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Coventry



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Young people's experiences of health and **care** - perspectives of young people from Hillfields in Coventry



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Contents

Introduction	3
Our aim.....	3
About WATCH.....	3
About Hillfields	4
Our method	4
Challenges	5
Findings	5
Positive feedback.....	5
Areas for improvement	6
Conclusion.....	13
The key asks from young people	13
Acknowledgements	14
Appendices.....	15

Introduction

Healthwatch Coventry is the independent champion for NHS and social care. The Healthwatch Coventry mission is to hear the experience of NHS and social care services from those in Coventry who do not have strong voice or are ignored. Healthwatch are committed to reaching new people by trying different ways of hearing experiences.

Healthwatch Coventry have long established links with voluntary and community groups in Coventry and are hosted by a local charity. We advertised a small grants application programme for community research projects to gather experiences of health and care or of barriers to health and care from less heard groups of the local population. This was the second round of small grants. This time the focus was on hearing from:

- Young people
- Men from socially disadvantaged neighbourhoods
- People from diverse communities experiencing health inequality.

This piece of work was carried out in collaboration with WATCH a charity working in the Hillfields area of Coventry with the aim of amplify the voices of young service users to inform service providers and policy makers.

This report examines how young people perceive and experience their local health services and social care services.

Our aim

By focusing on Hillfields, a diverse community, the report seeks to uncover specific challenges faced by young people in accessing health care.

The goal is to understand youth perspectives to improve the accessibility and effectiveness of current health support.

About WATCH

The WATCH Charity, and Community Centre is a modern, purpose-built, community centre located in the heart of Hillfields Coventry.

WATCH, was established in April 1998, after the devoted work of a small group of local people. The centre contains excellent facilities for the local community, and aims to support people facing disadvantage, social exclusion, and deprivation.

Youth activities provide children, and young people with the opportunity to take part in weekly drop ins, and spend time together in a safe, fun, environment.

WATCH also has its own community radio project, Hillz FM, that broadcasts radio programmes from a diverse range of people, from all areas of the community.

WATCH charity is inclusive and culturally sensitive and can be accessed by the whole community. WATCH actively seeks support minority ethnic communities who are culturally under-represented, and persons who live in socially or linguistically isolated communities.

About Hillfields

Hillfields in Coventry is among the 5% most deprived neighbourhoods in England. The population is around 13,400

Around 33.5% of the population of Hillfields is Asian, Asian British, while 21% is Black, Black British, Black Welsh, Caribbean and African. 11.7% can speak English very well.

Under half of the area classed as "in employment".¹

Our method

Watch has two existing youth groups that are delivered on a Wednesday and Thursday at Hillz FM, we used these to target young people to participate in our project to hear about their experiences of health and social care. We encouraged them to think about what would help improve services for them. Young people were also encouraged to participate in the research and hand in their consent forms with the offer of receiving a gift card.

We engaged with young people through informal interviews, where questions selected by the young people were discussed to inspire conversations about their experiences with NHS and social care services.

Additionally, we recorded a dedicated radio show where young people shared their stories and perspectives live on air.

¹ <https://www.coventry.gov.uk/downloads/file/41315/hillfields-quick-data-profile>

Over the course of the research period from February 22 to March 25, we successfully obtained consent from 10 participants, aged between 13 and 27 years old.

These individuals attended various sessions, talking about their experiences and ideas. Three of the young people also participated in a live radio show talking about their experience and thoughts about their journey through health and social care, raising awareness of health and Healthwatch Coventry for any young people listening.

Challenges

Despite the success of the engagement efforts, we encountered some difficulties and barriers such as the nature of our drop-in sessions, which meant that attendance could not be guaranteed, impacting the consistency of participation. Additionally, some of the young people were initially hesitant to share personal information, posing a challenge to gathering in-depth insights.

Regardless of this, the research provided valuable insights into the perceptions and experiences of young people regarding NHS services and allowed for meaningful dialogue, highlighting areas for improvement in service provision and accessibility.

