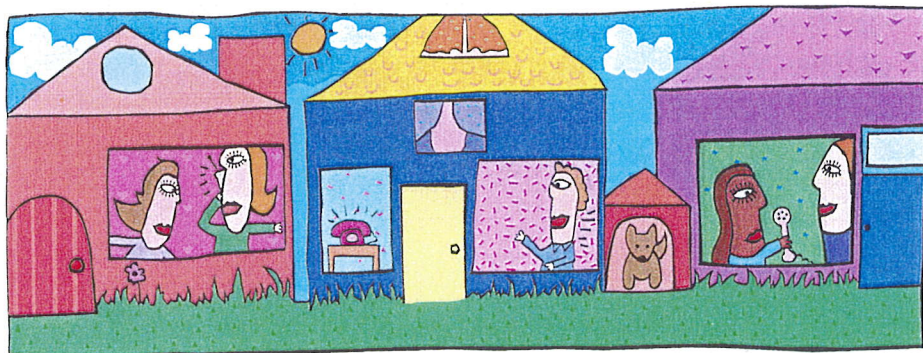


A Baseline Assessment of Young Peoples Health Needs in Old Trafford and Gorse Hill

Commissioned by North Trafford Primary Care Trust



Community Audit and Evaluation Centre

A Report on Research
January – July 2003

Facilitated by Amanda Barnes

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Young People's Health Needs in Old Trafford and Gorse Hill

A baseline Study

By Lydia Merryll

Executive Summary

This is an initial survey of young people's perceptions of the services they receive from primary health care providers. Specific provision has been introduced into the two areas of Old Trafford and Gorse Hill, where there is evidence of poverty and social exclusion. The commissioning officers wished to collect information from young people about their perceived health needs and the adequacy of services to meet these needs.

Methods used

The research team was made up a qualified youth worker with many years experience of working with young people in various settings she was assisted by a student as part of her community audit placement. They used contacts drawn for a previous youth audit to gain access to young people in both formal and informal settings, including a school, youth club, community centre and on the street as part of an outreach project. Some access was not possible because the project had not been approved by the Ethics Committee. A combination of questionnaires and focus group interviews were used to form the basis of informal group discussions. In all 378 young people were consulted. Those who participated in the survey received a certificate, to mark their contribution. We welcomed their involvement in moving towards changes in the services.

Main findings

- Most of the young people felt that their GP did not take them seriously, in relation to their own health needs
- The majority of participants nevertheless felt they received adequate advice about illness, and trusted their GP, but sought other sources of advice on health matters, including sexual health, depression and use of drugs.
- Few participants reported that they had been given any choice of the health professional they could see and many were worried about confidentiality and felt that trust was essential in discussing any issues of mental illness. They wanted to "feel safe"
- Many young people drew attention to the environment in which formal health advice was given and to the boredom of waiting and difficulty of getting reliable appointments
- Accessibility of written information on health issues seems to diminish for young people beyond 14, who make use of information in school
- Age and ethnic differences made significant differences to the choice of services sought

Main Recommendations

These have been proposed by young people and by professionals during the survey

- Age, gender and racial groups need to be considered differently in relation to targeted services. More close attention needs to be given to self-ascription of racial origin and therefore to identified host communities
- Young people need to be involved in proactive health planning and to be given more information about systems for accessing different services and about their entitlements
- Training for health professionals in how to acknowledge the views of each young person, explain symptoms and solutions in accessible language and to demonstrate respect, whether the parent or carer is present or not
- There needs to be opportunities to discuss the choice of doctors for all young people.
- Young people to be involved in the design and production of leaflets and other publicity material about services. Also consulted about the design of waiting room facilities
- Issues of confidentiality need to be discussed with young people and agreed as a public protocols
- Access to local sexual health and mental health advice services need to be reviewed

ACKNOWLEDGEMENTS

The Audit team would like to thank all the young people, workers and organisations in Old Trafford and Gorse Hill who gave their time support and energy to the Audit

We would firstly like to thank **all the young people** involved in the audit process. Who generously gave their time, energy and expertise. Without their participation the audit would not have been completed. Nor would North Trafford Primary Care Trust be able to target services effectively for young people in the future

It has been a pleasure and a privilege to meet and work with all the young people involved.

“You were the lick!”

We would also like to thank **all the workers, managers and teachers** from all the agencies involved in the focus group and questionnaire sites. Without them generously giving up there time and allowing access to young people the audit would not have been completed.

Lastly we hope that some change will come about as a result of the audit and feel that everyone involved should feel a sense of pride in the fact that they were instrumental in making that change happen.

Thank you XX

Chapter 1 - INTRODUCTION

Introduction to the Audit

The Audit Brief

Audit Principles

The Steering Group

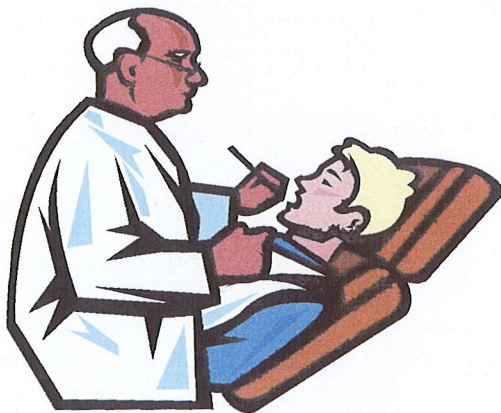
Methodology

Phase 1 – Initial Contacts

Phase 2 – Carrying out the work with young people

Phase 3 – Report writing

Audit Issues



Introduction

The audit came about in response to a request from North Trafford Primary Care Trust for a tender to undertake a Baseline assessment of young peoples health needs aged (11-25). In the Old Trafford and Gorse Hill areas of Trafford.

Manchester Metropolitan University, Community Audit and Evaluation Centre (CAEC) was commissioned to carry out the work. A qualified youth and community worker, who had taken part in a previous SRB 5 Baseline Study Of Young People in Old Trafford and Gorse Hill in March 2000, carried out the work. This ensured continuity. She was assisted by a student as part of her community audit assessment/placement.

The Audit brief

The brief as identified by the commissioning agency was to: -

“To assess the Primary Health Care needs of young people living in Old Trafford and Gorse Hill through improving access to mainstream health care services”

To provide “evidence of measures being taken to involve young people in the decision making process” as detailed in the Department of Health’s action plan ‘Listening, Hearing and Responding, Core Principles for the Involvement of Children and Young People’ June 2002.

The brief was specifically to look at:

- 1) What kind of confidential primary health care young people use/ need?**
- 2) Would they go to their GP for confidential advice?**
- 3) If not why not, where would they feel comfortable to go?**
- 4) What barriers prevent young people from accessing confidential advice?**
- 5) How could confidential healthcare be improved – what would make young people come back?**

The audit team had very strict timescale to complete the audit. Within this time scale, it was felt important to consult as many young people as possible, ensuring that the young people ‘had a voice’ and were able to express their concerns about primary health care services in order to directly influence the direction of future health provision for young people in Old Trafford, Gorse Hill and the wider community.

Audit Principles

- 1) A commitment to the community work principles of participation, empowerment, informal education anti-discriminatory, anti oppressive and inclusive practice.
- 2) To demonstrate the Primary Care Trust's commitment to looking at the needs of young people and services and designing policies appropriately.
- 3) To involve communities in the consultation and decision making process.

The Steering Group

The steering group consisted of representatives from North Trafford Primary Care Trust, Manchester Metropolitan University, Trafford Youth Offending Team (YOT), and Trafford Teenage Pregnancy Adviser.

An initial steering group meeting was held to discuss how the project would proceed. The steering group decided that the audit should incorporate three general themes, which 'could' affect the way in which young people accessed primary health care services.

Awareness of services

- Are young aware of what services are available?
- Are young people aware of the services provided by their G.P. or health centre etc?
- Are young people aware of what services are available in relation to specific health issues? E.g. sexual health, drug advice, counselling and mental health support services.

Accessibility of services

- Are services accessible to young people?
- What stops young people accessing a service e.g. opening times, location, waiting times etc.

Appropriateness of services

- Are services appropriate for young people?
- Are these services what young people want?
- Is the environment young people-friendly? E.g. waiting rooms, friendly staff,

Methodology

Phase 1 - Initial contacts

The audit facilitator and members of CAEC had previously been involved in facilitating a Baseline Youth Audit for the Old Trafford and Gorse Hill Partnership (SRB round 5) in March 2000. The numerous contacts that were made during that time were now re-established. Initially letters were sent out to various organisations across Old Trafford and Gorse Hill. This was followed up by telephone conversations with various groups and individuals that had had been heavily involved in the previous Baseline Audit of 2000. Although some groups and organisations no longer existed or had been redefined. The audit facilitator felt it was important to gain access to a wide and varied range of young people who were attending provision across Old Trafford and Gorse Hill.

Initially a questionnaire based on the themes laid down by the commissioners was devised. The questionnaire was piloted with a group of young people (aged 11-19) who were not involved with the audit. In the light of what the young people had said changes were made to the questionnaire. Some young people did not understand the word 'GP' so this was changed to doctor. After further discussions were held with the group. It became clear that the group were reluctant to answer questions around where they went for advice e.g. sexual health. But would answer questions around where they generally would go. Questions were then rephrased in order to take this into account.

Finally meetings were held with managers and teachers in various organisations in order to explain the purpose and need of the audit. To outline the type of information that would be required e.g. what young people would be asked, how the information would be presented and how young people's identity would be protected.

It was decided on a group-by-group basis the most appropriate and effective ways of working with young people. As individual interviews, focus groups, or surveys using questionnaires. Once agreement was reached between the audit team and workers, the face-to-face work with young people was ready to begin.

The audit team felt it was important to ensure a reliable cross section of views and opinions were incorporated throughout the audit process. Therefore two methods of data collection were used (focus groups and questionnaires) to ensure the reliability of in-depth qualitative information.

Phase 2 – Carrying out the work with young people

Some groups were initial apprehensive about taking part in the audit. They were unclear as to what information would be needed and how that information would be protected. They had no knowledge of the Primary Care Trust. Some young people thought that the information might end up on their medical records. Therefore assurances had to be given to young people as to where the information would go and how it would be used.

It was initially difficult to get young people interested in the subject matter. There was a general feeling of 'you go to the doctors when your ill and that was that'. Young people were also taking part in there spare time. With no proper system of compensation to reward young people for their time some young people were reluctant to take part and others refused.

Young people were asked a series of questions based on the questionnaire and themes outlined. (See appendix)

It was decided on a group-by-group basis how the work would be carried out. Some groups filled in questionnaires and this was followed out by group discussions. Other groups wrote their thoughts on flip chart paper and this was then written up. In other groups young people took part in individual or small group discussions of two to three young people at a time. Or a combination of all was used depending on the group and circumstance.

Concerns raised by the first groups or individuals within those groups e.g. not trusting doctors, doctors not taking young people seriously. Were followed up with other groups. Some concerns continued to be raised across the majority of the groups (e.g. doctors not taking young people seriously) others did not seem as important to other groups (not trusting doctors).

Some groups were only visited once. Due to timing and opportunity some groups had other activities planned and could not allow more time for consultation with young people. Other groups received several visits. Therefore more young people could take part. Access was denied or restricted by some groups because the project had not been through the ethics committee. This severely hampered access to older young people.

Phase three – Report writing

Once the face-to-face work was completed the audit team met to discuss the themes that had emerged. They also looked at the sample size and discussed barriers that had arisen throughout the audit. Quantitative responses were imputed into a computer package (Compass see appendix)

and then analysed. The audit team then met to discuss comparisons between quantitative and qualitative responses. Some issues that were raised may not have been raised by large numbers of young people. (E.g. asking for condoms) But the audit team felt it was important to incorporate all views. Once the themes had been agreed on. Work then started on writing the report.

Audit Issues

- The short timescale severely hampered the number of young people that could be consulted. Some provision was closed throughout the timescale of the audit.
- Questions over ethics and the ethics committee were raised by some organisations. This led to access being denied or restricted to some organisations that had contact with older young people.
- The lack of a community office based in Old Trafford or Gorse Hill hindered the audit process. It became difficult for the audit team to keep in contact with workers and organisations. This slowed down the initial lead in time for the audit. The lack of computer facilities meant much of the writing for the audit had to be done in different places e.g. MMU, workers homes
- Young people were not properly compensated for their time, energy and expertise. Young people who participated in the audit did not receive adequate compensation, financial or otherwise for the time that they spent on the audit.
- It was difficult to gain access to young people in the 18 - 24 age group. They were not accessing established provision in large numbers. Several organisations that did have contact with clients of this age group. Were not accessed by the audit team because 'clients' usually received compensation for time spent involved in similar community research projects.



Chapter 2 - SAMPLE SIZE

Ethnicity – Self Identification
Sample Breakdown
Site Chart

ETHNICITY – SELF IDENTIFICATION

Young people were asked to identify 'what they considered their ethnic origin to be' some young people chose not to answer. Young people who identified themselves as English came from a mixture of backgrounds e.g. Black, Asian, and Mixed Race. Some young people identified themselves as e.g. Jamaican English but were of Afro-Caribbean origin, not mixed race and some young people identified themselves through religious beliefs/status e.g. British Sikh.

The audit team felt it was important that young people expressed their ethnic origin in a way that they felt comfortable with.

