

Young Healthwatch Enfield report

Contents

Acknowledgements.....	2
Summary	3
Introduction	6
Methodology	7
Findings	9
General experience of health and social care services.....	9
What services do young people think are most in need of improvement?	12
What do young people want more information about?.....	14
Where should this information be accessible?	17
Next steps.....	21
Demographics.....	22

Acknowledgements

This report is the result of close collaboration with Healthwatch Enfield's Young Healthwatch team of volunteers.

We would like to thank our Young Healthwatch team for the time they invested in this project, and without whom it would not have been possible.

We would also like to thank those who responded to our survey. We value the views you have shared and will continue to do our best to ensure that your voice is heard.

Finally, we would like to thank the organisations and schools that supported our project and shared the survey within their networks to help us reach as many young people in Enfield as possible.

Summary

Healthwatch Enfield, working with a group of six volunteers aged 16-25, conducted a survey to explore the experiences of young people's use of health and social care services in Enfield and to understand where they think there is most need for improvements and information.

From December 2019 to February 2020, our Young Healthwatch Enfield team developed and promoted a survey¹, and received 151 responses.

Key findings

3 in every 4 young people (75%) told us they have never had the opportunity to feedback on their experience of health and social services.

Over half the young people (56%) explained they felt listened to by health and social care professionals, but that they felt physical symptoms were 'taken more seriously' than other health problems such as mental health difficulties.

'Yes, I do feel listened to when there is an obvious problem, e.g.; physical health related. And when the problem is easy to solve, then I am listened to. However, no I don't feel listened to when the problem is a mental one, e.g.; mental health - anxiety, depression. I feel like this because I feel they might not want to listen to someone go on and on about a specific issue, nor do they wish to help with something that is quite hard to understand, let alone solve.'

The top three services young people think are most in need of improvement:

- o Mental health: almost 3 in every 4 young people felt mental health services were most in need of improvement (73%)
- o Accident and Emergency: over 1 in every 3 young people felt Accident & Emergency services were most in need of improvement (39%)
- o Hospital services: just under 1 in every 3 young people felt that hospitals were most in need of Improvement (30%)

The top three health and social care topics young people want more information on:

- o Mental health and wellbeing: over 2 in every 3 young people want more information on mental health and wellbeing (67%)
- o Sexual health: almost 1 in every 2 young people want more information on sexual health (47%)
- o How to register with a GP: 42% of young people want more information about how to register with a GP when leaving home/going to university

83% of young people said they want more information on the health and social care services they can access and their rights on using these services.

The top three ways young people want to get this information:

- o Schools: over 1 in every 2 young people want to access this information via their school (52%)
- o Internet: 41% want to access this information themselves via the internet
- o Social media: over 2 in every 3 young people want to access this information via social media (38%)

2 in every 3 young people told us that they were aware of educational/welfare/pastoral services that are available in their school (64%) but only 3% said that they currently use these services.

¹ The aim of the survey was to explore young people's use of health and social care services in Enfield and understand which areas young people feel are in need of improvement.

Conclusions

- 1. Further research is needed to better understand what improvements young people want to see in hospitals, A&E and mental health services.**

We are particularly interested in finding out:

- What do young people associate with mental health?
- Which mental health services are young people aware of?
- Which mental health services do young people think need improving?
- Ideas on how young people think these services can be improved

To answer these questions, focus groups around specific themes could enable more in-depth conversations with Enfield's young people. Our Young Healthwatch team would lead on developing the shape and content of these focus groups.

Studies show that people who identify as male or 'other' are the most at risk of developing mental health difficulties.² Our pilot research suggests that it is harder to engage with these groups, as most of the young people we spoke to identified as female (65%). Further research should look into ways of reaching out to more isolated young people and should focus on identifying methods to reach more young males.

- 2. Improvements need to be made regarding information and signposting to services that already exist.**

Young people told us that the promotional materials that health and social care services currently provide are not necessarily adapted or appealing to a younger audience.

Where there are long waiting times for appointments, young people told us that more help could be provided to direct those with mental health needs to alternative support services in the meantime.

Our survey explored what young people would find to be adequate signposting; it will be important to look into these issues further with young people, and fully involve them in co-designing potential solutions

- 3. More research is needed to better understand the discrepancy between the awareness of pastoral support services available to young people in schools, the current low use of these services and the desire for young people to access information from schools.**

We are well aware of the current pressure on primary care services across the country, which impacts waiting times and access to good quality care, with people seeking urgent appointments for non-urgent problems³.

To address this issue, the NHS is encouraging self-care, better links between health and social care, with the creation of social prescribing to ensure that individuals are signposted appropriately to other services that can provide support.⁴ Providing a reliable source of information and advice would be in line with other nationwide initiatives to reduce the burden on primary care.

As a majority of young people have told us they rely on the internet to find health information, it is important that young people have access to safe and accurate information online, to

² Hudson-Sharp, N. & Metcalf, H. (July 2016). [Inequality among lesbian, gay, bisexual and transgender groups in the UK: a review of evidence](#). [Accessed 18/03/2020]

³ NHS (January 2019) [The NHS Long Term Plan](#) [Accessed 18/03/2020]

⁴ Ibid.

minimise the risks of self-diagnosis via finding inappropriate or incorrect information on websites such as forums.