Moving forward, addressing these barriers will be crucial in ensuring more inclusive and effective support for young people in Coventry.

Findings

The findings of the research shed light on young people's diverse experiences and perspectives regarding health and care services in Coventry. We spoke to 9 young people from the local area, between 13 and 16, and with one person who is 27.

Positive feedback

Examples of positive encounters:

"The doctors and nurses were really nice" and "I feel comfortable discussing health concerns with healthcare professionals". "It is easy for me to access services as I live around the corner from the doctors" and "I can't think of any improvements as the NHS is amazing as it is".

"I had a great experience with the NHS. The people that took care of me were very patient and they are very good at comforting".

YP doesn't believe the NHS should improve in anything "because they're really good at doing their job".

Another young person also spoke about positive experiences of regular contact and "health care professionals who go the extra mile".

Areas for improvement

There were also however, areas of concern and suggestions for improvement.

Parents/carers

It became evident that most of the young people interviewed relied heavily on parents, guardians, or carers to navigate these services for them, limiting their personal experiences and understanding of the process. This reliance often led to a lack of autonomy in seeking support, highlighting an issue in the accessibility of health services for young individuals.

A barrier to seeking help is that young people can be afraid that the information they provide will not be kept confidential and could then pose a higher risk to them. Another worry is finding themselves in an unfamiliar environment with difficult terminology often used during consultations.

Reassurance, respect, and communication

Reassurance and the need for clear communication emerged as crucial themes among young people. They expressed the importance of receiving reassurance during health-related interactions, emphasising the need for transparent and supportive communication from healthcare professionals.

One young person spoke about an incident which frightened him when he went to a walk-in centre with his friend and the doctor said that his health issues could be “a life-threatening disease”, gave him two injections and didn’t “get anyone else to check it” or inform his guardians. He said he had to “wait like 5 hours all by myself” and that his mother wasn’t told “until like 3 hours after”

They said the doctor “gave him a choice” of whether to have an injection but because “[I] was worried if I have a life-threatening disease or not, I said sure because if not who knows, I might die”.

A recurring concern was the desire to be treated with respect and consideration for their age and abilities. Young people expressed frustrations with instances where healthcare professionals used complex language. One young person, aged 16, says:

“The GP uses a lot of long words and names of medications that I wouldn’t have understood if it wasn’t for my mother being present”.

There are guides from the General Medical Council about how to communicate effectively and supportively with children and young people in a way that is appropriate to their age and understanding:

- *Listen to children and young people and consider their views when making decisions.*
- *Use communication methods that are appropriate to your patient group. Make reasonable adjustments to provide information that children, young people and their parents want or need to know, in a way they can understand.*
- *Tell children, young people and their parents when you have concerns about abuse or neglect, and how you will act on these concerns, unless doing this may put the child or young person, or anyone else, at risk of harm.*
- *Get advice if you are not sure what risks are associated with telling parents about your concerns and how best to manage such risks.²*

² <https://www.gmc-uk.org/professional-standards/professional-standards-for-doctors/protecting-children-and-young-people/communication-and-support> viewed on 13/06/2024

One young person interviewed was 13 years old and from Bangladesh spoke about an incident which happened at school and the treatment he received. He says the experience was positive but also partly negative.

He says the NHS provides good medical treatments but recounts experiencing what he perceived as racial bias from the staff while seeking treatment.

He speculates that this bias might have stemmed from assumptions about his family's immigrant background and is the reason he thought they had to wait longer to be seen. This highlights the sad reality of their understandable anxiety experienced by some young people who immigrated from other countries to the UK. This could be improved through better communication about how health services work.

Involving parents

Questions arose about the timing and necessity of informing parents or carers about medical consultations, particularly as young people transition from childhood to adolescence.