Here are the ways young people identified themselves

Barbados English	African Irish
Black	Half Caste
Black British	Mixed British
Black Caribbean	Mixed
Black Jamaican	Mixed Race
Jamaican English	
Arabic	British
Asian	Cypriot
Asian Chinese	English
Asian Indian	Northern Irish
Asian Sikh	White British
British Asian	White English
British Asian Sikh	White Irish
British Muslim	White Tunisian
British Sikh	White
Pakistani	
Pakistani British	Unspecified / no choice
Pakistani English	
South East Asian	
Sri-Lankan	
White Asian	

SAMPLE INFORMATION

SAMPLE BREAKDOWN

QUESTIONNAIRES	239
FACE-TO-FACE	139
TOTAL	378

GENDER

MALE	175
FEMALE	173
UNSPECIFIED	30

AGE

11-16	244
17-24	94
UNSPECIFIED	40

<u>DISABILITY</u>	7 (known)
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ETHNICITY

BLACK	46
WHITE	130
ASIAN	117
MIXED PARENTAGE	24
OTHER ETHNIC GROUP	4
UNSPECIFIED	57

Questionnaire Sites	Questionnaires Received
Gorse Hill YC	17
Manor High School	7
North Trafford College	16
Old Trafford Family Centre	6
Old Trafford Job Shop	7
Old Trafford Library	11
Stretford High School	140
St Johns Centre	12
Young Peoples Drug Outreach Team	11
Young Peoples Talkshop	10
Zion Community Resource	2
TOTAL	239

Questionnaire collated by: Tanya Loncar, Tamil Murugesu and Sara Wathi Ramasamy

SITE CHART – FOCUS GROUP SITES

SITE	METHOD	NO OF YP	AGE 11-16	AGE 17-24	FEM	MALE	ETH AF	AM	BF	BM	WF	WM	MRF	MRM	OTH	UNS
GREENBANK	Q-FG	14	7	5	9	5					9	3				2
OLD TRAFFORD YC	I-FG	21	14	7	11	10		1	7	2	4	2		3		2
OLD TRAFFORD YC (AYG)	FG	11	8	3		11		11								
STRET FORD HIGH (AGG)	FG	8	8		8		8									
STRET FORD HIGH YEAR 7	FG	14	14		6	8	3	2		2	2	2	1		1 CYPRIOT MALE	1
STRET FORD HIGH YEAR 9	FG	8	8		4	4	2	3	1	1	1					
STRET FORD HIGH YEAR 11	FG	13	13		6	7		6		1	6					
TOTAL AB SITES		89	72	15	44	45	13	23	8	6	22	7	1	3	1	5
GORSE HILL DETACHED	I	11	11		3	8	1	1			2	7				
GORSE HILL YOUTH CENTRE	I	8	6	2	6	2		1	2		4	1				
NORTH TRAFFORD COL	I	16		16	11	5	1		2		8	5				
OT FAMILY CENTRE	I	3		3	3		2				1					
ST JOHNS CENTRE	I	12	3	9	2	10		6		4		1	1			
TOTAL TL SITES		50	20	30	25	25	4	8	4	4	15	14	1		1	
FINAL TOTAL ALL FACE-FACE		139	92	45	69	70	17	31	12	10	37	21	2	3	2	5

ABBREVATIONS

FG – FOCUS GROUP
 I – INTERVIEW
 Q – QUESTIONAIRE
 FEM - FEMALE

ETH – ETHNICITY
 AF – ASIAN FEMALE
 AM – ASIAN MALE
 BF – BLACK FEMALE
 BM – BLACK MALE
 WF – WHITE FEMALE
 WM – WHITE MALE
 MRF – MIXED RACE FEMALE
 MRM – MIXED RACE MALE
 OTH – OTHER
 UNS – UNSPECIFIED

Please note: Two young people from Greenbank did not specify their age or ethnicity and two young people from OTYC did not specify their ethnicity

Please note: unspecified refers to young people who did not or did not want to specify their ethnic origin.

As young people self identified their nationality / ethnic origin the results offer a number of different categories e.g. Jamaican English, British Asian Sikh. For the purpose of this table young people have been grouped together by colour. However full details of how young people have identified themselves is available in this report

Chapter 3 - QUANTITATIVE ANALYSIS

Themes and indicators

Discussion of findings



<u>NORTH TRAFFORD PCT</u>	<u>YOUNG PEOPLES HEALTH NEEDS ASSESSMENT</u>
<u>THEMES</u>	<u>INDICATORS</u> (Young peoples responses taken from questionnaire responses)
<p>1) When young people were concerned about their health they went to their GP, health centre or to a parent.</p> <p>2) Young people were accessing their GP for check ups, and prescriptions.</p> <p>However the majority of young people in focus groups did not receive any check ups from their GP</p> <p>3) The majority of young people felt they received good advice from their GP</p> <p>4) Young people were put off going to see their GP for various reasons</p>	<p>70.3% went to their GP 43.5% went to a parent 19.4% went to a health centre</p> <p>77.4% for check ups 45.1% for prescriptions</p> <p>47.4% felt they received good advice 33.2% felt the advice they received was OK 15.1% felt they received excellent advice</p> <p>32.2% felt their GP did not take them seriously 32.1% had to wait too long to get an appointment 25.5% said their GP was rude or made them feel uncomfortable 23.3% felt the receptionist was not young people friendly 20.2% said the opening times were not appropriate</p>

5) The majority of young people went to see their GP with a parent	80.1% went with a parent
Young people felt supported if they Went to see their GP with a parent	16.4% for support
	15.8% went with a parent in order to get an explanation
	14.5% for security
Young people who were over 16 and were interviewed in focus groups did not feel that they needed the support of an adult and considered consultations with their GP private	19.1% were ok on their own
6) Young people did not have a choice of which doctor they saw	62.6% were not given a choice
7) Young people did not have a choice of a male or female doctor	61.9% were not given a choice
8) When young people wanted someone to talk to or were feeling depressed they would go to friends or family	33.5% would go to a friend
	30.4% would go to a parent
	13.6% would go to their GP
9) If young people wanted advice about soft drug use/drug safety they would go to their GP	25.0% GP
	19.1% health centre
	17.6% to friends
However young people who were interviewed in focus groups indicated a much higher reliance of friends and families for advice about soft drug use	
10) If young people wanted advice about hard drug use/drug safety they would go to their GP. Indicating that they would be more likely to seek out professional help and advice for serious drug use	28.3% GP
	22.0% nurse
	16.2% school advisor

11) If young people wanted advice about sexual health and contraception they were likely to access their GP or family planning clinic

50.0% would go to their GP
39.5% family planning (all inc, Brook, T-Shop and TAC)
19.8% would go to a parent

12) Young people felt the best things about going to their GP were: -

29.8% getting medicine
29.1% a nice and friendly doctor
24.5% getting help
15.9% felt safe

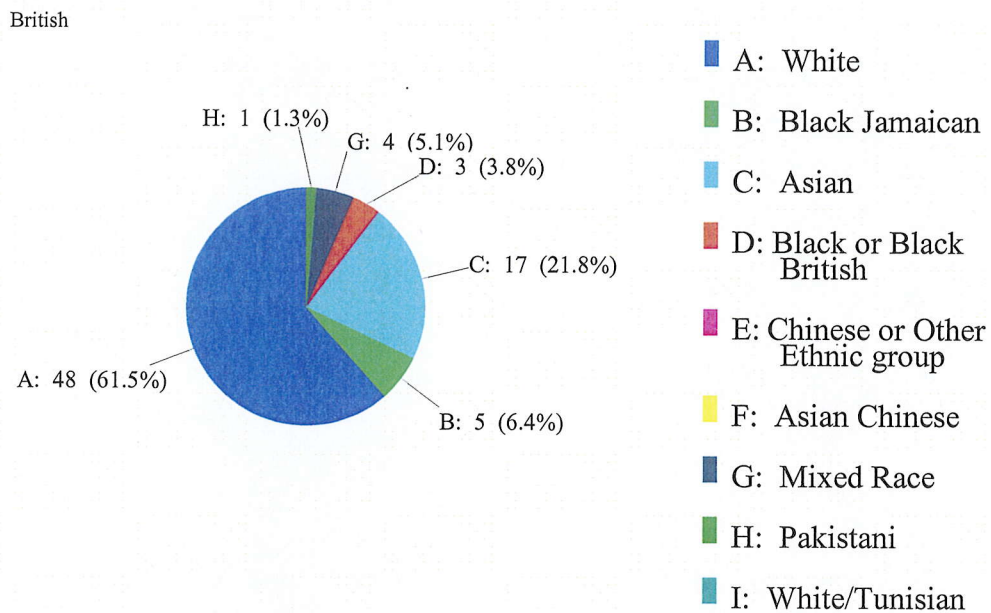
13) If young people could change anything about doctors they would change: -

43.9% nicer/brighter waiting rooms
17.4% the doctors attitude
15.9% the appointment time

34.4% would not change anything

Diversity - Discussion of findings

The responses from different populations of young people reached by this survey indicate that there are different needs for advice and different choices made of services depending on age, gender, ethnicity and location. The previous pages have shown general trends revealed across the whole of the area surveyed using the questionnaire, but it is important to consider more specific issues raised by certain groups of young people.



2. Ethnic Group

Figure 1

1. Ethnicity

Figure 1 shows the make up of the sample, where the majority (61.5%) of those who completed the questionnaire were from a white ethnic background. 21.8% are categorised as “Asian” (This does not include those who joined in to the focus groups and brought the proportion consulted up to more than 30%). The next largest group (6.4%) said they were “Black Jamaican” and a substantial number of young people claimed themselves as “Mixed race”. However these categories often hide important differences of self-ascribed ethnic identity. (See Appendix 1 for ethnic self-ascription) There were significant differences between those “Asian” young people who identified as Sikh, and who claimed that they had been able to choose the ethnicity of their own doctor. There may well be differences between those who claim British Asian identity and those who identify as “Pakistani” It is important therefore, in any further study, to distinguish more closely the needs as expressed by the young people in these different populations as

they may well have different cultural solutions to meeting their support and advice needs.

1. Gender

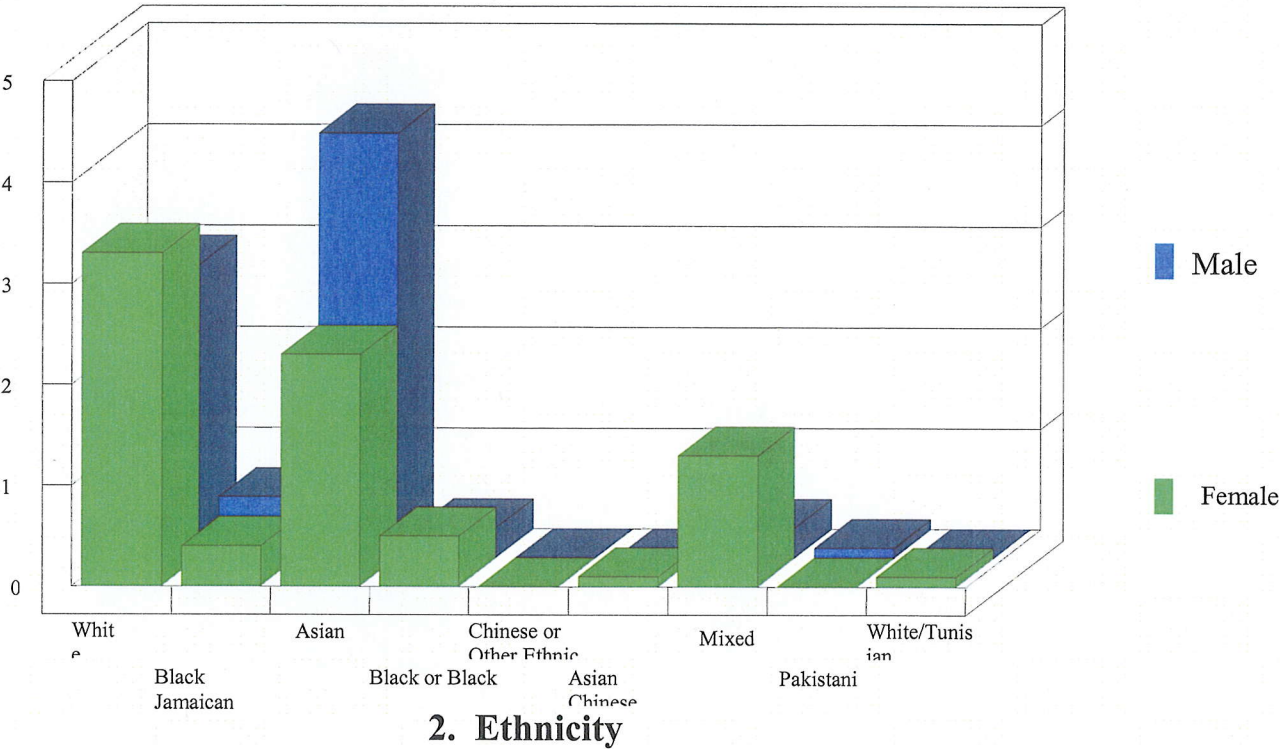
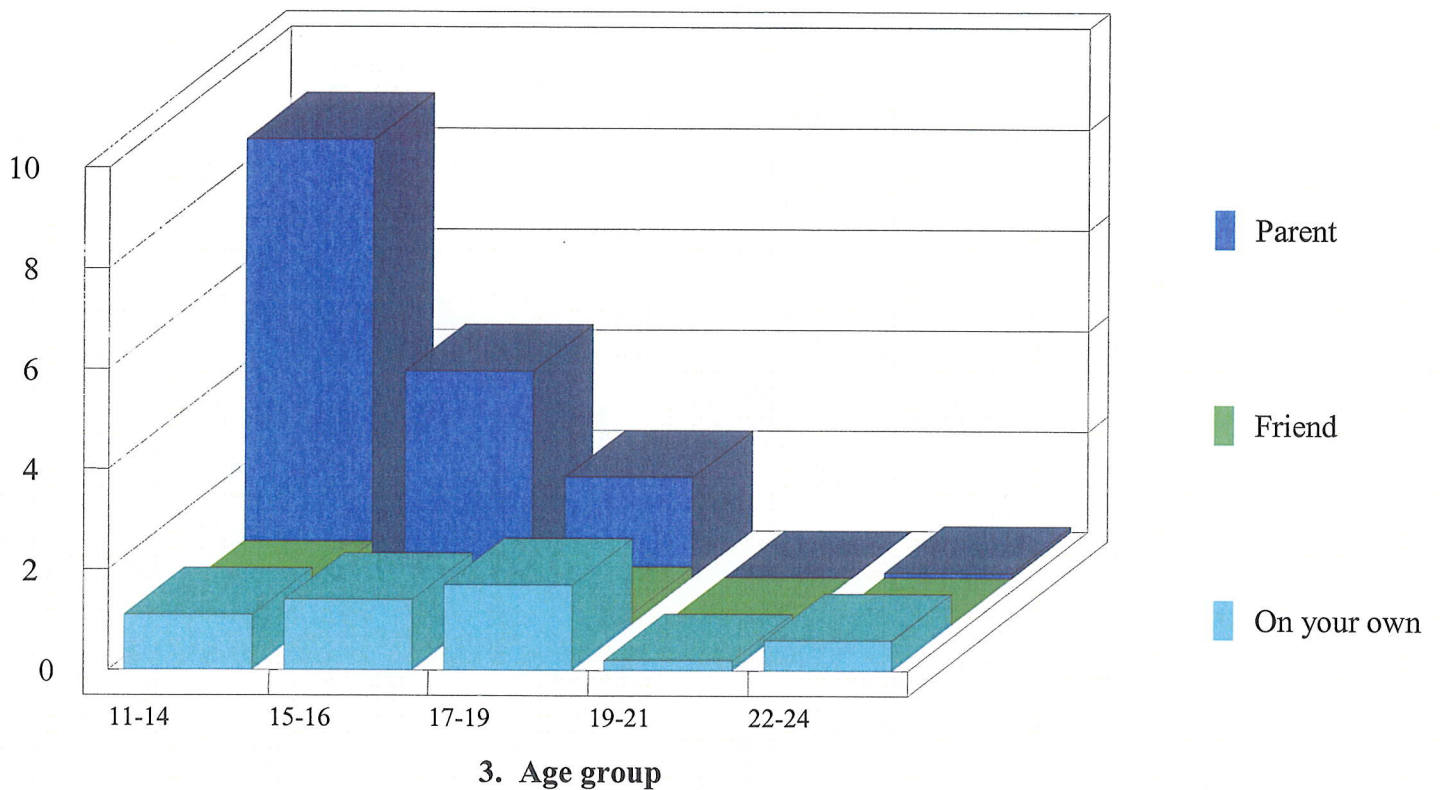


