



scottishdevelopmentcentre
for mental health

**Consulting children under 14
on their views of the people who help them at times of
difficulty**

**Report for NHS Education for Scotland
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NHS Education for Scotland

The Scottish Development Centre for Mental Health

The Scottish Development Centre (SDC) is an independent, not for profit organisation. The SDC works with a wide range of health and social care agencies and other bodies across Scotland to support the continuing development of mental health services and to promote the mental health and well-being of the Scottish population. The organisation provides support and facilitation to policy, strategy and service development and undertakes research and evaluation. The SDC can draw on an extensive pool of expertise, knowledge and research evidence through its networks across Scotland and beyond.

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Consulting children under 14 on their views of the people who help them at times of difficulty

1. Introduction

NHS Education for Scotland (NES) is currently undertaking work in relation to *'Promoting the wellbeing and meeting the mental health needs of children and young people: a development framework for communities, agencies and specialists involved in supporting children, young people and their families'* (the framework).

As part of the development process, NES was keen to consult with children and young people in order to hear their views on the levels and types of support they receive.

NES commissioned the Scottish Development Centre (SDC) to carry out a consultation with children on the development of the framework for those working to support children, young people and their families. Their views would inform the development of the framework by finding out whether the competencies identified so far are broadly what children say they need in the people who work with them.

2. Aims of the research process

- To consult children under 14 years on their views of the people who help them at times of difficulty and what qualities make them helpful.
- To analyse their responses and to provide a report for NHS Education Scotland as part of a wider consultation on the framework.

3. Research process

Gathering information

The consultation used both small group discussion and classroom-based sessions as the main methods for collecting information. Semi-structured interview schedules were used. With the younger children, these were translated into a mix of activities and discussion (see Appendix A). Existing groups were contacted, rather than initiating groups specifically for the purpose of the consultation.

The research consultants travelled to meet with groups and classes at mutually agreed times. Participating groups were offered a consultation payment of £50 as a recognition of their contribution to the consultation process.

Groups consulted

Meetings were held with four groups of children, in different parts of the country. All of the groups took place in primary schools.

The children were consulted in three different groupings:

- 6 -10 years

P4\5 combined class at a primary school in a small town in West Lothian. Classroom setting, 20 children aged seven to ten years, mixed boys and girls

- 10 -12 years

P6\7 combined class at a primary school in rural Scottish Borders. Classroom setting, 18 children aged nine to twelve years, mixed boys and girls

P6 class at a primary school in a small town in West Lothian. Classroom setting, 25 children aged nine to eleven years, mixed boys and girls

- Children who may experience difficulties with transitions

A Transition Group for children who may experience difficulties with the transition to secondary school, in a small group setting in a Central Scotland primary school. Eight P7s, aged 10 –12 years, seven boys and one girl.

Table 1 Young people consulted	
Participants	Setting
8 young people 1 girl, 7 boys	1 small group discussion
63 young people mixed boys and girls	3 classroom sessions
71 young people	

Informed consent

Information sheets and consent forms were prepared to inform children and their parents and the organisations involved about the consultation initiative. As all the consultation meetings took place within the school environment, the schools' existing consent procedures were used to distribute information and to obtain parent/guardian and pupil consent.

Confidentiality, disclosure and use of information

Each participant was given information about the research and the researcher talked through this information before beginning the group discussions. Help-line telephone numbers were also available for anyone in a group who wished to discuss things further.

Confidentiality was also discussed. Children and young people were advised at the beginning of discussions that the matters discussed would be treated as pooled information. Individual details would be treated as confidential except where concerns about safety arose. These will be shared with appropriate agencies. The first contact in reporting such concerns would be the senior manager of the group/organisation. However, they might be the subject of complaint in which case the researcher would go either to the child's social worker or children's rights officer.

The following guidelines were agreed:

- what people say in the discussion to be treated with respect and not repeated outside the group
- no individual participants to be identified
- groups and projects to be acknowledged in the report only with everyone's agreement
- what is said in each discussion to be recorded for the report of the consultation
- notes of the discussion to be sent to the group for information.

