

# Young People, Health Inequalities and the NHS

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## Introduction

We are the NHS Youth Forum health inequalities team. The NHS Youth Forum is a group of 14-25 year olds, and our work, facilitated by the British Youth Council, aims to empower young people to be advocates for our health and wellbeing. There are many examples of the work we do helping to inform the work done by NHS England. An example of this is the work we did last year, which involved creating a survey for medical students to get their views on the diversity of their curriculum.

This year, our project is based around understanding young people's perception of healthcare inequalities. In this way, we hope to highlight the youth voice in this field and bridge the gap between health care professionals' and young people's understanding of healthcare inequalities. With this project we aim to make a checklist of recommendations that raise awareness and provide guidance for healthcare professionals on how to limit the effects of the social determinants on young people's experience of healthcare.

## Method

The project design took place September 2021 - March 2022. This involved weekly meetings in which members of the subgroup discussed their priorities for a project

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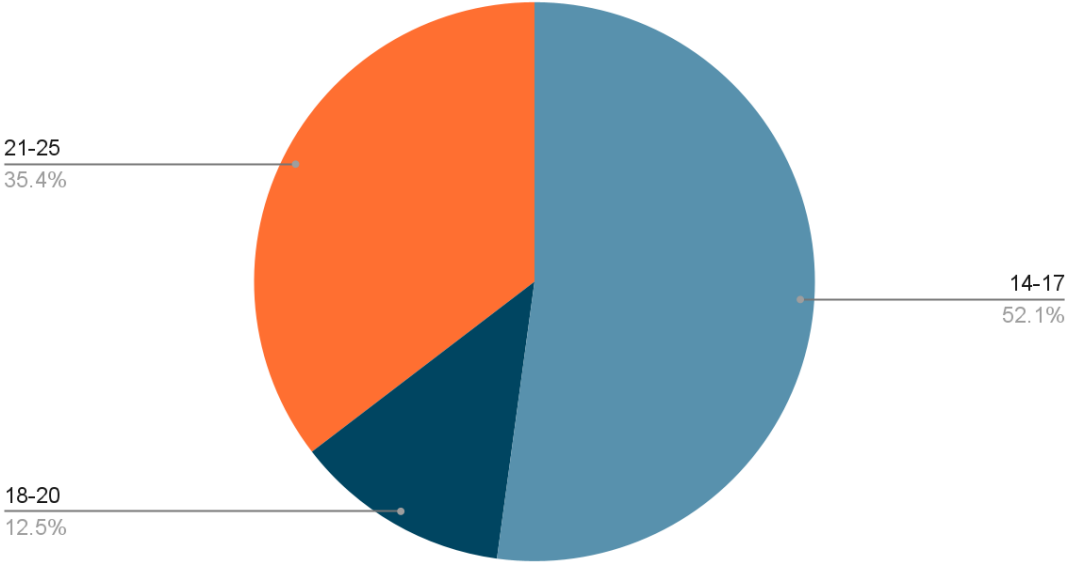
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focusing on young people’s perceptions of healthcare inequalities, and method of delivery.

We decided that we would send out a survey to children and young people (CYP) aged 14-25 addressing their views and experiences of healthcare inequalities. This survey was designed from January to March 2022. The survey was a mix of qualitative and quantitative questions, addressing topics such as the factors that have an effect on a CYP’s healthcare, CYP’s experience of direct/indirect discrimination and how CYP believe that healthcare services can improve to be more accessible. This survey was sent out through a variety of networks (including NGOs representing certain groups of CYP, college and university networks and the BYC), and was open for one month to collect responses.

