

A Y P H Be Healthy

Project Evaluation

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Evaluation of the AYPH Be Healthy Project

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1 Background to the Be Healthy Project

The AYPH Be Healthy project was set up to test a new way of engaging marginalised young people and improving their health outcomes. By working with a small group of 'health advocates', exploring health topics through workshops and 1:2:1 sessions, the project aimed to empower young people affected by sexual exploitation to understand their health needs, and enable them to 'cascade' the information out to other young people who might themselves be at risk of sexual exploitation.

The project arose out of a concern that the health needs of this group were not receiving enough attention; both that we do not know enough about the needs of this vulnerable group as a whole, and also that individual young people needed support to protect their own health. Project work with these young people has shown that they may experience difficulties identifying or responding to these needs and accessing services (Scott and Skidmore 2006, Office of the Children's Commissioner, OCC 2012). The Department of Health acknowledges that marginalised, vulnerable young people have poor take-up of health services. The Healthy Child Programme (DH and DCSF) and evaluation of the Department of Health's Teenage Health Demonstration Sites show health inequalities and poor health outcomes disproportionately experienced by marginalised young people who are less likely to access services.

This report explains the origins of the Be Healthy project, tells the story of its implementation, and draws on reflections of everyone who took part to assess the extent to which it achieved its aims.

What we know about the health needs of sexually exploited young people?

Child sexual exploitation (CSE) involves 'exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something'...as a result of performing sexual activities and or/another performing sexual activities on them". This definition recognises that exploitation can take place on and/or off line, and is used with the *Government Guidance for Safeguarding Children from Sexual Exploitation* (DCSF 2009), and was devised by the National Working Group for Sexually Exploited Young People (NWG). Barnardo's have also provided a definition of CSE as "illegal activity by people who have power over young people and use it to sexually abuse them." (Barnardo's, 2012). A more detailed definition is provided by a group of young people themselves, and states that CSE is "Someone taking advantage of you sexually, for their own benefit. Through threats, bribes, violence, humiliation or by telling you that they love you, they will have the power to get you to do sexual things for their own, or other people's benefit or enjoyment" (Young Women's Group, New Horizons, downloaded from National Working Group, 2013).

Child sexual exploitation is child abuse. It often involves a range of forms of coercion, intimidation and violence. In some instances there are overlaps between CSE and domestic violence. The definition of domestic violence has now expanded to include 'coercion' and the

age range for inclusion into domestic violence services has been lowered to 16 years (Home Office, 2013). These changes recognise some of the overlap between CSE and domestic violence, and work is taking place to ensure communication between those providing services to victims of domestic violence and those working in child protection. Pearce, Williams and Galvin (2002)'s research, which focused on young women, identified three potential categories of those affected by CSE: 'at risk' of exploitation, 'swapping sex' for favours, and 'selling sex'. Some writers note the wide spectrum of experience that these young people might have faced, from child sexual abuse by adults in the family at one end, to exploitation through prostitution at the other (Scott and Skidmore, 2006). Comprehensive reviews of CSE in its different forms, including on and off line abuse, is provided by CEOP (2011), Barnardos (2011) and the OCC (2012).

Despite the fact that young people affected by sexual exploitation are clearly a vulnerable group, the research evidence on the links between sexual exploitation and health is much more limited than we might expect. This is a very difficult group to research; the few studies that do exist about childhood sexual exploitation tend to be in-depth, participatory and qualitative, based on snowball sampling methods. These studies provide rich data and important insights, but are not designed to give estimates of prevalence or provide representative data on patterns of health needs. As a result, the Office of the Children's Commissioner for England Inquiry into Child Sexual Exploitation in Gangs and Groups has noted that health service providers are poorly equipped to identify and respond to cases of CSE (OCC, 2012). That said, there have been some key studies in the UK over the last decade, and there are also lessons we can learn from the literature about the health needs of other, overlapping marginalised groups such as children in the care system, or women living with domestic violence (eg, Mooney et al, 2009; Robinson and Spilsbury, 2008).

The key risks appear to be around substance misuse, self-harm and suicide, other mental health problems, sexual health problems, and high rates of pregnancy (Pearce, Williams and Galvin, 2002; Scott and Skidmore, 2006, OCC, 2012). For example, in one study of Local Safeguarding Children Boards responses to the government guidance for safeguarding children from CSE (DCSF 2009), 18% of the reported CSE cases had problems with substance misuse, 13% had sexual health problems, and 12% had mental health problems (Pearce and Jago, 2011). Young people at risk of sexual exploitation also report difficulties in accessing services, particularly for mental health (Harper and Scott, 2005).

There is a much larger research literature on the health implications of the broader categories of child abuse and neglect. In a recent review on the psychological impact and treatment of sexual abuse of children, Keeshin and Corwin (2011) outlined a wide range of effects on adolescents (13-18 years) including depression, substance misuse, post-traumatic stress disorder, suicidal thoughts, lower global self-worth, negative beliefs and emotions, participation in risky sexual behavior, higher rates of sexually transmitted diseases, more sleep disturbances, higher rates of antisocial behavior and disordered eating. Research on biological markers has shown continuity between earlier abuse and later responses to stress, including elevated levels of the 'stress hormone' cortisol, in response to threatening circumstances. A growing body of research shows a link between earlier childhood abuse and later heart functioning, with, for example, abused males having three times the odds of heart attack in later adulthood compared to non-abused males (Fuller-Thomson et al, 2012). Others have drawn attention to the health

needs of trafficked young people (Siva, 2010); young people living in poverty (Currie et al 2007), and vulnerable young people in alternative education settings (Henderson et al 2011).

Youth participation

The Be Healthy project was based on a model of working with young people that implied more than simply transfer of information about their health, or consultation about their views on services. The usual aims of youth participation include, for example (Shier, 2001):

- Young people are listened to
- Young people are supported in expressing their views
- Young people's views are actively taken into account
- Young people are involved in decision-making processes
- Young people share power and responsibility in these decision-making processes

Recent literature has framed child and youth participation in terms of 'active citizenship' (Hart, 2009, Thomas and Percy-Smith, 2010). Children's participation is enshrined as a right (UNCRC), understood to be indivisible from children's rights to provision and protection. AYPH aims to find ways to facilitate the active engagement of young people in the process of identifying their health needs and finding solutions, and to empower them to feel that their health is important and worth protecting. Youth participation is skill enhancing; young people can gain confidence and expertise from having their input positively encouraged, valued and acted on. AYPH also wanted to learn from the young people who were involved in the Be Healthy project; to use their expertise to inform better and more effective services and projects.

The Be Healthy Project

Against this context of evidence on the health needs of young people affected by sexual exploitation, and the project team's commitment to youth participation, the Be Healthy project was designed to draw on strengths from partners to implement an innovative model for engaging marginalised young people and improving their health outcomes. The emphasis was on empowering young people to understand their health rights and needs and enabling them to 'cascade' the information out to other young people in similar situations, and for AYPH to learn more about their health needs through this process.