Analysis, reporting and dissemination

Information from the discussions was collated and analysed. Key themes were identified and these were then linked to the competencies identified within the framework. A summary of their discussion has been sent to each group for information and a copy of the final report will also be sent to the groups consulted.

4. Feedback from the consultation

This section describes the content of the children's responses. Comparisons between groups, discussion of key themes and implications for the framework will be discussed in Section 5. The initial questions and workshop outlines are described in Appendix A.

Children engaged actively in the process and contributed in creative and meaningful ways. One of the classes was particularly attentive, thoughtful and perceptive.

4.1 Helpful people

The children were asked firstly who would you go to for help if you or a friend had a problem, or were unhappy, or worried? How would you know them or the job that they do? And secondly, what is it that makes these people helpful?

Professional staff

Many of the children considered professionals helpful. These included paramedics, police, hospital and fire-brigade staff as the children thought it is their job to help. They were seen as easily identifiable (by their uniforms and the places they worked); they were considered able to deal with serious situations or emergencies and were seen as trustworthy or helpful:

'Police are people you can trust, they can protect you and make sure you are safe. They can stop bullies'.

One child referred to doctors and said they could be good people to talk to because they knew about problems such as bullying. Another suggested nurses can help if you hurt yourself and are good at finding out what's wrong. A third, with some conviction, indicated social workers because they listen and give good advice and can talk to Mum and Dad to make things better.

Teachers were frequently referred to as:

- Being available to listen
- Good at sorting things out or resolving difficulties
- Have a good understanding of problems children may have
- May remember what it's like to be a child, someone who knows what it can be like
- May have experienced problems themselves and so have a good understanding.

Other people around school were seen as important too. Classroom assistants and playground supervisors were considered helpful as they were also available

'there and then'; they listen, they know what goes on around school and could intervene immediately. Pupil counsellors were seen as good listeners and mediators.

Parents and family

Mums and Dads were seen as important:

'Mum can keep things to herself'
'She makes me feel better'
'Dad can be just as helpful as Mum'
'Dad tells me what he did when he was young, gives ideas to fix problems'.

Parents:

'Can talk to other parents to sort things out'
'Know me best and so can be most helpful'
'You can trust them not to tell anyone'
'Always listen, don't take over but can give good advice'.

Other family members were frequently mentioned

'My older sister understands what it's like and can sort things out if people bother me.

'My brother's close and helpful'

'Brothers and sisters can sometimes see when you are upset, understand and know what to do'.

Aunts, uncles and cousins were viewed as being there for children, being friendly, people who could be trusted and listened to.

Grandparents were seen to have lots of time to listen and would tell parents if they needed to.

Other helpful people

One child mentioned Childline. Another said her pet was great to talk to and a third mentioned his teddy as being:

'great to talk to as he cannot answer back and really listens'.

Friends, neighbours and others were often mentioned. The children generally trusted people who were available and nearby and were people they thought

their parents would also know. For example, one girl thought she could speak to her baby-sitter as she was someone trusted by her parents to look after her. Another talked about Mum's friend:

'because she's like Mum but not Mum and so you can talk to her about family things'.

Reliable or best friends were considered helpful as they could keep things to themselves, were trustworthy, easy to talk to, understanding and "not family". One girl said:

'friends are great because you can talk to them without worrying your family'.

4.2 Characteristics of helpful people

In small groups of 4-6, children were given a picture with a large outline of "The Perfect Helper" on it and were asked to draw or write what this person would look like, say and do. Children were also given post-its to add individual ideas to the group picture.

The drawings were varied:

- 12 were of women. Of these, 11 were friendly, with smiling faces and dressed in fashionable clothes with logos or colourful designs. One was a smiling, pretty, ballet dancer.
- 6 were of men – 1 was distinctive, animated, with a friendly, smiling face, frizzy hair and colourful clothes. One was a fireman, another a paramedic. One was a footballer and the other 2 were wearing football tops and trainers.