Figure 2

1.1 Ethnicity and gender differences

Figure 2 shows that the survey team met with roughly the same number of white young men and white young women, but the proportion of young men who are categorised as “Asian” was higher than the number of “Asian” young women who came forward to be interviewed. Again there were more young women of “Mixed race” who volunteered to take part than young men who said they shared this identity. It is important therefore to consider the probable differences in approach to health services that are due to gender as well as ethnicity. For example, one group of “Asian” young women reported being “shy” to go to the doctor and preferred to talk to female members of their community first.

11. Who Goes With You?



Asian young men can clearly be subdivided into Sikh young men and Muslims and those who identify as British Asian. Again there were differences in responses. Their perceived needs may be different and their confidence in existing services do seem to be different, with Sikh young men expressing great satisfaction, but several also said they had a doctor from the same community as themselves.

2. Ethnic Group

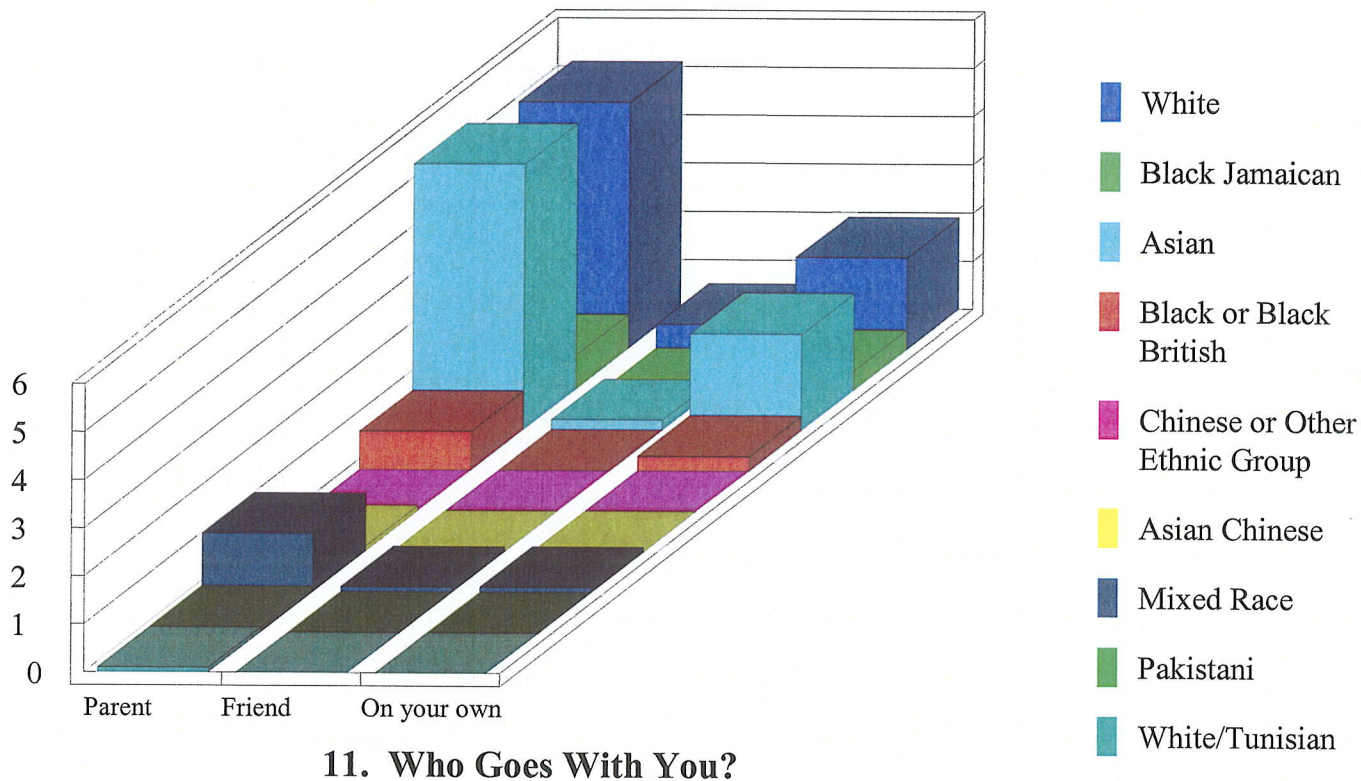
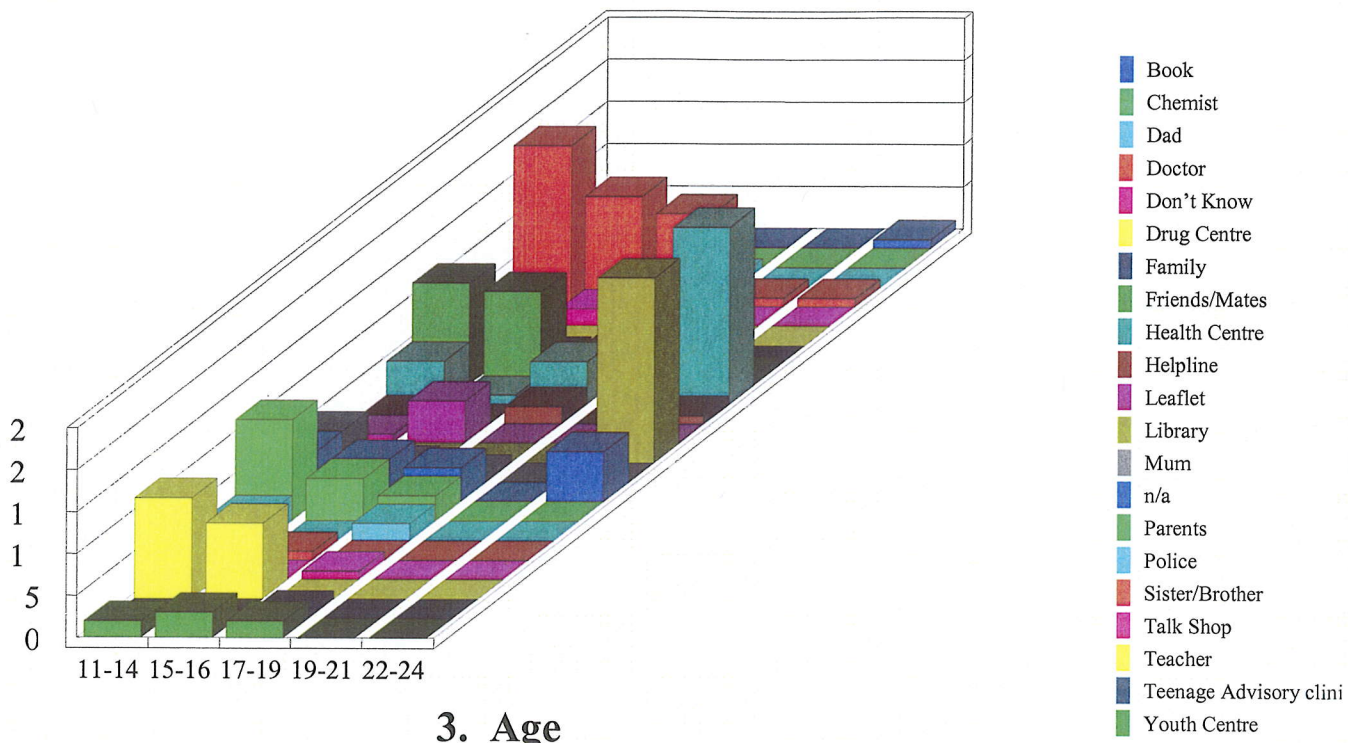


Figure 3

1.3 Age and ethnicity influences on support to see a doctor.

Going to see a doctor with parents seems to be far more acceptable for white and "Asian" young people. However, it is significant that the age group to which a young person belongs will be more predictive. As Figure 4 shows, not surprisingly, most of those in the age group 11-14 are accompanied by their parents, but a few go on their own. Between 15 and 19 there is a slight increase in those who go on their own, but a considerable drop off in reported visits to a doctor, with very few in our sample visiting the doctor at all in the 19-21 age group. Women in this age group have different issues than the younger ones: sexual health check ups and tests, pregnancy and contraception. They also talked about sessions on 'How to look after yourself'.

17. Advice on Soft Drugs



Age grouping and advice on soft drugs

Figure 4 shows that the older the young person gets, the less likely they are to seek advice on soft drugs from their doctor. Teachers are also a significant source of information to the 11-14 age group, with rather more reliance on leaflets as they get older, when they also seek the advice of friends. Younger people reported asking their parents for information. The youth centre is also mentioned as a source of information to the 11-14 age group, with the bulk of use being between the ages of 15 and 16 with less impact as they get older and, between the ages of 22-24, move towards much greater use of Health Centres and reading about the issues in the library. Leaflets seem to have little impact on their own. Again there are lessons here for appropriate advice materials, locations and the encouragement of peer education and family education projects.

18. Hard drugs

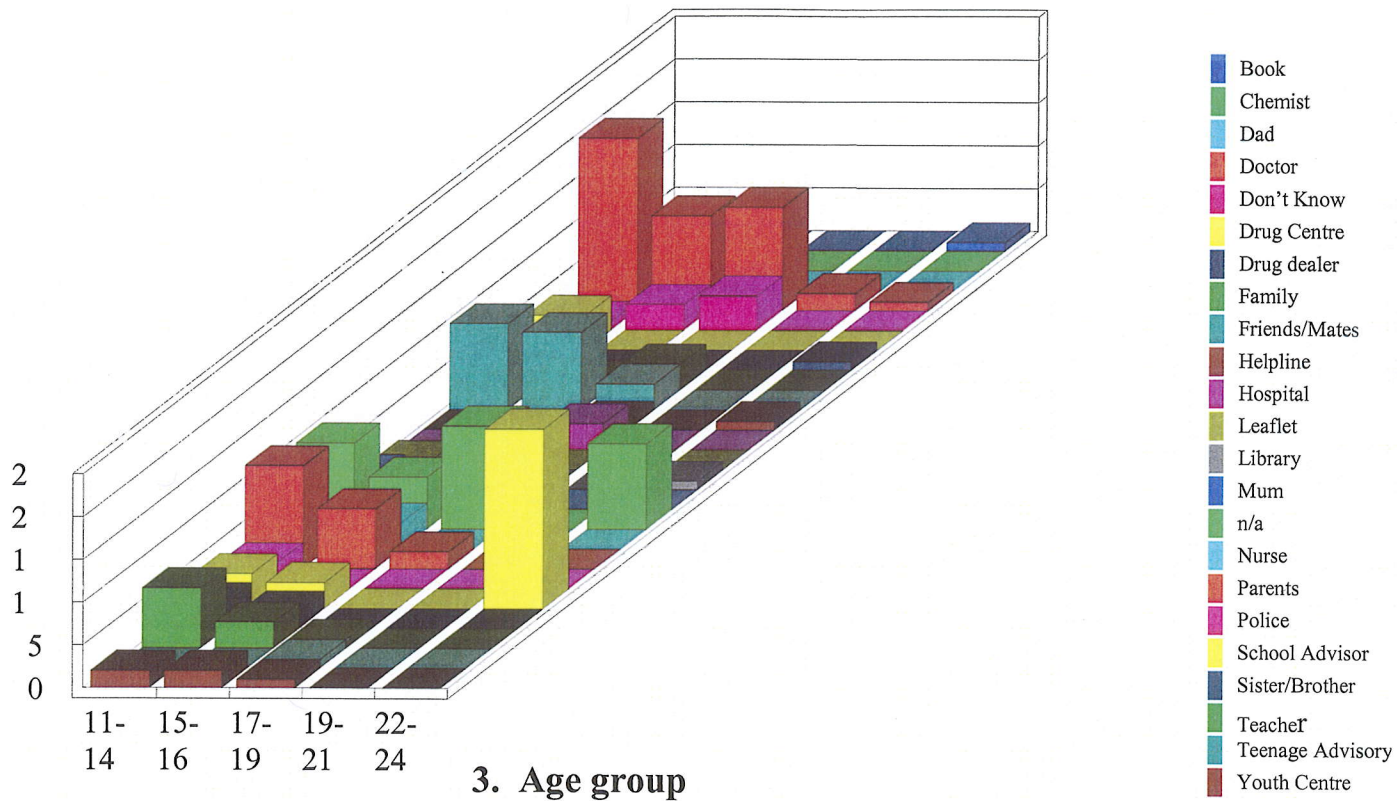


Figure 5

Age grouping, location and advice on hard drugs

Figure 5 shows that younger people think of their doctor as a major source of advice and information about hard drugs. However 38% of young people in the Gorse Hill area said they would NOT ask their doctor for advice. Teachers are also seen as giving useful information on hard drugs at ages 11-14, but they seem not to be so popular a source of information with older young people. School advisers seemed to be consulted a little, with a higher proportion being seen as a source of information in Gorse Hill, (Figure 6) but there is a surprising claim by 22-24 year olds that they would seek advice from a school adviser – perhaps on behalf of their own children. The use of the telephone helpline comes from 17-19 year olds and those in the 22-24 age range, but a small number of young people mentioned drug dealers were seen as a useful source of information about drugs – perhaps as a quality control initiative!