AYPH led a partnership with the University of Bedfordshire and the National Working Group for Sexually Exploited Young People in order to deliver the project, funded for two years by Comic Relief and Children in Need (2011-2013). Three local projects working with sexually exploited young people in different parts of the UK recruited young people to be trained as 'Health Advocates'; originally intending to include up to ten young people in total. The work was facilitated by the Youth Participation Co-ordinator from AYPH, and the Young Person's Participation Development Officer from the University of Bedfordshire. The project was managed by AYPH.

The original funding applications, early project notes, and tender documents for the evaluation all indicate that the project's aims were:

- To recruit up to 12 participants from three projects supporting young people at risk of or affected by sexual exploitation (local projects were expected to engage 3-4 young people from each of three sites; the expectation was that the Be Healthy project would work with around 10 in total)
- To work with the young people using youth participation methods, to enable them to think about their health and health promotion
- To facilitate development of the young people's own messages about what is important to them about their health
- To enable and support the young people in disseminating these messages out to practitioners, policy makers and other young people

The key elements of the project included:

- A programme of seven **participatory workshops** covering topics such as drugs and alcohol, eating and body image, sex and relationships, and website and booklet design. Workshops took place with small project based groups locally and also at national events when all the participants gathered together.
- Ad hoc **1:2:1 sessions** between the young people and project workers and AYPH/University of Bedfordshire staff to support learning.
- Work towards an **ASDAN Accredited Award** in PSHE (personal, social, and health education) for each of the young people, through participatory workshops and on-line activities.
- Development of outcome materials such as a **website and booklets** to provide a lasting resource for young people, health professionals and policy makers.
- Arrangements for **dissemination events** to share the findings from the project, showcasing useful materials, and offering opportunities for extension of the 'health advocate' training scheme.

The **outcomes** for the young people were intended to include:

- increased knowledge about health and wellbeing (including an ASDAN qualification)
- increased skills for accessing health and wellbeing support/services
- increased knowledge of rights and ability to communicate them
- more confidence in contributing to decision making, contributing ideas, taking the initiative, presenting information
- increased ability to share learning with other groups, cascading their learning to other young people
- transferrable multi media and production skills

It was anticipated that the **final outputs** would include:

- An evaluation report on the success of the project
- A regular Be Healthy newsletter
- A website, booklet and related presentations
- Report to the funders
- AYPH summary report on the project learning and main findings.

Conclusion

Although the data are sketchy, it is clear that sexually exploited young people potentially have a range of vulnerabilities, with many health implications. There are both the background vulnerabilities that contribute to their sexual exploitation, and there are new vulnerabilities that arise from it. These include both physical and mental health issues. These young people share many of these health needs with other groups of marginalised people, but their needs are exacerbated by the sexual nature of their abuse, and their adolescent life stage. The latter potentially makes it harder to recognise and respond to the health needs than perhaps it would be with younger children or older adults, because of assumptions about 'normal' aspects of adolescent behaviours such as risk taking and lack of concern over longer-term consequences to actions.

Yet this is a crucial life stage for intervention, and encouraging this marginalised group to learn about health may constitute a critical part of intervening and facilitating the development of self worth. There is much to be learned from the young people themselves about how to help them to fulfill their potential and deliver appropriate support. The Be Healthy project aimed to engage a group of young people in a series of participatory workshops and creative exercises, to support them to recognise their rights to health and articulate their values and experiences of using services, and to help them to cascade their knowledge and expertise out more widely to others. To what extent did AYPH manage to meet the aims for the project? The remainder of this report assesses the successes and challenges faced.

2 Evaluation methods

The aims for the evaluation were distinct from those of the project itself. While the project aimed to engage young people and enhance their skills, the invitation to tender for the evaluation indicated that the evaluation should:

- assess how well the Be Healthy project was implemented, and to document the challenges
- assess the effectiveness of the Be Healthy model of working with young people and the extent to which it met its aims for the young people
- identify work that needs to be done if the model is to be extended to other groups of marginalised young people
- explore how the work might help practitioners understand in more detail the links between sexual exploitation and health in terms of access to services and in relation to specific health issues

The evaluation drew on a range of material gathered throughout the two years of the project. This included notes and minutes from meetings documenting the project's progress; reports to funders, evaluations of the workshops from both young people and participating staff; notes from an evaluation workshop with the young people; notes from a reflection workshop with the project staff; 'case studies' documenting the journeys of the young people as they engaged with the project; and an assessment of the materials that were generated as outputs.

The evaluation was essentially a qualitative process evaluation. Given the small number of participants, and their very different backgrounds, it was difficult to undertake reliable, quantitative before-and-after assessments of, for example, their health knowledge. What we have tried to do is to tell the story of the project from the perspectives of all the participants, and to draw on these qualitative data to assess the extent to which it met its aims. All the project documentation was thoroughly reviewed, and evidence relating to the project aims and the intended outcomes for young people was collated. Emerging, cross-cutting themes were identified if they recurred in several sources of information.

It was originally intended that this should be undertaken by an external evaluator. An evaluator was recruited in an open tender process and helped with the design and collection of the evaluation materials. However, she was unable to complete the final report due to unforeseen circumstances, and so it has been written up 'in house'. An external reviewer from the University of Bedfordshire (but previously uninvolved in the project) has assessed the final report to ensure an objective perspective on the work.

Meeting notes and minutes

All project team meetings, Project Advisory Group meetings, and other ad hoc formal meetings were written up by project staff, providing a full record of the development of the work and documenting issues and changes of direction. In addition, due to the change of staff at AYPH

after the first six months of the project, we also have detailed 'handover notes' from the first AYPH participation worker (KW), documenting what had occurred to date.

Reports to funders

The project funding applications and updates to funders were also a source of information. Both Children in Need and Comic Relief required interim reports (CiN 12 monthly, CR six monthly), which revisited the project's aims and summarised progress to date.

Workshop evaluations

A workshop review form was designed at the outset of the projects, recording the participants, date, location and topic of the workshop, and summarising what worked well and what worked less well. Initially forms were completed by the AYPH/University of Bedfordshire team after the end of each workshop. Later (after staffing changes), evaluation of workshops was built into the last session of the day in a more participatory way, when the young people took part in generating flip charts mapping out their views of how the event had gone. In addition, workshop learning outcomes were set for each event, and the AYPH/University of Bedfordshire project staff assessed the extent to which they were met. Again, as the project developed, the young people played a role in making these assessments. The outcomes of these discussions played into the decisions about content for the next workshop, and as the young people were involved in the process, they were actively participating in deciding on topics for forthcoming events.

Evaluation workshop with the young people

Towards the end of the project, the external evaluator and project staff met with the young people for an exploration of the issues that the project raised for them, and to talk about their participation and what they felt worked well or needed improving. This session took approximately two hours, set within a national workshop day. Detailed notes (including quotations) were taken by AYPH/University of Bedfordshire staff, except for a portion of the time when they left the room to allow the young people to talk freely to the evaluator.