Characteristics included:

Personal attributes: healthy eating, fit, exercises every day, active, doesn't smoke, not an alcoholic, happy, not shy, looks nice, 'cool', 'crazy', smiles a lot, maybe had been bullied.

Particular qualities: friendly, very sympathetic, calm, relaxed, 'a world traveller' (knows people from different countries), is kind to different people, helpful, polite, trustful, makes me laugh, approachable.

Approach and responsiveness: understanding, does not mind what you look like, listens, never too harsh, will not make jokes that hurt people's feelings, pays attention, concerned, gives good advice, listens and responds to questions, shares things, doesn't fall out with you, keeps a secret, helps you with problems, never lets you down or lies to you, tells you to be stronger and more confident,

does not give rows or make judgements, considers things carefully before telling anyone else.

Knowledge: a teacher that helps you understand about drugs and why not to take them, understands good health and the link between physical health and feeling good, people who understand what goes on around children and in their lives.

Children also clearly indicated they wanted someone who displayed and encouraged clear boundaries. For example, who would not let them swear or fight or hurt others and who would understand different points of view and help sort things out without blaming or taking sides.

The children had lots of ideas of what a helpful person might say – reassurance, general and specific advice. These are outlined in Box 1.

Box 1 What the ‘Perfect Helper’ might say:

- How are you doing/feeling?
- You’re a nice friend
- You’re the best
- You can trust me
- I’m always here for you
- It’s okay... I like you
- Don’t worry, don’t cry, I’m here
- Don’t cry, you can talk about it to me
- I’ll help you
- I’m here to help
- I will do my best to help you
- What happened at school?
- Calm down, you’re okay, tell me if someone is bothering you
- Try and ignore them
- Stand up for yourself and just walk away
- Encouraging you to get help or stay safe
- You should tell someone
- Talk to your Mum and Dad
- Do you want us to phone anyone?
- I won’t tell anybody
- Don’t worry about it
- Don’t be sad about it
- This is completely confidential
- Talk to an adult
- Talk to the police.

4.3 Things I would like to see in a helpful person

The three groups of older children (P6\7, aged 9 -12 years) were also given an individual worksheet to complete: 'My top three.... things I would like to see in a helpful person.

Table 2 Things I would like to see in a helpful person	
Responses	Number of Children
Be kind and/or helpful	28
Listens and is good at listening	12
Always smiles, cheerful, happy personality	11
Trustworthy\truthful\honest	10
Understanding\understands your problems	8
Respects others\respectful	7
Caring	5
Fit and healthy, exercises, knows about good health	4
Doesn't swear\use bad words or let us swear	4
Reassurance (don't worry etc)	3
Doesn't smoke	3
Doesn't let us smoke	3
Doesn't laugh at problems	2
Doesn't take drugs	2
Doesn't let us take drugs	2
Understands feelings	2

Sorts out problems	2
Considerate	2
Won't tell others	2
Is "cool"	2

In addition, there were some thoughtful individual responses which are outlined in Appendix B.

5. Discussion and implications for the framework

This section considers characteristics of the different groups consulted, discusses the key themes emerging from the consultation and looks at some of the implications for the framework.

In general, the groups' responses were similar in content. Younger children mentioned uniformed professionals more often than the older children. Older ones, particularly from the rural school, appeared to be more considered in their responses and to have a refined understanding of complex concepts and characteristics. Gender differences were not particularly significant. Small groups of children within the larger groups self-selected, some contained only girls or only boys. Girls groups drew women as 'Perfect Helpers'. One girl commented that:

'girls sometimes do not want to talk to a man' (about their feelings).

Boys in small groups tended to draw footballers or men wearing football shirts but not exclusively as one group didn't and another drew a ballet dancer. Overall, however, boys and girls gave similar responses.

Key themes emerging from the consultation include:

- 5.1 Helpful People
- 5.2 Sharing information
- 5.3 Characteristics and skills
- 5.4 Knowledge and understanding.

