

# CHECK UP!

What young people need to be positively healthy in Haringey.



## Introduction

Positive Youth News Haringey is a youth led project run by young people from the borough and governed by The Selby Trust. Their aims are to:

- ✓ Promote positive youth news stories of young people in Haringey.
- ✓ Community cohesion between young and adult residents in the borough.
- ✓ Building bridges between young people and local institutions.

It is the final aim under which the NHS Haringey Clinical Commissioning Group commissioned the group to carry out a consultation with young people to ascertain their relationship with primary care services in the borough.

The consultation ran in the borough during March and April 2014, using a variety of methodologies including:

- ✓ Online surveys
- ✓ Informational stalls
- ✓ Workshops in schools

A total of 306 young people aged between 12 to 24 years old took part in the consultation from across the borough. The main areas the consultation explored were:

- ✓ How young people book and would like to book appointments.
- ✓ How young people receive and would like to receive test results.
- ✓ What young people do to keep physically and mentally healthy.
- ✓ Their understanding of services offered by local Pharmacies.
- ✓ Young people's ideas for improvement.
- ✓ Feedback from young people on how the NHS can encourage healthier lifestyles.

The consultation was conducted by 5 young people from Haringey aged between 16 and 22 years old under the supervision of a youth worker.

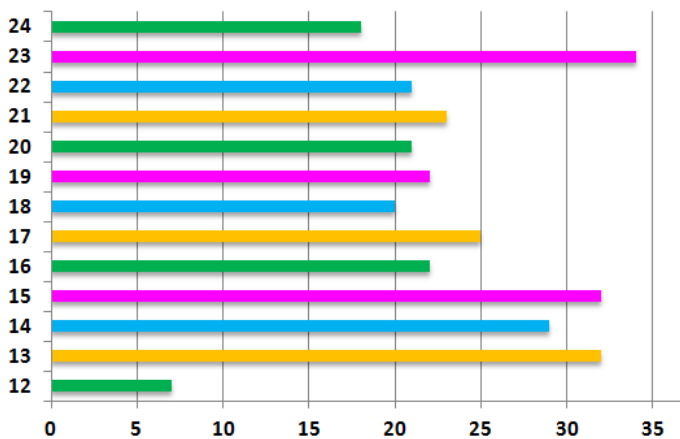
## Who were the young people who took part?

Young people accessed the consultation using different methods:

- ✓ Online via the Positive Youth News Haringey website.
- ✓ Via information stalls where they were assisted to conduct the survey.
- ✓ In school workshops.
- ✓ Using a 'diary room' based a local Youth Centre

The consultation toured the borough conducting assisted surveys and workshops in Highgate Wood School, Gladesmore School, with the Haringey Youth Council, Bruce Grove Youth Centre and Unity Radio (Haringey's youth radio station). 42% of respondents took part online unassisted through the marketing of the survey on social media.

### Age of Participants



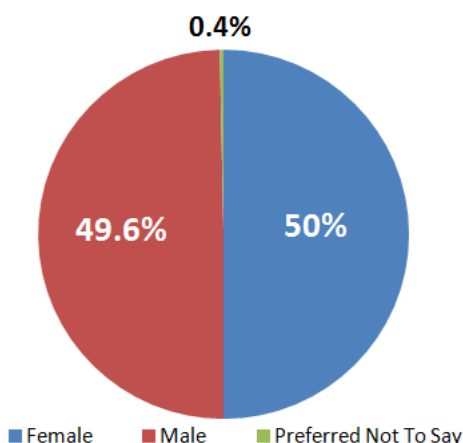
We achieved a fair balance of young people within the age range, except our youngest (12 years old) where we only managed to engage 7 young people who made up 2% of the participants. The difference in the percentage of young people engaged between the 13 – 24 year olds was minimal; each of this age group represented 7% to 11% of the participants

Our highest age groups were 23 year olds, a majority of which engaged unassisted via the online survey. They made up 11% of the participants. They were closely followed by young people who were between 13 and 15 years old, which was reflective of the year groups we engaged via schools.

Although the group who took part in the consultation were classified as “young people”, it is important to note there were three defined sub groups who were at different life stages:

**12 – 15 year olds (31%) | 16 – 20 year olds (29%) | 21 – 24 year olds (40%)**

### Gender of Participants

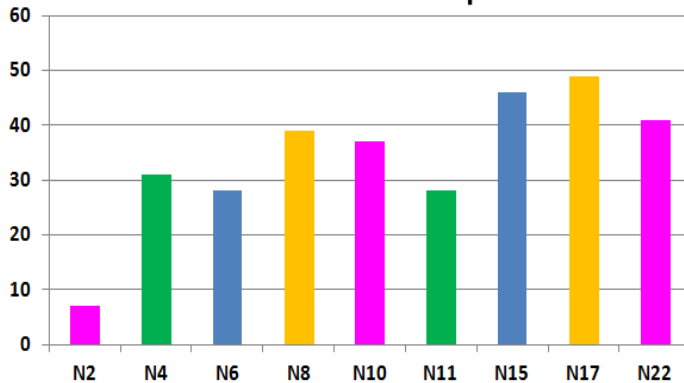


We achieved an almost perfect balance of gender. 153 of the participants described themselves as female, 152 described themselves as male and 1 preferred not to say.

We did not engage any young people who described themselves as transgender, although the option was available.

There was also no significant representation of a specific gender within any of the age groups.

### Postcode of Participants



We were able to attract participants from across the borough. The postcode breakdown does however need to be viewed with some caution.

N2 is the smallest postcode in Haringey, shared with the London Borough of Barnet. Therefore, only obtaining 2% of participants from this postcode is in-line with geographical expectations.

