what policies or initiatives their individual organisation was working towards. This way of working will have an impact on the overall provision and support offered for young people and their identified needs. What is prominent, is these gaps in practice have been identified by all the key informants whilst having the time to reflect in the interviews. These petty games that government parties play between themselves around ownership of policies and shifts made when new government gain power, and the continued changes of terminology just doesn't

seem fair. Young people's declining mental health is not a game; these young people are our next generation and they deserve the best start in life.

If workers are not informed of the changes which are happening nationally, there will always be a continued feeling of uncertainty within the workforce. This inevitably will lead to lack of knowledge; lack of confidence in their selves and their service aims and objectives; resulting in inadequate young people's support services; and the real needs of the young people still not being met. This study argues that intervening at the early stages of an adolescent's life, and recognising early signs or symptoms of problems, before they escalate out of control, is the only way to effectively help young people achieve positive mental health and overall well-being.

In 2015 new guidance was introduced by the government for local authority services to follow. Children's services in Bury then started to think about the proposed innovative ways of working and how to implement and improve the delivery of them (DOH, 2015; NHS England, 2015).

4.5 Theme 3: SIGNIFICANT ETHICAL CHALLENGES

Bury is one of the boroughs in the north of England that has been effected by national government cuts, impact on services, entire organisations being stripped or even eradicated, job losses and budget cuts or restraints. The data suggests a wide range of support is still being offered to young people although this has had an effect on how the existing services are currently being delivered; and on individual professional's feelings, knowledge and practice. Services are being encouraged to work together in partnership to encompass a better support network with shared resources. This way of working, if implemented properly, can be beneficial to all parties involved however it could also bring challenges, issues and tension which was referred to in the literature

review (Balloch and Taylor, 2002; Banks, 1999; Batsleer, 2008; Coleman and Hagell, 2015; Coulston, 2010; Jeffs and Smith, 1987; Merton, 2002). Informants were asked to reflect on their practice and identify case studies where they had encountered any ethical issues when working with other organisations. The following issues were recognised by all practitioners: conflict of interest between the different services; differences in professional ethics and values; barriers to information sharing on the young people they work with; lack of knowledge of each other's role; professional boundaries; not having clear guidelines of each other's work practice; and lack of knowledge of each other's policies around dealing with challenging situations.

A young carer's worker (R1) discussed a case where they had supported a young person and their parent at a meeting with social care. R1 realised the family's social worker wasn't giving them any recognition for their hard work and positive lifestyle changes. Conflict soon arose between parent and social worker. R1 decided to stay in the meeting and continue to support and advocate on behalf of the family. R1 explained:

> *it was hard sitting round a room of professionals especially after building a relationship up with the parent and seeing how far she had improved- people are judgemental deciding whether a child should stay on child in need or go up to child protection* (R1).

This example highlights one of the issues presented in the data about conflicts of interests and the differences in practice, values and ethics. R1 recognised their role and responsibility as being advocate for the family and to support them in making the best decisions. Whereas the other professional's role was clearly subjective and they was making the decisions for the family. This suggests that although the professionals

were working in partnership with the same family, they had gone into the meeting with completely different work agendas and ideas of support.

The issues of conflict between professional work ethics and values were common issues raised throughout the data. A youth worker (R3) discussed a partnership project were they was delivering alternative activities to young people identified as suffering mental ill health. The other service recognised this work as therapeutic sessions. R3 explained when they were delivering the activity they felt like the other professionals did not value their work. They regularly interrupted sessions and took young people off the activities to go and do other work with them:

> *we tend to deliver the sessions for young people now away from the hospital. We have done them on the ward which led to some issues. When they are on the ward they get dragged everywhere when they are supposed to be engaging in the activities, this can't be good for them* (R3).

Another youth worker (R9) reflected on a session with young people and similarly how they felt their input was not valued by the other professionals. The session had been set up at the wrong time of day for the young people, therefore attendance was poor. R9 felt like their service was just being used as a tick box exercise for the other organisation they were trying to support:

> *at the hospital we can go up thinking we are going to have a big group to work with and at the last minute get told that so many are on home visits, in meetings, or visits with parents. If young people have eating disorders they are not even allowed to join in with the activities* (R9).

R6 gave another example of conflict with differences of individual values and ethics. Two professionals from different organisations were working in partnership to deliver a multi-agency drop in sexual health advice service for young people in a local school:

a young person came for contraception and the school nurse would not give it to her, told her off and sent her away. It's alright for someone to say my religion doesn't agree with contraception, it's not right to then work in a service that offers young people contraception (R6).

R7 reflected on a time when they were working in partnership with a school to deliver a confidential service to young people:

the young people and teachers were made clear about boundaries and confidentiality in school being different to mine outside school. The teacher broke this by speaking of a young person; I didn't want to have that conversation to then break confidentiality in having to report it back to the school (R7).

R7's example compares to some of the work in the literature review (Banks, 1999; Spence, 2004) regarding differences in professional ethical principles and practice. Youth workers adhere to *treating young people with respect; promote their rights, decisions and choices; ensure the welfare of them* (NYA, 2004, p6). Which can be a very different way of working than that of other professionals who work with, or for, children and young people. R13 discussed their frustrations when working with other professionals and trying to offer them their expert knowledge and advice:

ethical issues arise if there is a disagreement with professionals around what is helpful to a young person, usually for me that is a social worker. When I make

recommendations for mental well-being and sadly the other professionals don't listen or respect my professional advice (R13).

Other informants said barriers to information sharing and not understanding each other's work roles were ethical problems when working in partnership. R12 discussed problems such as the lack of shared resources and a lack of communication between professionals when both parties are supporting the same young person:

we no longer have access to …. Which is a data base social care holds information on young people. The issue here is not getting the correct information, which affects the young person's care plan (R12).