5.1 Helpful people

The children focussed on two key aspects of what makes a person helpful to a child. Helpful people are **identifiable as trustworthy**. People who were viewed by children as trustworthy were in positions of authority, or responsibility, sometimes signified by uniforms:

- Police, fire-fighters
- Teachers, school staff and pupil counsellors
- Doctors, nurses, paramedics and hospital staff
- Social workers and care workers
- Babysitters and neighbours.

Helpful adults are also **available**, both physically and emotionally. Children referred to those who had time to listen (Childline, grandparents and friends), could deal with things immediately (teachers and playground assistants) and were there for them (friends, parents and family). Pets and teddies were important too.

Implications for the framework

There are links between children's comments and the section 'Definition of audiences' on p 4 of the introduction to the framework:

- Arena A: Promoting Mental Well-Being: Awareness raising
- Arena B: Prevention: Understanding and working with young people and their families
- Arena C: Care: Delivering Specialist Care

These two aspects 'Identifiable as trustworthy' and 'Availability' are relevant for all 3 arenas and particular consideration requires to be given as to how the framework can reflect this more accurately.

For example, A1.7 'Demonstrates an awareness of the impact of his or her behaviour and demeanour on children and young people' could be changed to include:

- Is easily identified as trustworthy – both in terms of their position and role but also physically (using t-shirts with organisation names or logos, child-friendly name badges, photographs of clinicians in meeting areas, etc)

Competencies (A.2.10, A.3.9, C.2.9) which refer to community support systems could be more explicit, for example:

- Identify and encourage positive supports and influences for children (such as family, relatives, friends, significant others) to facilitate the development of resilience.

5.2 Sharing information

Several children thought it was important that a helpful person would maintain confidentiality:

- 'You can trust them not to tell anyone'
- 'I won't tell anyone'
- 'This is completely confidential'
- 'Mum can keep things to herself'.

However, others suggested it may be important for information to be passed on or acted upon so that difficulties could be resolved:

- 'You should tell someone'
- 'Do you want us to phone anyone?'
- 'Grandparents may tell my parents who can sort it out'

‘Little sister – she knows when to tell Mum’.

Children appeared to value information being kept between themselves and the person they confided in but also understood that it could be helpful for others to know about problems so that the problems could be addressed.

Implications for the framework

The framework should clearly incorporate this understanding, outlining the need for clarity of information exchange and a requirement to share this with children, young people families, agencies and communities.

5.3 Characteristics and skills

Helpful attributes included being happy, smiling, not shy, active and healthy (aware of good health, not smoking, drinking or taking drugs, being fit and exercising).

Important qualities: Being kind and helpful were seen as particularly important. The children valued friendly, sympathetic, understanding people who had the ability to be kind to different types of people. They also liked people who were polite, fun, trustworthy, truthful, honest and approachable as well as not blaming or giving rows.

Approach and responsiveness: The children considered good listening skills to be very important. This was followed by an ability to understand children’s perceptions, feelings and problems. To be tolerant, accepting, respectful and non-judgemental were also mentioned. The children also seemed to value being reassured, being told not to worry or be sad, that things would be alright and that someone could ‘sort out problems’ or give advice:

(Parents) ‘Don’t take over but can give good advice’

Being a good role model (polite, hardworking, reliable), providing containment (‘can handle your problems’, who is calm and relaxed, will ‘help you whatever is wrong’) and good with boundaries (not swearing or allowing you to swear or fight) were all very important.

Implications for the framework

Characteristics and skills were a key theme for children. Of the four key themes identified, characteristics and skills were referred to most often and in some detail. Whilst the framework does refer to approach and responsiveness and some important qualities, core competencies identified so far do not in this instance capture accurately what children would find helpful.