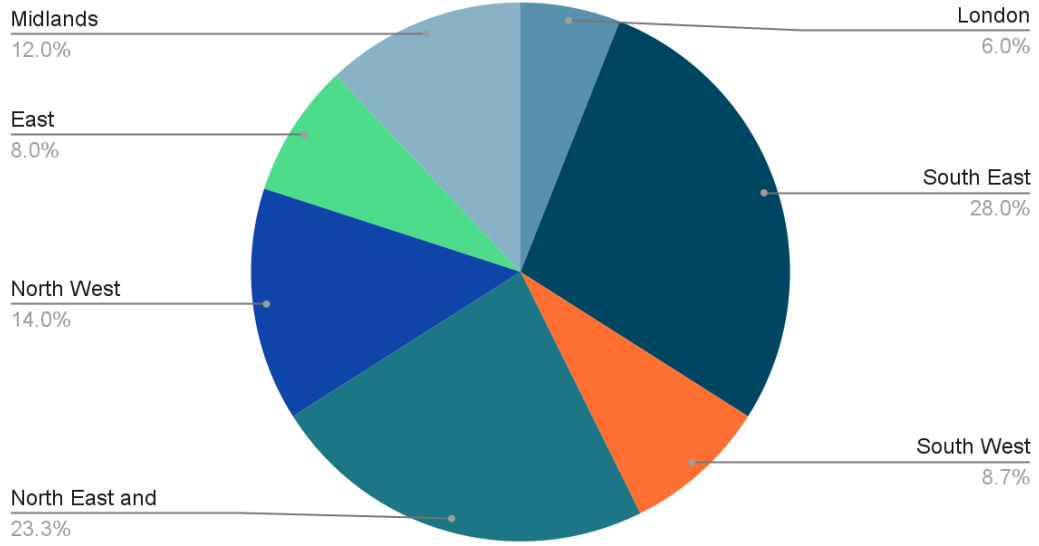
**A total of 152 responses** from Children and Young People across England with the following demographics:

