context, such inquiries should explicitly consider how the shift towards market-oriented provision of care shapes peoples' health system interactions.

**28 HOW DO CO-CREATED MENTAL HEALTH AND LIFE-SKILL WORKSHOPS MEET THE SUPPORT NEEDS OF 14–25-YEAR-OLDS IN LONDON DURING COVID-19 AND BEYOND?**

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Background The impact of the Covid-19 pandemic on adolescent mental health has received growing attention, but the challenges that adolescents living with existing inequalities face are not well documented or addressed. Few collaborative solutions between academic and community organisations exist to recognise and address the support needs of vulnerable young people.

Aim The EMPOWER-Islington Project co-created five mental health and life-skill workshops with and for young people in London Islington – a borough with high deprivation.

Methods Workshops informed by a qualitative study of local authority-referred 14–25-year-olds (60% female) challenges and support needs during Covid-19 (Lee & Wong, under review) were uncovered by 1-on-1 semi-structured interviews (N=20) and focus groups (N=6; average group size = 2.83). The impact of the workshops on adolescents and the co-creation process are reported.

Results The five workshop themes included: opening up about mental health stories; body image and self-confidence; mindfulness and the arts; education and careers; and healthy routines and sleep habits. Young people provided positive feedback on workshop attendance through surveys and voice notes. Young people spoke about feeling equipped to explore different career options, developing better sleep routines, and enjoying back on the end-of-project animation. However, overall attendance rate was lower than expected. We will share lessons learned, the importance of incentive, timing, and setting of the workshops.

Conclusions Collaborating with local organisations (i.e. the local council, youth centres), co-designing workshops, and involving young people opportunities to contribute to research has immediate short-term impacts for young people. Embedding young people’s voices throughout the project timeline and existing processes would be beneficial for future workshops, especially to reach young people less motivated to participate.

**29 SHARING QUALITATIVE HEALTH AND SOCIAL CARE RESEARCH DATA: KEY STAKEHOLDER VIEWS**

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Background The shift towards Open Science means that there is an increasing expectation amongst funders and publishers of health and social care research in the UK that all data be made available for re-use. This expectation is, in large part, modelled on established quantitative data sharing practices. This potentially raises ethical, theoretical, methodological and practical challenges for the sharing and secondary analysis of qualitative data within health and social care research.

Aim To explore key stakeholders’ views on qualitative data sharing and re-use in health and social care research.

Methods One-to-one qualitative interviews and focus group discussions were conducted with researchers, data librarians/managers, funders, experts in research ethics and information governance, and participants in qualitative research. Interviews/focus groups explored ethical, theoretical, methodological and practical issues related to qualitative data sharing and re-use, including concerns around data security and trust, and practicalities of data sharing.

Findings Stakeholders described qualitative data sharing and re-use as ethically valuable in terms of maximising the value of primary data. Stakeholders discussed key motivators, including altruism, accessibility of a range of data (particularly for early career researchers and students), and generating research impact through data re-use. Concerns were expressed in relation to obtaining ‘informed’ consent, data security and access, workloads associated with the anonymisation of qualitative data, and the quality of available data including meta-data to aid contextual understanding of datasets. The ethical and methodological challenges of doing qualitative secondary analysis were also discussed.

Conclusions A move towards sharing qualitative data requires engagement with the research community, including those who have contributed their data to research, to mitigate identified obstacles while enhancing existing motivations to both share data and to seek out data for secondary analysis.