The attitudes, values and principles underpinning the knowledge and skills on p 7 of the introduction to the framework encapsulate many of the children's views under the headings of 'helpful attributes and 'qualities'. These attitudes, values and principles, however, are not adequately reflected in the competencies. We would suggest that they should become a key part of the competencies. The feedback from the children suggests that they would value a renewed focus on these attributes and values:

- Demonstrate a commitment to the well-being of children, young people and their families
- Be supportive of families in all their diverse forms
- Behave in a non-discriminatory manner and value diversity in children and young people
- Demonstrate respect for cultural and ethnic diversity
- Demonstrate a sensitive and empathic approach
- Be patient
- Value children's and young people's viewpoints and experiences and the importance of consulting/involving them (in a non-patronising manner)
- Exhibit resilience and tolerance in working with families and other systems
- Demonstrate non-judgemental attitudes towards children, young people and their families/carers
- Exhibit a commitment to principles of empowerment
- Be sensitive to the needs and issues children, young people and their families face when receiving care
- Be self-aware.

These key attitudes and values must be clearly articulated throughout the three arenas A, B and C to:

- Reflect what children view as important
- Emphasise the relevance of attitudes, values and approaches
- Clearly define these as competencies to ensure that learning about these issues is encouraged and that evidence of knowledge and skills in these areas is prioritised.

In addition, **helpful attributes, qualities, approach and responsiveness** could be incorporated into appraisal systems with the involvement of children and young people as key contributors to this process. For example, children's views of professionals interventions in their lives. This links well with C6.7.

5.4 Knowledge and understanding

Whilst children had difficulty articulating directly what people should learn to become more helpful to children and how they should learn this, they did give some useful indicators.

Children particularly wanted people to remember and understand what it was like to be a child, what dilemmas and problems there were and, perhaps, have experienced some of these themselves (for example, bullying). They described good helpers as people who 'knew what it's like', who had a sense of the issues in families, friendships, schools and communities and who could demonstrate this awareness to children in their interactions with them.

They talked about younger teachers being helpful and many of their drawings were of people dressed in a youthful way or wearing football tops. This may have been a reflection of the attributes they were trying to describe – an awareness of or closeness to childhood. This empathy with children can be incorporated within the framework:

“They know how to put themselves in other people’s shoes.”

Children specifically referred to health, the links between physical health and well-being and the need for others to be aware of this and display this awareness.

They also mentioned smoking, drugs and alcohol:

(a teacher) “helps you understand about drugs and why not to take them”.

There are three areas of knowledge and understanding which children considered important:

- An understanding of what it's like to be a child and being able to demonstrate this
- The link between physical health and well-being and how to make use of this in helpful relationships
- The importance of attitudes and behaviour in relation to drug and alcohol misuse and smoking.

To some extent, the children appear to see the people working with them as role models.

Implications for the framework

Some of the competencies are relevant to the knowledge and understanding which children considered important. A4, B4 and C4 incorporate many competencies relevant to empathy or awareness of what it's like to be a child. There are general references to health promotion within communities and schools. These could be more detailed and explicitly mentioned, for example:

- Awareness of the link between physical health and well-being and actively promoting this in individuals, families, schools and communities
- Information, education and preventative work on drinking alcohol, smoking and illegal drugs. Exploring the impact of these on emotional health.

If, as has been suggested above, the children see helpful people as role models, it will be important that the framework reflects this, to enable staff to incorporate this understanding into their work with children and young people.

Table 3

Summary of key things that matter

Theme		Link to competency framework
Helpful people	<ul style="list-style-type: none"> • Identifiable as trustworthy • Availability 	<p>A1.7 Demonstrates awareness of impact of own behaviour on children B5.9 Joint working – recognising and dealing with boundary issues/confidentiality B6.5 Understanding accountability in relation to service/profession C3.11 Protects children’s dignity, autonomy and rights C3.16 Recognition of the impact of personal/professional issues when working with children</p> <p>A 2.10 Demonstrates an ability to connect with families B 3.8 Locally available models of intervention and treatment C2.9 Work with the community and social systems in preventing mental health difficulties</p>
Sharing information	<ul style="list-style-type: none"> • Accessing and sharing information • Clarifying expectations 	<p>A1.9 Protects children’s dignity, autonomy and rights A2.13 Is able to share clear and understandable information with the family</p> <p>B2.1 Legal aspects of child care and child protection issues B2.15 Is able to share clear and understandable information with the family</p>