Evaluation workshop with the project staff

A similar event was held with the staff from the three participating projects, who came together for a day in London to review their participation. The project workers, external evaluator and AYPH/University of Bedfordshire staff were all present, and detailed minutes were taken by AYPH. The session took the form of a discussion, shaped in part by an agenda raising questions that the AYPH/University of Bedfordshire team felt it was important to address (such as how the individual projects felt about the way the project was managed, and the challenges of group working) but also covering issues raised by the participating projects.

Case studies

It was not originally planned that the evaluation would include case studies but as the project developed it became clear that the young people's own stories of engagement with the project would be a revealing part of the picture. The young people were encouraged to write these towards the end of the two years with assistance from the AYPH/University of Bedfordshire project staff, and six of the ten were available at the time of writing the evaluation. Young people were guided by an (optional) list of questions, for example, what they thought of their experiences with the project, and how they felt it had affected the way they thought about health and sexual exploitation. We have explored the case studies for common and divergent themes, and assessed how well they support or contradict the information given to us from other sources. We have also drawn on quotations where they illustrate findings from across the project.

Care has been taken to protect the anonymity of the young people involved in Be Healthy, and where names are used, they are pseudonyms.

Generating the output materials

Whether or not the project managed to generate the material outputs is a key part of whether or not it worked. For the evaluation we took a step back and looked at the processes of developing the film, website and booklet that were produced by the young people. For this we drew on information about the workshops on animation and sound recording, and explored what the young people had said about the process in their case studies and evaluation session.

3 Delivering the project

In this section we revisit the project aims and the intended outcomes for young people, as described in the introduction, and assess the extent to which they were achieved.

Achieving the project aims

(i) Recruiting up to 12 participants from three projects supporting young people affected by sexual exploitation. Project documentation makes it clear that AYPH operated an open recruitment process for involvement with Be Healthy, advertising on the AYPH website, AYPH newsletters, in the NWG website and newsletter, and sending targeted newsletters. Seven projects working with young people affected by sexual exploitation applied to take part, and three were selected. The decisions were based on a range of criteria including the importance of selecting a combination of projects working with different communities (urban, rural, young women, young men, trafficked young people, etc). Overall, the recruitment process was fair and worked well.

It was planned that each of the three projects would recruit around four young people who had some connection with the projects but were probably not receiving intensive services at the time to take part in Be Healthy. The intention was to create a group of 10 young people in total (assuming some level of drop-out). They were known as the Health Advocates (HAs). In Project 1 this was achieved fairly swiftly, and three of the four attended the first workshop. In Project 2 recruitment proved more of a challenge. Two young people attended the first two workshops, with a third who expressed an interest but did not attend. A fourth young person had a new baby, and there were negotiations over childcare but in fact she did not attend. With Project 3 engagement was much slower, and at one point looked as if it would not work. Initially three young people were identified but only one attended the first two workshops. This continued for the first six months of the project, and team meeting minutes indicate that there was discussion at the six month stage about whether AYPH would need to recruit an additional partner project. However, four more Health Advocates were recruited after about nine months. One young person at one of the projects came to two workshop sessions but then decided to stop her engagement. In total, ten (aged 15 years to 19 years) stayed with the project until the end. Two were young men, and two were from ethnic minorities.

One of the challenges of participation was thus getting people involved at the outset but, having recruited them, engagement was sustained for nearly two years, despite a range of competing priorities and changes to their lives, including changing jobs, starting courses, becoming parents, and moving house. In their case studies, the young people commented that this was both because of the company of the other young people (eg, “It was the people that made me want to keep coming to Be Healthy”), and also because of the support they drew from their participation (eg, “I’ve stayed involved in Be Healthy because of the continuous support I get”).

(ii) Working with young people, using youth participation methods to enable them to think about their health. The workshops were central to the Be Healthy project, and the project was successful in delivering not only the originally planned events but also several extra sessions. The workshop development, schedule of topics, and numbers participating in each are described in more detail later in this chapter.

Facilitating young people's active participation in the workshops and 1:2:1 sessions was taken seriously throughout the project. All workshops were run by one or other (or both) of the two trained youth participation staff from AYPH and the University of Bedfordshire. Workshop evaluation sheets after each event generally reflected a good level of participation by the young people; a major success in relation to Be Healthy's original aims: "The discussion was lively and all the young people participated" (local workshop evaluation notes); "The portrait drawing activity ensured that quieter young people could really contribute to the workshop....we were flexible about the workshop content and adapted it to meet the needs of the young people" (national workshop evaluation). The young people also recorded the participatory nature of the work in their case studies, commenting, for example, that "We were able to say what we thought and give our opinion about every topic, and feel like we were able to influence how other people think. When we had a session at my local project, I quite enjoyed running the ice breaker". Another young person with particular drawing skills said "...it gave us an opportunity to use everybody's strength...In my group, I got to do the illustrations and my group work partner wrote the story out", another adding "The project is spacious – we all have the room to be ourselves". The young people often used phrases such as "...we've been in control...", "...what's important is that I take part...", and "I feel like my voice is being heard".

Throughout the different workshops the project staff noted a range of responses to material including open, positive discussions, respectful appreciation of other people's perspective, and, on occasion, informal disagreement and some discomfort. If the discussions are to be truly engaging and cover topics that people feel strongly about, eliciting a range of reactions and then managing these reactions is an important part of the process.

The workshops highlighted the need to respond flexibly to the young people – much of the work had to take place outside of school/college hours, in holidays and weekends. This had advantages and disadvantages; thus for example "Session was afterschool and the young people were tired" (local workshop evaluation). There also needed to be flexibility in delivering materials, revising the programme along the way, so that, for example, "The activity ranking the dissemination methods did not fit well with the rest of the workshop....We decided to leave this activity out of the sessions with the remaining groups and possibly revisit it...." (local workshop evaluation). Flexibility was also required in relation to the local project staff, who commented in their evaluation session on the patience and understanding of the AYPH/University of Bedfordshire staff concerning the issue of conflicting work commitments.

An ongoing theme through the project staff's written evaluations of the workshops was the value of working with these young people as a group, as well as undertaking 1:2:1

sessions. Group working was also a topic that arose in the evaluation workshops at the end of the project with local project staff and the young people. For example, after one session it was noted that “The young people shared a lot of important feedback about how the project has affected them – most notably in relation to group work and working with peers” (national workshop evaluation). Much of the advantage was in discovering that others had similar – or different – experiences. Young people noted in their evaluation session that it was “good to be with other people”, it was “Interesting learning how people are affected by health” and, perhaps most importantly, that they “know beforehand that everyone has had experiences, we ‘get each other’, know the boundaries, and there’s no need to ask questions”. This meant less of a sense of isolation, and also less likelihood of being ‘judged’. The young people commented that working with the project also gave “a sense of belonging”, was “something good to do in my spare time”, and led to a feeling of being “committed to the group”.