R4 also identified issues around barriers for information sharing:

I guess sometimes information is not shared properly about a young person, so you are not fully aware of the issues. For example the young person might have mental health problems, what has the other professional done about it, has the young person been referred to the right service and what is that service doing for them (R4).

The data presented by informants around challenges and tensions of partnership practice, interestingly present the same issues established in the literature review. This study suggests that these problems which can arise with services working in partnership are not new struggles; and could also explain why youth workers feel under pressure when confronted by other professionals, like teachers or social workers (Balloch and Taylor, 2002; Banks and Bartlett, 2006; Batsleer, 2011; Coleman and Hagell, 2015; Coulston, 2010 in Fish, 2014; Mason, 2015; Merton, 2002; Spence, 2004; Tucker, 1994). This research has incorporated some recommendations that

could advise organisations of how to reduce the issues, challenges and tensions that can present with partnership working. Services would benefit from this key piece of learning by implementing the well-argued recommendations into their own work ethos, and allowing them to guide their organisation's partnership policy and practice. These new ways for working in successful partnerships, presented in the literature review, including Innovation in youth work (Merton, 2002) which offers effective recommendations and guidance for multi agencies who are being pressured to work together with other services/organisations. These recommendations and implementation of changes in individual service work ethos, values and practice would enhance the professional partner relationships and help achieve all partner service's outcomes and objectives more effectively.

Within the present climate of austerity in contemporary Britain, local authority services, if any still exist, are having to work under more pressure and particular demands. It is essential that all professionals develop better techniques in working together which will not only benefit both partnership services, but also the young people they are working with and wanting to support.

The next section will present data from informant's reflections on their own individual partnership practices. They were also given the opportunity to identify practices which were effective and others which could have been more efficient and coherent.

4.6 Theme 4: PARTNERSHIP PRACTICES

Practitioners were asked to identify an effective partnership practice and/or a practice which could have been delivered better and why. Managers also presented insights on ethical and/or conflicting professional issues that services may face whilst working together. Recommendations for changes were offered by managers which will be

presented at the end of this section and practitioners also gave significant declarations and further recommendations (Appendix, 7.4). Practitioners identified the following main points that they felt enhanced effective partnership practices: having agreed partnerships with shared resources, skills and expertise; good communication and sharing relevant information; working towards the same principles, values and common goals; having mutual respect and clear understanding of each other's roles; listening to the voice of young people and putting them first; advocating on behalf of the young person and/or their family.

A young carer worker and youth worker revealed:

> *we work part time and are completely dependent on the youth service for our drop in sessions and summer activities. Sharing resources and youth workers being on board is what makes our project successful* (R2).

> *we have a very positive relationship between the two services, with genuine mutual respect, same values and clear boundaries of roles which acknowledge each other* (R5).

A charity worker and youth work manager explained:

> *we do have different policies on somethings but follow same principles of working with young people. Our policies might be different like procedures around risk assessments but the overriding belief is that of supporting, encouraging, believing in young people and their values* (R4).

> *we did a project which had six different partners involved; every person brought something to the table, everybody supported one another, had the same vision and wanted the same outcome* (R6).

Differences between individual services and their own agendas was identified by one youth worker:

> *the problem with a lot of partnerships is, professionals see things differently. We are very much young person focused; schools are concerned about achieving exam results. The credibility issue for youth workers is, we are not valued because we have a bit of catch all, we are flexible, no one really understands what we do* (R8).

The data presented reflects work identified in the literature review regarding effective partnership working (Balloch and Taylor, 2002; Banks and Bartlett, 2006; Batsleer, 2011; Coleman and Hagell, 2015; Coulston, 2010 in Fish, 2014; Mason, 2015; Merton, 2002; Spence, 2004; Tucker, 1994).

The data regarding informant's insights of how partnerships can work effectively reflects specific recommendations identified in the literature review (Banks and Bartlett, 2006). Practitioners identified some partnerships that may have worked well, however the main points of the data indicated that experiences of partnership working had been more ineffective or unsuccessful. R2 discusses an ethical dilemma when supporting a young person who was also being supported by another professional:

> *I find it very frustrating when you find out from someone else. Today I found out one of our young carers has been moved out of their home and placed into care. It happened Tuesday and we have just been told now on Thursday, we have not been informed by his social worker* (R2).

Similar issues were stressed, a charity worker felt frustrated with the lack of communication other professionals were displaying:

different services still not sharing relevant information like social care and leaving care teams; it depends on the worker rather than the service, it shouldn't be like that because that's depending on people being committed to their job, it should be more of the whole service following the same guidelines (R4).

A problem commonly identified within the data was that a wide range of professionals for instance teachers, social workers and health workers had a genuine lack of understanding of youth work's role and responsibilities:

schools have shown they do not understand the relationship of the youth worker, what they do or how they work with the young person. We give young people choice (R5).

the issues for me is that they are incredibly medicalised they have no understanding of what youth work is, it's the staff and getting them to understand the difference of my work and their work (R7).

A youth worker discussed the issue of schools not valuing youth work and how both parties were working towards two completely different methodologies. R8 identifies this significant argument which is reflected in the literature review from a government publication (Public Health England, 2014c).

they are two completely different methodologies no one seems to understand the methodology for youth work. The feeling I get is they don't link mental health part of the holistic approach they just look at the academic stuff; you can't be successful in exams unless your mental health is at a reasonable level (R8).

Another informant identified an issue with youth work provision being delivered in a health setting:

the issues are lack of communication, and conflict in the way both services are working differently. Nurses are on a shift, they want to get their work done and go home. They have a lot of supply staff, who either can't speak English, or have not built up a relationship with young people. It's just a battle all the time (R9).