The N15 and N17 postcode appears to show the areas where we engaged the most young people (31%), however if viewed on a constituency basis, (where parts of N4 and N8 also fall within Tottenham), and if we assume 50% of N4 and N8 participant lived in Tottenham, we see the following split:

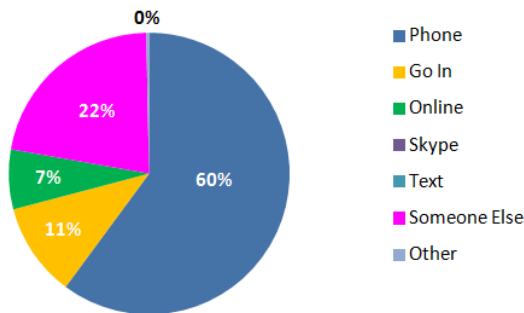
**Tottenham Constituency 43% | Hornsey & Wood Green 57%**

It is also worth noting that the Hornsey and Wood Green constituency is made up of 10 wards and the Tottenham constituency is made up of 9. Therefore, it is felt the spread of young people who participated in this consultation are in-line with population data.

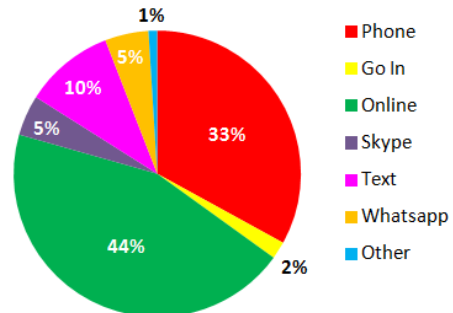
We did not collect any demographic data on ethnicity, religion, disability or sexuality.

## Booking Methods

### Appointment Booking Method



### Preferred Booking Method



Young people were asked two separate closed questions on booking methods to access both a GP and a Dentist. One question was based on how they currently book appointments and the next question looked at what booking methods young people preferred.

To view this data in context it is important to revisit the different age subgroups of the participants:

**12 – 15 year olds (31%) | 16 – 20 year olds (29%) | 21 – 24 year olds (40%)**

22% (67) of young people had stated that someone else booked their appointments for them, closer inspection of the responses indicated over 98% of those who selected this option were from the 12-15 year old age group. Furthermore, during the ‘assisted survey’ sessions, we noted that the same age group were considering their parents preferred booking options and not their own.

**“My mum would probably prefer to still call, she doesn’t like computers”**

**14 | Male | Gladesmore School**

The majority of young people (60% | 184) responded that they phone to book appointments for the GP or Dentist. 11% (33) of young people said that they went into the surgery to book appointments and 7% (21) young people said that they booked online.

**“I can call my GP, but it is across the road from my house, so it’s quicker on the way to college. Or I’ll be stuck on hold for ages.”**

**18 | Female | Haringey 6<sup>th</sup> Form**

During the ‘assisted survey’ we were informed by a few who selected “go in” that they chose this option out of convenience rather than it being due to other methods like phoning not being available.

Many young people also expressed frustration at the length of time they had to wait to get through

to their GP on the phone or the response they received once they did get through. A common annoyance was the waiting time of the actual appointment offered and others were around the answering services when they called, which put them on hold and was charging them even though they had not yet got through.

**“Calling the GP drains your minutes. It answers just to tell you that you are in a queue!”**

**Male | 22 | Bruce Grove YC**

**“I call because I am ill now but they give me an appointment for 2 weeks!”**

**Female | 17 | Youth Council**

**“They tell you to call back the next morning at 8am to get an earlier appointment. Why?”**

**Female | 16 | Haringey 6<sup>th</sup>**

7% (21) of young people stated that they booked appointments with their GP online. We did not have context data to establish whether this was reflective of the number of GPs who offered an online booking service.

When we explore the preferred methods young people would like to book appointments, we see that 33% (101) of those who participated would like to phone. Closer analysis of the data showed that 96% of those had also previously stated they were currently phoning to book appointments. As stated above, the younger age group were considering the preferred option of their parents if they were booking on behalf of their child.

The remaining 4% who selected this option, had previously stated that they went in to book appointments. We assume from the discussions during the ‘assisted survey’ that these were people who had a surgery that already had phone booking systems, but young people were unable to get through without waiting.

44% (136) of young people stated they preferred to book online. We are unable to state whether this was a case of their GP service not having an online booking system or they not being aware that it existed in their practice. The 7% (21) of young people who stated they booked online in the previous question, all selected this option as a preferred method. The reason for wanting this method was understood more during the ‘assisted survey’

**“It would be easier to book online whenever you needed and you knew you had an appointment.”**

**Female | 15 | Highgate Wood**

**“If I could book online I could choose an appointment around my college timetable”**

**Male | 18 | Bruce Grove YC**

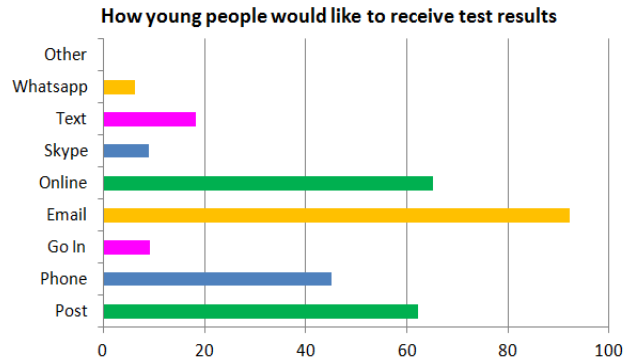
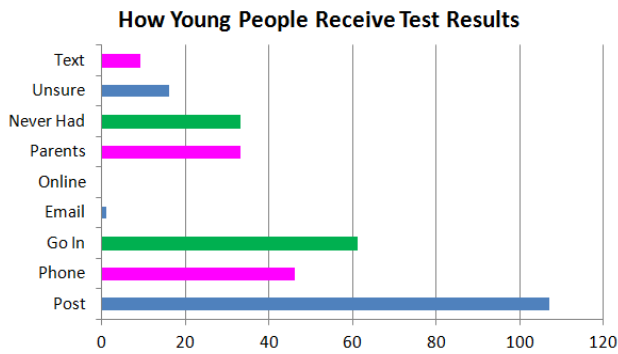
**“Booking online for those that can will free up the receptionist to take calls for those that can’t get online.”**

**Male | 15 | Gladesmore**

10% (31) of young people stated they would like to book via text, 5% (15) young people said they would like to book via Whatsapp and 5% (14) said they would like to book via Skype. Further into the survey under improvements, we were able to put context to the option of Skype, which seemed a preferred option for University students who wanted more than just using Skype for booking appointments but actual access to a GP.