As well as the young people who were the focus of Be Healthy, the two Youth Specialists commented on workshop plans and ensured that a young people’s perspective was represented at the planning stages. They also had seats on the Project Advisory Group (PAG). They were recruited from the Children’s Society ‘Train the Trainer’ project. AYPH staff met with them several times in the initial months of the project, and it was originally anticipated that they would be involved in 1:2:1s and attend the PAG. However, they were both extremely busy and engaged with their own studies and a range of competing voluntary work, restricting their involvement and making it hard for them to attend any events. As a result it seems likely that they in turn felt less engaged as time went by and the project developed.

(iii) Facilitating young people’s development of their own messages about what was important to them about their health. This was a central purpose of the whole suite of workshops, and formed a key part of every session, forming a theme that ran throughout the Be Healthy work. In fact, as the schedule unfolded the AYPH/University of Bedfordshire team opted to include an additional workshop specifically facilitating more discussion and debate about the key messages and about how the group wanted to be represented when presenting their messages. This ensured that enough time was spent on this element. At the end of the project, one result of these sessions was the publication of the Be Healthy booklet, which presented the young people’s chosen messages in their own words, with their own visual images and designs, together with the accompanying animated film. All young people had the opportunity to comment on the final version before publication. A new Be Healthy website, drawing on the messages and visuals designed by the young people, will also be launched in Spring 2013.

(iv) Supporting young people to disseminate their messages to practitioners, policy makers and other young people. The development of the booklet and the DVD were a significant part of disseminating the young people’s messages. These will be launched at a final event in April 2013 and circulated to over 500 contacts working in youth sexual exploitation and health and wellbeing fields. The film will also be available on-line through the AYPH website and YouTube.

In addition, a number of the young people became involved in ad hoc activities in their local area as a result of their Be Healthy experience, including assisting with worker recruitment, talking to school groups, and working as volunteers themselves. Thus, for example, one commented that “I’ve been observing my worker training and running sessions in school”. However, many of these outcomes grew serendipitously out of links between Be Healthy and the local projects and relied in part on the local project’s ability to spot an opportunity for the young people. Organising more formal events for the group as a whole proved more challenging and required more specific skill development than had been possible in the workshop programme. Further funding is being sought to continue this work.

Outcomes for the young people

Despite the fact that we were not able to undertake a formal outcomes evaluation, the process evaluation was able to gather some evidence about positive impact, both from some of the activities the young people engaged in (such as the ASDAN accreditation) and from their own accounts of their experiences.

(i) increasing knowledge about health and wellbeing. Learning aims were set for each workshop and whether or not they were met was discussed after each event, with input from all participants. It was initially planned that the AYPH/University of Bedfordshire’s staff would assess the level of health knowledge of the young people and that this would be assessed again at the end of the project and a comparison made. Initial project documentation included a draft ‘skills map’ that was drawn up in order to frame conversations with the young people. In practice, it was hard to align a formal skills audit with the flexible and participatory nature of the workshops, as the content was led to a large degree by the young people themselves, and the skills audit was not used. Evaluating how the young people had moved forward in confidence and empowerment around health issues was quite a different task from assessing whether they knew more about, for example, diet and body image. However, they did reflect themselves on the journey they had made and what they felt they had learned, with their case studies recording comments such as, “The most important health issue we discussed in my opinion was mental health. It’s not really talked about it and we should all be more aware of it”, and “I do see my health as more important and I’m more aware of certain things” (Young people’s case studies). One also made the important observation that “...the good thing about the project was that it wasn’t just based around one topic and that we looked in to different things but they all linked together”. (Young person case study).

Although there was no skills audit before and after participation in the project, throughout Be Healthy the young people were working towards a formal Personal, Social and Health Education (PSHE) ASDAN accreditation. The team meeting notes record that the team felt that assessing skills and skill improvements was a key part of the PHSE ASDAN booklets that the young people were completing in order to receive accreditation. Accreditation was gained through attending workshops and doing 1:2:1 work with the project workers, for which the young people received different levels of accreditation depending on how many hours were logged – between 10 and 60. This meant that young people joining the project at a later stage could be put forward for at least some level of accreditation for

their participation, and proved to be a very useful approach to ensuring that everyone left the project with concrete evidence of their participation. Each young person had personal development records, and a record of achievement.

There was a clear need to be practical about the amount of support work needed for ASDAN accreditation. Extra meetings were required with project workers to explain the accreditation scheme, and it was difficult for project workers to deliver the support needed as they did not have regular contact with the young people themselves. This meant that extra 1:2:1 sessions with AYPH staff were scheduled with the young people. In their evaluation of their participation, project workers noted that this had been a particularly positive development. Initially, recording for the accreditation was on loose pieces of paper; after a few months official workbooks were acquired and one allocated to each young person. The young people said that they preferred this as concrete evidence of progress, and at the time of writing all young people are on target to complete their workbooks.

(ii) Increasing skills for accessing health and wellbeing support and services, knowledge of rights and ability to communicate them, and developing more confidence in contributing to decision-making. In their evaluation session towards the end of the project, the young people highlighted the following learning outcomes from their perspective:

- I'm better at communicating with other young people
- I've built up the confidence to interact with my peers
- I know that I'm not the only one – it's broken down the isolation
- It's nice to know how young people can get help – [before, I] wouldn't know what to do besides going to a doctor

As one young person commented in her case study, in relation to the session on sex and relationships, "Before, I was afraid to ask my boyfriend to go to a clinic to get tested, now I'm in a new relationship and I made an appointment for us to go". She noted that she was not scared to speak up about it, felt she could now help her boyfriend and also was more aware of what to expect at the clinic. Others made similar comments including "I now know that there are professionals who won't label me and that makes me more keen to use health services", and "it's good to learn that there are a lot of places you can go if you need help with health". (Young people's case studies)

(iv) Increased ability to share the learning, including with other groups of young people.

When it was possible to arrange opportunities, the young people responded very positively to sharing the learning. For example, one commented, "Helping other young people was always an important reason for being involved in the project and I think it's helped develop my communication skills and my understanding of what questions are OK to ask and what is not. I'm now volunteering with my local project." (Young person case study). Another wrote "I feel good because we can tell other young people the consequences of things or how to deal with other problems and advise them as well. Now we've learned the stuff we can share it with other young people who don't know". (Young person case study). Gaining both knowledge but also confidence was critical to their sense that they had something to share.

(v) Developing transferable multi-media and production skills. The Be Healthy film draws on animated characters drawn by the young people to convey the messages that they wanted to share about self-esteem, confidence, confidentiality, interactions with services and health promotion and protection. These characters successfully allowed the young people to express what they wanted to say without feeling too exposed. All took part in the design work, in small groups in local animation sessions and also all together at a recording studio in London. As one young person noted in her case study, “I feel like we were really involved with everything...we got to create our own storyboards and thought of it all ourselves”. (Young person’s case study). Other outputs arose that were ‘spin offs’ from other project activities and had not originally been planned. For example, as a direct result of their Be Healthy involvement, some of the young people at one project became involved in making an additional DVD for their own project in their own local area.