Focus should be made on the key themes that came out our initial survey: mental health, sexual health, how to register for a GP when leaving home, and general rights regarding health and social care. The input should be local, generated by young people, for young people. This is the opportunity to offer Healthwatch Enfield as a reliable place to go to for information.

Next Steps:

Healthwatch Enfield will be exploring how to increase involvement of Enfield's young people, and ensure we provide information that is accessible and adapted to a young audience. We will also encourage all service providers to ensure that the **voices of young people are heard, listened to and acted upon.**

Our research suggests that mental health should be a main priority for the Young Healthwatch Enfield team over the next year. It shows that there is a need to increase awareness of services available in Enfield and carry out more in-depth research into what improvements are necessary and how they can take place.

Our pilot study has shown that certain groups such as young men or people aged over 18 are harder to reach out to. Further research should look into ways of hearing from them.

For the future, Healthwatch Enfield will be exploring the following aspects in terms of how we involve young people:

- 1. Create an information and signposting web page dedicated to young people:** by providing reliable and up to date information, with a focus on mental health, sexual health and health and social care rights
- 2. Develop social media platforms run by young people, for young people.** Having young people lead on developing innovative and creative communication materials around health and social care, targeted at their peers (e.g. videos, memes, GIFS) can build traction and help secure our place as a reliable and relevant information and signposting service
- 3. Build and reinforce relationships with youth groups in Enfield:** share the work we are doing and help reach as many young people in Enfield as possible across the community

Recommendations

- 1. We will work with service providers in Enfield to help them to review how they interact with young people, listen to their views and include them in service developments.**
- 2. We will seek to identify organisations that would be interested in running a pilot research project with Healthwatch Enfield.**

Introduction

Healthwatch Enfield is an independent organisation that exists to inform and signpost, listen to local people's views on health and social care, promote and encourage their involvement, and make sure their voice is heard by those in charge of delivering health and social care services in Enfield.

Our research to date suggests that few young people get involved in consultations and share their experiences about using local health and social care services.⁵ As Enfield has the fourth largest youth population in London⁶, it is important to us to understand young people's experience of health and social care services to ensure that local services meet the needs of the local community.

In recent years, initiatives around children and young people's health and wellbeing have been developing nationwide. This includes work in Enfield, with projects such as (but not limited to) '[Young Health Champions with Enfield Voluntary Action](#)' and '[Inspiring Young Enfield](#)'. A particular emphasis has been put on improving mental health for young people, as studies have shown that '75% of mental health problems start by the age of 18'.⁷ Early intervention initiatives linked to gang violence and crime have emerged, considering the relationship between deprivation, health and youth crime. Young Healthwatch Enfield is an opportunity to work alongside other projects such as these.

As a local health champion, it is Healthwatch Enfield's duty to reach out and engage with young people to ensure that their voice is heard, and that information and services are accessible to them.

Our previous work around young people's mental health suggests that mental health is a priority to young people in Enfield.⁸ However we wanted to involve young people from the start of this current project to see if this is still the case and to look at the other areas of improvement Enfield's young people want in local health and social care services.

Developing Young Healthwatch Enfield is also a way of creating meaningful volunteering opportunities for young people at a time where tangible work experience is increasingly necessary to get started in the world of employment. By doing interviews with service providers, maintaining social media, representing Young Healthwatch Enfield, gaining experience in public speaking, we can increase young people's involvement in the community as well as their engagement in health and social care issues.

This research is the first step in the development of a Young Healthwatch Enfield, where we set out to explore the views and experiences of Enfield's young people.

⁵ Based on information from the February 2020 [Board Report](#) [Accessed 15/03/2020]

⁶ Based on information from [Enfield Council](#) [Accessed 18/03/2020]

⁷ Department of Health, NHS England, [Future in Mind: promoting, protecting and improving our children and young people's mental health and wellbeing](#) [Accessed 18/03/2020]

⁸ Based on information from Healthwatch Enfield's 2017 report [What young people think about mental health support in Enfield](#) [Accessed 25/03/2020]

Methodology

In line with our ethos of co-production, we recruited a small, diverse team of young volunteers aged 16 to 25 to work alongside us with this project from the very beginning.

The working group have met monthly since December 2019 and have been involved in all stages of this current research.

We began by creating a survey together, exploring young people's experiences of health and social care services in Enfield. We were specifically interested in hearing what young people thought our priority areas of work should be for Young Healthwatch Enfield and what improvements they feel can be made to their current experiences of care.

The survey was co-produced with our team of Young Healthwatch Enfield and was piloted by the team with their peers and friends to ensure that it was clear and accessible to young people.

The survey was promoted through all Healthwatch Enfield's communication channels, including newsletters, social media and our website. In addition to this, our team of Young Healthwatch Enfield volunteers attended community engagement events in the borough to engage with local young people face to face.

