

When you last visited a health or care service did they listen and talk to you?

Why did we ask this?

Current Government concerns state that the voices of young people are not being heard¹. A previous report by Healthwatch Nottinghamshire (Talk to Me! Children and Young People's Experiences of Health and Social Care in Nottinghamshire, 2015) found that children and young people wanted to be treated as an adult and have their health concerns taken seriously. We wanted to know more about this and during August 2015, our Question of the Month was the first that has looked specifically at the experiences of children and young people.

How we collected responses...

We gathered views from local children and young people in person using a postcard at nine events across the county:

- Four family events in the Rushcliffe district; Bridge Fest, Lark in the Park, Trent Bridge Family Fun Day and the Mega Mash Up- Positive Futures Event.
- A Play Day in Gedling.
- A holiday scheme in Bassetlaw.
- Two events with Vision West Nottinghamshire College, one in Mansfield and one in Ashfield.
- The Young People's Health Event run by the Nottinghamshire Health and Wellbeing Stakeholder Network.

Who answered our Question of the Month?

We had 197 responses from children and young people. Figure 1 shows more females (n = 108, 55%) than males (n = 71, 36%) answered our question, but 18 (9%) did not tell us their gender.

The responses were predominantly from white people, but as shown in table 1 over a third of children and young people didn't tell us their ethnic background.

Figure 1 Gender of respondents



Note: 9% did not provide information
Base: all respondents (n=197)

Table 1 Ethnic background of respondents

Ethnic Background of respondents	Count	%
White	114	58%
Did not disclose	71	36%
Asian/Asian British	5	2.5%
Mixed/Multiple	5	2.5%
Black/African/Caribbean/Black British	1	0.5%
Other	1	0.5%
Total	197	100%

Base: all respondents (n=197)

Respondents lived in a variety of areas in Nottinghamshire, but the majority (n = 69, 35%) were from Rushcliffe.

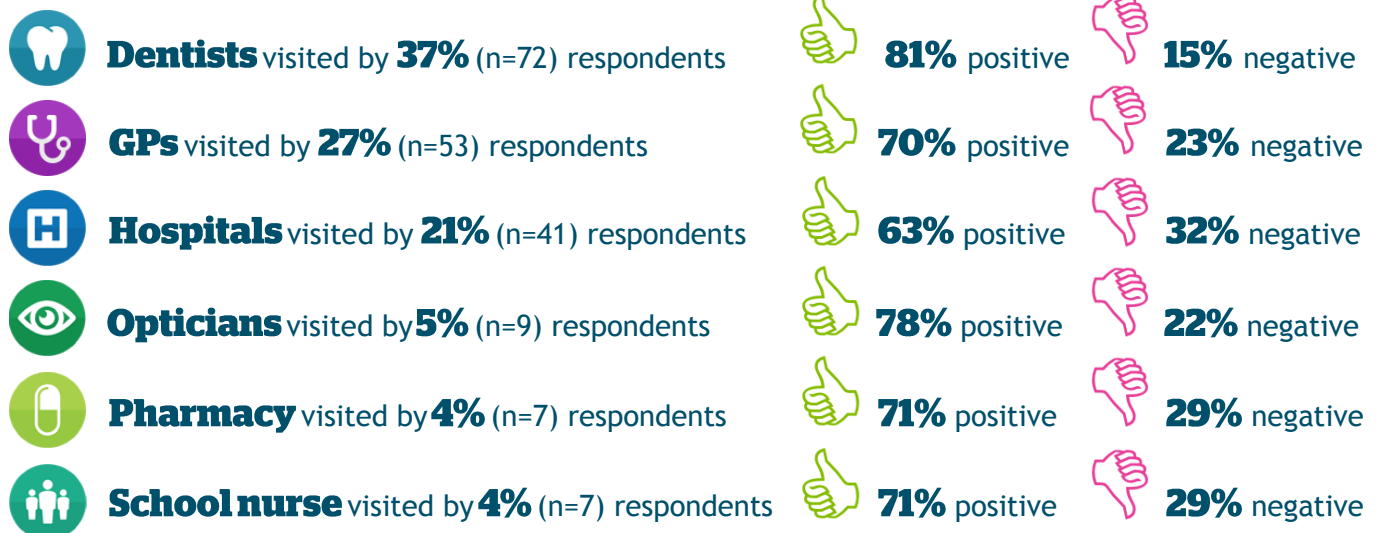
The age of respondents ranged from 5 - 24 years and the average age was 13.9. 40% (n = 79) of respondents were aged 16 - 18 years old.

¹ Munro, E. (2011). Young Persons' Guide to the Munro Review of Child Protection. London: London School of Economic and Political Science.

What you said...

The most commonly accessed service for children and young people was dentistry and for the majority their experiences were positive. Figure 2 shows that 37% of respondents (n = 72) had visited the dentist and 81% of these experiences were positive. The second most frequently accessed service was the GP with 27% stating that they had used this service (n = 53). The third most commonly accessed service was the hospital with 21% of respondents using this service (n = 41).

