



GOVERNMENT OFFICE
FOR THE NORTH EAST

Young people from some black and minority ethnic communities in North East England share their views of health services

April 2010

Introduction

Background

This report presents findings from discussions involving 24 young people, 13 young women and 11 young men, who described their cultural backgrounds as Pakistani, British Asian, Bangladeshi, Arabic, Iraqi and Kurdish¹.

At the point at which they took part in discussions in single gender groups during March 2010, eighteen of the young people were under twenty years of age with an age range of eleven to nineteen, and six, who were in their twenties, reflected on experiences during their teenage years. Sixteen were living in Newcastle and six in Gateshead.

The young women and men were asked to share what they knew about 'going to the doctors' and using other services, including hospital services and services designed for young people (see Appendix 1), as well as ideas for developing their access to the full range of health services. They were all keen to express their views, to 'influence decision-making and achieve change' (Royal College of Paediatrics and Child Health, 2010:7). Quotes from group discussions are in bold purple font throughout the report.

Discussions took place in settings that were familiar to the young people (community project, sports centre, youth project), with the support of youth workers. Discussions were facilitated by Dipu Ahad and Ann McNulty, Health and Race Equality Forum² at Newcastle Healthy City. They are the authors of the report.

Mandy Cheetham, Regional You're Welcome Lead at Government Office North East, commissioned this exploratory piece of work in the context of regional implementation of the You're Welcome set of quality criteria for effective service provision for all young people under the age of twenty (Department of Health 2007a). There is a significant body of evidence that people of all ages in Black and minority ethnic communities experience health inequalities (Department of Health 2003, Equality and Human Rights Commission 2008). People working in the public sector have a responsibility to consider the needs of everyone who uses their services (Government Equalities Office 2009:30) and to engage them in discussion about developments and improvements.

¹ The North East of England has become increasingly diverse, in terms of ethnicity, since the 2001 Census (O'Donnell 2008). Since 1999 over ten thousand people have arrived seeking asylum, while people have continued to move here from other countries to study and to gain employment (see Rodger and Chappel 2008 for a detailed picture of migration to the North East).

² The Health and Race Equality Forum (HAREF), part of Newcastle Healthy City, is a network linking people in diverse minority ethnic communities. The forum developed as a North of Tyne network, and some work includes communities across the region. The forum aims to reduce health inequalities and maximise people's wellbeing. It is a mechanism for celebrating best practice, identifying gaps in service provision and coordinating action to address gaps. Contact: ann.haref@healthycity.org.uk or dipu.haref@healthycity.org.uk

Limitations of this piece of work

The diverse experiences of young people in minority ethnic communities are cross-cut by markers of identity other than age and ethnicity, such as disability and sexual identity.

A young person with a disability took part in one of the group discussions. The young women and men were not asked about their sexual identity in the group settings. It is important to note that the health needs of people in Black and minority ethnic communities who are lesbian, gay, bisexual and trans (LGBT), tend to be overlooked in UK research, and young people who are LGBT in Black and minority ethnic communities disclose their sexual identity to fewer people than their white peers, and are therefore a particularly invisible group (Department of Health 2007b). A young person in one of the groups talked about experience of mental ill-health and mental health services. Young people from Black and minority ethnic communities experience a disproportionately high level of factors that are known to put people at risk of developing mental distress, such as exclusion from school and homelessness (Afiya Trust 2010, Department of Health 2008).

Group discussions did not involve young people with experience of recent arrival in the North East seeking asylum as unaccompanied minors. Young people who are new to the UK face particular barriers in accessing health care, for example lack of knowledge about services.

Findings and recommendations

The findings (pages 2 to 7) and recommendations (pages 7 to 8) emerged from analysis of the young people's discussions.

1. What's going on in health services?

One of the main points to emerge is that young women and men do not automatically know how to use health services. Discussion highlighted the value of young people receiving information about their rights and responsibilities when they use health services. This finding is relevant to improving and developing services for people of all ages and backgrounds.

The young people were generally aware of the range of professionals and services in primary care settings and of some secondary care pathways, with no apparent age or gender differences in this small sample in relation to knowledge of health services. Some young people knew about recent extension of primary care hours, though several pointed out that information about service changes and developments is often 'inside' Health Centres, rather than out in the community: **You don't know about things unless you spend a lot of time in the surgery.**

2. Confidentiality

There was a high level of awareness, including among younger participants, of the parameters of confidentiality in consultations with health professionals,

although there were still some young people who were uncertain: **I'd worry that they might tell someone.** The younger people who knew about the limits of confidentiality in health consultations said that they had received information through Personal, Social, Health and Citizenship Education (PSHCE) sessions in school.