Similarly a manager from a local charity and a manager from an alternative education provider recognised these issues:

I think it is lack of knowledge and interest of what we do; miscommunication, not listening to each other; which are sad as we are all supposed to be working together for young people (R11).

NHS and school nurses: there is a lack of communication, so much red tape controlling them. Some mainstream schools their lack of knowledge of what our service is, what it provides and how young people can benefit from it. Sometimes social care but depends on the worker and their effectiveness (R12).

On reflection of these problems a youth service manager clarified:

the partnership proved to be difficult, we had different agendas. We should have achieved understanding, at the start, and may be negotiated a partnership agreement for effective working (R6).

The issues identified by informants were also insights from contributors in the literature review (Banks and Bartlett, 2006; Davies, 2011; Fish, 2014; Jeffs, 2015; Jeffs and Smith, 1987; Mason, 2015; Merton, 2002; Tucker, 1994; Wylie, 2015).

Another issue identified by one informant was the lack of interest and care, which they felt, was evident from the partner professional. R13 got quite upset in the interview when reflecting on the following situation. A high risk case involving a fifteen year old girl who got placed into the care of her biological father, she had never met him before and he was on police bail for suspected rape of another young person. The lack of effective communication between the professionals involved could have resulted in serious consequences, or worse still, serious harm of the young person:

> *the referral came through with limited amount of information from two local authorities. I challenged the social worker as they was not willing to do tasks saying it wasn't their role. I raised some of the issues around practice but you might as well have swept it under the carpet, it's worrying that so many people don't care. It could have been a different outcome for the young person; if it had been a different social worker we would have had the opportunity to do some effective joint working* (R13).

SL1 gave some insight on partnerships facing other ethical and/or conflicting professional issues:

> *CAMHS is seen as a medical model of intervention. Actually the number of young people who need that is relatively low; there is conflict. We have got a reasonable level of resource in the acute end, but not in prevention which is probably where it needs to go. But because of the anxieties many professionals have around these issues, I think they are comfortable there is a specialised service, hence all the referrals* (SL1).

Similarly SL2 explained:

> *mental health evokes a lot of anxiety, not just in communities, but with statutory professionals. Teaching staff are not versed in understanding low level presentations they need to be prepared to work differently. It is not ethical for young people to be left waiting they often get worse and don't feel like they are being heard* (SL2).

Managers presented some ideas for recommendations when asked what their ideal provision would look like for young people of Bury:

> *I would like to see a whole range of different services available at different levels of need for all young people. In particular mental health and wellbeing; young people will access what they feel comfortable with. My starting point would be schools and actually creating conditions in which young people can be emotionally healthy, a range of provision like high quality pshe, peer stuff, open access counselling service, drop in facilities and a clear system to identify and access more specialised support. For young people who didn't want to access it in school, you could have a youth service, even an open door access one like we used to have, as well as the more targeted youth work. If I had a vision, that would be it (SL1).*

> *my vision is multi-disciplinary services which draw on the expertise across the board. Quite often mental health is seen as something out left field but it isn't, you can't deal with a young person unless you look at them in the whole, so it's about making other professionals aware of that as quite often they have different priorities (SL2).*

Furthermore managers discussed their ideas for intended future action plans for the services in Bury which support young people; and how the issue of mental health is now at the forefront of their discussions for future planning:

> *I am actually delighted that there is this multi-agency recognition now as I am not sure there always has been. I think people do get the issue around how well are our young people, what their self-esteem is like and their motivation, as it's absolutely fundamental to them achieving. I hope we will have more resources, to do more but at least it is a sign of commitment across the borough. And if you have that then usually, with a bit of effort, we can make something happen (SL1).*

> *I do know that the department for education and department of health have acknowledged that there is a crisis. We need to develop local strategies, endorsed by the government, as a priority action area. You have probably seen the impact of shipping young people to that tier four provision: private hospitals and adult wards. This is not okay and begs the question: why is it we have an increase growth in that area? We have not shaped a service, earlier in the early help stage, opposed to waiting for things to get worse. So it's about looking at how we work much more proactively in an earlier setting (SL2).*

This study suggests informants could identify some partnerships that were effective practices in Bury. However the discussions, more commonly, were about the problems with working in partnerships and how they attributed to even more tension and provocation. The knowledge gained and presented in this study suggests there are certain objectives to be followed if partnership working, between different services or organisations, are to be successful and effective. The first and foremost would be that

at the start of any relationship/project a meeting should be held for all professionals involved; they then should offer clear explanations of their own service's role and intentions; all parties would then have a clear understanding of each other's plans and goals which will adhere to the partnership being valued, understood and built on trust.

The most common problem with partnership practices discussed was communication between professionals, people need to learn how to talk to one another and share relevant information, especially if that information will help or benefit a young person's life. Partnerships between youth service providers and health, social care or any other organisation can be successful however as identified in the literature review, this can only be achieved if the perspectives and professionalism for youth work is recognised and accorded equal status (Banks, 1999; Mason, 2015; Spence, 2004).

This study suggests that if services/organisations implement the recommendations presented then this way of working could reduce ineffective practice, failings or inadequate provision, and eliminate any chance of serious consequences or harm to young people. Manager's recommendations for ideal provisions in the future are a good starting point. A clear directive initiative is what is needed for the services across Bury to implement change and be more effective. It would be of value to services in Bury and their young people, whilst under the government's austerity policies, to adopt and engage these new ways of working. If managers facilitated a learning opportunity and introduced new national policies and explained how they interrelate with local agendas in Bury, it would be so beneficial to everyone who is working with and supporting young people.

