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Summary Report for 0-19 Engagement - Youth Panel

1st April 2021 – 31st March 2022

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| Organisation Completing the Engagement | Youth Leads UK (Bolton Youth Healthcare Transformation Board) |
| Target Group of Young People/Parents Engaged | 14-20 years |
| Total number of young people engaged over the period of engagement | 9 |
| Method/s of engagement used (please provide some detail) | <p>We created the Bolton Youth Healthcare Transformation Board in October. The board meet once a month to discuss health issues that are important to 0-19-year-olds accessing Bolton's youth healthcare services.</p> <p>During meetings, issues are discussed at length, before suggestions are made as to how issues may be able to be addressed.</p> <p>The board members have control over how discussions are done and are able to speak completely freely to offer their thoughts, experiences and suggestions.</p> |
| Summary of key points raised (including young people's experience of health services and what matters to them. | <p>We split topics that were found to be important to young people into three themes:</p> <p>Your Relationship with Healthcare</p> <ul style="list-style-type: none"> ● Youth perceptions of HC ● Engagement with HC ● Understanding of wait times & priorities ● Personalisation of HC ● Language used in HC <p>Personal Health & Taboos</p> <ul style="list-style-type: none"> ● Sexual health |

This engagement was delivered via The Bolton Together Consortium and funded via the 0-19 Service, NHS Bolton Foundation Trust

- Mental health
- Medication & prescriptions
- Pastoral care/support in educational settings

Knowledge & Understanding

- Patient confidentiality
- Young people's rights in HC
- Confidence to seek help
- Knowledge on available resources
- Where and who to go to

We have a huge volume of quotes and stories from our young people, below are a few that summarise repeated, key issues and worries for the Board:

"We're the next generation to bring healthcare forward and we should work with the NHS."

"All are affected, but ethnic minorities are more and also people with different sexualities etc are affected more."

"I think minority groups in Bolton feel let down by the NHS." ...

"...whenever you know when [those in minority groups] have been through a bad experience in a place, then you can link their experience to how your own will be."

"You already need the service when you've gotten in contact so in 3 months you could have gotten worse and they wouldn't know."

"Sometimes things aren't dealt with until they've reached crisis intervention."

'More communication, [services] don't explain enough to the actual patients.'

'I feel like if there's not enough information, then someone might just be like 'oh I'll leave it then.' Instead of getting help.'

'Have some formalised information, maybe at school - on confidentiality.'

What Works

- Youth-led information (eg adverts including peers)
- Positive word-of-mouth (reduces taboos and allows young people to hear from others who may have had similar experiences)
- Formalised education on healthcare in schools/other educational settings. Using professionals to deliver rather than school staff themselves

What Needs to Be Better

- Healthcare professionals are not speaking directly to young patients, but rather, to their parents. Give young people credit to control their own health. Parents should of course be given information on how to support their child, but should not be the main source of information for that child.
- Understanding of patient confidentiality as a young person - this is often breached via issues such as gender/sexuality disclosure to parents without permission (and often without any medical necessity)
- Social awareness of practitioners on issues such as gender, sexuality, cultural sensitivity etc. This would not only benefit young people, but young people should have positive perceptions of their healthcare providers from an early age.
- Discussion of provisions between healthcare providers and other organisations who support young people. If charities etc were able to

consistently circulate information to their well-established cohorts of young people, services would become more reputable amongst the people who they are designed to support.

Recommendations

Educational Settings:

- Preventative lessons (mental health, sexual health, HC taboos, confidentiality) with “*formalised information*” delivered by a “*trained professional*” because “you’re more likely to listen”
- Engage with young people to understand how to make healthcare less taboo and more interesting. Give young people credit to understand their services.

Crisis prevention:

- Welfare checks on young people who are awaiting treatment for (eg) mental health problems. Young people are aware that waiting lists are long, but feel that they are ignored until they can get an appointment, by which time they often do not want to open up, or have become highly distressed as their health has declined.

Practitioners:

- Training on social sensitivity (gender, sexuality, cultural sensitivity etc).
- Making information on healthcare accessible and engaging to the young people in their care - setting up a long term interest and investment in their health.

How young people access information:

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- Location-specific advertising of services on platforms such as Spotify, Youtube, podcasts etc
- Impact based information (an example we discussed was a campaign seen in hospitals the 'cost' of calling an ambulance makes people consider if they should really call one for a non-emergency). This kind of information makes people want to understand their healthcare providers & their impact.
- Accessible information pre-appointment, so young people can feel informed and confident before they seek help, rather than the 'unknown' preventing them from getting help at all.

Photographs of the Youth Panel discussing their views and making plans, including hearing from, and presenting ideas to Sharon Martin, Director of Transformation at Bolton NHS Foundation Trust.



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