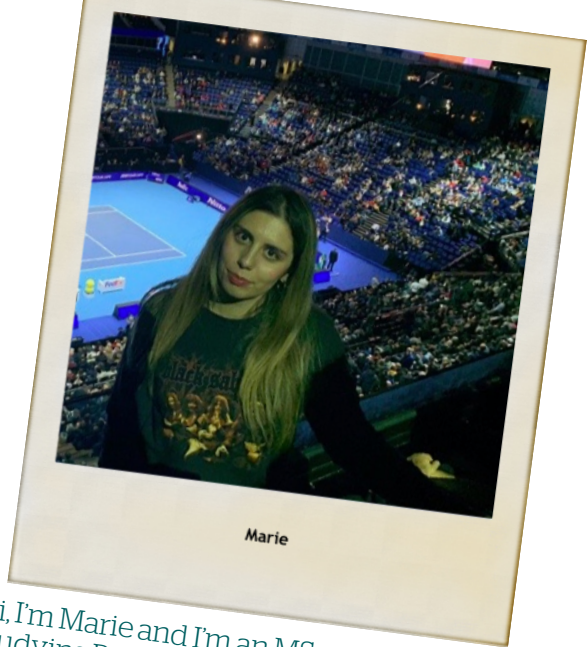
The survey was sent to local youth organisations, such as (but not limited to) Enfield Carers Centre and Compass to share with their networks of young people. The Young Healthwatch Enfield team also shared their survey with their own friends and peer networks.

We collected a total of 151 responses.

Due to the voluntary nature of individuals' participation in the conversations, a standard set of data was developed but a complete set was not collected for each individual. Therefore, the sample size varies depending on information provided. Not all data will tally due to rounding.

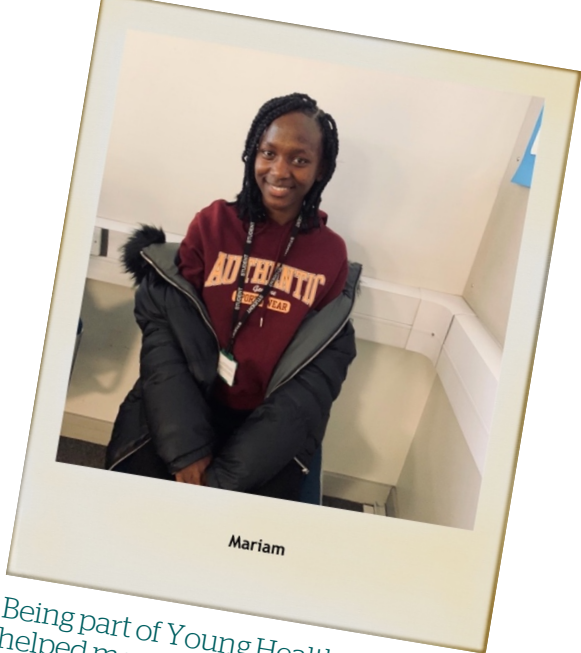
Please note that percentages used throughout this report have been weighted for the number of responses per question.

Quotes captured in this report are reported as originally written.



Marie

“Hi, I'm Marie and I'm an MSc student studying Population Health. Despite being in the early stages of development, Young Healthwatch has been really exciting to be a part of and seeing it progress has been really rewarding. I really think we could make a difference with our work and reach out to marginalised youth who feel misrepresented in the health system.”



Mariam

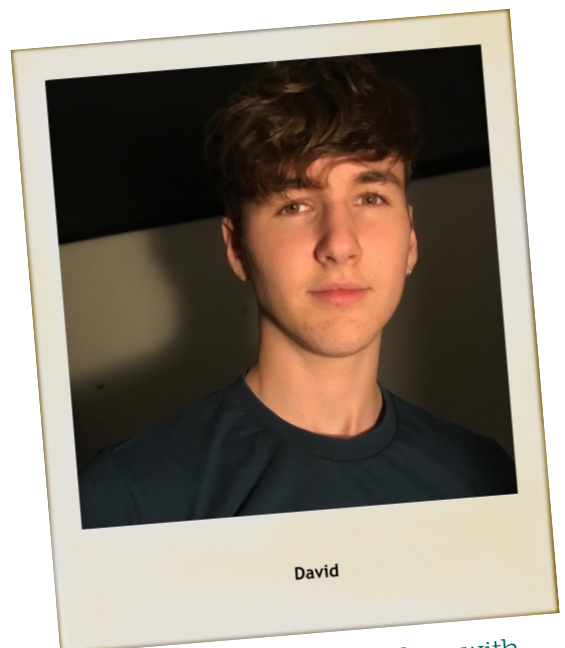
“Being part of Young Healthwatch has really helped me understand how the NHS system runs and also that there are so many other organisations which you can get help from for free. I hope to see the Young Healthwatch project continue, bringing awareness to all the young people in the UK about health services out there.”



Ciara

“Being a part of Young Healthwatch has helped me significantly as I start my career in the youth and charity work sector. It has given me an insight into how to plan, create and gather information from community engagement surrounding the elements of healthcare that young people themselves want improvements and information surrounding. It has been great to work with the other young people that volunteer for Young Healthwatch to engage with young people and begin to try and improve their knowledge surrounding factors such as mental and sexual health, and the resources that are available to them.”