One young person selected other in the question of who they booked appointments and stated this was because they did not have a Dentist. 1% (3) of young people selected other for preferred booking methods and stated that they wished for the parents to continue booking for them.

# Test Results



Young people were asked two separate closed questions on how they received test results and how they would like to receive test results.

To view this data in context it is important to revisit the different age subgroups of the participants:

**12 – 15 year olds (31%) | 16 – 20 year olds (29%) | 21 – 24 year olds (40%)**

11% (33) of young people stated that they had never had test results and 11% (33) of young people stated their test results went to their parents. All of the young people who gave these responses were from the 12-15 year old age category.

3% (9) of young people stated “other” and when specified they all had stated text.

**“I get called to say that my results are in for me to collect. Why can’t they just tell me on the phone what it means?”**

**Female | 17 | Youth Council**

35% (107) of young people had stated they received their test results via the post. During our ‘assisted survey’ we were able to see a connection between the 15% (46) of young people who were phoned and the 20% (61) of young people who had to go in – all were called to come into the surgery to either collect their test results or to book an appointment with their GP to discuss their test results.

During the ‘assisted surveys’ a common theme occurring was being unclear what the results meant when they received them through the post or being unsure what happened to the results after they had taken them. Those in the latter category selected “not sure” which made up 5% (16). However, some also selected this option as they were not sure if they had taken any tests.

**“I just get a copy of what is sent to my GP and it is all in ‘Doctors language’. I’m not sure if I am dying or not!”**

**Male | 19 | Unity Radio**

**“I have taken a lot of tests. I am not sure what has happened to them. I guess I am OK or the Doctor would’ve said”**

**Female | 18 | Bruce Grove YC**

Only 1 young person stated their received their test results via email, however 30% (92) of young people stated this was their preferred option. 20% (62) of young people said they would like the results posted to them, most of these previously responded that they had to go in or were called.

21% (65) of young people stated they wished to access this online and further into the survey, under improvements we saw the same respondents also suggest an only profile system where they could find their health information in one place.

**“Just imagine getting a text: ‘Ur test results are positive, U have 10 days to live’. Nah, I want to be told by the Doctor thanks. ”**  
**Male | 14 | Highgate Wood Sch**

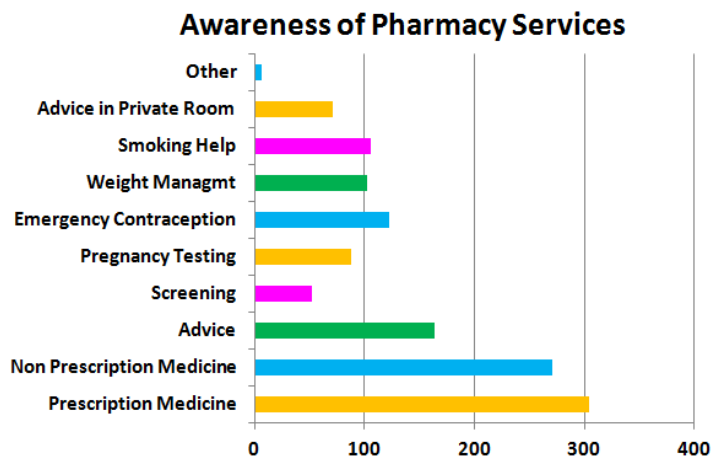
6% (18) of young people stated that they wished to receive their results via text. Through discussions in the school workshop and diary room, this became dependent on what the tests were and how detrimental to a person’s health they could be. Those we spoke to who stated they already received test results by text all (3) said it was for a sexual health test.

3% (9) of young people chose Skype as an option to discuss their test results. We only spoke to two who selected this option and both were University students who either had to ask a relative to open the postal results when they came or were unable to collect them for a number of weeks after they arrived. They felt Skype would enable a Doctor to speak to them face to face.

## Pharmacy Services

We asked young people about their knowledge of the services they are aware of at their local pharmacy. We pre-selected a range of services listed on the NHS choices website. Young people were able to select as many as they were aware of.

Through the ‘assisted surveys’ on a few occasions had to explain what a Pharmacy was, in all of these cases young people understood the term “Chemist” rather than “Pharmacy”.



99% (303) young people were aware that a Pharmacy dispensed medicine via prescription, 2% (5) of young people did state other, of which 3 young people stated they were not sure what a Pharmacy was and therefore did not choose any of the options. All 3 of these young people took the survey ‘unassisted’. It would be fair to say that should these 3 young people have taken the survey ‘assisted’, there would have been 100% awareness of this service.

Interestingly, 88% (270) were aware that you could go into a Pharmacy to purchase non-prescriptive medicine; this was an 11% difference. During the ‘assisted surveys’ were able to



explore this and again it came down to young people's understanding of 'medicine'. For some the common use and/or TV advertising of items such as pain killers removed them from the category of medication.

**"They advertise Anadin on the TV so that can't be medicine as your Doctor doesn't give it to you and you can get it in the cornershop"**

**Male | 14 | Highgate Wood Sch**

Whilst some were aware you could get non prescribed medicine from a Pharmacist, they did indicate that they would not especially go to a Pharmacy to purchase these unless there was one closer. They would pick these items up in a supermarket or local shop. However a few young people did indicate they would go to "Boots" not recognising this was a Pharmacy.