Age

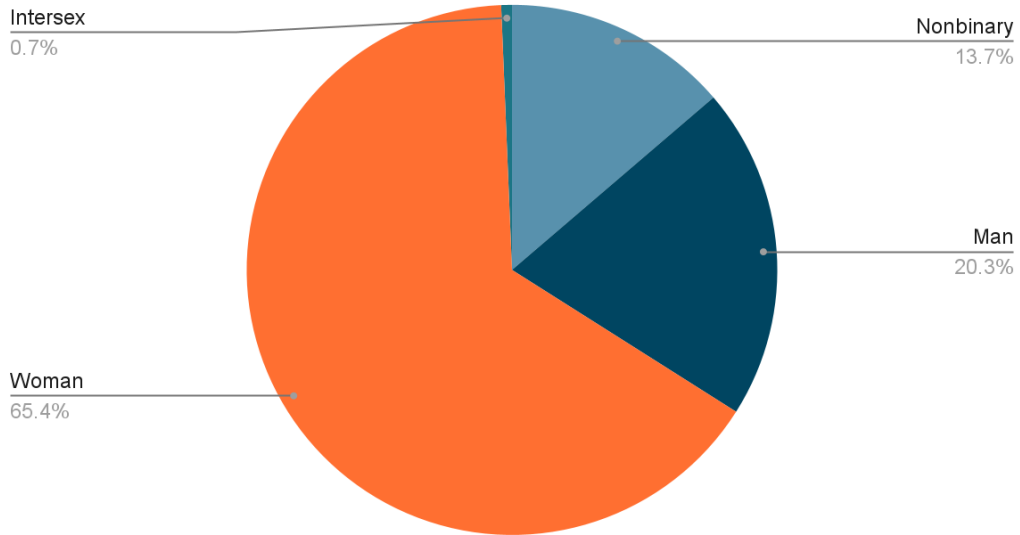


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## Location

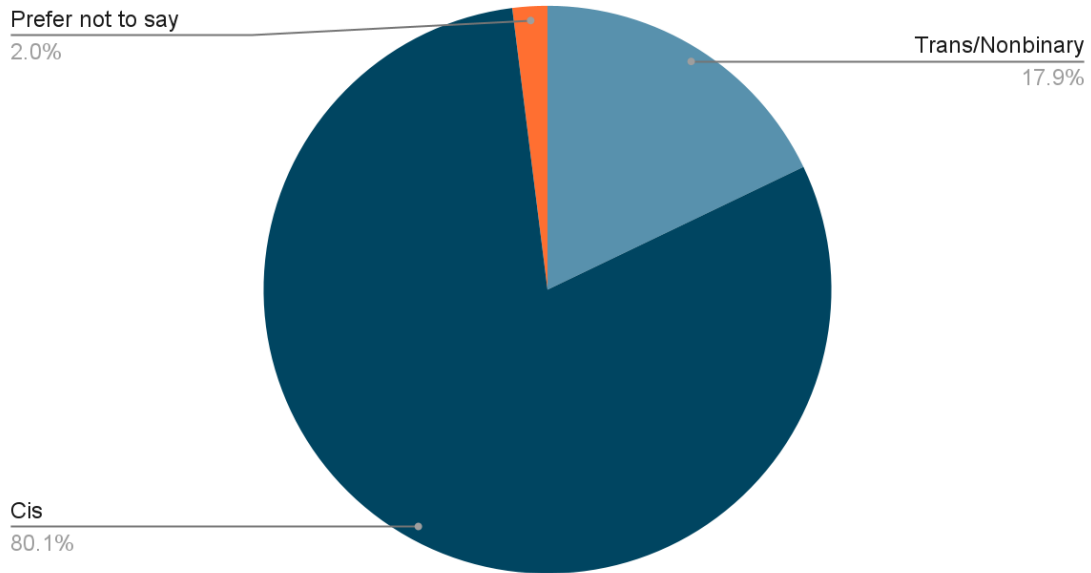


## Gender

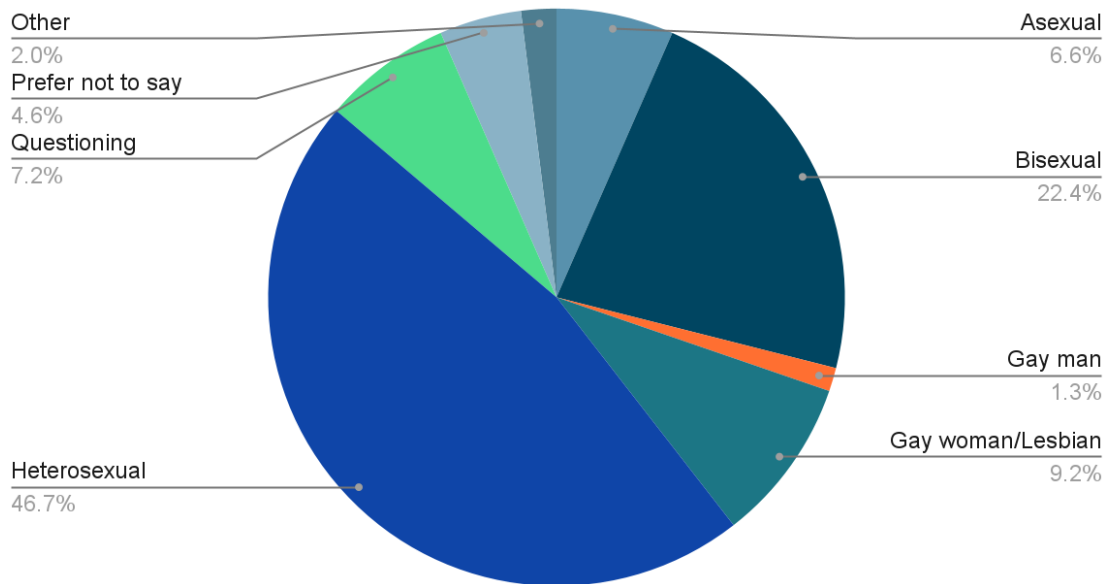


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## Trans Status

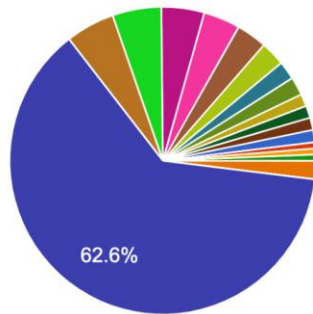


## Sexual Orientation



Which ethnic group do you identify with? (select all that apply)