This study suggests the services of Bury would develop and work more effectively with each other if they had a shared vision and a clear understanding of their own individual

role and the role of other services. This would raise confidence and empower professionals and their services to continue delivering the best support to young people, whilst having a better understanding of young people's needs in a contemporary Britain. Inevitably this would lead to professionals having a shared trust and value for each other's service, and would encourage services to build effective partner relationships and further the success of integrated working.

The concluding chapter will summarise the findings of the entire study and offer recommendations for possible change to future policy and practice in the field of youth.

CHAPTER FIVE – CONCLUSION AND RECOMMENDATIONS

This dissertation is a study of youth work's contribution to provision for young people with mental health problems in Bury, Greater Manchester. The aims are to identify in what ways youth support services might offer more support for vulnerable young people; and how partnership working between different service providers might be more coherent and/or effective in contemporary Britain. These aims are also linked to the wider political and policy contexts which shape Bury's services for young people and the organisations that deliver them.

The methodological design was implemented with a critical interpretivist/critical realist approach combined with ontological and phronesis paradigms. The strategy adopted was a qualitative case study and the method for data collection was semi-structured interviews. The data analysis approach consisted of a thematic analysis process of coding and theming the collected data. The entire case study approach has drawn on a significant body of research from professionals, working in the field of youth, authors and government policies or initiatives. It offers therefore useful insights and well-argued recommendations for youth and health policy and practice.

5.1: YOUTH WORK'S CURRENT RELATIONSHIP

The key concepts of youth work values, principles and practice have been discussed as part of this research, to distinguish what current relationship youth work has with young people in a contemporary Britain and under the coalition government's austerity policies. The study also commenced to identify what contributions youth work could offer to the existing support of young people suffering mental health issues; and/or whether youth work could have a supporting role in the future

promotion, prevention and early intervention of such illnesses. Due to continued yearly reductions, and in some places of the country complete eradications, of local authority youth services and budget cuts to other organisations across the UK since 2010; youth work is not what it used to be and some would argue is a ghost of the past! However this study argues that youth work is still the most effective practice for engaging and working with young people; especially young people that struggle to engage with other young people services. Social movements, formation of policies and past failures that have shaped youth work throughout the years are essential insights and understandings which can assist in the designing and rebuilding of future youth work practice. Now is the time for youth work to be acknowledged but delivered in new, different and innovative ways.

What youth work practice is and what the benefits are for young people who participate in the process of it, are fundamental in the understanding of current situations of provision. While the country embraces this period of austerity and accepts cuts to public spending, little is likely to change. One fact we do know for definite is the population of adolescents will not be eradicated, therefore young people will continue to endure their life difficulties, but with very little or no support and guidance. Describing the very nature and purpose of youth work has been fundamental in this research for the promotion of its use again in the future.

From as early as the 1800's youth work has been viewed as child saving movements, (for children and young people, who are seen as disadvantaged, in one way or another), (Davies, 2010; Smith, 2013) that encourage young people to become positive members of society and the practice and process of engaging in youth work helps young people develop physically, personally, socially, emotionally

and spiritually (Aristotle, 1144b in Ord, 2014; IDYW, 2009; Unite, 2010; Young, 2006).

At the time the interviews were being conducted in Bury the data suggests a number of services were delivering provision for young people. The support being offered from a mixture of voluntary, paid and state sponsored activity which is presented as targeted work with vulnerable young people; this is due to the government policy shifts of universal (open door) youth work being eliminated and national austerity budget cuts to the local authority services. Before these changes the local authority youth service in Bury had a budget of £1.4m, this subsidised the six youth centres across the borough, staffing and resources. After the 2010 budget cuts the youth service was only funded £400,000 therefore losing five youth centres, the majority of its staff and all of its resources. I am not sure what the services look like in Bury today, as unfortunately I resulted in being one of the staff members made redundant.

Regarding young people's mental health and well-being this study suggests that most professionals see this type of support work to be the role of a mental health practitioner. In Bury these specialist services were CAMHS, inpatient units at the local hospitals and some specific local charities. These services only have the capacity to support young people at the acute level of health care, those already identified with a more serious diagnosis and/or illness.

This study suggests unless a youth practitioner was working specifically on a recognised mental health project, they did not relate their position or work role to any kind of mental health support for young people. This highlights the significance of an existing stigma, a continued lack of understanding around mental health problems, societal thoughts still being that mental and physical health are separate entities, and

a continued lack of understanding of what support young people require to be healthy members of society.

This study has identified that there is a genuine confused state, in people's minds and perceptions, about professional roles and responsibilities, lack of knowledge or understanding of the changes in policy or the implementation of news ones since 2010. Reflecting on this study it is very clear learning that this lack of clarity and knowledge of succinct guidelines for work practice, is creating fear and anxiety in people within their workforce. Given the opportunity to reflect on actual youth work values, ethics and practice, and how their individual role does influence a young person's emotional wellbeing (as well as their personal and social development), informants acknowledged that they did, in some way or another, support and promote the mental health and wellbeing of young people. This support was identified as being in the form of advocacy work; group work sessions; positive and/or outdoor activities; a safe place to engage in conversation and dialogue; inclusive educational activities; and one to one support.