<p>Characteristics and skills</p>	<ul style="list-style-type: none"> • Helpful attributes • Qualities • Approach and responsiveness 	<p>B1.5 Demonstrates an understanding of the importance of factors which promote physical and mental health and wellbeing A1.10 Uses active listening techniques Also elements of the attitudes and values from the Introduction to the framework</p> <p>A3.9 Demonstrates an ability to identify when a child is asking for help A5.6 Demonstrates an ability to reflect on own and other people's actions B2.6 How family, school, peers can influence and support children and young people C1.6 Active listening to the lived experience of children, young people and their families Also elements of the attitudes and values from the Introduction to the framework</p> <p>B3.15 Basic skills in relevant therapeutic approaches/interventions B4.5 The importance of emotional literacy in children and young people B4.13 Communicating effectively with parents C3.7 The range of specialist services for mental health promotion and prevention and care of children and young people</p>
<p>Knowledge and understanding</p>	<ul style="list-style-type: none"> • Empathy 	<p>B1.3/4 Demonstrates knowledge of the challenges children face in their development and the consequences</p>

	<ul style="list-style-type: none"> • Physical health and well-being • Drugs, alcohol and smoking 	<p>of those challenges A2.6 How family, school, peers can influence and support children and young people</p> <p>B1.5 Demonstrates an understanding of the importance of factors which promote physical and mental health and wellbeing B1.8 Demonstrates knowledge of the importance of Health Promoting Schools B6.12 Health promotion and prevention A5.3 Health promotion strategies in the community A5.4 Awareness of how local services and amenities can support the development of children and young people</p>
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Barnado's Scotland

Primary Schools in West Lothian, Scottish Borders, and Central Scotland.

Appendix A

Initial questions and workshop outlines

1. If you or your friend had a problem\were unhappy, who would you go to for help?
2. The people you might go to for help, what do they do\what job do they have?
3. What do they do that's helpful\what is it that makes them helpful?
4. What do you think people who help children should be like?
5. What sort of things should people learn to become (more) helpful to children?
6. How should they learn this? eg by spending time with children in school\after school clubs\sports or arts clubs

Workshop outline:

Introduction: Purpose and structure of the meeting. Reference to confidentiality and dissemination.

Activity 1: People who may help – to consider if you or your friend had a problem\were unhappy or worried, who would you go to for help? How do you know them\what job do they do? What is it that makes them helpful? Group discussion.

Activity 2: What do you think people who help children should be like?

In small groups of 4-6 children were given a picture with a large outline of “The Perfect Helper” on it and were asked to draw or write what this person would look like, say and do. Children were also given post-its to add individual ideas to the group picture.

Activity 3: Older children (P6\7) were given an individual worksheet to complete:

“My top three.... Things I would like to see in a helpful person”.

Appendix B

“My top 3 ... Things I would like to see in a helpful person”

Individual responses

- Likes football
- Has a fast car
- Is smart and strong
- Can be very nice and sweet
- Can handle your problems
- Sets a good example
- Is hardworking
- Polite
- Tells you what's right and wrong
- Gives advice
- Is always there
- A good sympathetic listener
- A problem-solver
- To be sensible
- Pays attention, calm, not made all the time
- Think of others
- Sympathetic and laid back
- Someone who doesn't rush you but takes time with you
- To give good advice
- Help people who are getting bullied
- Somebody who is bigger than me
- Doesn't patronise me
- Someone you know
- Knowledgeable
- Young, so they understand what it's like
- They know how to put themselves in people's shoes
- They know what you are saying about what the problem is
- Help you whatever is wrong
- Not to be cruel
- Not to smoke or take drugs.