To view this data in context it is important to revisit the different age subgroups of the participants:

**12 – 15 year olds (31%) | 16 – 20 year olds (29%) | 21 – 24 year olds (40%)**

53% (163) of young people, all from the 16+ age groups were aware they could go to their Pharmacy for advice if they were not feeling well. Through the 'assisted surveys', it became apparent that the younger age group did not visit Pharmacies, unless with a parent and that was normally to collect a prescription. Within the older age group, young people were using a Pharmacy as a triage service to decide whether to contact a Doctor. Those in University stated that they had seen their Pharmacist as a quasi-Doctor as they were away from home.

**"Why would I go to the man who runs the Chemist for medical help? He is a shop keeper not a Doctor, what does he know?"**

**Female | 14 | Gladesmore**

The younger age group did not have an awareness of the professional standing of a Pharmacist, where the older age group had a higher level of acknowledgement of their training. During the discussions with the younger age group in schools, some were not aware Pharmacists were qualified and trained professionals, there seemed a belief that they were retailers who sold

medicine with no real knowledge of the product. This could be due to the fact Pharmacies are based in retail outlets and not in spaces associated with medical services.

Ownership of a Pharmacist differed during the 'assisted survey' where some young people stated clearly "my Pharmacist" indicating they used one particular Pharmacy who they had a relationship with, usually a local one to where they lived. Others did not identify with a specific Pharmacy, they viewed them as impersonal retail outlets and visited one wherever they were. There was no specific pattern of age group or postcode identified with this. However, this may have an impact on the number of young people who would go to a Pharmacist for advice on an illness.

29% (70) of the young people were aware of a private advice room facility in their local Pharmacy, all of these young people were also aware that they could go to a Pharmacy for medical advice, although less than half. We did not have contextual information whether all

Pharmacists in Haringey had a private room facility or whether 29% was reflective of this of the number of Pharmacies who did.

It is also worth noting although the respondents all lived in Haringey, some were away in University and may have based this on a Pharmacy where they studied.

Specific services a Pharmacy offered varied, 28% (87) were aware their Pharmacy offered Pregnancy Testing, this was mainly female respondents. A higher percentage of 40% (121) young people were aware their Pharmacy offered emergency contraception, again this was mainly female respondents. This could be related to the marketing of the 4YP EHC Pharmacy Scheme.

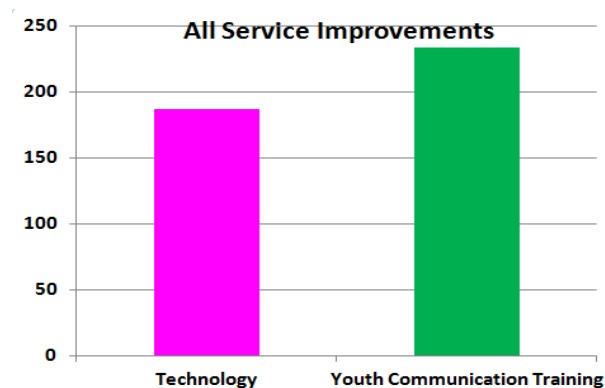
33% (101) and 34% (105) were aware of the Weight Management and Stop Smoking services of their local Pharmacy. This was across the age ranges. Through the 'assisted surveys', we realised there were different reasons for this knowledge; some had made assumptions during the question as they recollected seeing scales in the Pharmacy when they visualised, whilst others remembered the stop smoking posters. Some young people had used these services whilst others had a parent or family member who had.

## Improvements

Suggestions for improvement were left as an open question as we did not want to steer young people in a particular direction. Some young people took the opportunity to expand in depth on what improvements they would like, whilst others gave one sentence answers.

We collated similar themes to give an overview what young people were highlighting as areas they wished to see improvements in. It is important to note that the question evoked respondents to explore improvements rather than look at what they were satisfied with.

Specific workshops to explore improvements were undertaken in schools using discussions, debates and role-plays. The results of these activities were not included in the graphs as the same young people also completed the survey and this would be double counting. However, we have included their responses further into the report.



The two common themes for all three services (GP, Dentist and Pharmacy) centred on technology and youth communication training. (Please note we have chosen these categories as a summary of what young people stated).

61% (187) of young people felt there needed to be an improvement on the use of technology for all three services.

Common suggestions were:

**“The NHS is not really using technology well. I could Facetime a nurse, she could scan my prescription to the pharmacy and I can pick it up”.**

**Female | 23 | N17**

**“Being at university means I can't come back just to see the Dr. It would be good if I could speak to them via skype”.**

**Male | 20 | N15**

**“They should use apps more. Also if they send the prescription direct to Pharmacist you can get a text to say it's available to pick up”.**

**Male | 19 | N10**

76% (234) of young people had cited communication was something that could be improved. This was across the age groups and a common theme for all three services. This did differ with the different professionals in the three services, for example in some cases it was not the GP, Dentist or Pharmacy who young people felt were “rude”, but the reception staff or shop assistant. However this category also included health information and confidentiality.

**“The receptionist at my Dentist tried to sell me a ‘One Direction’ toothbrush. Yes, I mean the boyband! I am 16 not 6. How patronising!”**

**Female | 16 | N8**

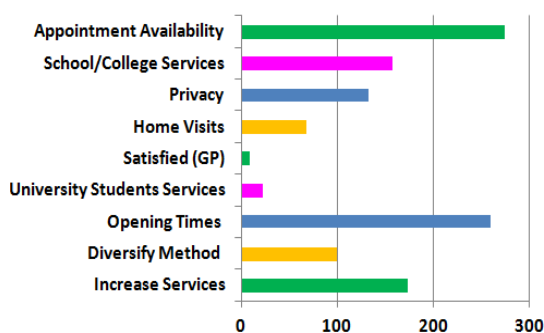
**“The Doctor was asking my mum if I smoked. She said no. I sat there in silence even though I knew it was untrue. Why can't I see my Doctor alone?”**

**Female | 15 | N22**

**“I went into the Pharmacy once to get condoms. The girl behind the counter asked me if my mum knew I was having sex. Some next man laughed.”**

**Male | 17 | N17**

### Suggested Improvements | GP



Again we collated the responses and categorised them in themes we chose. Although not asked, 3% (8) of young people did state that they were currently satisfied with their GP services.