5.2: YOUTH WORK'S CONTRIBUTIONS

This study acknowledges that the rise in numbers of young people, who are or could be, at risk of suffering a mental health problem is a growing concern; not only in Bury but across the whole country. A wide range of different professionals are in fact witnessing a dramatic increase in the numbers of young people suffering lower level mental health difficulties; and that some of the more severe mental health illnesses are becoming more prevalent with this age group. In particular youth workers have expressed how they were witnessing more young people suffering lower level mental health problems and a dramatic increase in self-harm and eating disorders. However

the data suggests that youth workers and other youth practitioners are not sure whether they could, or should do anything about the problem, as mental health work is viewed as the role of specialist health services. A recent press release is consistent with this and recognises that at a national level youth workers and teachers are experiencing a marked increase (C&YPN, 2015). In the literature review a lot of insights and well-argued recommendations were identified which say youth work is the best placed practice for support work with young people (Banks and Bartlett, 2006; Coleman and Hagell, 2015; Davies, 2015; Fish, 2014; Merton, 2002; Wright and Ord, 2015), especially when considering the factors that impact on mental health are contributed through a large number of personal, physical, behavioural, social, economic, cultural and environmental determinants (Cattan and Tilford, 2006; Batsleer, 2011; Wright and Ord, 2015). One report proposes that there is an affinity between youth work and the promotion of mental health (Coulston, 2010 in Fish, 2014); and Martinovich's definitions for the SEL competencies (Martinovich, 2006 in Fish, 2014) which are significantly similar to youth work's values in practice and the three stages of youth work (Young, 2006), also demonstrates this.

This study has identified the significance of the youth work process and has highlighted its roles and responsibilities in supporting young people. Youth work can be an effective process in contributing to the support of young people who are already experiencing problems; and can be effective as an early intervention to help prevent young people becoming unwell. There are substantial arguments throughout this study that the unique process of youth work is the most effective approach, in making a significant contribution to the lives of young people, their health and wellbeing.

With its unique process of conversation and dialogue (Batsleer, 2008; Jeffs and Smith, 2005; Young 2006); voluntary participation (Young, 2006); building and sustaining trusting relationships (Batsleer, 2008; Jeffs and Smith, 2005); positive, alternative and challenging activities (Jeffs and Smith, 1987; Smith, 2013); a space to talk to someone confidentially (Davies, 2005). Youth workers could play an important role in the process in the promotion of positive mental health and well-being of young people. The stigma associated with people having a mental illness and mental health services could be reduced and by helping young people gain the correct skills, attributes, behaviours and emotions identified in the literature review (Cattan and Tilford, 2006; Martinovich, 2006 in Fish, 2014), will encourage young people to develop their own coping strategies and positive ways in dealing with problems (Antonovsky, 1987; DfES, 2007 in Wright and Ord, 2015; Jenkins et al, 2002; Naidoo and Wills, 1998); rather than becoming more unwell or feeling like they have no other choice but to start using dangerous alternative methods to cope.

This study argues, by implementing the youth work process it could create environments for young people to gain the skills and knowledge for a greater resilience against mental ill health. This preventative work is argued as non-medicalised interventions which could reduce the number of young people being referred to specialised services. Although some young people may need the help of specialist mental health services, for more severe illnesses, this study illustrates many aspects of medical treatment for mental illness is dehumanising and exploitative.

If non-medicalised interventions were implemented sooner less young people would end up unwell, have to experience being in the system and adopt more resilient ways for coping and dealing with life difficulties themselves. This contribution could

be made if certain barriers are addressed and overcome, for both the stigma attached to mental health support, and the professionals that are working in these services with the young people.

5.3: PROFESSIONAL AND ETHICAL ISSUES

Since 2010 the impact of government cuts to local authority budgets have effected existing services in Bury and how they function. Services and organisations are trying to work together in partnership to encompass shared resources, funding and staffing, to try and offer a better support network for young people. However this study suggests partnership working is posing challenge and conflict between different professions and their diverse ways in work practice, ethics and values. Many of the professional and ethical issues of partnership working, explored in the literature review, were also disclosed by informants in the data: conflict of interest between different professions, their values and how to best support young people; and professionals not sharing relevant information with their partners about young people, which is producing ineffective support services. Informants discussed regularly the issues of not having clear and current guidelines for work policy and practice from local and/or national policy or initiatives.

These issues raised around professional or ethical practice could be addressed if services applied the recommendations offered in this study (Banks and Bartlett, 2006; CQC, 2017; Davies, 2015; Fish, 2014; Merton, 2002; Wright and Ord, 2015).

Many partnerships were active, at the time of interviews, between youth services and schools, hospitals, social care and alternative education providers. This research has identified the differences in the way youth workers work with young people, compared to other professions who work with young people under a different set of

values, ethics and practice. This study suggests one of the most important method used for youth work to be a success, is the significant process of how the relationship between adult and young person is not only built and but sustained also. This unique and diverse process of the practice of youth work consists of building trusting relationships; providing informal education; creating opportunity for empowerment; advocating on behalf of the child; and offering a confidential and non-judgemental space. This study has presented some key points of why youth work practice is unique and diverse compared to other ways of working with young people. The three stages of youth work (Young, 2006): philosophy, practice and art; youth work can be an exercise of moral philosophising, whereas it enables and supports young people to examine their own and other's lives, ideas, behaviours, attitudes. This pivotal moment is also the start of a lifelong process of personal reflection, learning and growth. Youth work practice is based on the voluntary relationship between adult and young person, and is underpinned by values of honesty, trust, respect and reciprocity. The art of youth work is the ability to make and sustain these relationships whilst providing the environment and opportunity for the voluntary engagement in moral philosophising.