18. Hard drugs

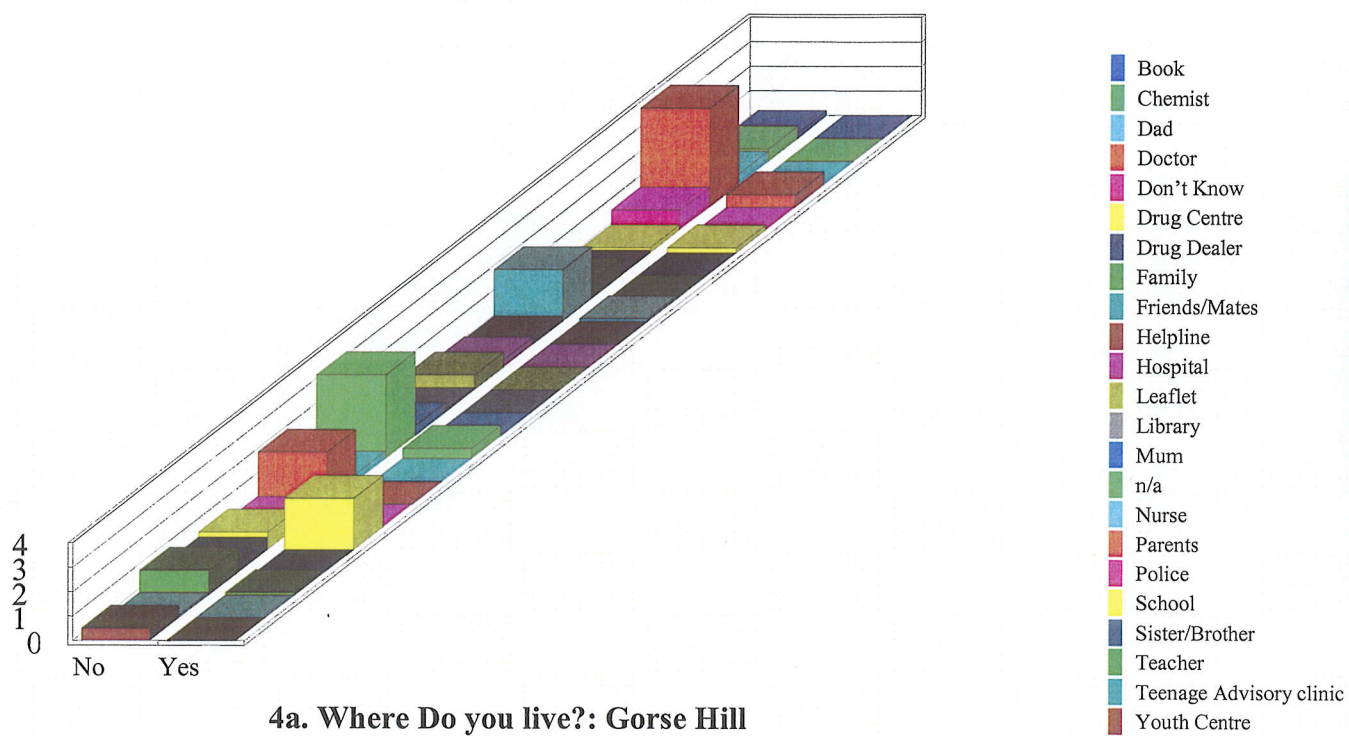


Figure 6

19. Sexual Health

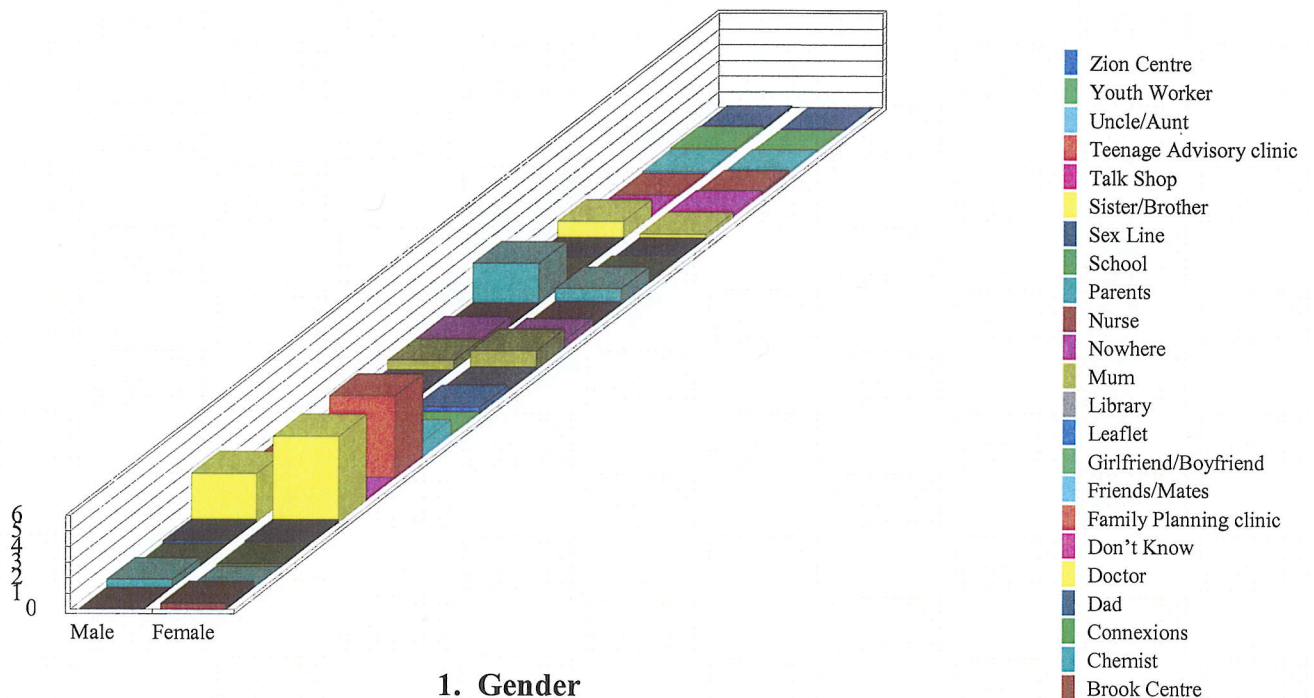


Figure 7

Gender differences and Sexual Health

From the point of view of single sex provision for sexual health advice the responses to the survey questions about sources of information are interesting. Only girls seemed to take advantage of the Family Planning Clinic and far more girls than boys reported consulting their doctor. (See Figure 7) Interestingly more boys tended to consult their parents "I'd ask my dad" and girls also said they would consult parents and particularly mums. However older young people who were interviewed, indicated sources such as the Young People's talk Shop and MAP Clinic as places they had used in the past or were currently using. Some young men and a few women said they would ask their chemist as an anonymous customer. There were other places where they had access to condoms: hostels, youth clubs and the Talk Shop. However several people said that if they had to ask for them, this would be enough to put them off. Many of the older young women interviewed said that when they needed them, condoms were not available, as the hostel had run out. No one had yet used the Connexions Service for this support. [The young women between 16 and 22 attending North

Trafford College did know about the Brook Advisory Centre, family planning centres and the well women clinic

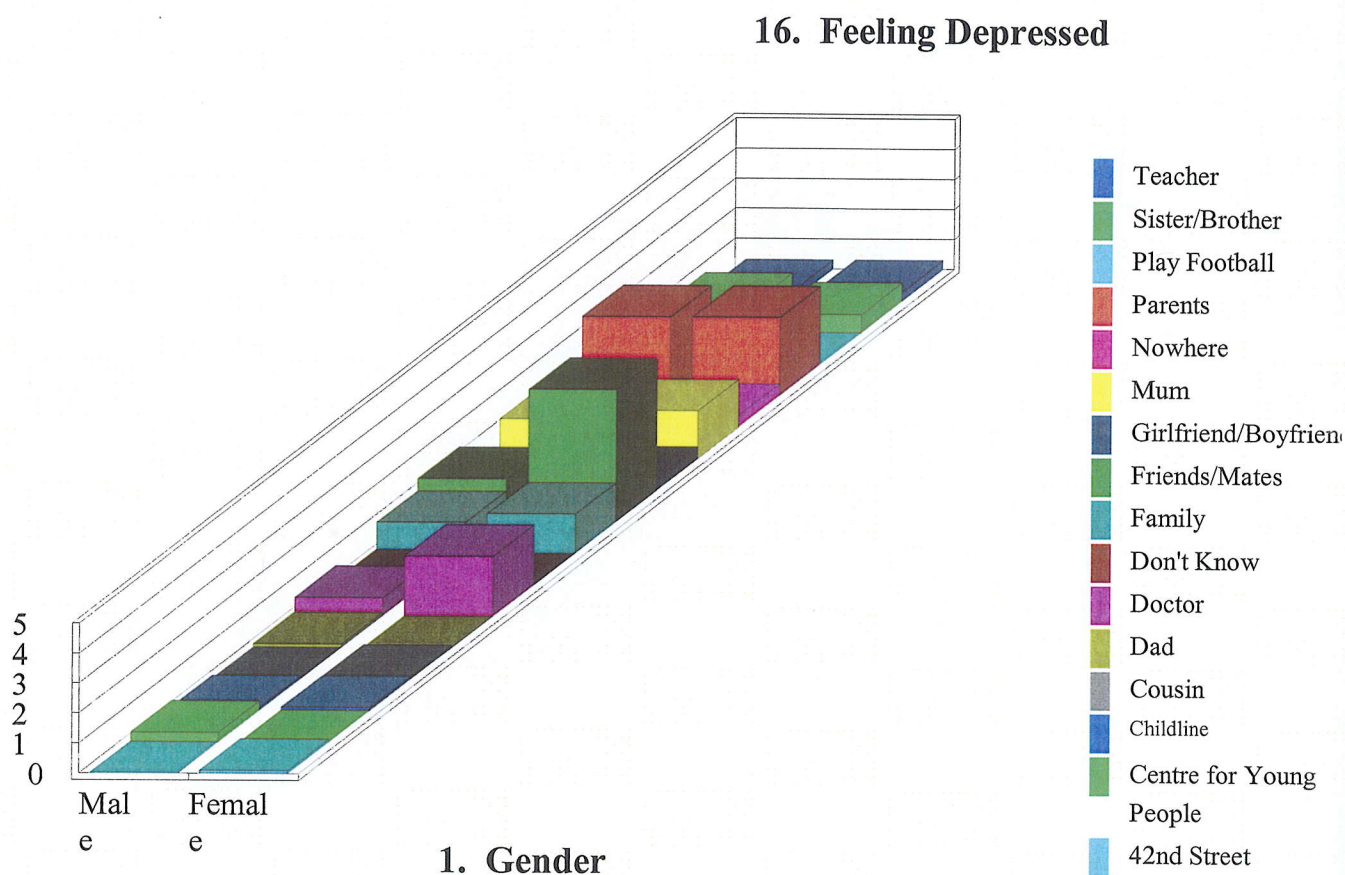


Figure 8

Gender differences and feeling depressed

Despite the expectations from professionals that young people in this area would know about existing mental health services such as 42nd Street and Childline, there was little evidence of this (See Figure 8) A small number of young men seemed to use the Centre for young people. Very few would confide in their teacher. Both young men and young women reported that they would discuss feelings of depression with parents, mum or family but more of the young women would turn to friends. This is particularly prevalent response from young Asian women, many of whom would turn to their sister. There was also a marked difference, in gender terms, between those who would turn to their doctor for advice, with more young women than young men feeling this was appropriate.

The way in which the question was asked may not have drawn attention to mental health needs, which were discussed in some of the focus groups. The responses here tie in to the results of the survey, which demonstrates that many young people did not feel health professionals, both doctors and ancillary staff, took them seriously. The ways in which young people describe mental illness may have to be further explored. Disclosing issues of mental ill health seem to be particularly dependent on good and trusting relationships with health or other professionals. Two young people of 16 said, "I wouldn't talk to anyone, because I don't trust anyone." "There is no-one I can trust."