152 responses

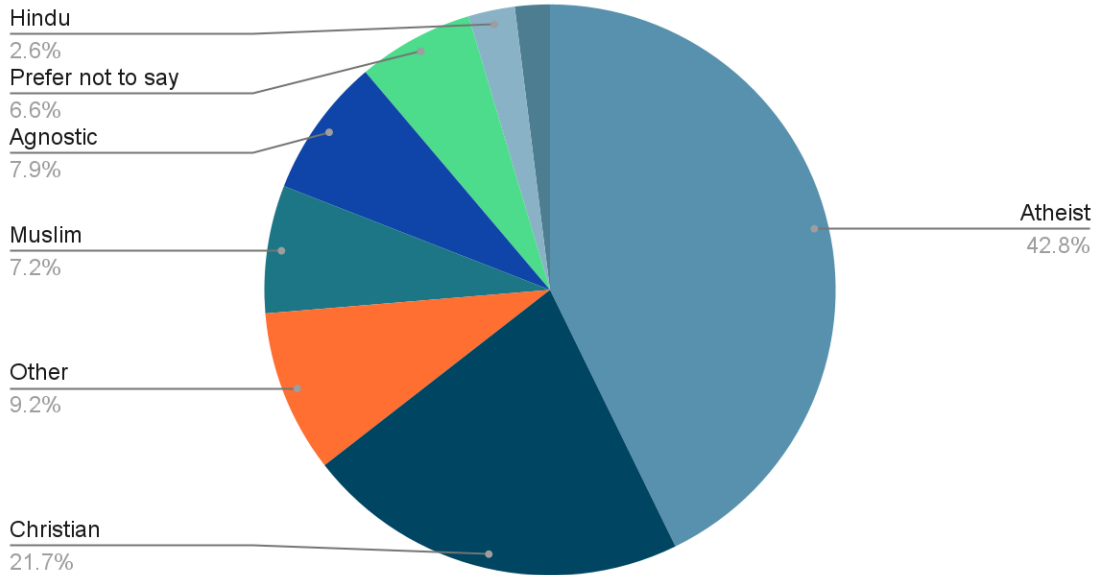


- African 13
- Any other Asian background -10
- Any other Black background 4
- Any other White background 4
- Any other Mixed background 8
- Arab
- Bangladeshi 11
- Caribbean 14

▲ 1/5 ▼

62.6% White British

Religion



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## Results

Multiple themes of discrimination were addressed. Some examples include race, disability, mental health, trans status, body weight, culture, gender, and financial means.

Discrimination was most often mentioned related to CYP with autism due to unmet accessibility needs and general misunderstanding of autism from HCPs, which had a negative impact on their experience of healthcare. One notable explanation for this underlying discrimination was identified as lack of understanding. One participant commented that *'they [healthcare professionals] often have no understanding of autism or mental health difficulties, or their own preconceptions'*. Another common reason for discrimination was not making adequate accommodations for CYP. Finally, age-related discrimination was often mentioned, in the form of not respecting the views and opinions of young people. Indeed, one participant noted that they felt *'infantilised by some of the remarks by certain [healthcare] staff'*.

Children and young people rated the following factors to have a medium or strong negative impact on their healthcare (Note: any factor for which less than 15% of CYP have indicated a medium or strong negative impact have been excluded from this list).

### **Gender Identity:**

26% overall, and 20 out of 27 trans and nonbinary people (74%)

*"I mentioned to a nurse in A&E that I was nonbinary and use he/they pronouns and later found that it had been put on my medical records, categorized in the same way that health problems are. It wasn't at all related to the reason I was in hospital and I only mentioned it so I wouldn't be misgendered (which I was anyway)."*

*"Being a cis female, doctors always put how I feel to hormones and periods."*

*"I find the computer systems used at GP surgeries etc are really difficult as a trans man. Different receptionists will offer different info about the systems: some say they can*

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*change my name and others say they can't but nothing is really achieved so I'm still called by my deadname."*

### **Sexual Orientation:**

20% overall, and 23 out of 40 LGB+ people (58%)

*"Many clinicians have presumed my sexuality, even in sexual health clinics I haven't been able to get info I need because of presumptions."*

*"Gynecologists don't understand that queer relationships are different, i have felt judged before, and they were confused that not all sex is penis in vagina"*

### **Disability:**

36% overall

*"Frequently being dismissed by doctors who lack insight into my rare diseases, being told I'm too young to have these problems or that it's not possible and I'm making it up."*