This different way of working with young people compared to other professions was identified as the most common issue for conflict and challenge of partnership working. The distinct youth work practice has been around since the 1800's and throughout that time there has been lots of changes to youth policy and the delivery of its practice. However this study argues that the youth work process is still not understood, valued or recognised as important as the other youth professions. The ethical and professional issues raised in this study could be addressed; youth workers need to gain the confidence and belief in their own professional practice,

they then could promote its worth in relation to building relationships with young people and the support it can offer being that of a successful one. Once the process and practice is explained to other professions and is fully understood, then others will start to value its worth and recognise the importance of working together in partnership. This study has addressed the importance of the youth work process and practice, with regards to working with either young people who are already suffering a mental health problem and supporting them in their recovery; and/or to support young people in identifying problems early to address the problems with the correct coping strategies and prevent them from escalating into anything worse or long lasting. Surely our ultimate concern is to end this suffering that young people are experiencing and support them effectively in their transitions into adulthood. The press release in 2015 from Young Minds, that is highlighted in the literature review, should definitely be taken serious and if the government's national mental health strategy is to mean anything to the country (HM Government, 2011), then the funding needs to be put back into prevention and early intervention work now, not in years to come (DfES, 2007; Jenkins et al, 2002; Kim-Cohen et al, 2003; Layard, 2012; MHF, 2007b; Wright and Ord, 2015).

Existing partnerships which have been identified as ineffective or unsuccessful need to reflect together on their practice and find ways to enhance it; and work towards addressing any conflicts or tensions between all partners and their different ways of working. The local authority services have had a severe period of hardship within a contemporary Britain under government austerity policies and other services/organisations are also experiencing difficult times of austerity. This study suggests that the championing and campaigning for the unique process and practice of youth work needs to be stronger than ever before to try and reduce these

numbers of young people suffering horrific illnesses and life style problems; which the majority of them could be addressed and eradicated in adolescent years with prevention and early intervention support.

Whilst all these changes and pressures are being implemented the most fundamental argument to come out of this study is that, services need to stay young person focused and at all times work towards promoting the young person's overall health and wellbeing. The values, principles and benefits of the nature and process of youth work need to be championed for the new and innovative ways of working with young people, especially young people's mental health and wellbeing, in contemporary Britain. This study has identified that local authority and voluntary youth services are best placed and experienced in responding to the needs of developing SEL competencies in young people (Fish, 2014), and through the benefits of the youth work relationship, help young people to develop positive coping strategies (MacDonald and O'Hara, 1998). Youth work inevitably needs rebranding, renaming or restructuring to fit the levels of support young people require in contemporary Britain, it does not have to lose its diverse and unique values, principles and practice (Banks and Bartlett, 2006; Batsleer, 2011; Coleman and Hagell, 2015; Jeffs, 2015; Spence, 2004).

If youth work was understood and valued then partnerships with other professions could be successful and enable a stronger contribution of support to young people. Young people will benefit more from support offered by a multi-agency, multi professional approach and when delivering early intervention support work or support for recovery, then the youth work process is essential in the overall success. The approach when working with young people needs to be a holistic one, remembering that there are a multitude of reasons why a young person could

become ill and the risk factors that adhere to this which are highlighted in the literature review (Bentall, 2003; Goldberg and Huxley, 1992; HEA, 1997; Joy et al, 2008 in Wright and Ord, 2015; Leach, 2009 in Reynolds et al, 2009; MacDonald and O'Hara, 1998 in Cattan and Tilford, 2006; MHF, 2007a, 2007b, 2012; Wright and Ord, 2015; Young Minds, 2015a).

5.4: NATIONAL AND LOCAL POLICY CONTEXT

This case study suggests that since 2010 (at the time of interviews) local authority services, voluntary organisations and charities working with young people have been functioning without a concise set of guidelines for their work practice, or any policy direction from national or government bodies. When the new government party took leadership of the country they did introduce new policies. However none of the key informants had any knowledge of any new government policy and was all very confused and unsure of what was supposed to be directing their individual services in Bury. The ECM national initiative, banned by the government in 2010, was a policy regularly identified and discussed throughout the interviews. Informants explained that they were unaware of any new or alternative policy which replaced this, and as they were unsure they were still adhering to the ECM policy. However this research can confirm that there actually was a new government policy regarding young people and how services should be working together which replaced the ECM introduced as 'Help Children Achieve More' (C&YPN, 2010). No manager or practitioner identified this new policy.

Managers discussed their decisions and plans for what was important for young people of Bury, but again there was no significant recognition of any current national policy which was guiding or advising them. Exploring these challenges has identified

points of policy contradiction, illustrating how and why local service providers struggle to meet the expectations imposed by the Coalition government (Mason, 2015). This suggests that the coalition government's youth policy has raised the expectations of youth work, at the same time as undermining the capabilities of the youth sector (Ibid).

This study provided an opportunity for key informants to critically reflect on current problems whilst in a period of anxiety, uncertainty and fear. Informants reflected on how their professional contribution and service's delivery impacted on the provision they provide for young people suffering mental health problems (Appendix 7.4). This reflective practice was argued in the literature review and the philosophy stage of youth work; moral philosophising (Young, 2006), which is comparable to Aristotle's phronesis (Aristotle, 1144b in Ord, 2014); prudence most often used to translate phronesis, which can also be referred to as practical wisdom. Virtue is similar to prudence which is necessary and sufficient for complete virtue of character; someone cannot have it and fail to act correctly (Irwin, 1999).

After the interviews were completed some changes were proposed for Bury by the local authority, in partnership with all the other youth services including voluntary and charity organisations. Services started discussing the issue of young people's mental health more, the promotion of it and what could be done to prevent ill health. At a national level the government have recognised this problem as being a crisis for the UK, and have set out some priorities for change in their current policies and initiatives for young people's services to work towards (DoH, 2014). However the fact that youth policy is 'not a government priority' (Davies, 2013 in Mason, 2015) seems to suggest there is still a lot of work to be done by young people's campaigners for

change existing services that work with young people and the voices for future provisions.