The largest area of improvement cited was centred on appointment availability and opening times. We considered merging these two into one category; however felt this did not reflect what the young people were stating.

89% (273) felt that appointment availability needed to be improved

**“I think people go to their Doctors for different reasons. But I only call them when I am currently sick. I am always given an appointment for the following week. Closing the walk-in centre at North Middlesex was a big mistake too”.**

**Female | 23 | N17**

85% (259) of young people felt the opening times could be improved. This was partly due to not wanting to miss school, college or work, but for the younger age group it was around their parent's availability. Weekend opening times was the most common recommendation in this category.

51% (159) had suggested having GP services onsite within schools and colleges. Also within this category were a few who suggested within youth centres. The general idea was to put GP services in a place where young people were and have a dedicated children and young people's medical team. Some young people described this as a service to get basic youth related medical needs done in bulk especially around check ups, diet and common illnesses or conditions such as acne, puberty related issues etc.

43% (132) of young people cited privacy as an area of improvement; this was predominately from the under 18 age group. They felt that the "compulsory involvement" of their parents hindered their ability to discuss and address their health needs and concerns.

**"There is no way I would tell my Doctor that I am sexually active. I would be too scared that they would tell my mum".**

**Female | 17 | N22**

**"I have never seen my Doctor without my mum. He asks me questions and my mum answers. If my Doctor knew I drink alcohol or smoked it may help".**

**Male | 15 | N17**

**"My Doctor called home to tell me my test results had arrived, but I was not in so they told my dad. I had to lie & say they mixed me up with someone else"**

**Female | 19 | N15**

52% (172) of young people felt that GPs could increase their services. The suggestions we put under this category varied and we did not have the contextual information to establish whether some of the ideas were already provided but not known. A majority of young people requested a service where they could get an annual health check to include BMI, blood pressure, sugar levels etc.

Other suggestions in this area was to have a place in the borough that was a health shop where you could pick up leaflets, use free self service machines to check weight, blood pressure, sugar levels and get information without appointment or queues. Another suggestion was to open a young people's health centre in the borough so young people could drop in and access medical services without parental knowledge.

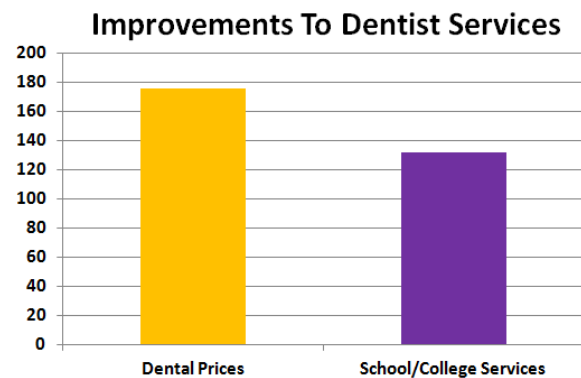
32% (98) young people wished to see GPs diversify their methods of attending to people, this was similar to the 7% (21) of young people who wanted university student services, but they were distinctly different so we gave them different categories.

Items in this category included telephone based appointments as young people felt their needs were straightforward enough to speak to a GP or medical professional on the phone rather than take up a face to face appointment.

University students felt particularly cut off from the services of their GP as they had moved away from London. They suggested more use of Skype appointments to combat the distance related barriers they faced.

22% (67) young people wished to see home visits return (although some were unaware that they previously existed).

From the responses we saw two common themes emerge about suggested improvements to Dentist services. It is important to note the sub categories within the age groups we consulted, especially around pricing.



58% (176) of young people expressed concern and confusion about dental pricing. A few within the 16-17 age group were unaware that dental treatment was still free to them on the NHS. Some believed this varied depending on whether they went to college or stayed on at school or whether they had a job.

The 18-19 year olds were confused whether they had to pay and did not seem to be aware of their exemption if they were in full time education under the age of 19. Those in college, under 19 were not clear on what constituted a full time course, especially those who also had a part time job.

The older age group (20+) were the largest group to express concern about pricing and did not seem to be aware of dental treatment price banding. None of the respondents seemed to be aware of finance help towards the costs of dental services or the HC1, HC2 or HC3 certificate.

The older age group of young people expressed costs or fear of costs being a main factor to avoid the Dentist. They also viewed Dentists as a business rather than a health service, aware of up-selling of products which they felt pressured into purchasing.

**“I don’t go to a dentist, the pricing scares me”**  
Female | 21 | N22

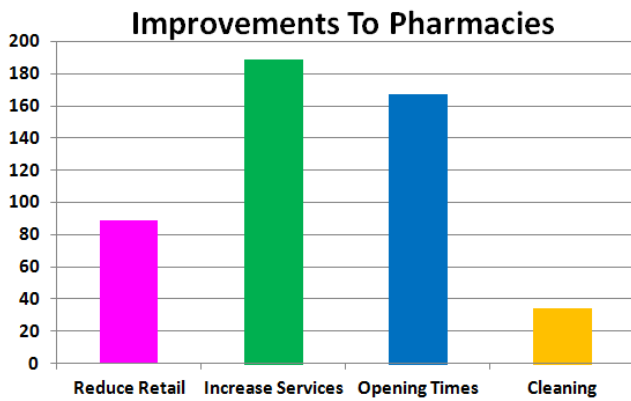
**“The dentist prices are not clear”**  
Male | 24 | N11

**“I think Dentists should have set prices”**  
Female | 19 | N8

**“My dentist is too expensive I never know what the cost is going to be.”**  
Male | 20 | N10

**“I don’t understand dentist charges. I think they make it up when you are there.”**  
Male | 24 | N15

**“My dentist is more interested in selling products than my teeth”**  
Female | 22 | N17



Young people gave different views about Pharmacies, however we categorised them into four themes.