16. Feeling Depressed

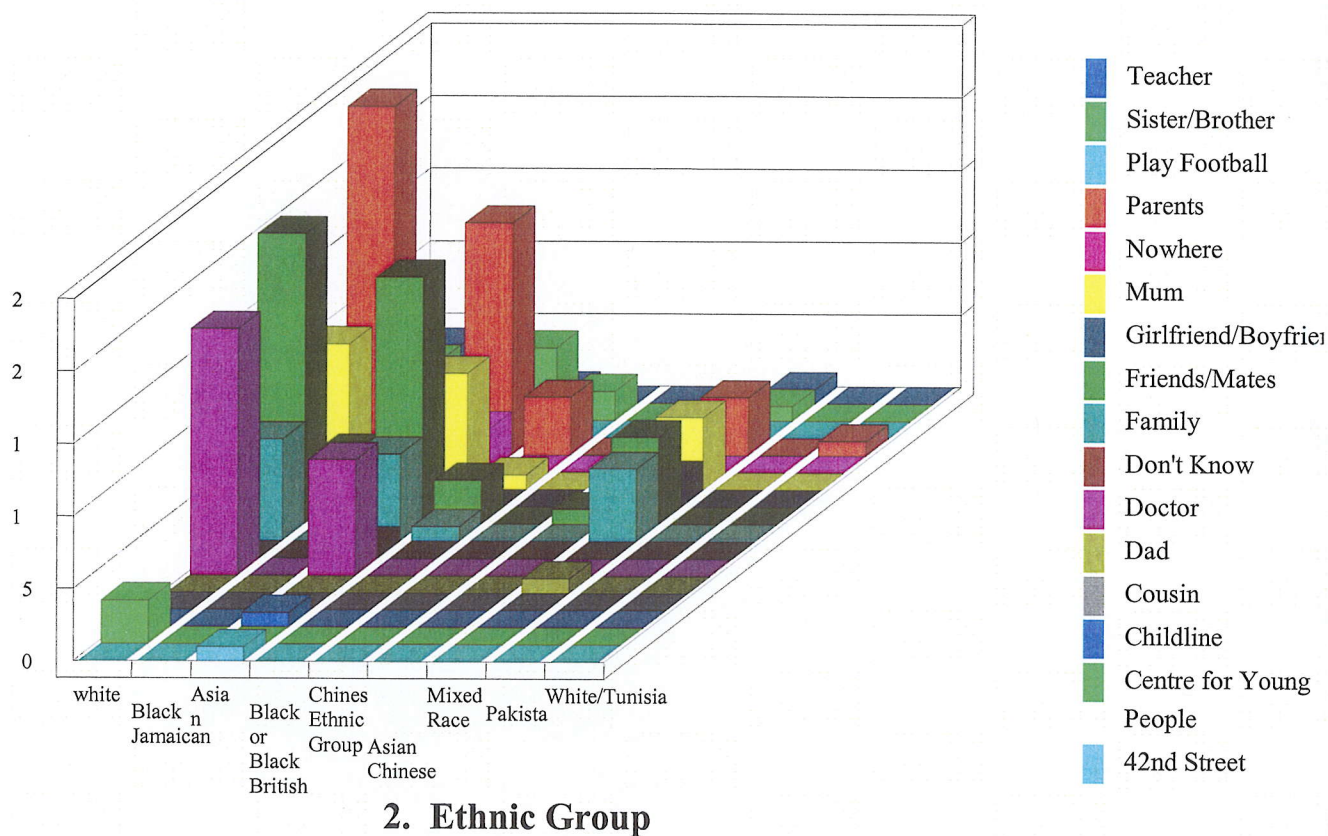


Figure 9

Ethnicity and Depression

To talk about depression a third of the young people interviewed would go to a friend or parent with only 13.6% turning to their doctor for support. Figure 9 again demonstrates parents as the main source of support for white young people and "Asian" young people, with far more white young people turning to their GP for support than any other group. The focus

groups also emphasised parents and relatives as a main source of advice. It is interesting to see that Asian young people would access the services of 42nd Street and Childline. It is depressing to see that none of the other groups interviewed had used the services of their GP. There may be lessons here for parent education and reaching out to these groups with information that is accessible to them

The importance of confidentiality

Most of the participants were very concerned that their consultations with health professionals would be in confidence if they went to see them on their own. Young people interviewed generally thought that consultations were confidential, but did not know for sure. One group asked about what rights they had and felt this type of information should be provided by their GP. This was highlighted when young people talked about access to counselling services. They were willing to access these services, but were deterred from doing so because they felt it was not confidential, if they went to see them on their own.

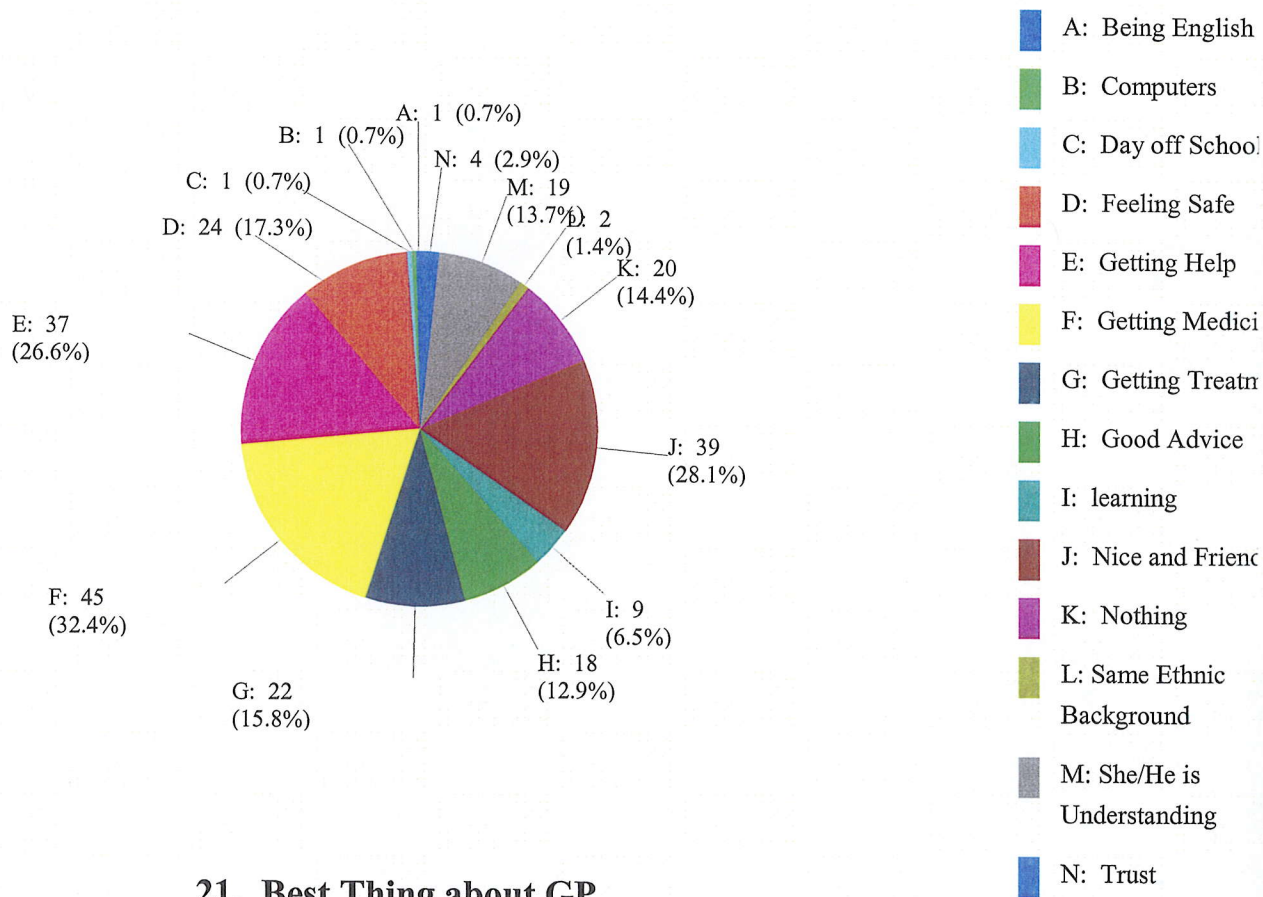
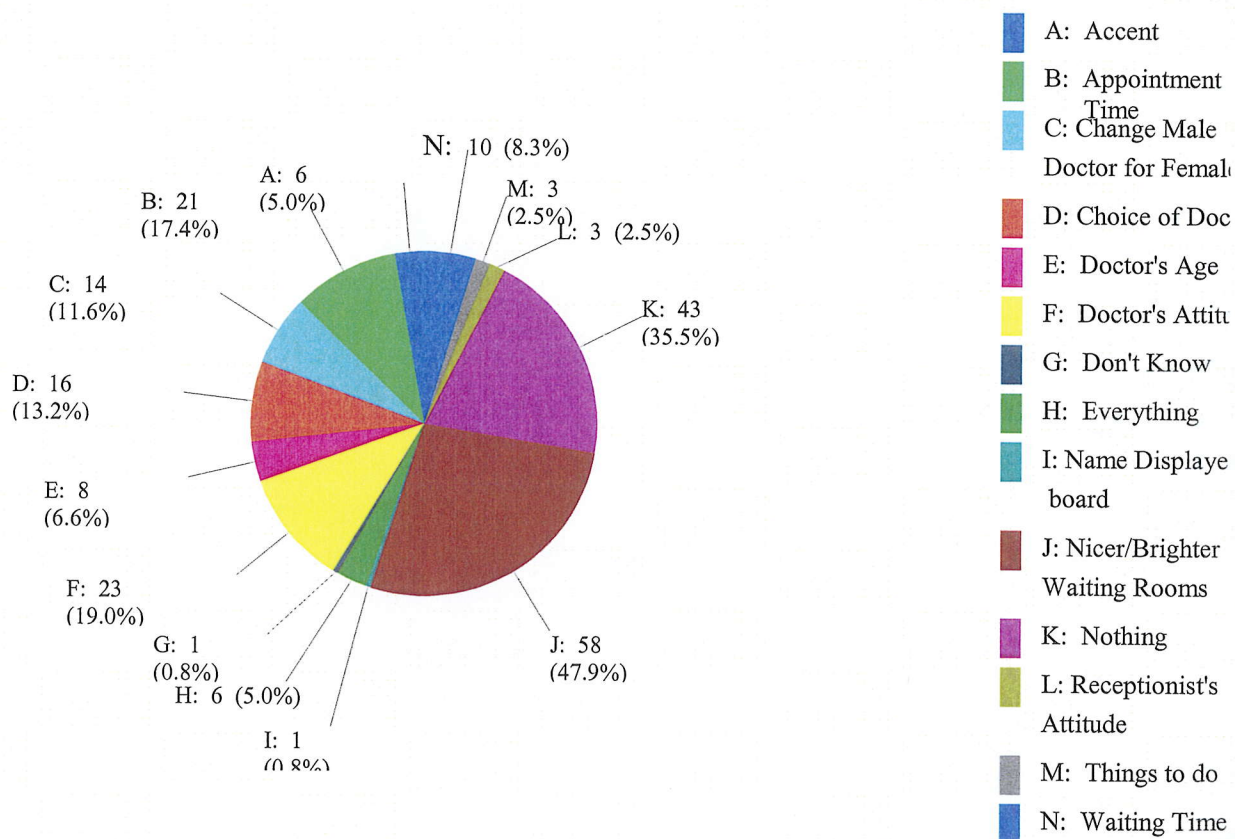


Figure 10

A doctor of your choice

Most of the young people interviewed (62%) said they had had no choice of doctor, either of gender or of ethnic background. Most found the question about having doctors with the same ethnic background as themselves difficult to answer. Most young people interviewed had not considered that there might be the possibility of having a choice. However, a few Asian young men expressed the view that they would not want an "Asian doctor" as they felt it would be "Too back home". Only 1.4% of the sample (figure 10) reported that this was the best thing about their GP. It seems that there is an expectation that you "Get what you are given", and that the professional chooses you rather than the other way round. There were however some significant differences. For example, some Sikh young men reported having a doctor from their own community with whose service they were very happy.



22. Change Anything

Figure 11

What would you change about you GP?

Here the environment was seen to play a very significant part. 47.9% of the participants reported that they would like "nicer, brighter waiting rooms".

Appointment and waiting times are also significant, as a problem to many of the young people. (17.4% and 8.3%) 19% would like a change in the doctor's attitude. When asked this question, it became apparent that some young people WOULD like to be able to choose their doctor (13%) or at least be able to have a choice about their gender (11.6%)

One off visits or "check ups"?

Young people were asked about "check ups". Although the idea of regular check ups at yearly or half yearly intervals seems to be standard practice for adults, young people who were interviewed did not report such continuity of care and only visited their doctor once they had a problem with their health. There was no evidence of accessing other GP services, such as an asthma clinic. Indeed one young Pakistani man of 16 mentioned that he had asthma, but had not been called to see the doctor for over two years.

Young people made some suggestions about how this could be remedied: they suggested that GPs or PCTs might arrange for a regular reminder letter to attend information sessions on topics such as drug misuse, STDs, protections plans, dealing with stress... They also asked for check-ups appropriate to their age.