Fortunately this small piece of recognition from government is now having some impact at local level. It has raised awareness of the problems young people are facing in society and the damaging effects this will have on them and the country's economy. Decision makers are setting action plans for change and discussing how services could work together to provide better mental health support. Bury has now recognised (at the time of interviews) that by offering the correct support, at the right time in a person's life, will lower the numbers of young people becoming unwell (DOH, 2015; NHS England, 2015; Team Bury, 2015-2018). However are we too late, is the damage already done and irreversible for the country's young people? The government needs to, as a matter of urgency, start putting public spending and funds back into our country's young people. They are our next generations and if they are not nurtured into mentally and physically healthy adults it will ultimately have even more drastic effects on the future economy.

I would like to hope this research study assisted professionals in starting to think differently about their practice and what they can offer in terms of supporting young people, in becoming healthy functioning members of the adult society. I would like to think that this research will also adhere to people realising that to become a healthy member of society, one's mental health is just as important if not more, than one's physical health; and will impact on every aspect of any kind of adolescent learning. This study has argued that for a person to be healthy and able to live a good law abiding lifestyle then they need to be equipped, not just physically but mentally too with the correct skills, attributes and behaviours (MacDonald and O'Hara, 1998 in Cattan and Tilford, 2006).

Maybe it is time the government deliver longer term plans for the economy to be efficient, instead of short term plans to reduce the so called country's deficit, which inevitably ends up costing the country more in the future anyway. Young people are the next generation, it would make more sense that they are all physically, personally, socially and emotionally prepared for it.

This amplifies the need for practitioners, in the plethora of settings within which they find themselves in to unite, define and defend youth work as a distinctive and indispensable discipline (IDYW, 2009; Taylor, 2013 in Mason, 2015).

5.5: PROPOSED RECOMMENDATIONS

After contemplating the findings of research's data, analysis of the literature review and the recommendations offered by informants, I propose the following recommendations:

- Local authority services, voluntary organisations and charities have a duty in supporting the development of both physical and mental health of young people. They also need to be better educated around the issues young people face in today's society. Regarding mental health and the risk factors which can adhere to a young person becoming ill, recognition of this has to be viewed holistically with all other issues the young person may be facing; whether that be economically, socially, environmentally or societal. Mental ill health is not a separate matter and to prevent specialist services being overrun, the country needs to implement effective early intervention and prevention work. I recommend services encourage professional development with all paid, voluntary and trainee staff; regular training; awareness sessions; input of specialised knowledge and expertise from other professionals; and

- adopt innovative ways of working with other services and professionals to enhance effective partnership working.

- Services should actively research, engage and adopt up to date government guidance, policies or initiatives and filter them down to all levels of staff. This includes current advice from organisations and campaigners. One of the government national initiative's is: Future in Mind – which offers guidance around promoting, protecting and improving our children and young people's mental health and wellbeing (DoH, 2015).

  Local transformation plans can be used by different areas of the country for guidance on their own local areas and individual needs for children and young people's mental health and wellbeing (NHS England, 2015). However for the data and information of these studies to be efficient, then they need to be up dated, regularly conducted and the information sent out to the relevant services.

  The link between pupil health, wellbeing and attainment is a whole school and college approach which promotes children and young people's emotional health and wellbeing (Public Health England, 2014c).

  For more information and guidance the current UK young people campaigners are: Mental Health Foundation; Young Minds; National Youth Agency; UK Youth; In Defence of Youth Work (IDYW) and many more. Who are all willing to help make better the country's support services for young people.

- The local authority children's services department in Bury need to keep the focus on young people's mental health as a priority. If the proposed approaches that have been presented in this research were acknowledged

and implemented it would create a more effective environment for all services/organisations to work in partnership, share the same language and outcomes for young people. If the government put funding back into the early intervention and prevention services they would be able to evidence the differences they make in the community and have the resources and trained staff to support and work with young people. I would recommend that local authorities work harder to obtain funding to secure new future provisions of youth work and celebrate its contributions to the support of all young people. This study highlights the fact that early intervention, preventative work and informal educational activities are all effective ways for engaging and supporting a young person to develop personally, socially, physically and mentally. The youth work process and practice would help to reduce or prevent greater numbers of young people suffering mental health difficulties. In this time of austerity services need to be working together effectively and for the greater good.

- My last recommendation would be to set up a young people's forum, which would focus on the mental health and emotional wellbeing of young people in Bury. This would enable the voice of young people to be heard. Their voice would have precedence in the decision making process of service delivery and would offer insights of what is effective, what is not working and what young people want and need.

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APPENDICES

PRACTITIONER'S INTERVIEW QUESTIONS

1) Can you outline and explain your organisation's role and your role within it?

Is the organisation state, voluntary or a charity?

2) What is your service/organisation currently providing for young people with mental health issues?

3) What policies or initiatives drive your service?

4) In general, in our society, can you define or describe mental health issues, concerning young people?

5) What types of mental health problems do you encounter with young people, within your work role?

6) How are you supporting young people with mental health issues, can you give examples of case studies you have dealt with?

7) What procedures have your organisation got in place, for when ethical issues arise, whilst your supporting a young person/young people?

8) Can you identify and give examples of case studies of where any ethical issues did arise or could arise for your service?

9) Can you give examples of case studies of;

- Good partnership practice, and why?

- Practice which could have been delivered better, and why?

10) Would you like to add anything else before we finish?

Thank you for your time and giving me some helpful insights into the work you do.

APPENDIX 7.2

MANAGER'S INTERVIEW QUESTIONS

1. What is Children's Services currently providing for young people with mental health issues?

2. What policies or initiatives inform your response to young people with mental health issues?

3. How are Children's Services supporting young people with mental health issues? Can you give any examples?

4. As a Strategic Lead what are your perceptions on services facing ethical issues and/or conflicting professional issues when working with young people with mental health problems?