3. Primary care appointments

A significant number of young people, including those in their twenties, expressed frustration at not knowing how to negotiate making an appointment to see a primary care health professional. This reflects the fact that there is no standardised appointment system across primary care teams, and highlights a need for more clarity about how to make and cancel a primary care appointment, including a same-day appointment where necessary. **It's annoying trying to get an appointment. You have to ring at 8am and it's always packed; They say things like "That's a bit late to change the appointment" and you say you've been trying to get through for 45 minutes, and there was nothing you could do; Is it possible to have standby appointments?**

4. Knowing what's what

The challenge for health service providers is for all young people to come away from consultations 'knowing what's what'. The young people generally showed understanding of time constraints in health settings, and suggested that, working within these constraints, it might still be possible for health professionals to give more detailed information during consultations: **When you feel bad and someone says "Go home and drink fluids" it doesn't feel right.**

Pharmacists were highlighted as a useful complementary source of information in primary care: **Pharmacists give good advice and a lot of information. They have a friendly response, rather than telling you something you don't understand. They tell you how much (medication) to take.**

There was little awareness that effective use of a primary care consultation involves focussing on one health issue. One young man illustrated how this can lead to frustration: **You can only talk about one problem at a time. They say "Go and make another appointment". Then you have to explain everything again, and it feels as if they haven't seen you already.**

5. Intergenerational issues

Some young women and men talked about negotiating services for people within their families who have English as a second or third language. Their experiences meant that they had a heightened awareness of potential barriers to accessing health care: **The touch screen for signing in can be a barrier for people who don't read.**

A significant number of the young people talked about the communication support needs of some people within their respective communities, and the difficulties young people can face if they are asked to interpret for family

members in health settings. This feedback underlined the importance of a consistent system for booking professional interpreter support: **It feels like you're asking for more than everyone else when you ask for an interpreter. You should be offered it; Advertise people's right to have an interpreter and ask whether they would prefer a female or male interpreter.**

During group discussions, several young people talked about their sense of responsibility in relation to being asked to interpret for family members, and potential implications for themselves³: **It's better to use professional interpreters. If a young person is used as an interpreter that means they are being kept off school. They have to call in sick. It's a sacrifice for them and a big responsibility.**

6. Is the Health Centre a place for me?

The young women and men who took part in the group discussions showed thoughtfulness about the health needs of other groups of people (in contrast to the stereotype of young people as self-centred), together with a sense that as young people, and as young women and men from minority ethnic backgrounds in particular, they are not 'seen' as potential users of primary care: **There's more information about mothers, say about breastfeeding, rather than young people, rather than something about me. There needs to be more; The Health Centre is used by a lot of older, senior people, and you don't see a lot of young people.**

The diversity within this small group of young people, in terms of different levels of confidence in speaking out and range of knowledge of local health services, challenges the stereotypical idea that all young people are automatically able to handle new situations, for example walking into a Health Centre and speaking assertively with people working at reception. Several commented on the difficulty of doing this without feeling self-conscious: **If you go on your own, people might stare at you; It can feel quiet and scary, with a tense atmosphere. You could try and calm people down with relaxing music and something to read that's not too old, and information you can pick up. Some have TV and some have a play area for children, which is helpful.**

7. If only you did this...⁴

Feedback about health professionals highlighted differences within as well as between health teams.

There was positive feedback about the skills and attitudinal approach of many health service practitioners, as well as concern about the way in which some can appear to young people (and presumably to others). Positive feedback about nursing and medical practitioners tended to focus on the value of being

³ This can be an issue for other young people, for example hearing children of D/deaf parents.

