

What drives the involvement of young people in policy making and service improvement?

Insights from a map of Scotland's sexual health system

CONUNDRUM Action

What did we do and why did we do it?

Despite growing interest in patient and public involvement (PPI), involvement of young people in sexual health policymaking and service improvement remains uncommon. Many initiatives seeking to involve young people in decision-making lack sustainability and fall short of enabling meaningful collaboration between young people and those who plan and deliver policies and services.

The CONUNDRUM Action Group set out to better understand this problem and its context, to identify opportunities to increase young people's meaningful involvement in decision-making about sexual health services and policies in Scotland. The Action Group includes young people, researchers, and professionals working in NHS Scotland and Scottish Government.

Adopting a systems approach, the Action Group, along with other stakeholders in sexual health, created a participatory systems map (specifically, a causal loop diagram) to understand the following:

- What factors influence young people's involvement in shaping sexual health services and policy?
- How are these factors interconnected?
- What are the potential opportunities in the system to increase young people's involvement in policymaking and service improvement processes?

How did we do it?

The participatory systems map was built in three steps:

- Initial map building: the Action Group mapped the causes and effects of young people's low involvement in decision-making using digital whiteboards (4 online sessions);
- Gathering views from wider system stakeholders: young people and researchers interviewed stakeholders in roles across the

- sexual health system (government policymakers, clinicians, health promotion and community engagement leads from NHS, and representatives from national public health bodies, third sector organisations, and the commercial sector) to understand their perspectives on factors shaping the involvement of young people (18 interviewees):
- Map review and refinement: All interviewees and Action Group members were invited to review a draft system map (created by the research team), and subsequent refinements were made based on their feedback (from 2 online workshops).

What did we find?

The system map (which will be published in full elsewhere) is a visual representation of the system of young people's involvement in sexual health decision-making in Scotland, according to a diverse group of stakeholders.

We found that all sexual health stakeholders agreed that young people's involvement in shaping policy and service improvement is important. Stakeholders viewed that meaningful involvement of young people could lead to young people feeling respected and heard by professionals, gaining confidence in the value of sharing their views and experiences to inform decision-making and ultimately feeling represented in sexual health policies and services. There was consensus that not involving young people could lead to inadequate policies and underused services, leaving the needs of both young people and health system staff unmet. Current efforts to implement involvement initiatives were seen as often lacking consistency, quality and reach.

Within the map, we identified four main domains (or clusters of factors) that explain young people's involvement — or lack of — in decision-making about sexual health policy and services. To support further reflection, the four domains listed below are presented with a set of questions and illustrative quotes from interviewed stakeholders.

1. Leadership, prioritisation and resources for involvement work

Do national and local policies mention the importance of involving young people in shaping policy and services? Are decision-makers prioritising young people's involvement in shaping policy and services? Are sufficient resources allocated to this work?

"[...] we don't have that level of guidance (i.e. standards on the involvement of young people) and that's probably one of the things that we need to develop so that we're clear that in all areas that are relevant that we're absolutely engaging young people along with other groups as well, because our policies and our implementation approach needs to be right for everyone." (policy stakeholder)

2. Governance and collaboration to support youth involvement

In the context of limited resources, do public and third sector organisations collaborate to share learning and best practices? Do established processes exist that enable consistent and accessible involvement of young people? Do current organisational cultures and structures support involvement work? For instance, is there sufficient flexibility within organisations for staff to be able to engage in ways that are most convenient and suitable for young people? (e.g. using language that makes sense to young people; meeting in locations and via digital platforms that young people use).

"For staff to want to do things, there are a lot of barriers for them to go through by being an NHS organisation in terms of procedural, staffing, time [...], we just had huge obstacles with the type of content we could put out. [For example], the wording." (health improvement lead)

3. Workforce readiness and capacity to carry out involvement work

Do staff understand the benefits and challenges of involving young people in shaping policies and services? Is there sufficient staff capacity to carry out involvement work? Are staff trained on how to meaningfully involve young people?