*"Poor access to suitable access needs, poor training for dealing with neuro divergent and mentally ill patients when the patients are being treated for physical issues."*

*"The delays in me receiving a diagnosis led to me being excluded from education for over 2 years. CAMHS were aware that I was not attending school but there was no discussion/signposting to either the medical tuition or SEND Education teams - there was no cross-agency working to identify and support my needs."*

### **Ethnicity:**

18% overall, Pakistani, Indian, African, Chinese, other and other mixed CYP reported a negative impact of ethnicity on their healthcare. White British and other white CYP indicated ethnicity as having no effect on their healthcare overall.

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*"Not having access to doctors that are also BAME has resulted in conversations where I have to educate the healthcare professional on cultural nuances, how it affects my environment and style of living rather than me explaining my own symptoms and issues."*

*"as a Muslim, wearing the headscarf can mean that at times I might not get the right level of aid that I require from doctors - as some can come across as discriminative towards people of my ethnicity."*

**Location:**

33% overall

*"Living in a poorer area has affected my access to healthcare because doctors nearby are overwhelmed with the amount of patients they have."*

*"I am in Bucks, Adult Mental Health Services in Bucks are not commissioned to work with people with a dual diagnosis of ASD and a mental health condition. As such I am not being properly supported, my communication needs are ignored."*

**Education:**

24% overall

*"Limited availability for appointments outside of school hours means I've missed a lot of school or had to cancel appointments that clashed with exams."*

**Money/Resources:**

26% overall

**Family:**

16% overall



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## Work/Education:

17% overall

## Recommendations

We also asked CYP what they think needs to happen for healthcare services to improve. One participant, when referring to their healthcare experience, said they felt as if *[healthcare professionals] don't actually care for the next generation, and that hurts'*. There were also suggestions about how to implement this, with one participant suggesting that HCPs could improve feelings of trust, inclusion and communication by having a private conversation with CYP before a consultation about their gender identity and pronouns. A number of responses also discussed feeling as if healthcare professionals did not take CYP's complaints seriously. One young person noted that *'we [CYP] know our bodies, and if something feels wrong, believe us and validate our concerns'*. Another participant echoed this, commenting that *'if we think something's wrong, it most likely is'*.

In summary, here are our main recommendations:

- **ED&I Education/Training for NHS staff - this was the most commonly voiced suggestion**
- Increased diversity among NHS staff
- Supporting workforce development and improving training for all staff, embedded in continual professional development
- More autonomy and respect given to CYP during appointments as well as more validation towards CYP and their struggles and experiences
- Improve communication between staff and CYP
- Staff taking more time to listen to CYPs experiences and concerns
- Increased flexibility in appointment times
- Increased accessibility with regards to disabilities

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- Consolidating the education and training around cultural and religious differences, by working alongside young people to develop educational material – for example, projects in collaboration with local youth forums

In their own words, respondents stated:

*“I think they can empower young people to express what they want their care to look like in their own terms. Being in the presence of usually much older and well-experienced professionals can be intimidating, so it is relaxing when clinicians do not approach young people with a 'parental' approach which may make them less likely to be honest.”*

*“educate themselves about how to best speak to and treat queer people and neurodivergent people. just explain what you are doing constantly, and ask questions (politely) when they are not sure of something”*

*“Be more open and have conversations about topics that may be deemed controversial or difficult to discuss. As a healthcare provider, we have to be able to support all young people in order to be trusted by this generation as a whole.”*

*“Listen and take people seriously without exception! Factors such as gender identity and ethnicity should be take into account only for health reasons. Also more focus should go on mental health treatment in general, as there is nowhere near enough resources to help everyone and the pandemic has had a huge impact on so many people’s mental health.”*

We hope that this report and our findings have highlighted the health inequalities children and young people face, and how HCPs can work together with us to ensure that we receive the best quality of healthcare possible. It is vital that we work to improve the relationship between HCPs and CYP, as this has been fractured for a long time. The only way that HCPs can fight to improve our healthcare is by actively listening to CYP and ensuring that our voices are elevated and that we are in control of our own bodies.