“Hi, my name is Aygul, who is a sixth form student that has done volunteering at Healthwatch Enfield. My main role was community engagement, where I interacted with different people and get their opinion on health-related issues such as hospitals urgent care centre open times. Volunteering has allowed me to gain more confidence by communicating with lots of people. I would like to expand my knowledge on health and social care.”



David

“Volunteering has helped me with understanding the healthcare system and has been really valuable work experience.”

Findings

General experience of health and social care services

In response to our question ‘Which health and/or social care experiences have worked well for you?’ over 1 in every 3 young people (37%) mentioned their experience of going to a GP practice. They explained that health and social care professionals were ‘understanding’ and ‘used clear communication’. 13% of young people said they felt none of the services worked well for them.

‘The NHS has come through for me and my family time and time again.’
 ‘I’ve not really had many that have worked ‘well’ apart from my GP - she’s lovely and really understanding.’
 ‘Good communication with counselling, fast service in GP, 111 symptom checker is very good.’

3 in every 4 young people (75%) told us that they had never had the opportunity to feedback about their experience of health and social services.

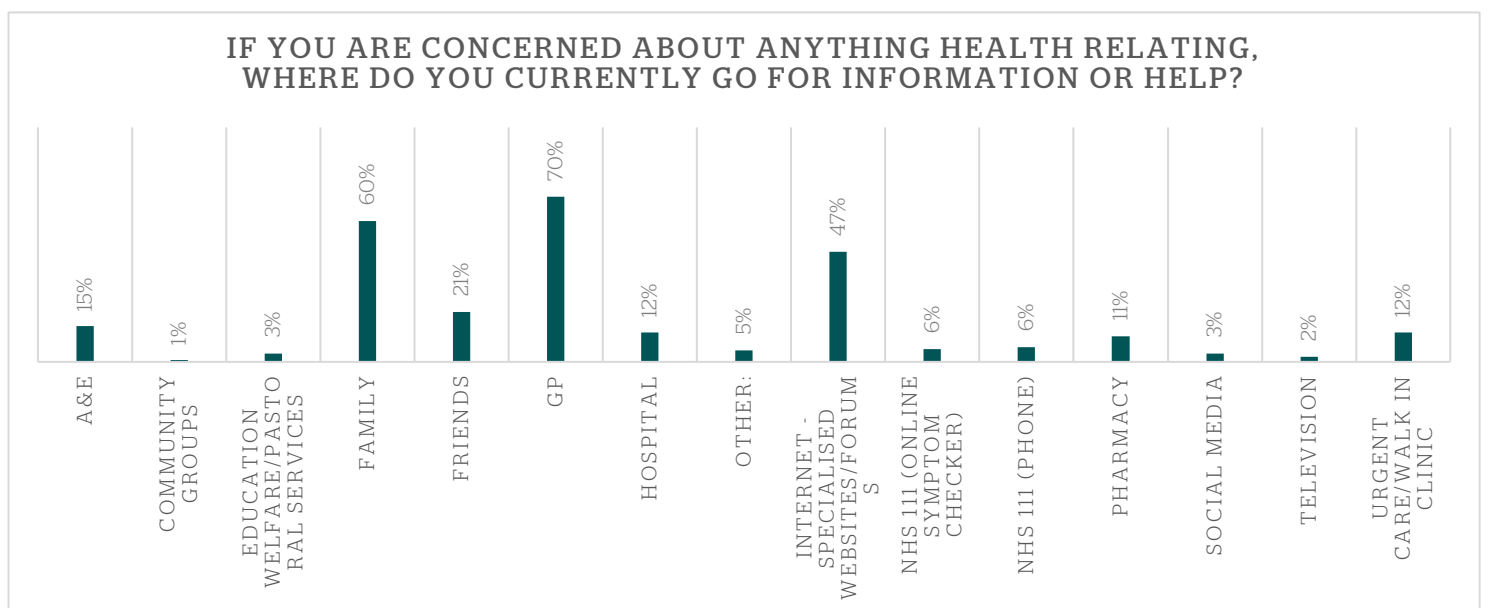
Over half the young people we engaged with (56%) told us that they felt listened to by health and social care professionals. However, some young people explained that they felt that physical symptoms were more often taken seriously than other issues such as mental health difficulties.

‘Yes, I do feel listened to when there is an obvious problem, e.g.: physical health related. And when the problem is easy to solve, then I am listened to.
 However, no I don’t feel listened to when the problem is a mental one, e.g.: mental health - anxiety, depression. I feel like this because I feel they might not want to listen to someone go on and on about a specific issue, nor do they wish to help with something that is quite hard to understand, let alone solve.’

Over 2 in every 3 young people (71%) said they understand the information given to them during appointments but explained that they felt the language used within this information could be quite technical.

‘The words used are often quite technical and I’m not always super clear on what they mean so I go home and Google them.’
 ‘I sometimes have had to ask what something means when they throw jargon at me.’
 ‘Mostly and if not, I usually feel comfortable/am able to ask about what I don’t understand.’

When asked where young people went for any health or social care related concerns, the GP was the main source of information (70%).