39% (189), the largest category of suggested improvements was on the need for Pharmacies to increase services, not to just to young people but the public as a whole.

It was felt that Pharmacists had a good level of knowledge about illness and medication to assist with basic healthcare needs and relieve the pressure on GPs.

**“It would be good if the Pharmacist could prescribe basic or common drugs such as antibiotics for common infections or painkillers etc”.**

**Female | 16 | N10**

**“Chemists could do basic free checks on blood pressure, sugar levels, weight or even blood tests. My Pharmacy is empty most of the time”.**

**Male | 18 | N8**

**“It is good my local chemist does other things like pregnancy testing but they could do so much more to reduce people going to the Doctors”.**

**Female | 22 | N6**

The next common area of concern was opening times, and the need to open longer hours. This was mentioned by 35% of the respondents (167). No one had mentioned the late night Pharmacy on Green Lanes. Many cited that their Pharmacy was closed on weekends or were only in-line with the opening times of the local surgery. One young person gave an account of obtaining a prescription at North Middlesex Hospital, but the hospital Pharmacy was closed and the prescription was not valid in a normal Pharmacy.

19% (89) of young people commented on items which we have classed as ‘reduce retail’. This mainly centred on young people not viewing Pharmacies as a ‘serious healthcare provider’. This was also partly expressed by 7% (34) of young people who felt the cleanliness of their local Pharmacy was a put off as a place to handle their healthcare needs.

**“My chemist sells more perfume, make-up and hair products than actual medicine. I don’t feel right talking to a make-up girl about my health concerns!”**

**Female | 18 | N8**

**“The Pharmacist near my house resembles a Poundshop. It doesn’t seem serious about health or medication”.**

**Male | 16 | N17**

**“The carpets are filthy, the windows need cleaning & de-cluttering and most of the stock is old. My Pharmacy probably looked the same in 1982”**

**Female | 21 | N15**

During the consultation we conducted workshops within schools with 73 young people and a diary room exercise with 18 young people. The workshops included brainstorming, Dragon den style pitches and role-plays to examine the issues young people faced using NHS services and what improvements they wanted to see.

All 91 young people also completed the survey, so their input in these exercises would not increase the percentage of young people who stated similar items in the survey results. We solely used a diversity of methods to gain more in depth information.

The main concerns raised mirrored the items above:

- ✗ Waiting times for GPs, Dentists and Prescriptions
- ✗ Feelings of disrespect or being patronised by medical professionals and receptionists
- ✗ Opening times of GPs, Dentists and Pharmacies.

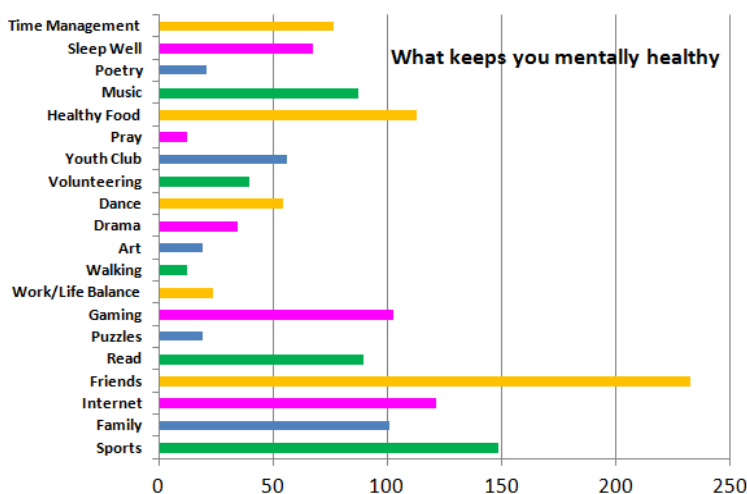
In addition young people also showed concern about privatisation of services and politically were concerned about budget cuts and some did not understand why cuts were taking place when money was being spent on things like the Olympics.

In regards to what young people wished to improve, the ideas differed slightly to those in the survey. Common areas were:

- ✓ Increasing the number of Doctors.
- ✓ Some suggested increasing the wage for Doctors.
- ✓ More advertising to explain to the current generation of young people about the value of the NHS and how much medication and treatment costs.

Other ideas did mirror items already described from the survey.

## What keeps young people mentally healthy?



During the 'assisted survey' this was the question that confused the most people and not featured on the chart was the 14% (43) of young people who responded indicating they were not sure, did not know or skipped the question by typing anything to be able to move on in the survey.

During the 'assisted survey' we found a rephrasing of the question to "What do you do to keep happy?" or "How do you stop yourself being

stressed?" were easier to understand. However, a majority of young people had an understanding and responded to the question without clarification or probing.



This was an open question and we grouped the most common answers under our own category definitions. Young people were able to provide as much or as little information as they wished.

76% (232) of young people cited their friends were a big source of support to keeping them mentally healthy. This ranged from young people claiming they spent time with them, they spoke to friends about their concerns or they surrounded themselves with positive uplifting people etc.

48% (148) of young people described some form of sports or exercise (including visiting the gym) as a way they kept mentally healthy, although a majority of these were male respondents. 40% (121) of the young people described a form of online activity that kept them mentally healthy, this included social networking but also researching items of interest, watching youtube videos and looking at clothes.

36% (112) of young people had cited food was a factor on their mental health, this ranged from avoiding foods that they were aware were not good for them to eating healthy, whilst others spoke of regularly eating as they realised hunger impacted on their moods.

33% (102) of young people spoke about gaming as a form of relieving stress, this again was predominately male respondents, however some female respondents spoke about social network games like "candy crush". 31% (101) of young people cited family as a positive influence on their mental health, this included siblings, parents and extended family. It also differed in method, some felt their family were a source of support or people to discuss concerns, where others recognised the benefit of family activities.