Chapter 4 - AUDIT SITES

Old Trafford Youth Centre

Asian Youth Group

Stretford High School Year 7

Stretford High School Year 9

Stretford High School Year 11

Asian Girls Group

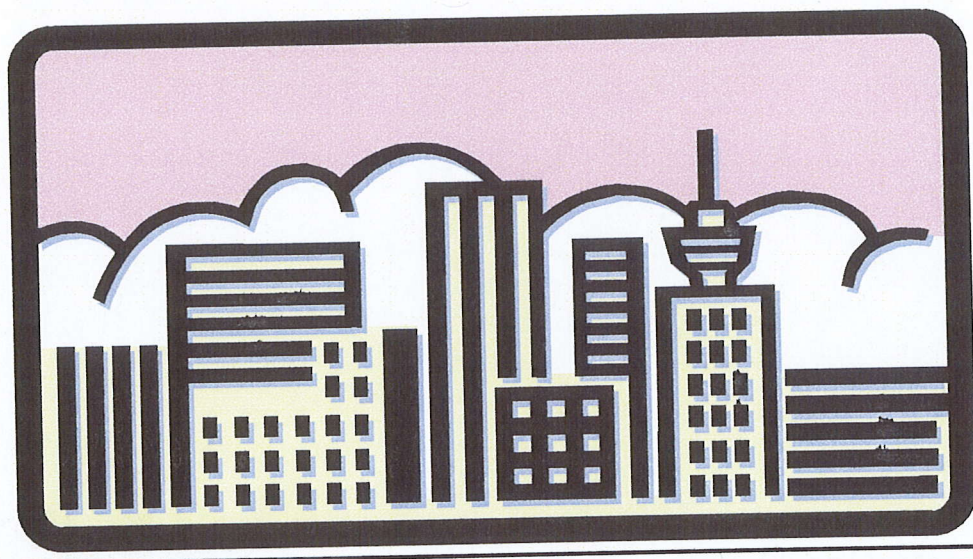
Gorse Hill Youth Centre

Gorse Hill Youth Centre Street based
project

North Trafford College

Old Trafford Family Centre

St Johns Centre



GREENBANK

Greenbank is a supported housing project based in Old Trafford, offering short-term temporary accommodation to young people aged 16-25 years old. There are twenty residents at any one time. Each resident is offered a support worker who works with him or her to identify personal priorities, enabling a more independent life in the future.

After initial meetings were held with a worker to discuss the project, the worker then advertised the focus group meetings in order to get a group of young people who were willing to become involved. It was decided that the best way to proceed was for young people to fill in a questionnaire and this was to be followed up by several group discussions around the topic. Because Greenbank offers hostel accommodation, the young people who attended the sessions were not all permanently resident in Old Trafford or Gorse Hill. One young person had recently moved to Greenbank from Liverpool.

The young people had lots to say about the primary health care services. Most had access to a doctor or health centre. But not all were based in Old Trafford or Gorse Hill. Some were accessing doctors over the border in Whalley Range. Although this is classed as within the Manchester boundary in distance it is about fifteen minutes walk away from the hostel.

Generally the young people felt they received good advice from their doctor. They were generally accessing their doctor's surgery for basic medical treatment such as prescriptions, check ups and some family planning. They did not really visit their doctor until there was a problem with their health. And their doctors did no health prevention with them. Although one young person had been told by her doctor to give up smoking and was given 'patches' for this.

The young people's main reason for not going to see their doctors was the waiting time. They felt they had to wait around for too long before they saw the doctor and there was nothing to do whilst they waited. They felt that simple things like young peoples magazines and a TV would remedy this. All the young people went to see the doctor on their own but this was generally because they considered this to be personal or because they felt more comfortable. One young person talked about calling the doctor out and that this took over an hour and a half before the doctor came out. He had immediately rushed her to hospital.

Some young people felt their doctor did not take them seriously and more worryingly they did not understand what was being said to them about their treatment. One young person talked about not being taken seriously and that if he objected to this he would have been kicked out of the surgery. He felt that if he was older it would be more acceptable to 'kick off' at the doctor without being refused treatment. However young people who did not

understand what the doctor had said to them about their treatment did ask the doctor to explain.

'If you're old they take you seriously. If you're young, they just chuck you out' (white British male 17yrs old)

In terms of sexual health and family planning young people had to travel outside of Old Trafford and Gorse Hill. The most commonly used services were situated in Sale and Manchester (Brooks and MAP Clinic). The young people felt their doctors were not very sympathetic towards sexual health needs and were judgemental when treating them. Only one young person was accessing these services through her G.P. The rest of the group were getting advice from family, friends and partners. They felt it was too risky to have sex unprotected. Although the young people had access to condoms through the hostel. The boys in the group did not feel comfortable asking the staff for them. The females said that there were no condoms available when they needed them.

Young people were asked about support services (counselling and mental health). The young people didn't feel that there was any major stigma around accessing mental health services. One young person talked about a member of her family and felt that their relationship over the period of her illness had become stronger. Her sister had had some long-term mental health problems and had accessed several services outside of Trafford. However when she talked about her she described her as, "When she was normal"

Although one young woman said that she would access counselling through her doctor. Most of the young females said that they would not access this service through their doctor, mainly because the doctor would not understand their problems. One young person said it was like speaking to a wall. The group felt if they went to a friend or family member who knew them they would receive better support and they were less judgemental.

'It's better to go to someone who knows you, they understand you they know what you're like' (white British female 16 yrs old).

However two young people felt it was better to go to someone who did not know you. Two young people had accessed counselling services in the past through other agencies. One felt it was a waste of her time. But the other felt it was worth going and would recommend it to his friends. He felt in retrospect that he could not have got over his problems without it.

The young people were asked about drug use. Cigarettes were considered risky to your health. Alcohol was considered to be ok. Cannabis without a filter was considered risky as was ecstasy (tablet form). Amphetamine (whizz) was considered to be less risky than the E's. And heroin, cocaine and crack cocaine were considered to be highly risky. Some young people were unclear about the distinction between drugs and were unclear about what they were taking. Although some young people had not experimented with

drugs above the level of cannabis. All the young people said that they would not approach their doctor if they needed advice about illegal drug use.

OLD TRAFFORD YOUTH CENTRE

Old Trafford Youth Centre is a Trafford Youth Service youth and advice centre based in Old Trafford. It runs several sessions for young people in that area. Including several mixed youth sessions. it has a wide and varied mix of young people from different ethnic backgrounds. With a large number of black British and mixed race young people attending. The young people involved in the focus groups were attending these sessions.

Young people did not visit their GP until there was a problem with their health. Over half of the group did not visit their GP until they felt there was a serious problem with their health. Most young people had good support networks. They were able to get advice about their health from their parents, other family members such as their older cousins and friends. Nearly all of the young people said that their GP did not provide the information they needed at the time when they needed it

Half of the young people did not really understand what their doctor was saying to them about their treatment and did not ask their doctor to explain. Around half said that they were not taken seriously and that this put them off going to see their doctor.

'It would be nice to have a doctor that didn't talk to you like you were 12' (white female 17yrs old)

All the young people were unclear about the rules around confidentiality when visiting their GP. Two young people did not go to see their doctor because they were worried that the doctor might tell their parents what they had discussed.

One young person raised the issue of not trusting their GP (In light of the Shipman inquiry). He felt there were very few safe guards on what a doctor could or could not do to you. And there was very little that you could do about it afterwards.

All the young people said that that they would not go to their GP for advice about sexually transmitted diseases, mental health or drugs. The consensus was that the GP was not the place to discuss such matters, they were judgemental, and it was not confidential and that it went on your record. Although some young people had family and friends that they could turn to for advice around these topics. Others were accessing Brook or getting advice through the youth club and a small number had got advice through the school counsellor

Young people who were accessing other services such as Brook or MAP felt comfortable accessing those services because, "They don't judge you, the staff are friendly and the place is nice" (white female 17 years old).

However one young male talked about buying contraception over the counter. He felt that this was quicker, easier and more discreet. Although there were alternative places he could get contraception and advice for free, for him the problem was that condoms were not readily available. You had to ask a member of staff for them and this was enough to put him off.

Young people were put off going to see their GP because of the waiting times, the attitude of the doctor, there was nothing to do whilst you waited and the magazines were not up to date. However some young people accepted that that was what they expected from their GP.

'That what doctors are like, I don't go to my doctors to socialise' (English male 19 yrs old)

ASIAN YOUTH GROUP (Old Trafford Youth Centre)

Old Trafford Youth Centre is a Trafford Youth Service youth and advice centre based in Old Trafford. There are several services run from the building and the centre now has an established Asian youth group. The group meets once a week for young Asian people in the area. Although the group is targeted at males and females, it currently only has male members attending.

Some of the group were apprehensive about taking part in the focus groups. They were concerned about whether or not the project was confidential and what personal information they would be expected to disclose. However after some negotiation by the facilitator and assurances around what they would be asked and how this would be reflected in the report they agreed to take part.

Young people were asked about where they went when they needed advice about their health. Most of the young people were accessing local doctors, teachers or their parents. Although two young people were not accessing any provision, most young people were visiting their G.P. once they became ill, or to get prescriptions.

Although most of the group trusted their doctor, half of the group were put off going to see their GP because they felt their doctors made jokes about their illness or that they did not get the help they needed when dealing with what they considered to be 'sensitive issues'. Some of the group felt uncomfortable going to see a female doctor.

Over half of the group felt their doctor did not take them seriously. One young person said that their doctor did not seem to take an interest in him. Over half the group did not understand what was being said to them about their treatment but did ask the doctor to explain.

Young people were asked about where they would go for advice about mental health services. Most indicated their doctor, family or friends. But one young person said that if he felt they had a problem with their mental health, he would not tell anyone about it, as it was too sensitive to be discussed.

All the young people felt they had to wait too long when they saw their GP and it was too boring. They suggested having more things to do whilst you waited. (Play station, TV, magazines for men)

Young people would access Brook Advisory Service for advice about contraception and sexually transmitted diseases. They contacted their local GP, health centre and school for advice about drug use but this was usually to do with legal drug use. One young person talked about getting advice from a drug dealer.

YEAR SEVEN CLASS (Stretford High School)

Stretford High School is situated in the Gorse Hill area of Stretford. Although young people may be accessing the school or living in the catchment area, they may not necessarily be accessing any local health provision. The school has a wide and varied mix of young people from a range of different and diverse ethnic and socio economic backgrounds

When young people wanted general advice about their health, their first point of call was a parent. They felt they could trust them and would be taken seriously. They could speak their mind and a parent would 'sort it out'. Their second point of call was their local GP or health centre. They would only access their G.P. when they needed professional or expert advice.

The group were discouraged from visiting their G.P. because they were not taken seriously. Most had to wait too long to be seen. Some young people in the group felt embarrassed at being examined by their doctor and felt s/he asked questions that were too personal. A third of the group did not understand what their GP said to them about their treatment and a third of the group only understood what was said to them 'some of the time'. A third of the group let their parents do all the taking. Half the group did ask their doctor to explain. But half of the group did not ask the doctor to explain their treatment because they felt uncomfortable or did not want to look stupid in front of her/him. However all the group were visiting their GP with a parent or guardian. But some young people felt their parents did not ask the doctor enough questions and accepted what the doctor had said too readily.

The group were asked about where they would go if they wanted advice about drug use. Again their first point of call was their parents or older relatives (sisters, aunts,). A few of the young men in the group felt they got plenty of good advice from men within their families (fathers, uncles and male family friends). But this did not involve discussing drugs above the level of cannabis. Two of the young people said they would be prepared to get advice from a nurse at their health centre, but not a doctor. They could not really explain why. But one young person felt it was better to ask a doctor about this.

'So we know how harmful it is and what could happen to you' (12 year old male,)

Some of the young women within the group found these questions difficult to answer, due in part to their age, life experiences and drug knowledge. There seemed to have been little or no work done with them around drug use, misuse or distinction.

The group felt low tar cigarettes were risky to your health. But of greater concern was the fact that the group felt normal strength cigarettes were ok. Alcohol was considered risky, but this was dependant on what you drank. Cannabis and ecstasy were both considered risky. Drinking alcohol was considered to be less risky to your health than smoking cigarettes or cannabis. One young person felt cannabis was less risky than cigarettes. But the rest of the group thought cannabis was more harmful to your health than cigarettes.

All but one of the young people said that their G.P. did not do any health prevention, although one young person said that they G.P. 'sometimes' called them in for check ups. None of the young people had any real idea of what rights they had when they visited their G.P. But two young women thought consultations with their G.P. were confidential, but did not really know for sure.

The group were asked about counselling services. Although they did not know of any services they could access outside of the school's counselling service, all but one of the young people said, if a service was available and they felt they needed it, they would access it. One young person said they would not access any service, as he would not know the counsellor. The young people were apprehensive about access this service through the school as they felt it was not confidential.

It is important to stress that although the school had a full time counsellor, this role has now been re-defined. Although there is a counselling service this seemed to take place on an ad-hoc basis. It was unclear whether the young people were aware of this situation.

The group were asked about what they would change/ improve about their doctors and what would make them go. They wanted friendlier doctors, shorter waiting times and a choice of which doctor they saw. They wanted doctors that were more understanding of their needs, a doctor they felt they could trust and more information around their rights/ confidentiality when they went to see there G.P.

YEAR NINE CLASS (Stretford High School)

The group were asked about where they went when they wanted general advice about their health. Half the group were going to parents and the other half was accessing their GP. They felt they generally received good advice from both sources. All but one of the group were going to see their G.P with their parents. They felt that they were generally taken seriously by their G.P but this was due in part to the fact that their parents accompanied them.

Half the group did not understand what their G.P said to them about their treatment. But they did ask the doctor themselves to explain or their parents asked the doctor to explain.

When asked about counselling services, the group did not know of any services outside of the school. But if a service were available, they would be likely to use it (assuming that it was confidential). They were uncomfortable about using the school's service because it was not confidential. They felt that the school counsellors only worked with the 'Network kids' (young people who were part of the schools exclusion project) so there was a stigma attached to going to see them. When the young people had accessed this service in the past they felt the counsellors didn't do any thing and it was not confidential.

"I'll tell you what it's like, you go see the counsellor and then all the teachers are round ya. Asking you if you're alright" (13 yr old female ethnicity withheld to protect confidentiality)

The group were asked about where they would go for advice about family planning, STDs and drugs. Most would go to friends and older family members e.g. cousins and parents. They felt that this was because they could get good advice and support. One young person felt that this (drug advice) would not be necessary for him, as he did not see this as ever being part of his lifestyle. The whole group felt that this was not something that they could ask their G.P. about.