44% of young people said they would book an appointment with their GP as soon as possible if they were worried about unusual changes in their body.

The following word cloud reflects the other strategies that young people said they put in place when experiencing unusual changes in their body. Out of the 33 people who gave details about this, 14 mentioned 'Googling symptoms' and waiting before actually taking action.



Figure 1 - Word cloud produced using IRaMuTeq software based on the 'Young Healthwatch Priorities' data collected

“

Try to find out the cause of the symptoms myself online and see what I can do myself to treat it.

”

I would ask family first, check internet for symptoms and see if it gets worse.

“

Isometimes worry I will be judged. Also, I usually don't want to be a 'time waster', so unless it's a really serious concern, I often leave it

”

What services do young people think are most in need of improvement?

When asked which services were most in need of improvement, the top three services that came up were mental health services, accident and emergency (A&E) and hospitals.



‘A lot more support for vulnerable people transition to adulthood. Lots of people will meet the child safe guarding standards but when they turn 18 will not meet adult standard which can lead to them having limited support into adulthood.’

‘I think the way in which people are treated going to hospital, I think waiting times can sometimes be long for people with injuries then treatment becomes subjective based on those who are in more pain than others.’

Conclusion 1

Further research is needed to better understand what improvements young people want to see in hospitals, A&E and mental health services.

We are particularly interested in finding out:

- What do young people associate with mental health?
- Which mental health services are young people aware of?
- Which mental health services do young people think need improving?
- Ideas on how young people think these services can be improved

To answer these questions, focus groups around specific themes could enable more in-depth conversations with Enfield’s young people. Our Young Healthwatch team would lead on developing the shape and content of these focus groups.

Studies show that people who identify as male or other are the most at risk of developing mental health difficulties.⁹ Our pilot research suggests that it is harder to engage with these groups, as most of the young people we spoke to identified as female (65%). Further research should look into ways of reaching out to more isolated young people and should focus on identifying methods to reach more young males.

⁹Hudson-Sharp, N. & Metcalf, H. (July 2016). [Inequality among lesbian, gay, bisexual and transgender groups in the UK: a review of evidence](#). [Accessed 18/03/2020]



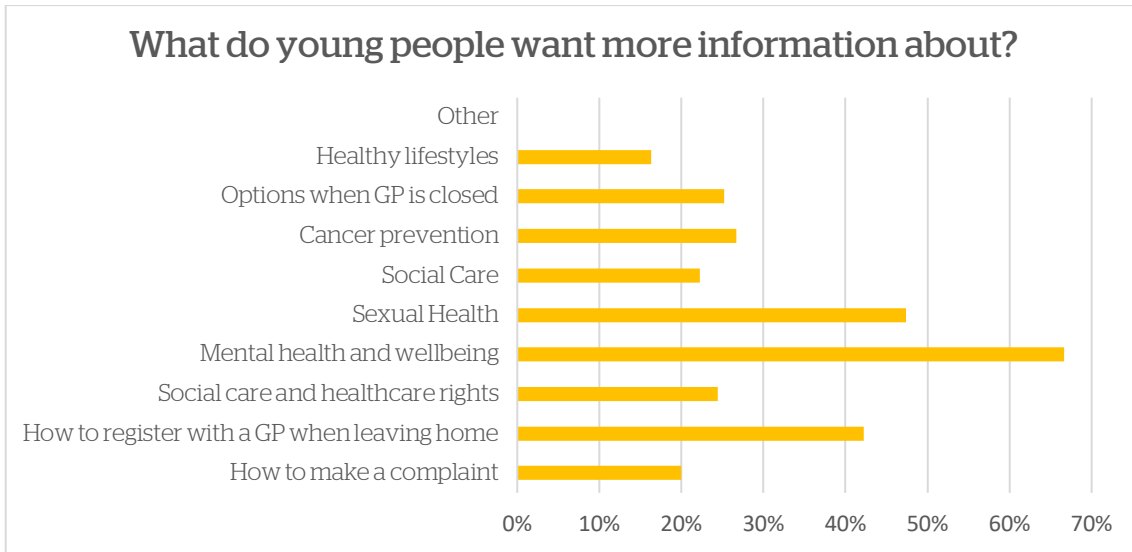
“

Lots of friends have problems and dodgy family situations but don't get help from social care if it's not involving murder or suicide! (...) There is no help at school as I am just under the threshold for support, but I struggle.

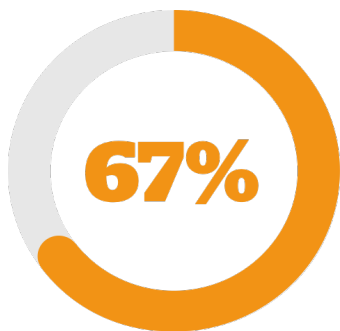
”

What do young people want more information about?

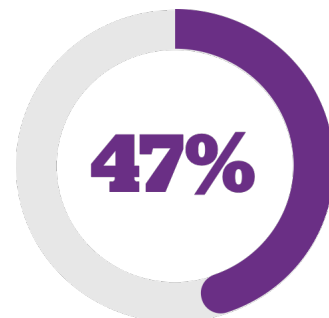
We asked young people which health and social care topics they wanted to see more information on.