29% (89) of young people said that reading was something they did to keep mentally healthy, this was mainly in the younger age group and older age group, and predominately amongst female respondents. 28% (87) of young people referred to music being something that helped them distress, most spoke of listening to music whilst a small section played an instrument or were involved in music creation using technology. This was across the age groups and with both genders.

25% (76) of young people recognised that coursework and assignments could be a form of stress and mitigated the risk on their mental wellbeing through managing their time. This was more common with young people between 15 years to 21 years. On a similar theme, 7.5% (23) of young people, mainly in the older age group recognised the need for a work/life balance.

22% (67) of young people had realised the impact of lack of sleep on their stress levels and understood that sleeping well would positively impact on their mental health. The smaller categories included volunteering, dance (mainly females), attending youth centres, poetry, art and praying.

**"I like going to the youth centre as I can just have a space to be me."**

**Female | 15 | N17**

**"I need my sleep. If I do not sleep OMG, I am grumped all day."**

**Male | 18 | N15**

**"The assignments can get on top of you easily so I just do them as soon as"**

**Female | 22 | N8**



There were a few we were unable to categorise including;

**“Techniques learnt at CBT (cognitive behavioural therapy)”**

**Female | 22 | N10**

**“I avoid having girlfriends. They can drive you mad and are expensive too.”**

**Male | 17 | N17**

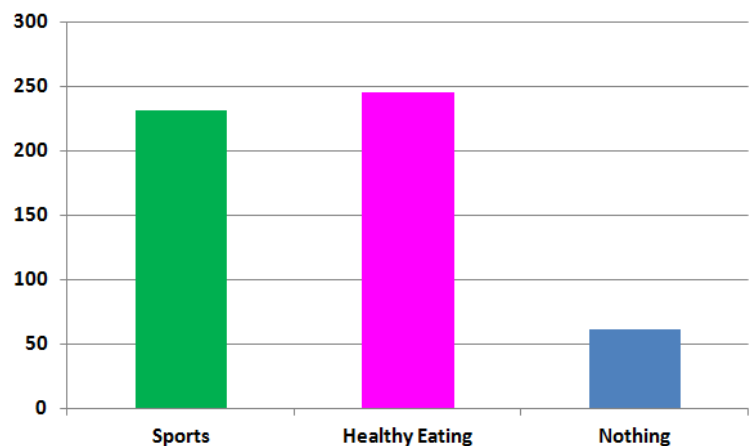
**“I have loads of sex”.**

**Male | 18 | N10**

## What keeps young people physically healthy?

This question was more straightforward and instantly understood by young people.

They were able to provide an open response and we saw a range of different answers, however they fell into 3 common categories; sports, healthy eating or no activity at all.



75% (231) of young people cited a form of sport as an activity they did to keep healthy. There were some distinct differences between those who stated the actual sport. Male respondents were more likely to cite football, basketball, cycling where female respondents were more prone to citing dancing, zumba or aerobics. However, those who cited the gym or running came from both genders.

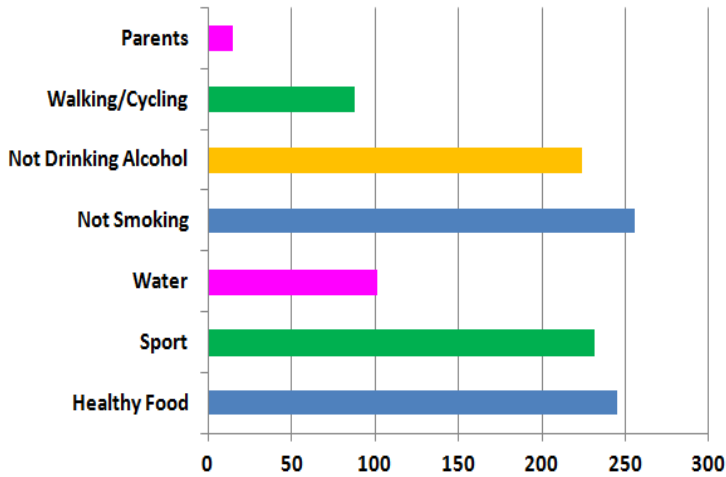
Another interesting observation were the range of sports cited in the West of the borough, there seemed to be more on offer and included activities such as rugby, cricket, trampolining, ice hockey, sailing, climbing and archery. The East of the borough were limited to mainly basketball and football.

After school activities at school, PE and the youth centre were the most common places the young people who cited a venue stated (younger age group), where the gym and park was a common venue for the older age group.

80% (245) of young people said that they ate healthy food, many citing the “5-a-day”. Although eating healthy was often left as a response, young people did not expand on exactly what they meant by this or stated they avoided “junk food”, again not defining what this meant.

20% (61) young people stated they did not do anything to keep physically healthy. Some of the responses left included smiley faces or comments like “If I am honest, I am unfit” so the awareness they should be doing some form of physical activity was present.

## What encourages young people to look after their health?



In hindsight, this felt like a duplicate question and was asked a lot later in the survey than the questions above.

This question had prescribed options for young people to select as many as they felt were relevant. We decided to include it in the report as it gave us further insight into their lifestyles.

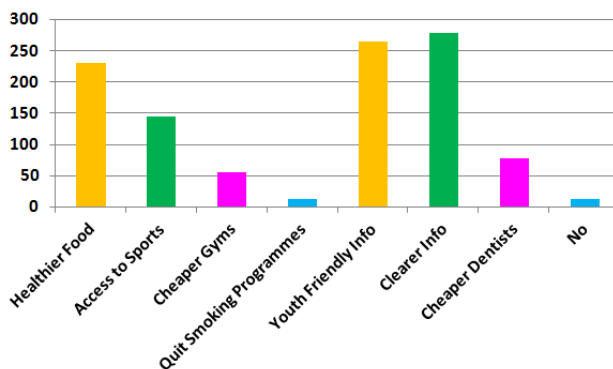
The items around healthy food and sports were similar to the above.

However, what we found noteworthy was the numbers of young people who did not smoke or drink.