The group were asked about what they would change or improve about their G.P., They felt they should be able to choose which doctor they saw. That there doctor should listen to what they are saying about their treatment/ illness. That their G.P. should explain their treatment in simpler terms (use simpler words) and that they should be seen straight away.

The group were asked what would make going to the doctors more interesting for young people. They felt things like a TV, play station, and Internet access would help relieve boredom whilst they waited and would encourage more young people to go to their G.P.

The group were asked a series of questions about how risky they felt certain drugs were to their health. They felt that normal cigarettes were risky to your health, low tar cigarettes were so so. The majority of the group felt alcohol was risky to your health, but that this was dependant on what alcohol you drank, how much and how often. One young person felt that drinks like alco-pops weren't 'that risky' to you health as there was 'not that much booze in them'. The group felt alcohol was less risky than cigarettes but again that was dependant on how much alcohol you drank. The majority of the group felt that cannabis was less risky than cigarettes. Half the group felt cannabis was less risky than alcohol and half the group felt alcohol was less risky than cannabis.

The majority of the group felt that their G.P. did not do any health prevention work, although two young people were called in for check ups by their G.P. The group did not know what rights they had when visiting their G.P.

The group were asked about where they would go to get advice about mental health. They felt it was generally ok to ask their G.P about this. They felt there was a stigma attached to people with mental health problems. But only if you could 'see it' i.e. if somebody looked ill it was best to keep away from him or her. The majority of the group felt if they had a problem with their mental health they would not want anyone to know about it. They would keep it to themselves until they felt that things were bad enough to approach someone. Their first point of call would be a parent, secondly a teacher (if confidentiality could be assured) and thirdly their G.P. One young person explained: -

'There are things that you talk about with your mates, that you don't go blabbing to adults about, unless you think you can't handle it' (13yr old male ethnicity withheld to protect confidentiality)

YEAR ELEVEN (Stretford High School)

The group were asked about where they went when they wanted general advice about their health. The majority were going to friends because they felt their mates would listen to them, understood them and were sympathetic to their problems. A third of the group did not understand what their G.P. said to them about their treatment but did ask their G.P. to explain. One young person asked her mum to explain 'In my kind of way, in my slang'. One young person felt too embarrassed to ask. And one young person said he hardly ever went to see his G.P. and had not been for several years. The majority of the group were going to see their G.P. with a parent. But sometimes went alone.

The group did not know what rights they had when they went to see their G.P. but thought consultations with their G.P. were confidential. They generally thought their doctor took them seriously. There was a generally apathy about going to see your doctor amongst the group. They felt that they only needed to visit their G.P. once they were ill.

The group were asked about where they would go for advice about family planning STD's and drugs. The group said they would go to older family member e.g. sisters, cousins and friends, as they would not feel as embarrassed talking to them about such matters. They did not know where to go for advice about mental health. But would go to other family members for counselling / support. Only one young person would access a counselling service. The rest of the group felt it was dependant on the situation. But the group would not tell anyone outside of their close friends about this. They were unlikely to access this service through the school as they felt it was not confidential.

Five members of the group felt there G.P. did do some health prevention with them. But all of the females said that their G.P. did not do any health prevention with them.

ASIAN GIRLS GROUP (Stretford High School) Year 11

The Asian girls group is a well-established group for young women within the school. Youth workers who are employed by Trafford Youth Service run the group. The group was set up to empower young women of 'Asian origin' who may not have felt comfortable in other arenas and to enable them to have a voice within the school. They are encouraged to discuss any issues or concerns that may be relevant to their lives. It is important to stress that the group works with young women from a range of ethnic backgrounds.

The young people were asked where they went when they wanted general advice about their health. The majority of the group were going to family and friends. (Although two young people were visiting their GP regularly)

They felt they got better advice from family and friends as they knew their history and gave them good advice. Although they did access their GP for prescriptions, medicines or when they felt the problem was serious enough.

The young people were asked about what they would change about their doctors or what put them off going to see their doctor. They felt the time they had to wait before seeing the doctor was too long and there was nothing to do (boredom). But felt that this could be easily remedied by having a TV, music and magazines that were aimed at young people. However the group generally felt that little would change and this was what they expected when they went to their G.P. Two were discouraged from visiting their G.P. because their GP was male and felt they should have the choice of a female doctor. One young person felt she was not properly assessed by her GP and was fobbed off with the same medicines. However the group as a whole did trust their doctor and felt they took them seriously

Half the group said they would visit their G.P. if they felt they had a problem with their mental health, although they felt there was a stigma attached to people with mental health problems. They felt if this was personal to them, a friend or family member this would change the situation and they would be willing to access their GP's service themselves or support a friend or family member.

When asked about where they would go for advice about drug use, the group said they would go to a 'best friend' or family member e.g. sister or cousin, as they trusted them to keep it confidential. They felt their G.P. would judge them, and felt they were not qualified to give that type of advice. They were concerned about whether it would go on their record or that the doctor may tell a parent.

The group were asked about where they go for advice about family planning and sexually transmitted diseases. Two young people went to friends; two young people would access the school counsellor. The rest felt it was ok to

get advice through the practice nurse at their GP as they felt s/he was less judgemental than their doctor.

The group were asked if they would see a counsellor. All but one of the group said they would, but would only tell 'close mates' about it. All the young people said they would prefer to access this service independently of their doctor or the school. They were concerned about confidentiality with their doctor. They felt the service offered by the school was not confidential. Even when they had asked for things to be kept confidential they felt there 'business was blabbed to the teachers'

Two thirds of the group were going to see their GP by themselves and the other third went with a parent as they felt they could explain things for them. The group felt that consultations with their G.P. were confidential, but did not know what rights they had when visiting their G.P. The group felt their G.P. gave no health prevention advice. They were not called in for check ups and only went to their G.P. once a problem with their health had occurred. However all but one of the group felt their doctor did not explain their illness or treatment clearly and 'sometimes' this affected the treatment they received.

The group were asked a series of questions about how risky they felt certain drugs were to their health. The group felt alcohol and cigarettes were equally as risky to their health. All but one of the group felt alcohol was more risky than cannabis. Cigarettes were more risky than cannabis. Ecstasy was more risky than alcohol. Harder drugs such as heroin and cocaine were seen as being extremely risky to their health.

GORSE HILL YOUTH CLUB ARTS CENTRE

Gorse Hill Youth Centre was contacted several times and an initial meeting was arranged to discuss our project and negotiate the possibility of talking to young people about the PCT in the area. Gorse Hill Youth Centre is an art centre opened three evenings per week (7–10 pm) offering various activities: Art Workshop, Street Dance, Music Tutoring/Drama, Open Singing, Mixed Flava Magazine, Football and Sports with "Lets Get Serious", Photography Workshop, Sexual Health Project (peer project).

The premises are occupied by different projects working independently from each other.

The centre manager was very helpful in introducing us to young people. She also explained that the centre is visited by young people, age 13-19, predominantly white, some black of Afro-Caribbean origin and small proportion of Asian origin. There is a large Asian community in the North Trafford area and the boys come for music sessions (Tuesday 3.30-5.30 pm), but girls traditionally don't go out on their own.

Main issues that the youth workers advice on, are: pregnancy, emergency contraception (young people can get condoms from the centre), family relationship, handling anger and aggression.

The drugs team visits the centre on Tuesday evenings.

It was difficult to get hold of interested young people partly due to the nature of our survey.

However, eight young people participated.

They all understand health as illness of a physical nature: not feeling well due to cold, injury and would go to see their doctor for check-ups and prescriptions.

The young people would like to see more information and leaflets about issues that young people might be interested in: skin care, diet, healthy eating, exercise...

They would also like to see some magazines for young people (Mizz) in the waiting rooms. There are mostly boring waiting areas, there is nothing to do, they are small and painted in dull colours.

They did not like the way receptionists call out loud their names and would like some feed back on waiting time.

Boys feel that the lady doctors are more understanding and more gentle during the check-up.

All young people would rather talk to their friends, parents and teachers about sexual health, relationships, stress and drug use.

GORSE HILL YOUTH CENTRE

Street Based Project

The Street Based Project is run from the Gorse Hill Youth Centre.

The young people were visited at the estate and included in the PCT project. They were members of Detached Project (Lakes Estate Community Gardens) and were in process of transforming a piece of land in their community into a play area decorated with graffiti.

The young people were predominantly white, age 11-18.

The young people explained that they go to their doctor for check-ups and prescriptions, always with their parent for support. Their parents also arrange every appointment.

The girls would like spacious waiting rooms painted in bright colours and a TV.

They would firstly talk to their mum about everything that bothers them. And would seek advice about sexual issues and drugs from their mum/parents and their teacher.

The boys would not go to their doctor for an advice about drugs and sexual health but would ask their teacher, parent or a youth worker.

If they felt depressed or stressed they would talk to their mum or PTRE teacher or any trust worthy person.

NORTH TRAFFORD COLLEGE

North Trafford College was visited several times and 20 questionnaires were left with the head of the Health Department.

I arranged to visit some of the classes and talk to the students. Young people age 16-22 from two classes were consulted.

The Childcare Class

The girls were aware of advice centres for sexual health and contraception, mentioning Brook Centre - Sexual Health Clinic for young people, well woman clinic, family planning clinic and a female nurse as a source of information and support.

They did not think that a doctor would be the right person to ask for an advice on drugs and a relationship.

One girl mentioned said a good thing about her doctor was *"you get a prescription when ever you want it"*.

They all complained about long waiting times and dull waiting rooms with nothing to do. *"If you are late for your appointment you have to wait for a week for the next one"*.

The Animal Care Class

Some of the complaints the students mentioned were:

- *doctors don't take you seriously because you are young...*
- *my mum still needs to make an appointment for me because they take her seriously.*
- *they use big words expecting you to understand them and then you need to ask them to explain it to you.*
- *I waited for two hours in a boring waiting room for five minutes job.*
- *they shout your name loud and make you feel uncomfortable...*
- *I would not go to my doctor for an advice, because he is too busy and not supportive, I feel like bothering him.*

A few young boys suggested more colour in waiting rooms, some snacks and drinks, *"...a bar and a TV would be a good idea."*

They all seem to be happy with support and advice from sexual health clinics and well women clinics.

They felt there was not enough information about how to look after your skin and your diet, although they seem to know the importance of exercise, healthy food, skin care, There was still a perception of a doctor as somebody who can help you get better when you are ill and unwell.

OLD TRAFFORD FAMILY CENTRE

The family centre is a registered charity and provides advice for young mothers in the area, safe play area for toddlers and young children, playgroup activities with a priority for "children in need".

The initial agreement, with the centre manager, was to bring some questionnaires to be distributed among young mothers who regularly come to the centre.

Due to a small number of questionnaire response, it was agreed that I would revisit the centre and talk to some of the mothers.

There is a large Asian population in the area and women felt uncomfortable writing about subjects like drugs and sexual health.

Most of the mothers visiting the centre were older than 24, or did not speak any English.

The mothers felt comfortable talking about their health needs and explained that the reason they go to their doctor is normally child's illness or contraception - family planning issues.

One white woman complained about the appointment arrangement where you can not make an appointment at a certain time, but have to come in the morning and wait in a queue.

They expressed the need for more up to date information about drug related issues so they can explain it to their children in due time.

They would not go to their doctor for an advice about relationship or stress issues and would talk to their family relatives or someone they trust.

PCT is involved with the centre in way of providing information sessions and a health visitor is active in the area.

St JOHN'S CENTRE

BOXING CLUB

Trafford Council and European Regional Development Fund fund St John's Centre Project with support from St John's church. The centre offers various classes and activities like: Sewing, Computing, Dressmaking, Ladies Keep Fit, Drop-in, TUG Mental Health Drop-in, Moroccan Community School...

The Boxing club runs twice per week from 6-9pm, costing £1. The young people come in two age groups: 6-13 years, and 14+.

It was arranged to come and talk to young people who attend boxing activities.

There were twelve young people, age 11-18, of various origin (Black Jamaican, Irish, Sikh, Asian, Mixed...)

The young people were not interested in spending too much time talking about the PCT, because their primary interest was exercise.

I managed to talk to them individually and in small groups of 2-4 at a time.

They understand health as something you need to look after all the time by eating healthy, doing activities and reducing the need for visits to their doctor.

They would go to see a doctor if injured, for check-ups and to get medication.

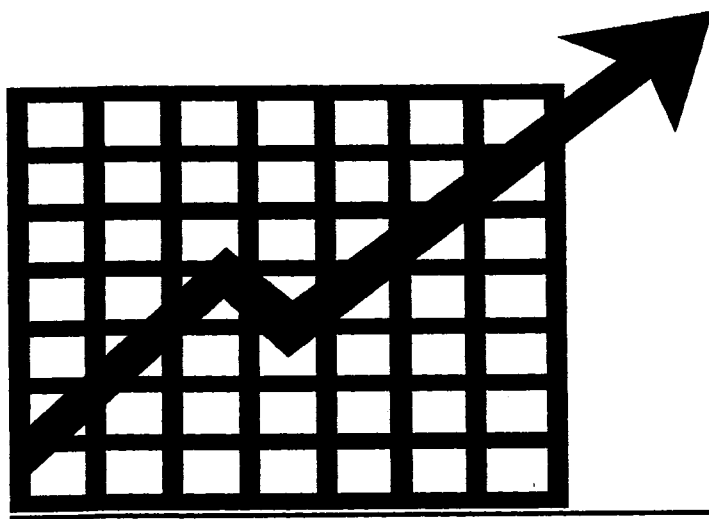
They find doctors OK, but would like them to be more supportive and understanding.