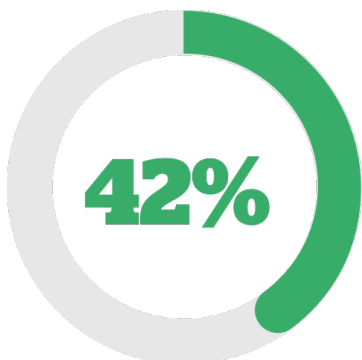
The most popular areas were mental health and wellbeing, sexual health and information about how to register with a GP when leaving home.



Mental health and wellbeing



Sexual health



**How to register with a GP
when leaving home/going to
university**

'Sex Ed. urgently needs so much improvement and at an earlier age.'

'I know about free condoms cos my family are supportive and open, but I have to tell my mates about this stuff because theirs don't.'

'Applying to CAMHS was near impossible for my anxiety disorder and panic attacks, so I attend private therapy sessions.'

83% of young people told us that they want more information on the services they can access and their rights regarding health and social care.

'Literally no information has ever been given to me about my rights.'

Conclusion 2

Improvements need to be made regarding information and signposting to services that already exist. Young people told us that the promotional materials that health and social care services currently provide are not necessarily adapted or appealing to a younger audience.

Where there are long waiting times for appointments, young people told us that more help could be provided to direct those with mental health needs to alternative support services in the meantime.

Our survey explored what young people would find to be adequate signposting; it is important in the next steps of the project to keep involving young people to make sure that any solutions we develop are co-produced directly with young people.

**I learnt about free online
STI packs from social
media. Before that, I
hesitated to get checked
because of the long wait.**

Where should this information be accessible?

Because of Healthwatch Enfield's role to inform and signpost, it seemed natural for us to ask young people where this information should be available.

The following word cloud gives a visual representation of the suggestions young people gave us, according to their popularity.

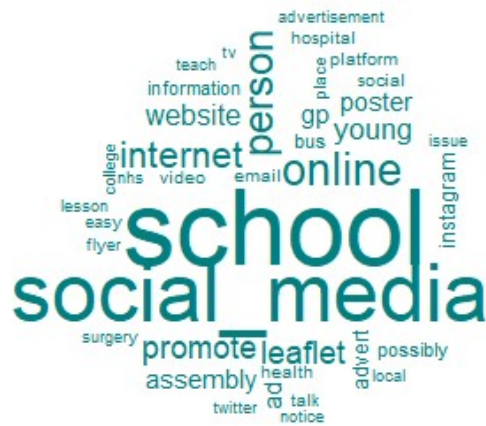
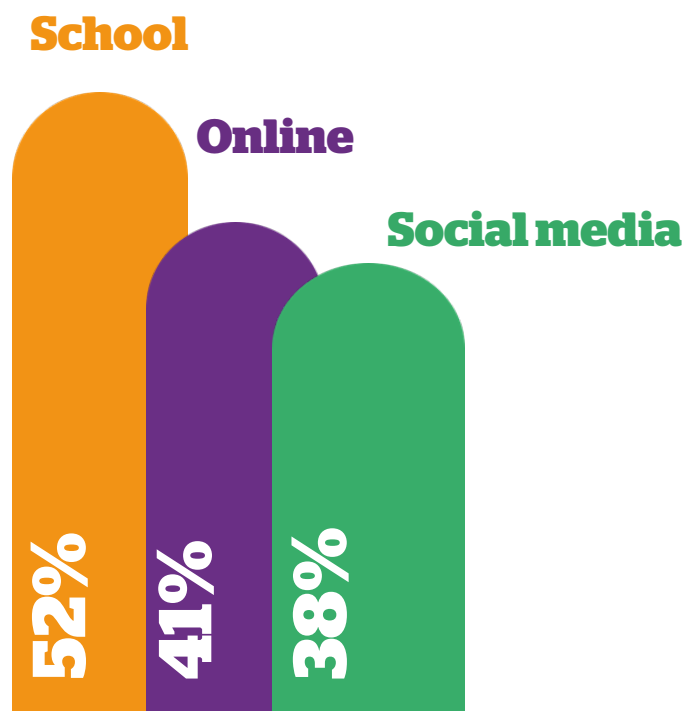


Figure 2- Word cloud produced with IRaMuTeq software based on the 'Young Healthwatch Priorities' data collected

The most popular places where young people would like to go for information were:



'Information should be on the internet and promoted through social media, mostly Snapchat and Instagram. I feel like the information should be straightforward and shouldn't be contrived, patronising and seem like it is trying to be "cool and hip" in order to appeal to younger people.'

'They should be promoted in schools from a younger age so that people grow up with the knowledge. Also, the use of social media is so prominent right now that it would be far-reaching if it was promoted on there too.'

'I think we should just let the students know that they have some place to go make it easy for them to know that they can speak to certain teachers. Bring it up in assembly or at form times.'

We also asked young people where they currently sought information from. They told us the main sources they went to for information were the GP (70%), family (60%) and the internet (47%).