⁴ During group discussions young people were asked: "If you could say to the people who work there (in health services) "If only you did this...", that is, things that would make it easier for you and other young people to use the services that are on offer, what would you say?"

seen by someone who is friendly, respectful and professional and who can communicate well: **Nurses are really professional and take your thoughts seriously; I think my doctor is really good. He sits down and talks to you, and asks what he can do for you; The nurses are canny and friendly; Doctors treat you equally and seem to have a lot of cultural awareness.**

Young women and men emphasised the **need to have workers who have good relationships with the community and good interpersonal skills ... who take things and people seriously.** They highlighted **the importance of not being judgmental. The staff are good service-wise. The receptionists are friendly on the phone and when you get there they are friendly; Customer services are really good; It's very positive at reception. They make sure you get an appointment and they're helpful.**

8. Impact of practice that is less than young people can expect

Young people showed understanding of the complexity of work in primary care and the difficulties faced by reception staff in particular. However there were examples of practice that had put young people off using their Health Centre. These negative experiences are likely to be shared with peers, creating a barrier to service use, with potentially serious implications: **The receptionist put the phone down once; Sometimes receptionists are at the desk talking to each other and you feel ignored; Receptionists can be stuck up when you phone up. They can sound quite irritated and not very friendly. They start giving you solutions before you've said the problem. You can understand their point of view. You're just another person. There's a need to build rapport; They weren't young people friendly – one laughed at me and I haven't been at the doctors since.**

While young people recognised the difficult task of welcoming and attending to each new person, in the context of working with people who may be anxious, stressed, distressed, and sometimes struggling to communicate what is wrong with them, they highlighted the impact of not getting this right: **If receptionists are more friendly that makes an automatic difference. There's nothing worse than someone you don't know speaking as if you're nothing, like they don't care; Some doctors don't tell you their name and don't smile; It felt as though the doctor was in a rush and wanted to see the next person.**

9. Services specifically for young people

Some of the young women and men were aware of dedicated young people's services, including access to sexual health services and support around problematic use of drugs and alcohol. Schools, colleges and Connexions⁵ were identified as good sources of information about young people's services. There was appreciation of access to accurate information rather than having to rely on information from friends, which might be misleading.

⁵ Connexions offers advice on education, careers, housing, money, health and relationships to young people aged 13 to 19 in the UK.

For some young people it is easier to talk about issues that they find sensitive with people they don't already know, even when they feel they have a trusting relationship with a known General Practitioner (GP). There was reference to the advantages of providing services in a range of settings such as sports centres, particularly in areas such as sexual health (see also Samangaya 2007)⁶: **It's better there (sports centre) because they don't know me. The doctors know you and there's embarrassment.**

Sexual health was identified by many as **a sensitive area in our community**⁷ and a **very touchy subject**, though they also referred to changing views about young people's sexuality and other issues such as the use of alcohol and drugs, within their respective communities: **Sexual health services are heavily advertised, though this is something that's frowned upon. The perception of the community has to change and it is changing slowly. Elders used to say "Our young people don't do drugs", but not now.**

Some of the young people talked about the scope for working with parents in their communities: **Muslim women have a lot of groups – you could introduce someone to talk about the information that young people need**⁸. They mentioned the importance of their being able to access information about growing up and relationships in schools, as some adults might act as **gatekeepers who don't pass information on**. Information in schools can be developed in ways that are sensitive to the diversity of backgrounds in which young people grow up: **Information about sexual health needs to be better in schools, and to be linked with Arabic and Islamic classes which also teach the Qur'an. That would be very effective as a source of information and advice from a male and female perspective.**

Young people highlighted some clearly defined areas for improvement, for example making sure that young people in schools know who their school nurse is and how to contact her or him: **I've never met the School Nurse. I don't know who she is**. Opportunities to see a health professional in school time can be invaluable (see for example McNulty and Turner 1998:39⁹): **The School Nurse is approachable, and it doesn't feel as approachable if you've got to go somewhere else. In your own free time you're not as keen to see someone.**

⁶ Martin Samangaya produced data with 55 young people from Black and minority ethnic communities, aged sixteen to twenty-five, to explore the lower attendance rate by young BME men, compared to white men in the same age range, at a male nurse-led drop-in service in Bradford. He concluded that more services should be offered in places other than traditional clinical settings.

⁷ This is similar to positions in some white communities, often linked to religious beliefs.

⁸ For example, Speakeasy is a programme that encourages and equips parents to talk with their children about growing up and relationships.

⁹ 49 young people, 33 young women and 16 young men, took part in focus groups during the Northumberland Young People's Health Project, 1996-1998. Individual health interviews with school nurses were almost unanimously perceived as a useful opportunity to start to talk about health concerns, as they offer a private setting and "you can go as deep as you want to".