Figure 2 Services visited by sentiment of experience



Base: All respondents (n=197)

Note: Unknown services reviewed by 6 respondents and other services by 2 respondents. Where sentiment does not equal 100% sentiment was unknown due to a lack of written comments.

Young people were least positive about hospital services, almost one third (32%) told us about negative experiences, the highest of all service types. Figure 2 also shows that hospital services received the least positive experiences.

The majority of respondents were accompanied by an adult when they attended the service, and experiences were more likely to be positive when they went with an adult. 72% of respondents had attended with a carer, parent or sibling (n = 141). 14% had attended alone (n = 27) and 15% had not disclosed this information (n = 29). Of those who did not attend with a parent or carer, 70% (n = 19) were ages 17 - 24 years old with the remainder being younger than this. 80% of experiences which were accompanied by adults were positive, compared to 63% of experiences where no adult attended.

Positive experiences featured good communication. Written comments of positive experiences talked about how the health professional talked to them (rather than only to the parent/carer they attended with), making sure that they were comfortable and showing that they cared about them. This made many young people feel respected, and reduced any anxiety they felt. For example,

"I felt like they respected me because they was talking to me while I was having my check up making sure I was okay."
18 year old female about a dentist

"I felt like the Doctor included me more than my carer, in the sense that he understood me."
12 year old male about a hospital

"I felt like they really cared for me and understood my problems."
14 year old female about a GP

"Our dentist is really funny, always cracking jokes and putting me at ease. He really makes it so I'm not scared."
12 year old male about a dentist

In the instances where the healthcare professional spoke to the carer/parent more, this was not a problem for the respondent as it was what they wanted.

“They didn’t talk to me, but I didn’t want them to - I wanted them to talk to Mum.”
7 year old female about a hospital

“The doctor spoke to me a little bit, but mostly to my mum. That was fine.”
8 year old female about a GP

Poor experiences included not being listened to, or talked to directly. This left children and young people feeling like they didn’t know what was happening. 70% of negative comments which talked about poor communication specifically identified that they felt the professional didn’t listen to them or speak to them as much as they wanted. This left many feeling like the professional didn’t care about them. For example,

“When I was saying something they were talking to my Mum and this made me felt upset as if he didn’t care about me.”
12 year old female about a dentist

“They didn’t really listen and care about what I was telling them.”
16 year old female about a GP

“They didn’t tell me what was happening.”
19 year old female about a hospital

“They was talking to my parents a lot so I was unsure what was happening myself.”
16 year old female about a GP

“I fractured my arm, it was pretty scary because no-one told me what was going to happen to me when I went to hospital.”
9 year old female about a hospital

Some comments from negative experiences also mentioned the technical language used and how this meant they couldn’t understand what was going to happen to them.

“I find it really difficult to understand what the consultant says, he uses language I don’t understand and when I tried to ask him again he just answered exactly the same.”
17 year old male about a hospital

“Couldn’t understand what he was saying.”
13 year old about a dentist

Children and young people also talked about issues with treatment, including their diagnosis or assessment and the effectiveness of the treatment they received. These six experiences were spread across a number of different types of services but half were about hospital services. For example,

“I went concerning an injured wrist. After the x-ray I was told it was just an internal bruise. 2 weeks later I was called in to be told that it was a break.”
16 year old male about a hospital

“Do not know what they are doing. Have not given me any answers even after 10 months of hospital investigation.”
17 year old female about a hospital

“I felt like ice-packs don’t heal my pains but that’s all they have to offer.”
13 year old female about the School Nurse

“He talked to both of us but he never resolved the problem/illness.”
11 year old commenting on GP

Conclusions and Recommendations

We wanted to find out how much children and young people felt that the professionals providing their care services listened and talked to them. We found that overall, experiences were rated highly and that communication was central to this experience.

Good communication featured in positive experiences and bad communication was identified in negative experiences. What is key is whether the communication of the care professional matched the expectations and needs of the patient. In some instances, the carer/parent of the patient was talked to more but this was good if it was what the patient wanted, but for many more they wanted the healthcare professional to speak directly with them.

From this feedback on communication we make the following recommendations:

Recommendation 1:

Healthcare professionals should ask the patient whether they would prefer them to talk to them or their parent/carer. This would allow young people to let the professional know their preference. Involving them in this decision would show that their opinion is important, indicate that the professional cares about them and therefore help them feel respected. This evidence shows these feelings are important in creating positive experiences.

Recommendation 2:

Professionals should explain everything they are doing in simple language and talk to and involve children and young people as much as possible. Ensuring children and young people are fully informed about what is happening to them now and in the future will reduce any feelings of anxiety they may have about the treatment and care they are to receive and the potential outcomes of this.

Through their written comments children and young people also talked about other aspects of their experience other than communication, this suggests that the experiences of children and young people are made up of several factors. These comments lead us to make this additional recommendation:

Recommendation 3:

Waiting areas need to include activities and information which can occupy children and young people of all ages, not just very young children. Six children and young people talked about the waiting areas, and identified that there was nothing to do or read whilst waiting at the service; four young people specifically identified that this needed improving. Occupying their thoughts during this time could help to reduce any anxiety they may be feeling whilst they wait and help to distract from what was identified in some cases as long waiting times.