Illustrating their own perceptions of their experiences in the Be Healthy project, a selection of the young people’s comments is captured in the box below, grouped into the themes of skills, rights, empowerment and self-esteem, and awareness and knowledge.

YOUNG PEOPLE'S REPORTS OF THEIR EXPERIENCES¹

AWARENESS AND KNOWLEDGE

"Before I came to the project, I thought people were responsible for what happened to them. Now I can think and understand more about why it happens to people. Some people need more help than others. I'm more aware of the barriers people face to getting help." Lucy, 15

"As a group it helped us let go of stuff that had built up. Being able to sit and talk about stuff and be listened to was a major way to let go". Lucy 15

"I've become more aware about society and the ways people can manipulate other people. We talked about people using drugs and alcohol to sexually exploit and I could see that there can be more than one cause and more than one consequence for every situation" Jesse, 16

"Looking at how the ideal body and beauty changed over time and how the statue from ages ago was really curvy and then it went really skinny – it's made me realise that there isn't one way that you should look" Florence, 15

SKILLS

"I've developed the skills to be assertive, to debate and disagree without arguing". Lauren, 18

"In November, I was supported to give a presentation to a group of professionals. I never thought I'd be able to do that. It was nerve-wracking but it was worth it." Jesse, 16

"Helping other young people was always an important reason for being involved in the project and I think it's helped develop my communication skills and my understanding of what questions are OK to ask and what is not". Cher, 19

RIGHTS

"I've learned more about my rights and how professionals should behave. I now know there are professionals who won't label me and that makes me more keen to use health services". Lauren, 18

EMPOWERMENT AND SELF ESTEEM

"The project's also helped me to help other people. I've gone from the person who is coming here, to ask for help for myself, to someone who's coming to help other young people". Maisy, 18

"I've learned about low self-esteem and how it affects other things and might lead to different situations" Maisy, 18

"Participating in the Be Healthy project has given me more confidence to talk to people and know that they won't judge me" Cher, 19.

¹ Young people's names have been changed to uphold confidentiality

Workshop planning

The delivery of the workshops was central to the Be Healthy project, so it is useful to look in more detail at the schedule and content. Project documentation illustrates that the workshop series went through a fairly thorough planning procedure, initially drafted by AYPH/University of Bedfordshire staff, and then put out for comment and consultation with the Project Advisory Group members and the Youth Specialists. The possibilities for topics for inclusion were huge; notes from meetings with young people indicate that narrowing them down was quite challenging. Topics were selected on the basis of their perceived relevance for young people affected by sexual exploitation, as suggested by the literature (eg, Scott and Skidmore, 2006; DCSF, 2009). Inevitably, however, others planning a series of workshops on health may have chosen a different selection of topics. The box presents the original plan for seven workshops, and the programme as delivered including a number of extra workshops on additional topics.

Original workshop plan	Workshop as delivered	Number of participants
Access to health services & rights	Access to health services & rights (local workshop delivered 4 times, including twice to one location)	Eight
Drugs and alcohol	Drugs and alcohol (local workshop delivered 3 times)	Five
Diet and body image	Diet and body image (local workshop delivered 3 times)	Six
Sex and relationships	Sex and relationships (National workshop)	Seven
	Developing health messages (additional local workshop delivered 3 times)	Nine
Emotional wellbeing	Emotional wellbeing (National workshop)	Seven
	Safeguarding and representation of self (National workshop)	Seven
Website/booklet development	Storyboard development (local workshop delivered 3 times)	Seven
	Recording studio for the film soundtrack (National workshop at the studio)	Eight
Final workshop/presentation rehearsal	Celebration event with external audience (National)	Nine expected

After initial discussions, the projects chose to have the first three workshops locally and then the remainder together (referred to as the ‘national’ workshops), apart from the later session on resource development which was undertaken locally. Responses to this were positive; everyone involved valued the balance between local and national (referred to in both the project staff evaluations and the young people’s evaluation day, and in the young people’s case studies). However, time was often an issue in the workshops. In their evaluation discussions, the young people noted that they would have liked “more sessions for both large and small group talks”, “more activities that are related to the topic”, and time to “talk about how to

change things not just how bad services are” (notes of evaluator meeting with young people). Almost every workshop evaluation by AYPH/University of Bedfordshire staff comments on the fact that the activities were not all completed, or that some were rushed, although in planning it was also acknowledged that it was better to have too much rather than too little material.

There was a danger with such a wide variety of potential topics for inclusion that the actual material delivered could look quite sketchy in terms of delivery of ‘facts’. In their evaluation discussions, the project workers commented that there was not a lot of detailed learning in relation to particular areas of health in comparison to what they had anticipated. They suggested that perhaps the health theme was too broad, and that there was so much new material to cover that it was difficult to embed learning from previous sessions as the project unfolded. The young people commented that clear goal setting was important. They pointed this out in their evaluation session.

Enjoyment was an important issue. The young people particularly enjoyed the opportunity to go to other locations, commenting “I like the fact that we get to travel...”, and “I like that we travel to different cities especially London!” They also enjoyed finding out how other people are affected by health issues, and they reported that they enjoyed having conversations, hearing other people’s opinions, and talking about sensitive issues that they did not normally get to explore in other settings. Building in an unrelated ‘fun’ activity is useful for bonding; a trip to the London Eye was very positively received during the London national workshop. They still requested “...more fun activities which have a point that relates to the session”; and opportunities to “meet more regularly to bond better”.

4 Cross-cutting issues

Issue 1: Ambitious expectations

The initial project documentation was ambitious about giving the young people enough expertise and other skills to enable them to do external dissemination. The time originally allocated for workshops was only seven days (many effectively half days, with travel) over the course of a year. The aims for Be Healthy were as ambitious as those for more well established peer mentoring courses, when in fact the latter take a great deal more time to teach transferable skills. This was combined with the practical difficulties in finding opportunities for the Health Advocates to go and talk to other groups, such as holding workshops in schools. In order to protect the young people in these kinds of potentially difficult situations, talking about potentially difficult topics, more training time would have been needed. Indeed, project workers reflected in their evaluation day that some young people had been disappointed that they had not been able to make more public presentations about health as part of the original work. Project meeting notes in February 2012 reflect emerging discussions about the role of the young people in wider dissemination, and what could realistically be expected of them in the time allocated. As a result, AYPH began to prepare additional funding proposals in the second year of the project, when it became clear that it would be necessary to take the project into a new stage if we were going to be able to support the young people to develop the specific additional skills they would need to undertake dissemination to other groups and remain safe and secure in doing so.