There was reference to online information providing young people with a reliable and safe source of information in sensitive areas: **It would be good to have a website for confidential information.**

10. Experience of referral to secondary care

Not surprisingly in this age group, there was little direct experience of using secondary care services. The few comments that were made related to **a long waiting time for an appointment after referral and no information about why it was so long.** Several had experience of visiting family members in hospital, and mentioned **a parking ticketing system – you have to pay to go and visit people.**

11. Experience of Walk-in Centres

There was negative feedback about use of Walk-In Centres, focussing on waiting times and staff attitude: **You have to wait and most of the time the nurses don't seem too concerned. They always seem to send you away and say "Come back in the morning": They don't seem bothered at reception and are quite slow as if they don't want to be there; They seem dismissive and are slow to take your details; Much quicker in A&E** (Accident and Emergency Department).

Recommendations

- Information about how to use health services, and about service changes and developments, to be shared with local young people by primary care and other health teams (eg hospital-based diabetes service team), through communication and partnership work with local young people's projects, schools, colleges, pharmacists and initiatives such as Connexions¹⁰. Young people will be equipped to use health services during their youth and in their adult lives.
- A clear message to be given by health professionals to all young people, that it is OK for them to ask questions during consultations and to say that they need more information. This message can be added to websites and other media, and a reminder given during consultations, for example a quick check that what has been said has made sense and is enough information: **It would be good to have things explained. They say "Take this and come back in two weeks" rather than going through the process.**
- Communication and contact between health service professionals and community projects and spiritual leaders, who can signpost young people to appropriate services: **If I was in trouble, I wouldn't go to the doctors. I would go to people I look up to if I was feeling unsettled.**

¹⁰ In relation to informing young people about access to support around sexual health for example, this is in line with recent draft guidance from the National Institute for Health and Clinical Excellence (2010).

- Young people to be given clear information about their school health service, particularly who their school nurse is and how to contact her or him: **The School Nurse is really easy to talk to. You can talk about anything. She's comfortable to be around and approachable and makes an effort to talk to you.**
- Health professionals to do a standard brief checking-out of young peoples' needs eg "Is there anything it might be appropriate and useful for me to know about you?": **Before someone joins the surgery, you could ask them questions like "Is there anything you would like to make your visit more comfortable".**
- Equality and diversity awareness for health teams to highlight the diversity of Black and minority ethnic communities and avoid stereotyping.

Examples of interesting practice¹¹

- Heaton Manor Comprehensive School in Newcastle upon Tyne has a dedicated Personal, Social, Health and Citizenship Education (PSHCE) Department and the departmental team has developed a link with an adjacent Health Centre. Some young women and men have visited the Health Centre and brought back information to share with their peers. PSHCE sessions include information about how the NHS works and how to use health services effectively eg how to make an appointment.
- Parkway Medical Group in Newcastle commissioned an equality and diversity awareness-raising session from the Health and Race Equality Forum (HAREF). The Practice Manager's vision was that this would kick-start a year's programme of training focussing on different groups of people, to improve access of everyone. Following the initial session, which included discussion of potential barriers for young people, the Parkway primary care team explored local young people's perceptions of the practice, supported by the You're Welcome Coordinator. A meeting between some young people at a nearby secondary school, the Practice Manager, a member of the reception team and one of the GPs resulted in the practice producing a newsletter in young people's language, giving information that other people take for granted, for example "When I get a prescription, where do I take it next?".
- Newcastle Central PBC (practice-based commissioning) cluster commissioned Streetwise (a local young people's service) to support them to work towards meeting the You're Welcome quality criteria. This included asking young women and men from the majority white community and from some minority ethnic backgrounds, to work on the content of a website outlining services. See www.gp4U.info.

¹¹ This is a small selection of examples of interesting practice in Newcastle upon Tyne, known to the authors of the report. Many examples of interesting practice across the North East region are not written-up and are therefore not easily accessible. If you are aware of any examples in your area, please contact mandy.cheetham@gone.gsi.gov.uk

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Appendix 1

Group discussion questions and prompts

1. You'll often hear people saying "I'm going to the doctors":
 - What do you know about 'the doctors'?
 - Do you know who works there?
 - Have you heard anything about what it's like at your doctors?
 - If you've been (without saying anything about why you went) what was it like?
 - If you could say to the people who work there "If only you did this...", that is, things that would make it easier for you and other young people to use the services that are on offer at the doctors, what would you say?

2. Are there any other services you know about where you can go and ask about things to do with your health?
 - What have you heard about them?

3. Some young people have to have hospital appointments. Have you heard any feedback from young people round here about what it's like to see a nurse or doctor in hospital:
 - What have you heard?