One young person, aged 16, spoke about the change in care from 15 to 16 years old and how before turning 16, she would have to have a parent or guardian present or aware of discussions “*even on the topic of mental health*” whereas she gets more “*freedom*” now that she has turned 16.

There was a consensus on the necessity of involving carers at appropriate times, highlighting the challenge of determining when and how to engage parents or guardians in the care process, particularly in cases involving sensitive issues like mental health and gender.

One young person said:

“There should be more PSHE lessons about how to access the NHS anonymously as ‘a lot of people’ I know don’t like telling their parents about things that are happening, so they just deal with it, but they actually need the help”.

NHS guidelines say that children and young people might be asked about their access to their health information alongside their parents/carers. This is

particularly important now the NHS app is available and young people can choose who is involved in helping to manage their health care:

- *“From when you turn 11, doctors may talk to you about who has access to your medical information and whether you're old enough to understand this and make decisions about it”*
- *When you can understand it enough to make an informed decision, you're said to "have capacity".*
- *If you agree to your parent or guardian's access, but you want to see the doctor privately, you can tell your doctors when you make or go to an appointment.*
- *If you don't want your parent or guardian to see your information you have rights to speak to your doctor and limit what information your parents/carers receive.*

The transition from childhood to young adulthood was a significant point of discussion, with many expressing a desire for increased autonomy and independence in managing their health. Most young people rely on family members, carers and guardians to book and attend their medical appointments.

However, challenges were identified in navigating this transition, particularly in accessing appropriate support and resources tailored to their age group.

According to the General Medical Council:

- *“Effective communication between doctors and children and young people is essential to the provision of good care”*

And

- *“You should make it clear that you are available to see children and young people on their own if that is what they want. You should avoid giving the impression (whether directly, through reception staff or in any other way) that they cannot access services without a parent.”*

This is particularly important in terms of sexually transmitted illnesses, which pose a danger to the young person and the wider community.

Also respecting patient confidentiality is an essential part of good care; this applies when the patient is a child or young person as well as when the patient is an adult. Without the trust that confidentiality brings, children and

young people might not seek medical care and advice, or they might not tell you all the facts needed to provide good care.³

Access to information

A 16-year-old young person also said that they

“Want to be taught like, how to make an appointment or what happens when you go to the hospital for the first time”.

Another says: “numbers for mental health helplines should be posted around more so people are aware of them.”

Regarding information sources, young people highlighted the importance of accessible platforms for obtaining health-related information.

It was acknowledged that not all young people have access to extensive data or internet connectivity, which demonstrates a barrier to accessing digital health resources.

Some suggestions included:

- an app “that doesn’t require Wi-Fi or signal where you can access help without having to be connected.”
- the development of a dedicated mobile application tailored to the needs of young people, akin to the NHS app, to provide reliable and relevant information.

One 13-year-old young person has felt hesitant about getting support because he doesn’t feel he “*trusts anyone that much*” and “*doesn’t feel like he can talk to people*”. He is overcoming this by getting to know the staff more. He thinks “It would be much better for the NHS to use technology for young people to access the services as they might not feel safe or don’t want people to know what they look like so they can just text them”

³ <https://www.gmc-uk.org/outcomes-legislation>

He also says:

- “I would prefer it all to be in one place because it would be much easier than having different websites for different things” if you don't want to go you could try and book an appointment with a friend you really trust”.

Another young person believes “an app is more useful than calling (for NHS support) especially for introverted or shy people” and “*mute people*”. He believes that the services should be spoken about at school more often and he doesn't have many memories of that happening.

He speaks about mental health and encourages others to do it despite the fact he himself feels hesitant to:

- If you don't speak about your problems, they will become worse”.

A different young person said that he believes that “*the NHS app could streamline the access to treatments*” and would like it to be as convenient in getting help as “*calling an Uber*”.

Substance use

Issues around substance use, particularly vaping, were also raised as areas of concern among young people. They expressed a need for accessible and non-judgmental support services to address these challenges effectively.