"I think one of the issues that you have is I think to do involvement really well needs quite a lot of time. It probably needs a bit of dedicated staff time and we don't have sufficient resource or staff time in the organisation to make that happen in our service." (policy stakeholder)

4. Accessibility, inclusivity and quality of involvement opportunities

Are involvement opportunities designed to reach diverse groups of young people, including those typically underrepresented in decision-making about services and policies (e.g. young people living in rural areas, young people with disabilities, ethnic minority young people)? Are socio-economic factors considered when recruiting for involvement initiatives? Do methods of facilitating involvement consider differences among young people to ensure all can take part? Are there different options for participating and sharing views? Is young people's feedback acted upon, and are they kept updated about the impact of their involvement (or lack thereof)?

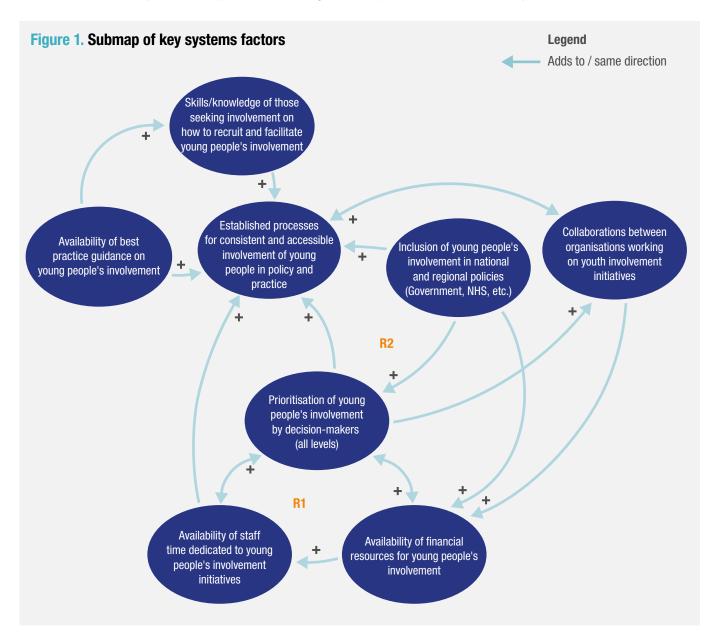
"The cost of surviving for a young person is overwhelming — [...] when you're trying to study or start off a career do you really have time to get involved in decision-making processes when you're trying to take on two/three part-time jobs to feed yourself and pay for accommodation?" (third sector stakeholder)

"If you're expecting young people to go somewhere to be involved in a group...can they get there? Is there public transport? And then if you think about doing everything online there's digital exclusion as well." (health improvement lead)

"We sometimes get a bit worried that the young people that are on those groups and forums, [...] have a particular set of experiences [...] but they may not be very typical of some of the young people that you're really looking to provide services for." (policy stakeholder)

Sub-map showing key system factors influencing young people's involvement

The below figure shows an example sub-map that presents eight important system factors and how they are interconnected. A link with a positive polarity (+, blue line) indicates that two factors move in the same direction (they both either increase or decrease). Some of these factors link together to form a circular chain of causal influences, known as a feedback loop. In the sub-map, there are two reinforcing feedback loops (R1 and R2). Reinforcing feedback loops are important to consider as these produce exponential change in a system — either with positive or adverse effects.



The system map reflects the views of diverse stakeholders across the sexual health system and highlights the causal connections between policy and practice. Engaging with the map can enhance a collective understanding of the current system shaping young people's involvement in sexual health decision-making, and also provides a foundation for fostering collaborative discussions on opportunities for change.

In a next project stage, opportunities for systems change will be reviewed by project stakeholders. Aspects such as feasibility and scope for impact will be discussed. The full map and results of these discussions will be published in a future paper.

Further resources

A short animation on young people's involvement in sexual policy and service improvement. Produced by the media co-op, in collaboration with members of the CONUNDRUM Action Group (Kate Astbury, Rebecca Gascoigne, Yu Nakamura, Jo Duffy, Steff Kaye & research team). Available at: www.gla.ac.uk/conundrum



- A paper on involving young people in sexual health research and service improvement: a conceptual analysis of patient and public involvement (PPI) in three projects. Available at: https://doi.org/10.1136/bmjsrh-2022-201611
- **New guidance** on choice and design of participatory systems mapping methods in population health. Available at: https://doi.org/10.36399/gla.pubs.316563

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CONUNDRUM is a research collaboration between sexual health stakeholders – including young people, policy makers, practitioners, and researchers – who are committed to improving young people's sexual health in Scotland. To find out more, visit: www.gla.ac.uk/conundrum

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