Young people explained that they used social media (3%), and educational/welfare pastoral services (3%) the least.

Almost 2 in every 3 young people (64%) explained that they were aware of educational/welfare/pastoral services that are available in schools, despite only 3% actually using them.

Conclusion 3

More research is needed to better understand the discrepancy between the awareness of pastoral support services available to young people in schools, the current low use of these services and the desire for young people to access information from schools.

We are well aware of the current pressure on primary care services across the country, which impacts waiting times and access to good quality care, with people seeking urgent appointments for non-urgent problems¹⁰.

To face this issue, the NHS is encouraging self-care, better links between health and social care, with the creation of social prescribing to ensure that individuals are signposted appropriately to other services that can provide support.¹¹ Providing a reliable source of information and advice would be in line with other nationwide initiatives to reduce the burden on primary care.

As a large majority of young people have told us they rely on the internet to find health information, it is important that young people have access to safe and accurate information online, to minimise the risks of self-diagnosis via finding inappropriate or incorrect information on websites such as health forums.

Focus should be made on the key themes that came out our initial survey: mental health, sexual health, how to register for a GP when leaving home, and general rights regarding health and social care. The input should be local, generated by young people, for young people. This is the opportunity to offer Healthwatch Enfield as a reliable place to go to for information.

¹⁰ NHS (January 2019) [The NHS Long Term Plan](#) [Accessed 18/03/2020]

¹¹ Ibid.

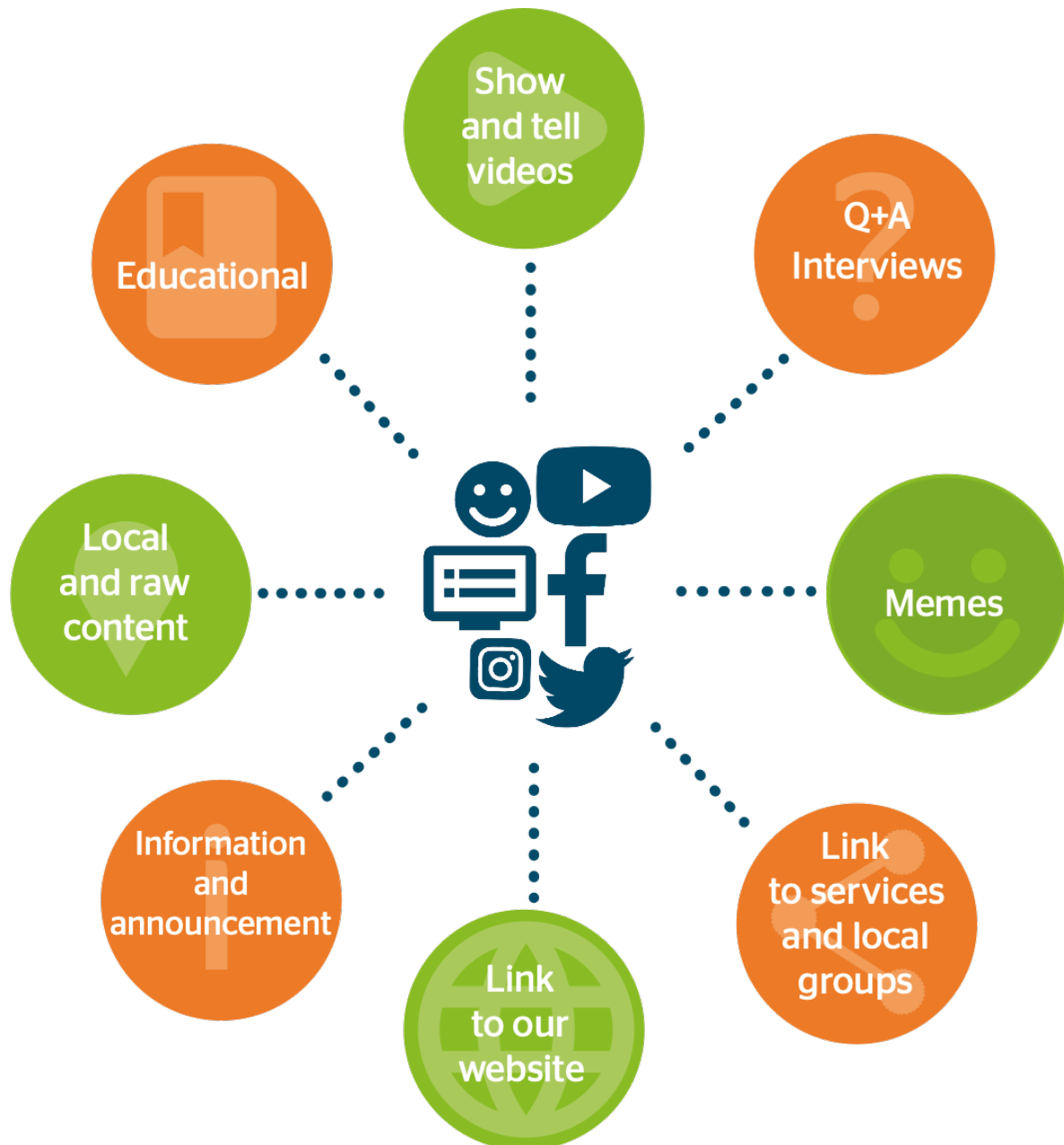
“

Information should be on the internet and promoted through social media. I feel like the information should be straightforward and shouldn't seem like it is trying to be 'cool and hip' in order to appeal to younger people.