The original workshop plans followed a very broad curriculum, and workshops could be easily side tracked by interesting topics that had not actually been part of the initial planning. This is of course the nature of participation work, and is a positive outcome in its own right, but the flip side was that there could not be any guarantees of a fixed content for delivery. In this sense Be Healthy lived the tensions of delivering genuinely participatory activities; it had a clearly pedagogical element, but delivering this could be in conflict with the principals of participation work. In fact, as the workshops evolved, part of the pedagogical element became increasingly about developing young people's knowledge of rights and their critical reflection skills, rather than about substantive health facts. Again this is a positive reflection of taking participation seriously, and can provide transferable skills that young people can usefully apply to a range of health scenarios.

The project was also ambitious in terms of the content of workshops given the time constraints. As noted, shortage of time was often an issue reflected in the project documentation and workshop evaluations. Be Healthy also made high demands on the original budget, which was relatively small for a project of this length and level of engagement. Project meeting notes refer to the need for funding that ensured there was a sufficient 'lead in' time to allow for project planning, more time for the design of project materials and evaluation tools prior to project delivery; and earlier engagement of the evaluator might also have been helpful.

Issue 2: Challenges of participation work with young people:

- **The need to be flexible about engagement** with the project so that people attending for a proportion of the time (say six months), or attending the majority but not all of the workshops, could benefit fully – two years is potentially a very long time in the lives of this group. The project also revealed the need to respond flexibly to young people to secure engagement – thus, “I have offered a number of solutions to help recruit more YP including meeting YP on a 1:2:1 basis, YP attending a ‘taster workshop session’...” (AYPH staff notes). Project staff also need to be flexible about attendance; “None of the Project 2 young people came to the session – [project worker] had to lead the icebreaker” (National workshop evaluation).
- **The need to be fleet of foot:** In order to be successful the project needed to be reflective and evolving, and the work style changed during the project in order to meet the needs of the young people. This included planning sessions based on the young people’s reflections from the last session, adding additional workshops, and building in more 1:2:1 sessions.
- **Planning for ‘what next’?** It became clear very early on that staff would need to think about what might potentially happen after the end of project engagement, especially where engagement had been so long-term. Initial questions at the very start of the project from the young people included “What will I do after the project?” Indeed, once engagement had been secured from the young people, they seemed reluctant to abandon it even when the project appeared to be ending. In a positive development, the three projects themselves evolved some exit strategies by involving their own young people in other local events, an apprenticeship (in one example), training, engagement in service advisory groups and a child sexual exploitation conference. As noted, these kinds of events also served as innovative and unplanned ways for the young people to cascade their Be Healthy learning.
- **High travel costs:** There were challenges in planning ahead with the Health Advocates, and travel to the national workshops and other events often had to be arranged at the very last minute. As a result the travel costs for the project exceeded the original budget. It seems likely that there is a need for particular funder flexibility in youth participation projects. There was a tension between the need to be prescriptive in the set up for the project on one hand, and the need for flexibility in the early stages on the other hand, particularly in order to get the young people on board and sustain involvement.
- **Managing confidentiality:** Project workers themselves commented in their evaluation session that it would also have been useful to have had an agreement with the young people and between the participating projects stating that information about the young people could be shared with AYPH and vice versa if the need arose – some kind of confidentiality and sharing agreement. However, there may have been some advantage to the fact that such an agreement did not exist; it allowed young people to engage with Be Healthy on their own terms, and to feel that it was distinct from their engagement in other welfare provision where information is more freely shared.
- **Engaging young people as advisors:** This proved more difficult than engaging the Health Advocates, largely because of the competing priorities on their time, their high level of engagement with other activities and projects, and the limits to the Be Healthy project staff time.

Issue 3: Challenges of participation work with front-line services:

- **Being clear about contractual arrangements:** All three selected projects were very positive about Be Healthy from the outset, commenting in the project worker evaluation session, for example, that the young people had had a great experience. Overall, project workers commented that the project management, communication and contact with AYPH were all good. However, it was important that the relationship was on a clear contractual footing, and that it was clear how AYPH and/or the project concerned could withdraw if it was not satisfied with the engagement. Contracts specified the expected contribution from the projects (to bring three to four young people to workshops on a regular basis), but payments to projects were not scheduled in line with agreed milestones; it might have given more structure if there had been a schedule that made clear expectations within an agreed timeframe. It was also important to consider the possibility of things not working out, and identifying contingency plans in advance.
- **Different expectations:** Project notes and workshop evaluations revealed that there were occasionally (although infrequently) tensions between the participating young people and their local project workers in terms of a vision of what the project was intending to achieve, and also tensions between what AYPH intended and what the three projects felt they had signed up to. This is probably inevitable to some degree in an evolving participation project, but project workers noted in their evaluation that they felt as if the project's brief had changed over time. Although they were positive about the level of communication with AYPH/University of Bedfordshire staff, it is possible that more clarity and consistency would have been possible in communications between the staff and the projects.
- **Realising extent of what local project workers can contribute:** There needs to be clarity about the capacity of the project workers to support young people between the sessions. Their crucial role was in telling AYPH staff if anything was happening in the young people's lives and supporting their engagement in the project (travel arrangements etc), not necessarily working on more concrete tasks such as the accreditation. As noted, project minutes document the decision at a fairly early stage to engage in more 1:2:1 sessions as a result.
- **Challenges of working with a sector in flux:** Project 3 worked remotely from different locations and did not have an office or one base for part of the project. Engagement was consequently much slower and had to be flexible.
- **The need to ensure safeguarding:** A number of issues arose in the early workshops concerning incidents in the lives of some of the young people that highlighted their continuing vulnerability. Having the project workers involved in the workshops was very useful in this regard, and when safeguarding issues arose these were discussed between the project workers, the AYPH/University of Bedfordshire staff, led by Professor Jenny Pearce. In addition, approximately nine months into the project AYPH convened a special, additional day workshop specifically on safeguarding to allow everyone to raise issues and make sure that these were being dealt with appropriately. This was over and above the original plans for the project. An external facilitator enabled the discussion. The young people also had a separate session to talk about how they represent themselves in public settings, reflecting on issues including safety. They made an important and unanimous decision that while the project was focusing on sexual

exploitation, they did not want to be identified publically as young people who had experienced CSE. They were concerned about labeling and about being defined by their experiences. This was a very welcome, positive, and empowering outcome for them, and the process of reaching the decision had resulted in some interesting, nuanced discussions. However it posed some challenges in how to present the final results of a project with a clear focus on sexual exploitation, working with a very small group of participants, while recognising their desire to move on and leave sexual exploitation behind. This kind of work requires a high degree of sensitivity, and also good communication within the project team as the project unfolds.

- **Gaining project worker confidence:** This is unlikely to come automatically at the start of a project like Be Healthy, and investment has to be made in building project worker confidence so that the external participation workers can, for example, work with the young people without the project workers being present. There was evidence that this trust had developed throughout the course of the Be Healthy project and staff increasingly chose to opt in or out of sessions as the project evolved, reflecting successful working relationships between the AYPH/University of Bedfordshire team and the participating projects.
- **Need for a communication strategy** on how to manage partner/stakeholder expectations of what the project is doing and why, including any changing priorities during the lifetime of the project and on-going developments. Two 'reflection' days were built into the project after it had started; neither were on the original plan, but both proved essential to building relationships and understanding how the project was developing.