5. At a National level are young people with mental health issues high up on the agenda and is it being discussed?

6. How is it being implemented at local level within Bury?

7. What impact has budget reduction and restraint had on specific mental health services for young people?

8. What would your ideal provision look like for these young people?

Would you like to add anything else regarding this topic?

Thank you for your time and giving me some helpful insights into the work you do.

APPENDIX 7.3

RESPONDENT'S JOB DESCRIPTIONS

R1 – Young Carer's Support Worker; in Bury

R2 – Young Carer's Support Worker; in Bury

R3 – Local Authority Youth Worker; in Bury

R4 – Charity Project Coordinator; in Manchester

R5 – Local Authority Youth Worker; in Bury

R6 – Local Authority Youth Work Manager; in Bury

R7 – Local Authority Young People's Worker; in Bury

R8 – Local Authority Youth Worker; in Bury

R9 – Local Authority Youth Worker; in Bury

R10 – Manager for a young people's mental health charity; in Bury

R11 – Youth Worker for a young people's mental health charity; in Bury

R12 – Head Teacher of an Emotional Pupil Referral Unit; in Bury

R13 – Social Care CAMHS Therapeutic Practitioner; in Bury

SL1 – The Executive Director of Children, Young People and Culture; in Bury

SL2 – The Strategic Lead for Health, Families and Partnerships; in Bury

APPENDIX 7.4

PRACTITIONER'S DECLARATIONS AND RECOMMENDATIONS

Practitioners were given the opportunity to reflect on their practice throughout their interview and at the end were asked if they would like to add anything else for the enquiry. The following comments have been identified and highlighted for the research as imperative declarations or recommendations. Evidence of how this study contributed to respondents having the time to reflect on practice is evident in R1's comments:

knowing I was going to do this interview, beforehand I spoke with my colleague to reflect and think about certain instances, there are so many you could mention. I suppose with regards to young people, mental health and what support is out there, it's still very kind of hazy. Firstly identifying that there is an issue and what the issue is can take quite a while. This interview has given me the time and space to think about how I would deal with situations in the future (R1).

The following comments highlights discussions in the literature review regarding why youth work is so different, to other work with young people, and the benefits everyone involved in the process can obtain (Aristotle in Ord, 2014; Batsleer, 2008; Batsleer and Davies, 2010; Davies, 2005; Jeffs and Smith, 2005; Smith, 2013; Wylie, 2015; Young, 2006):

in all my 25 years of career and practice it's about giving young people the time to talk. I am always learning all the time and you never know it all. I am

fortunate that I am passionate about what I do and love what I do; it's just the opportunity to make a difference (R13).

I think in this line of working you need to adapt to suit individuals and groups there has to be some flexibility in what you can do (R3).

The comment made by R3 reflects the work in the literature review around adopting different ways of working, when working with young people, new groups and other professionals (Balloch and Taylor, 2002; Banks and Bartlett, 2006; Batsleer, 2011; Coleman and Hagell, 2015; Coulston, 2010; Fish, 2014; Martinovich, 2006; Mason, 2015; Merton, 2002; MHF, 2012; Spence, 2004).

Several respondents viewed their concerns about present day practice and the need for change, which is reflected in the literature review regarding the government austerity policy, cuts to services and the push for more targeted ways of partnership working (Davies, 2010, 2015; Hughes, et al, 2014; Jeffs, 2015; Joy et al, 2008; Layard, 2012; Mason, 2015; MHF, 2007a, 2007b, 2012; Smith, 2002b; Spence, 2004; Wright and Ord, 2015):

I just don't think at the moment things are working right, the hospital work doesn't work it needs looking at and completely changing (R9).

In this present climate a lot of services are going, it is scary what we will be left with. Numbers of young people have risen and continue to rise, we had 240 referrals last year and there are only four of us (R10).

I think services need to be more ground level community based. CAMHS are getting more restricted and there is a 6 month waiting list for young people. It needs to be when a young person needs support they get it. A young person

said to me last week she needed to go hospital but wouldn't go as her cuts were not deep enough, so they wouldn't treat her; she said she wasn't bad enough to get support (R11).

A couple of informants (who were not youth workers) identified the importance of youth work's contributions, similar to discussions in the literature review on youth work's role (Batsleer, 2008; Batsleer and Davies, 2010; Davies, 2005; Jeffs and Smith, 1987, 2005; Young, 2006):

I just think all the activities that youth work delivers just massively contributes to young people's mental health but perhaps is not captured: increased confidence; increased emotional wellbeing which involves reducing isolation and gaining social skills (R4).

I actually think that the youth service should be up and running for all young people to cope with lower level tier issues. Youth service was amazing doing prevention work, now we have to wait till young people have hit crisis point or done something bad before they are able to access us and what does that say to young people (R7).

Several respondents discussed the importance of early help and young people getting the right support at the right time to prevent them becoming unwell:

there are certain thresholds for services like CAMHS, it's a case of the young people have to be on edge to get the support. It needs to be prevention rather than reactive. We want to stop them becoming suicidal or self-harming, we want to help them deal with their issues before it gets that bad but we are not

professional mental health workers and have not been trained, there needs to be more services that can deal with young people (R2).

in terms of mental health and young people, what worries me is the thresholds for specialist support are high. Given a lot of youth work provision has been taken away, them structures and supervised private time for young people and their friends, there is nobody else to pick up on the issues and we will end up with more young people reaching the higher thresholds (R6).

early help is not about running programmes that says come in and build up your self-esteem or you take drugs come and talk to us, it's about providing activities that help young people find their element, find out what they are good at and the things that will make them feel emotionally worthwhile (R6).