84% (256) of young people stated they did not smoke, oddly “not smoking” was not something any of them had cited in the previous question. The smokers appeared to be from the older age group.

73% (223) of young people stated that they did not drink. Again the drinkers appeared to be in the older age group. This was also not cited as something they did which kept them healthier in the first set of questions.

## Help Young People Want To Be Healthier



This was the last question of the survey and was presented as an open question which we grouped into similar categories afterwards.

Some respondents chose to give simple short answers whilst others spoke in a bit more depth covering several categories.

86% (264) of young people requested what we have categorised as youth friendly information on health. This encompassed a variety of items including design of leaflets and posters; language; length and medium. Young people wished to have short, sharp and factual information but also on things like apps, Youtube, Facebook and/Twitter.

Some young people spoke of the lack of information on health in their schools, colleges or youth centres.

**“Are you meant to eat carbs or not? What is good carbs?”**

**Female | 18 | N4**

91% (278) of young people wanted clearer information. We felt this was distinctly different to youth friendly information. Young people showed confusion on what constituted healthy food and what was not good for you. Many spoke about hidden sugars, preservatives and processed foods. Diets were especially confusing as young people were able to access ‘fad diets’ online or via celebrity endorsement which contradicted other information known.

Confusion of information was not only based on diets but a spectrum of health issues including things like shisha, electric cigarettes, energy drinks and information for young parents.

75% (231) of young people felt access to healthier food would greatly assist their healthy lifestyles. Fast food outlets around schools, the 6<sup>th</sup> form and the youth centre was cited by many of the respondents and many in the two schools believed the food on offer at school was not healthy, even though healthy options were available. The cost of healthier food was mentioned by many of the respondents.

**“Chicken shops are cheap, quick and easy. I know they are bad, but what else is there?”**

**Male | 22 | N15**

Whilst we visited the youth centre, we were able to see programmes in place to educate young people about food, using fresh ingredients, learning how to cook and how to grow your own vegetables. However, these projects were optional and not widespread enough to make a long term impact on the wider generation.

**“There needs to be more sports activities for young women. It’s all for boys!”**

**Female | 19 | N10**

47% (145) of young people wanted better access to sports or exercise activity. Young women specifically felt sports in Haringey were very male orientated with basketball and football more widespread than activities such as dance. A further 18% (56) of young people felt gym prices were stated to be too expensive and not geared towards young people.

Support was shown for street gyms which were in the parks, and young people wished to see more of these in schools and in play areas in housing estates.

25% (78) young people felt that Dentists needed to be cheaper or free. This mirrored similar feedback earlier on in the survey where there appears to be a gap in understanding of the price banding. Young people did feel that Dentists could be based in schools working their way through each young person for a check up once a year. One suggestion was for people to pay an extra 1% in their National Insurance to cover the cost of a routine dentist check up for free.

4% (12) young people wished to see an improved quit smoking programme. 4% (13) young people were either unsure or did not feel they needed any help to be healthier.

## Recommendations

Our recommendations will be brief as we are conscious we do not have the operating information to ascertain whether they are feasible.

We also felt young people were clear in their suggestions and concerns, however felt we would add weight to the following 6 areas.

### 1. Increase use of technology:

Young people are open and familiar with communication technology, therefore would welcome its use to access services and will find it easier to adapt to a change in culture. This would include:

- ✓ Being able to book appointments online
- ✓ Access test results
- ✓ Being sent results via email

We are aware online booking systems do exist within some GP practices in Haringey, however we are not sure how widespread this is or how this has been marketed. There is also the “Patient Access” app, but we are unclear if this is available in Haringey and none of the respondents cited its existence.

### 2. Communication with young people:

Large numbers of respondents did feel patronised or disrespected by a range of medical professionals and/support staff, however this was not cited in all cases and it was not one specific practice, area or profession. There were a mix of actions that led young people to have this general feeling.

There are some big suggestions from young people contained in this report such as opening a youth clinic or moving GP and Dental services into schools, colleges and youth centres. We are not in a position to scope the feasibility of this. However, some smaller changes could make differences in this area including:

- ✓ Clearer system of complaints for young people.
- ✓ Mystery shopping exercises for Pharmacies.
- ✓ Training for reception staff.
- ✓ Young people over 13 offered private appointments without parents as a default to enable them to speak more openly and accurately.

### 3. University Students

From the information we received from respondents who were university students, it appears they were being encouraged to join a GP closer to their university if away from home. Young people did not find this conducive as they were going back and forth to university and preferred to stay with their home-based GP.

The use of technology could play a vital part in providing young people with remote access to their GP via Skype or Facetime. Although, deeper thought would need to

be considered for those who required prescriptions. However, currently young people are forgoing access to a GP or waiting until they returned home to visit their local practice.

#### **4. Youth Friendly Health Information**

Although many young people spoke about the language, design and content of leaflets, they also spoke about mediums of communication. Social media is a cheap and effective method of getting information to young people. Young people unlike most of the other patient groups are also easier to target as they congregate in concentrated areas such as schools and youth centres. Therefore we do recommend:

- ✓ Collaboration with various youth organisations (youth service, unity radio, exposure, schools and voluntary youth organisations such as the scouts, Haringey Shed) to use their social media platforms to distribute youth related health information.
- ✓ Haringey CCG may consider to start their own youth social media account, but need to be mindful that young people tend not to follow 'institutional' social media accounts, therefore a more youth friendly Haringey based health account may need to be set with young people.
- ✓ Schools and youth centres provide a ready made youth audience for the NHS to explore communicating key health messages. This may include youth attractive posters, but also talks during class or sporting activities.

#### **5. Dental Services**

The confusion around dental treatment prices was overwhelming for the older age group and the NHS Haringey CCG made want to consider how to communicate to the over 18s age group.

#### **6. Clearer Information**

Young people appeared to be confused about health choices especially around diets but also around things like Shisha and e-cigarettes. There appears to be some work on healthy eating done by the Youth Service, however this may not be part of a wider joint holistic youth health strategy.