

Members of the Committee are asked to:

- Note the contents of the report
- Consider the question of generic/focused outreach

Quality statement: 5, 6, 7, 9, 10, 11, 12, 13, 17

## Volunteer and outreach: April 2020 – June 2020

### Children NE - Children/young people friendly services

Beth developed a questionnaire using the 'You're Welcome' criteria as guidance and feedback previously heard to develop the questions. The questionnaire was created using Survey Monkey and promoted to young people aged 11-20 and their parents, through Twitter, Facebook and Instagram, and also within our networks. We gathered views of 71 young people and results were analysed and the following themes emerged;

- **Accessibility** - Young people reported all services were easy to access, including outside of school/college hours and by public transport. Many said they needed to use mental health services but were unable to due to their location, distance to travel and personal needs such as interpreters.
- **Patient Choice** - Young people were unaware of choices they could make as a patient including asking for specific gender staff and lone appointments
- **Communication** - GPs and hospital staff were least understandable and more likely to speak to their parents. In addition, they were also most likely to treat young people differently because of their age. Many young people said they feel like they were put into a category of a young person.
- **Confidentiality and feedback** - Most young people weren't explained confidently or asked to give feedback to services. Over 50% said they would like to give feedback.
- **Improvements** - Young people said improvements need to be made in staff attitude and communication, service environment and online information.

Based on the results we have suggested the following recommendations;

1. Hospital services to provide a young people-friendly map on how to access the specific ward/clinic, including more detail of using public transport (i.e. what stop)
2. Promote directly through services and online information to increase awareness of what services offer to ensure young people can make decisions and take responsibility of their own care. This includes choice of staff gender, lone appointments, confidentiality, and feedback gathering.
3. Staff training to improve communication skills with young people, to remove assumptions and build trusting relationships. (especially GP's and Hospitals) Online training is available <https://www.cyphp.org/images/page-images/CYP%20Professionals/General%20Practitioners/Young%20People%20Friendly%20Training%20from%20CYPHP.pdf>
4. Further consultation on how to make mental health services more accessible for young people

This is currently in draft format and once complete will be circulated to commissioners and service providers and provide Children NE with evidence to support their wider poverty-proofing health setting consultation

## **Lost in translation - Translation and interpreting services**

The report is now finished and awaiting comments from stakeholders. Report has been emailed alongside committee documents.

## **Current work**

### **Volunteer catchups**

Beth is currently contacting volunteers to check in with them on a weekly basis. This is to ensure to maintain contacts, for their personal wellbeing and to update on current work. We are still holding our 6 weekly champion meetings via Zoom and the volunteers have all adapted well to technology.

### **Volunteer training**

Beth has introduced volunteer learning passports to the volunteers. The Volunteer Learning Passport, developed and funded in partnership with Health Education England (HEE) e-Learning for Healthcare (e-LfH), is an online training package that enables volunteers to work in more than one organisations without having to repeat the same basic training. The Volunteer Learning Passport content is free to access, and registration is required for this to enable users to track their learning, provide feedback on sessions

### **New volunteer roles**

Beth has been working with Jacqui Thompson (HWN) to produce new remote volunteer roles as suggested by Healthwatch England. These include Online feedback collector, Information and signposting volunteer, Social media volunteer and Publications and document editor. We have discussed these with current volunteers, and some are happy to take on these roles. Majority would prefer to just wait for face to face engagement.

### **Befriending calls**

Beth is currently managing Mental Health Concern calls, and Jacqui (HWN) is managing Age UK. We have 4 volunteers completing these weekly calls and they are enjoying it.

### **COVID-19 survey**

To reach seldom heard communities, Beth is reaching out to local community groups and organisations to promote the survey. We have also provided call backs for those unable to complete the survey online. Beth has arranged for Gateshead foodbank and Felling foodbank to put our survey leaflets in their food packs to reach those that are vulnerable and hard to reach. This will include a number for people to text for a call back.

The Queen Elizabeth Hospital contacted Beth asking if there was any feedback from the survey about the QE. Unfortunately, there was not, so Beth decided to pilot a zoom “focus group” to collect peoples experiences on 9 July. Sadly, no-one registered for this event despite promotion from ourselves and the QE.