”

Short films/videos. School flyers or small BOLD posters - a few words, simple and concise so that it's noticed and remembered even if people only get a glimpse.

What our Young Healthwatch Enfield team said an information and signposting platform should look like¹²



¹² A meme is “an idea, behavior, or style that spreads by means of imitation from person to person within a culture—often with the aim of conveying a particular phenomenon, theme, or meaning represented by the meme.” ([Wikipedia](#)) [Accessed 27/03/2020]

By local and raw content, our team envisioned amateur videos and photos, taken by young people in local settings so as to be relatable.

Next steps

Based on our findings, Healthwatch Enfield will be exploring how to increase involvement of Enfield's young people, and ensure we provide information that is accessible and adapted to a young audience. We also encourage all service providers to ensure that the voices of young people are heard, listened to and acted upon.

Our research suggests that mental health is to be a main priority for the Young Healthwatch Enfield team over the next year. It provides an evidence base that shows there is a need to increase awareness of services available in Enfield and carry out more in-depth research into what improvements are necessary and how they can take place.

Our pilot study has shown that certain groups such as young men or people aged over 18 are harder to reach out to. Further research should look into ways of hearing from them.

For the future, Healthwatch Enfield will be exploring the following aspects in terms of how we involve young people:

Next Steps:

Healthwatch Enfield will be exploring how to increase involvement of Enfield's young people, and ensure we provide information that is accessible and adapted to a young audience. We will also encourage all service providers to ensure that the **voices of young people are heard, listened to and acted upon.**

Our research suggests that mental health should be a main priority for the Young Healthwatch Enfield team over the next year. It shows that there is a need to increase awareness of services available in Enfield and carry out more in-depth research into what improvements are necessary and how they can take place.

Our pilot study has shown that certain groups such as young men or people aged over 18 are harder to reach out to. Further research should look into ways of hearing from them.

For the future, Healthwatch Enfield will be exploring the following aspects in terms of how we involve young people:

1. **Create an information and signposting web page dedicated to young people:** by providing reliable and up to date information, with a focus on mental health, sexual health and health and social care rights and encourage other providers to do so
2. **Encourage the development of social media platforms run by young people, for young people.** Having young people lead on developing innovative and creative communication materials around health and social care, targeted at their peers (e.g. videos, memes, GIFS) can build traction and help secure our place as a reliable and relevant information and signposting service
3. **Build and reinforce relationships with youth groups in Enfield:** share the work we are doing and help reach as many young people in Enfield as possible across the community

Recommendations

1. We will work with service providers in Enfield to help them to review how they interact with **young people, listen to their views and include them in service developments.**
2. We will seek to **identify organisations that would be interested in running a pilot research project** with Healthwatch Enfield.

DEMOGRAPHICS



FEMALE 56%
MALE 29%
TRANSGENDER 1%
DECLINED TO ANSWER 15%



STRAIGHT 72%
LGBTQ+ 17%
PREFER NOT TO SAY 6%
DON'T KNOW 5%



IDENTIFIED AS HAVING
A DISABILITY



IDENTIFIED AS CARERS



RELIGION

46%	NO RELIGION
25%	CHRISTIAN
7%	MUSLIM
3%	JEWISH
3%	HINDU
0%	BUDDHISM
0%	SIKH
1%	PREFER NOT TO SAY
1%	OTHER
15%	DECLINED TO ANSWER

AGE





*EAST includes EN3, N9, N18



ETHNICITY



- ARAB
- ASIAN/ASIAN BRITISH BANGLADESHI
- ASIAN/ASIAN BRITISH INDIAN
- ASIAN/ASIAN BRITISH CHINESE
- ASIAN/ASIAN BRITISH PAKISTANI
- ANY OTHER ASIAN BACKGROUND
- BLACK/BLACK BRITISH AFRICAN
- BLACK/BLACK BRITISH CARIBBEAN
- ANY OTHER BLACK/AFRICAN /CARIBBEAN BACKGROUND
- GYPSY, ROMA OR TRAVELLER
- MIXED WHITE AND BLACK CARIBBEAN
- MIXED WHITE AND BLACK AFRICAN
- MIXED WHITE AND ASIAN
- MIXED/MULTIPLE ETHNIC BACKGROUND - OTHER
- WHITE BRITISH/WELSH /SCOTTISH/NORTHERN IRISH
- WHITE OTHER
- WHITE IRISH
- OTHER
- PREFER NOT TO SAY

This report can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request.

Healthwatch Enfield

Registered Office
Room 11
Community House
311 Fore Street
London N9 0PZ
Tel 020 8373 6283
Email: admin@healthwatchenfield.co.uk
www.healthwatchenfield.co.uk

Twitter: [@HealthwatchEnf](https://twitter.com/HealthwatchEnf)
www.facebook.com/healthwatchenfield