Issue 4: Challenge of capturing the learning

As noted, doing a skills audit on the young people proved unrealistic, and it proved quite challenging to accurately record the full range of outcomes for the different sessions with the young people. It was also important to have a framework in place that could capture both expected and unexpected outcomes and learning. For example, the young people took the initiative to get involved in other activities that were beyond the remit of the project but were related to it. These seemed to have particular hope of being sustainable, and included, for example, young people producing an additional DVD in one of the three projects, sitting on local project interview panels for new youth participation workers, going into schools to talk about health, and presenting project findings to local professionals.

Some of the unintended benefits arose out of unstructured 'serendipitous' conversations that occurred, for example between project workers and participants, when travelling across the country to and from the sessions. This was particularly helpful in developing an understanding of what the young people were gaining from the project but also was noted as a means of supporting local project workers' relationships with young people.

Issue 5: Picking the right moment for a Be Healthy intervention.

Discussions with project staff revealed issues around picking the most appropriate point in the young people's engagement with the sexual exploitation services to 'pitch in' with Be Healthy. If young people are still in receipt of services then they may not be in a position to step back and consider their values and lifestyles. On the other hand, if they had stopped receiving services, it was harder for project staff to keep in touch with them, and the basis for the ongoing relationship was less clear.

However, if the right moment could be identified, Be Healthy had an important role to play in helping the local projects to transition the young people from a high risk past to a lower risk present. Judging this right meant that the young person could transition to activities such as local voluntary work, and interventions like Be Healthy have a role to play in empowering these young people to move on with their lives, while incorporating a new interest in protecting and nourishing their health.

Issue 6: Importance of group working

There is often a lack of opportunity for young people affected by sexual exploitation to work in groups; indeed this is often discouraged due in part to a concern about risk. The experiences of the Be Healthy young people working in groups was thus very important. It is easy to say that more group work with vulnerable young people might be positive, but there are legitimate concerns about young people's safety in a group context. It was noted in one workshop review that it was important that sessions did not turn into group therapy unless trained and experienced staff are leading the session as a therapeutic session, with follow up procedures in place. Front-line project staff do not necessarily have the time or resources to do the necessary groundwork with young people that is required to involve them at such an advanced level. Project staff need a high level of expertise running and managing the project to ensure everyone is comfortable and safe. However, there was evidence from discussions in the evaluation session that being involved with Be Healthy had a positive impact on how the project workers thought about group work in their day-to-day practice. Having the external staff from AYPH and the University of Bedfordshire may have been important in making the Be Healthy group work successful; there are potential advantages in not being 'case workers' in this instance.

The young people particularly valued the group work. As one young person wrote in her own story of engagement with the project, "It was good to meet other young people I could empathise with. There is a difference between empathy and sympathy. When people are sympathetic it's all well and good and nice to know that they care but they can't necessarily be on the same emotional level as me –unless you've had something similar happen to you, it's hard to empathise...As a group we've become quite close knitted and obviously we talk to each other a lot more now because we've got some similar experiences" (Young person's case study).

Issue 7: Tension between a health 'curriculum' versus health 'confidence'

It transpired fairly early on that the focus on the 'facts' of the health learning in the workshops was less central than the focus on the importance of health. Young people's rights in accessing services and the role of self-esteem, reflection skills and decision-making in prioritising health were important. This reflected a shift from trying to follow a 'curriculum' of health facts to a focus on discussions about confidence and representation. This may reflect the level of vulnerability of this group; there is perhaps a need for building their sense of agency and 'right to health' that has to be achieved before there is any point in layering on specific health knowledge. This may be less the case with, for example, groups of young people who have not experienced so many damaging events in their lives.

Lack of confidentiality and broken trust (as a barrier to young people accessing health services) were part of the discussions about health 'confidence'. As the project staff noted, "We talked about developing a booklet by and for young people that explains confidentiality and its limitations" (local workshop evaluation). This was more important than specific health messages and a key issue in promoting young people's positive engagement with services. Another related issue was the critical importance of the young people's own perceptions of self-esteem. "The Health Advocates felt that the issue of low self-esteem was personally relevant to them and felt strongly that someone needed to address the issue." (local workshop evaluation).

However, this was not to say that there was no transfer of knowledge. The young people's comments in the box above on page 22 illustrate the ways in which they did feel they learned facts as well as confidence. Achieving the balance between these elements was an important part of the success of the project.

Issue 8: High support needs for communication, dissemination and 'cascading' activities

This was an issue both for the young people and also for the project as a whole. In terms of communicating with the wider audiences, it had been hoped that AYPH would be able to draw on staff with communications expertise to assist in profile raising, and to help frame how the learning was shared. However there was no budget for this, and little was achieved during the first two years of funding although more may be possible later. There were also few resources to support project staff themselves in attending external meetings and making presentations about the project. These kinds of activities were nonetheless ongoing throughout the course of the work.

In terms of communicating with the projects, the project workers noted at the evaluation day that they did not have enough information about how, for example, the ASDAN award was going to work, and that although project management was generally very good, a more formal flow of information from AYPH to the projects might have been helpful, particularly in clarifying the aims for the project.

Supporting the dissemination and cascading activities that the young people were to be involved in, proved more difficult than perhaps originally anticipated. As already mentioned, a challenge in arranging these activities also arose from the young people's desire not to be labeled ("The young people agreed on some very important decisions about who they are as a group. They decided it was very important that the group or project description does not include defining the young people by their past experiences or as victims of sexual exploitation" AYPH project staff, National workshop evaluation). In addition; "The young people specifically said they wanted their work to be targeted at young people generally rather than young people affected by SE" (local workshop evaluation).

Issue 9: Making the most of external expertise

Young Minds supported one of the Be Healthy workshops focusing on emotional wellbeing and an external facilitator ran a workshop for project workers on safeguarding. An external reviewer evaluated the first draft of this evaluation report. These external contributions were valuable in providing extra content input, but also in allowing internal project staff to stand back and reflect on how the project was developing.

In addition, the Project Advisory Group (PAG) provided an important touchstone for the project, and PAG meetings required a degree of organising the Be Healthy experiences and materials into a coherent story on a regular basis, which was a valuable activity. However, AYPH was aware that there was a great deal of untapped expertise in the PAG, and even more beyond in, for example, the National Working Group. Finding the time and resources to draw in this expertise was a challenge.

4 Conclusions

Overall, the Be Healthy project successfully recruited ten young people from three projects supporting young people at risk of or affected by sexual exploitation, and worked with them over a period of up to 18 months, using youth participation methods, to enable them to think about their health and health promotion. The full suite of proposed workshops was delivered, the young people achieved many of the planned outcomes plus a wide range of very positive unplanned outcomes, and the project produced some interesting and innovative products for use by others working with groups of similarly vulnerable young people.