One 13-year-old young person said:

- “I once had an assembly about vaping” and says that if you did vape “you would get a Saturday” going on to explain that this is a Saturday detention and that he was also shown a video about “why vaping is bad and what it could do to your lungs” but nothing else despite the fact that “the majority of the school vapes”.

Mental Health

One young person said that they felt mental health was private and you were less likely to speak to a professional about it, there were also concerns about their information being shared with others, such as their parents.”.

One person hesitates about seeking more mental health help as it is “*more of a private thing*”.

One person thought that mental health services did not work for young people, they feel:

“feels mental health isn’t adequately addressed especially for young people as the process is tedious and difficult and, in many cases, there are students and young people who do not get the support, understanding or education to be able to get a diagnosis”.

“I believe that numbers for mental health helplines should be posted around more so people are aware of them”

Disability

J is 27 and navigates life with a long-term health condition they speak about their experiences with the NHS including multiple surgeries and physiotherapy throughout his childhood, into his teenage years and what he experiences now. J speaks about the difference in care between Children’s services and how he feels that the care he receives as an adult (Adult Services) is more of a “*one size fits all*” care.

The person says, “*Cherish the Child*” that is making sure the child is at the centre of their care, and of the importance of involving the. They speak about the importance of parents being given resources to be able to support their children adequately after surgery and the importance of timetabling things such as showers etc. as it is something that some people take for granted and much more difficult for someone who experiences the challenges J does.

J also talks about how his dad had to create a makeshift Kaye Walker out of the “*bits they already had*” for J as none were available and felt like he was “*left in limbo*”. He finishes by saying “*I’m limited enough how it is already because I have Cerebral Palsy and use a chair, I don’t want to be limited anymore.*”

Conclusion

Overall, the findings underscore the importance of health professionals using tailored and youth-friendly approaches in health and care services. Emphasising the need for clear communication, respectful treatment, and accessible information channels to support of young individuals in Coventry.

Although good practice guidelines for speaking to young people are available this needs to be put into practice to make young people feel empowered to make their own decisions regarding their health, such as consenting to sharing information.

The young people interviewed demonstrated a desire for improved health education in schools, which they do not believe they receive currently.

One young person finishes their interview by stating:

“There are probably high-powered people who just probably don't care what we're actually saying. So, for all we could know, what we're saying now, probably couldn't mean a thing” and “I just hope they do listen to our problems.”

The key asks from young people

1. To be treated with respect, according to their age and ability
 - a) GPs and medical practitioners should understand guidance related to consent and understand young people's concerns about confidentiality.
 - b) GPs and medical practitioners should use appropriate language when speaking with young people - from their practice guidelines for working with children and young people.
2. Increase awareness among young people about the NHS, helplines, resources and their rights regarding health and care services, empowering them to advocate for their own well-being.
 - a) Provide more information via schools to promote health and care services to young people and remind them of their rights.
 - b) Explore different methods to inform young people and to involve them in this.

- c) GPS and medical professionals to provide parents, guardians and carers with information and support to understand the needs of and rights of their child/ young person.

Acknowledgements

Our thanks to all the young people who participated in this project and to HillzFM and Working Actively to Change Hillfields.



Appendices

Demographic Information:

- Ages: Participants ranged from 13 to 27 years old.
- Ethnicity: diverse representation across various ethnic backgrounds including:

White British	2
Mixed/multiple ethnic groups: Black Caribbean and White	2
Asian/ Asian British: Bangladeshi,	1
Other ethnicity: Persian	1
Asian/Asian British: Chinese	1
White: other	1

- Two of the young people were being cared for.
- Six of the young people were aged between 13 -15, one person was aged between 16 and 7 one person was aged between 24 -49
- Sexuality: noted diversity in sexual orientation with participants identifying as Straight, Lesbian, Bi-sexual, Gay and Pansexual.
- Out of 8 participants, 3 have declared that they have either or both a Disability and Long-Term Health Condition(s)



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