This kind of work was never going to be easy, and there were important learning points for AYPH concerning how best to implement the work, how to achieve the best outcomes for the young people, and how to represent that work and the young people to the wider world. It is impossible in a project of this nature (and in an evaluation of this scale) to pin point what it was that made the difference to the young people; was it meeting other young people? Having people interested in them? The possibility of learning new skills and helping others? The chance to reassess and re-present their own story? Different things for different young people? Some or all of these things? However, whatever the mechanism, the conclusion of both those involved in service delivery, and the young people themselves, was that it had been a worthwhile activity that had helped them to move on.

Articulating the Be Healthy model of working

A key aim for AYPH in undertaking the Be Healthy work was to develop a way of working that could be transferable, that is, could be used again with other groups of marginalised young people to encourage them to protect their health and to increase understanding about their experiences and priorities. In order for AYPH to do this, it is important to be able to articulate what is meant by this model, and what its key features might be. The learning from the evaluation suggests the components centre around four themes; engagement and sustainability; the style of the work; the importance of safeguarding; and the nature of the most appropriate content for delivery. These are spelled out in more detail in the box.

Key components of the Be Healthy model of working

Engagement and sustainability

- Work with young people in the transition from active service delivery to low-risk 'maintenance' status.
- Get young people and project workers to fully understand the project from the outset; involved in planning and in deciding what a good outcome will look like
- Put the majority of resources into face to face time with the young people
- Focus on young people's enjoyment of the sessions.
- Aim to promote & support the young people to get involved in activities beyond the initial remit of the project – spill over (indicates sustainability of the work)
- Explicitly discuss 'exit' points for young people; either leaving early, or not wanting to leave at all

Style of the work, "managing shifting sands"

- Roll with the punches rather than trying to control the way the project unfolds, remain open to unexpected outcomes and new ways of working (and build this explicitly into plans/expectations).
- Use the role of external facilitator to encourage and support work that could not otherwise be done
- Expect content to be as much about learning about each other & about different perspectives as about knowledge transfer
- Expect to learn

Safeguarding

- Work separately from the start with project workers and young people to build an understanding of risks. Involve outside experts.
- Articulate what happens if something goes wrong,
- Expect confidence to take time to grow
- Build in time to meet and reflect

Content of health and CSE messages

- building an appropriate, evidence based 'scaffold' to shape workshop delivery....
- ...but letting details and direction arise out of real and honest participation
- Focus less on 'facts' of health learning, and more on the importance of health, the role of self-esteem, and the development of critical reflection and thinking skills allowing understanding of broader principles and values (rights and antidiscriminatory practice, for example)
- Have clear, high level aims and expectations for the project as a whole....
- ...but accept that each time the same workshop is run, it will be different.

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Appendices

Be Healthy Resources:

- Be Healthy film, accompanying booklet, and Be Healthy website (see www.ayph-behealthy.org.uk)
- Example of newsletter (Appendix 1)
- Example of workshop content (Appendix 2)

Appendix 1: Example of Be Healthy newsletter

AYPH Be Healthy Newsletter December 2012

The home stretch!

Since the last newsletter, we have been evaluating the learning from the Be Healthy project with the Health Advocates and project workers. We have also begun work on the final product that will be disseminated at a celebration event in April 2013.

Evaluation

The Health Advocates met with the Be Healthy project's Evaluator in early November. They talked about a number of ways that the project has had an impact on them, including improved relationships with their peers and increased self-confidence.

Overall, the young people expressed how significant the experience of working with a group of their peers on important and sensitive issues has been to normalise issues and make them feel that they have the power to help other young people.

As we spent most of the day evaluating the project, we thought it was a bit too much to evaluate the session as well. Instead, we asked each Health Advocate to write their name at the top of a sheet of paper that said "What I like about you...". They then passed these around in a circle and everyone wrote something positive about each other. The Health Advocates were able to take their sheet home with them.

At the end of November, the staff and project workers had a chance to meet with the Evaluator and reflect on the major successes and challenges as well as how the Be Healthy project has influenced their work. See the next page for some positive examples of how this has happened.

Final Project

The Health Advocates will be creating a series of short animated films that address some of the important issues they have been discussing throughout the course of the project. At the last workshop in Derby, they developed creative storylines that focus on three different issues.

They will turn these into films using a simple animation technique that combines drawing with live action filming. In February, all of the Health Advocates will return to London and visit a recording studio to record the voice over narrative and sound effects for their films.

Case studies

Throughout December, we will be working with the Health Advocates to develop individual case studies to highlight their journey through the Be Healthy project.

Unlike traditional case studies, these will be written by the young people in their own words and they will have complete control over the content. They will provide an evaluative resource to help us evaluate the project from the young people's perspective.

Increasing participation

Our partner projects have been actively working with the Health Advocates to increase young people's participation in their organisations.

Young people recruiting new staff in Derby

Sole and Sound in Derby have just recruited a new participation worker. Two of the Health Advocates were on the selection panel and had an influence on the final decision.

Young letters in Leeds

One of the Health Advocates in Leeds has started an internship with the young people's service at Coronis and has been able to use knowledge and skills gained through Be Healthy to go into schools and talk to other young people about sexual exploitation.

Young people presenting to professionals in London

The Health Advocates based in London have developed the leaflet *What Get Me? A guide to help professionals and young people work together*. The leaflet addresses a series of questions or concerns young people may have when they first start using services and provides tips on how professionals can help answer these questions (without young people having to ask them).

Based on the leaflet content, the Health Advocates developed a presentation to give to professionals. The Be Healthy project coordinator supported the young people to present this at a training day run by Barnardo's in November. This was also the first public viewing of the leaflet and the Health Advocates received very positive feedback from the professionals who attended the training. There were suggestions that the young people should develop a simpler version of the flyer to be used in primary schools and that they present their ideas directly to other young people.

This leaflet will be included with the final Be Healthy film and booklet.

To find out more about the AYPH Be Healthy project, please contact Lindsey Starbuck: lstarbuck@nswp.org.uk ☎ 020 7622 7715

Appendix 2: Example of workshop content: Sexual health and relationships workshop

Intended learning outcome	Activity
To appreciate that everyone has attitudes and values about sex and relationships (non-judgmental working)	Values continuum, and discussion about controversial issues around sex and relationships
To understand why people take risks with their sexual health and how they can minimize those risks (harm minimization)	Discussion based on scenarios, and what protection people should use
To understand power imbalances in relationships and how they can be changed	Identifying ways people have power over others as a group and then applying these to small group scenarios involving exploitation
To understand the different sexual health needs in different types of relationships	Scenarios that included same-sex relationships, non-monogamous relationships and transgender individuals. Participants were asked to think about each situation in relation to how their characters should protect themselves.
To understand the laws around sex and consent and how these affect young people	Sex and the law quiz.