The boys (17-18 years) would go to their GP on their own or with a friend. They talk to their girlfriends, family or a teacher about sexual health, drugs and when feel depressed or stressed.

A seventeen year old girl thought that doctors were not patient enough, should listen more carefully. The waiting time is always too long and a drop-in clinic would be good. She was aware of different teenage clinics where young people can go for an advice on sexual protection/contraception, drugs, but she would first rely on her boyfriend's advice and support.

Chapter 5 – CONCLUSIONS

Young people's suggestions



CONCLUSIONS

- Most young people trusted their GP and generally thought they received good advice from them
- Young people were discouraged from visiting their GP on a regular basis because they felt their GP did not take them seriously.
- Young people had no knowledge of the Primary Care Trust and their role in providing health care services for young people.
- Young people were not thinking proactively about their current or future health needs. They only went to see their GP once a problem with their health had occurred e.g. (they had a cold), to get basic medication or repeat prescriptions. Any problems with their health were seen as something that could be rectified when they were older.
- GP's were not thinking proactively about the current health needs or future health needs of young patients. The majority of young people interviewed said that they were not called in for check ups by their G.P. and did not attend any specialised clinics within their G.P. practice e.g. asthma clinics.
- When young people wanted 'general' advice about their health. Their first point of call was a parent, relative or peer. Young people generally had good support networks. Although large numbers of young people were accessing their G.P.'s for prescriptions.
- The majority of young people interviewed who were under 16 went to see their GP with a parent. When this was discussed with young people in focus groups the young people indicated that this was because their parent acted as a negotiator between the GP and young person. They felt it necessary to have a parent present because a parent would be able to:
 - * Communicate with the doctor on their behalf.
 - * Would adequately explain their symptoms to the doctor.
 - * Would understand the 'terminology' used by the doctor.
 - * Young people felt they were taken seriously if a parent accompanied them.
- However some the young people (focus groups) felt their parents were too quick to accept the doctor's explanation of their illness or treatment.
- Older young people generally went to see their GP on their own, as they considered consultations with their GP private and confidential.

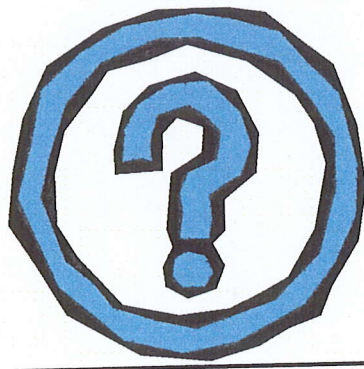
- Over half the young people interviewed did not understand what there GP said to them about there treatment, but did ask there GP to explain.
- A third of the young people interviewed did not understand what there GP said to them about there treatment and **did not** ask there GP to explain. But this was partly remedied by being accompanied by a parent.
- Young people had no idea what rights they had when visiting their GP although most 'thought' consultations with their GP were confidential.
- Young people wanted a choice over which doctor they saw. However when this point was explored with young people in focus groups. Young people expressed the view that they had found a doctor within their practice that they felt they could relate to. But because of the way there local practice was run they were unable to gain access to the doctor of their choice.
- Female doctors were generally considered to be more understanding, gentile and willing to listen to young people.
- Asian males that were interviewed felt uncomfortable being examined by female doctors and preferred to be seen by male doctors.
- Asian females that were interviewed preferred to be seen by a female doctor.
- Young people who were interviewed felt that their GP did not provide enough advice about there health needs.
- Most young people had poor drug knowledge. Most drugs above the level of cannabis were seen as 'dangerous' but young people had no real idea about drug use, misuse, distinction or safety.
- When young people (focus groups only) wanted advice about soft drug use/misuse they usually went to a parent or peer. Only a few young people felt they could ask their GP for advice around this topic, if they did ask their GP, this only applied to advice about legal drugs e.g. cigarettes and alcohol. Illegal drug use was not seen as something that young people could ask your GP about it was felt that that this was not the GP's area of expertise and that GP's were judgemental. Although a quarter young people surveyed indicated that they would approach their G.P. And nearly a third would approach a G.P. for advice about hard drug use. Indicating that young people would seek professional advice for serious drug use.

- When young people (under and over 16) wanted advice about sexual health their first point of call was a parent, relative or peer. However half the young people surveyed did indicate that they would approach their G.P.
- Generally young people over 16 who were sexually active were well-informed regarding contraception advice. Most young people were accessing organisations outside of Old Trafford or Gorse Hill for advice on contraception, pregnancy and STD's. Brook Advisory Service and MAP clinic were the most commonly mentioned.
- A small number of young men were gaining access to contraception and advice through other sources. Some were purchasing condoms over the counter. They were discouraged from getting condoms through other sources e.g. youth club, Brook Advisory Service as they had to ask for them and this was enough to dissuade them.
- Young people would not access their GP if they felt they had 'a problem' with their mental health. The majority would approach friends or family. When this was explored with young people. They said they felt their GP would not understand their problem, it was not the GP's area of expertise, that any problems regarding their mental health would go on their records or that their GP might tell a parent. Although they would be prepared to support a friend or family member in this situation.
- Most young people interviewed said they would access a counsellor or counselling service if it were available to young people. But this had to be independent of services they currently used and confidentiality had to be assured.
- Young people had not really explored the possibility that the G.P. could have a wider role than at present. Young people who were interviewed accessed their G.P. for medication or when they were ill. GP's were not really seen as the place to go to for confidential or alternative advice.

YOUNG PEOPLES SUGGESTIONS

- Young people suggested changes or improvements (to GP's surgeries/environment or needs that could be addressed by better training of GP's) They felt this 'could' encourage more young people to visit there GP:
 - * Shorter waiting times
 - * Things to relieve boredom whilst you waited to see your GP
 - * Leaflets/info appropriate to young people
 - * Friendlier doctors
 - * A choice of the doctor they saw
 - * A choice of male or female doctor
 - * More information around their rights/ confidentiality when visiting their GP
 - * GP's should use simpler terms.
 - * GP's surgeries should provide young peoples magazines e.g. Mizz J17
 - * GP's surgeries should provide magazines for young men
 - * Television in waiting rooms
 - * Music (appropriate to young people)
 - * A play station or XBOX
 - * Access to the Internet

Chapter 6 – RECOMMENDATIONS



RECOMMENDATIONS

1. Young people's health needs are not being addressed on a regular basis by their GP's the system of check ups and monitoring of adults needs to be expanded to include young patients.
2. Better training for GP's around how to address and relate/communicate with young patients. Specifically to look at the terminology GP's use when dealing with young patients.
3. Young people need better information and advice about there health needs. Healthy living, eating, general health and specific illness that affect young people e.g. asthma.
4. Young people need better information and advice about around the health effects of drug use/misuse including smoking and alcohol. Links need to be established and developed with existing agencies, which have expertise of working with young people and drug use e.g. Lifeline, Young Peoples SMS, in order that a rolling long-term system of information and education can be established in Old Trafford and Gorse Hill.
5. Long-term sexual health services for young people need to be developed in Old Trafford and Gorse Hill. Links need to be established with existing agencies. In order that a rolling system of information and education can be established in Old Trafford and Gorse Hill. Examples of good practice are Young Peoples Talkshop/Brook Advisory Service and MAP Clinic.
6. Establish and develop a youth counselling service that is independent of existing provision and completely confidential.
7. Better information needs to be available to young peoples around the legal rights they have when visiting their GP.
8. Better information needs to be available to young people in relation to the services that GP's provide specifically around sexual health, family planning, mental health services and access to counselling.
9. GP's need to look at running of local GP practices/ health centres e.g. attitude of staff, opening times, appointment and waiting times. In order to ensure that they are 'accessible' to young people.
10. Young people involved in community research projects need to be adequately compensated for their time energy and expertise.

APPENDICIES

Contact Database

Sample Questionnaire

Compass Questionnaire Analysis

Young Peoples Certificates

CONTACT DATABASE - North Trafford Primary Care Trust

AFRO CARIBBEAN MENTAL HEALTH TRUST

Jeanette Stanley

Broome house
Seymour Grove
Old Trafford
Manchester

TEL - 0161 912 4829

AFRO CARIBBEAN MENTAL HEALTH TRUST

Jeanette Stanley

Zion Community Resource/ The Big Life Company
399 Stretford Road
Hulme
Manchester
M15 4ZY

TEL - 0161 226 5412

E-mail Address - Zion@thebiglifecompany.com

Web Address - www.thebiglifecompany.com

EXODUS

Mr Rawlings

C/o St Brides Church
3 Blair Street
Old Trafford
M16 9A2

TEL - 0161 226 6064

GORSE HILL YOUTH CLUB

GORSE HILL PARENT AND TODDLER GROUP

GORSE HILL EXCLUSION PROJECT

GORSE HILL DETACHED PROJECT

Michelle Udogu

Gorse Hill Youth and Arts Centre
Cavendish road
Stretford
Manchester
M32 OPS

TEL - 0161 865 3052

GREENBANK HOSTEL

Mike Johnson

GREENBANK

15 - 31 Seymour Grove
Old Trafford
M16 OLR

TEL - 0161 877 7057

MANOR HIGH SCHOOL

Pam Scott

Manor Avenue

Sale

Manchester

M33 6JX

TEL - 0161 976 1553

NO ATTITUDE YOUTH GROUP

(Young Peoples Gay, lesbian and Bi sexual youth Group)

Donna Mare

81 School Road

Sale

Manchester

M33 7YR

TEL – 0161 912 2343

www.yptalkshop.org.uk

NORTH TRAFFORD COLLEGE

Elaine McCulloch

Talbot Road

Stretford

Manchester

M32 0XH

TEL – 0161 886 7070

OLD TRAFFORD COMMUNITY CENTRE

KICKSTART (CLAIRE BOSWELL)

ASIAN WOMENS DROP-IN

Claire Boswell / Johnny Bales

Shrewsbury Street

Old Trafford

Manchester

M16 9AX

TEL – 0161 912 4657

OLD TRAFFORD COMMUNITY DEVELOPMENT PROJECT

Tahira Khan Sindu

49 Premier Street

Old Trafford

Manchester

M16 9WB

TEL – 0161 226 8528

OLD TRAFFORD FAMILY CENTRE

Lorraine Webb

Powell Street

Old Trafford

Manchester

M16 7QQ

TEL – 0161 226 1308

OLD TRAFFORD JOB SHOP

Dave Jeffries

Old Trafford Community Centre

Shrewsbury Street

Old Trafford

Manchester

M16 9AX

TEL – 0161 912 2031

OLD TRAFFORD LIBRARY

Shrewsbury Street

Old Trafford

Manchester

M16 9AX

TEL - 0161 962 5419

OLD TRAFFORD YOUTH CENTRE
ASIAN YOUTH GROUP
Sue Wandrum
St Hilda's Road
Old Trafford
Manchester
M16

TEL 0161 912 4872

SHARON YOUTH CENTRE
Dorcas Bridge
Chorlton Road
Manchester

TEL - 0161 226 7334

SHARON YOUTH CENTRE
Dorcas Bridge
Aisha Childcare
Zion Community Health Resource Centre
399 Stretford Road
Hulme
Manchester
M15 4ZY

TEL - 0161 226 5412

E-mail Address -

dorcasbridge@diverseresources.org.uk

SOUTH ASIAN MENTAL HEALTH PROJECT
PAKISTANI RESOURCE CENTRE
SOUTH ASIAN OFFENDERS PROJECT
1 Great Marlborough Street
Manchester
M1 5NG

TEL - 0161 237 1125

ST JOHNS CENTRE
MOROCCAN COMMUNITY SCHOOL
Abellah Bouskouchi / Hassan Zaharra
St Johns Hall
St Johns Road
Old Trafford
Manchester
M16 7GX

TEL - 0161 872 7795

BOXING CLUB
Kevin Williams
Email :Kevin.Williams@gameslegacy.com
(Boxing club based at St Johns Centre)

TEL - 07712 234601

STRETTFORD HIGH SCHOOL
Andrew Wallace /Ann Hanby
Great Stone Road
Stretford
Manchester
M32 0XY

TEL - 0161 912 4894
FAX - 912 4898

TRAFFORD SUBSTANCE MISUSE SERVICE (CDT)

1-3 Ashton Lane

Sale

Manchester

M33 6WT

TEL - 0161 912 3170

YOUNG PARENTS GROUP

(For parents under 19)

Contact Alison or Michelle

TEL - 0791 905 7061

YP TALKSHOP

Donna Mare

81 School Road

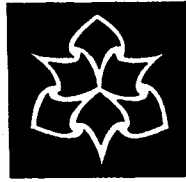
Sale

Manchester

M33 7YR

TEL - 0161 912 2343

www.yptalkshop.org.uk



Manchester
Metropolitan
University

**North Trafford Primary Care Trust and MMU
want to know what young people think about
health services in Old Trafford and Gorse Hill.**

So if you are aged between 11-24yrs

Live in Old Trafford or Gorse Hill

**MAKE SURE YOU HAVE
YOUR SAY!**

By filling in this survey

**Please remember that all the
information you give is
CONFIDENTIAL**

North Trafford Primary Care Trust Health Needs Survey

HAVE YOUR SAY!

1. Where do you go when you are concerned about your health? (Please circle any of the choices below)

GP Health centre Parents Teacher
 Peers (To your mates) Other adults (relative or friend)
 Nowhere (You don't go to anyone)

2. Where do you go to get advice in:-

Old Trafford _____
 Gorse Hill _____
 Trafford _____
 Manchester _____

3. Why do you go to these places? (Please circle any of the choices below)

For prescriptions Check ups Family Planning
 To get advice on a specific topic To talk through a personal problem
 Other reasons _____

4. When you go to see your GP is the advice you get? (Please circle)

Xcellent Good OK Bad

5. What puts you off going to see your GP? (please circle any of the choices below)

The receptionist is not young people friendly
 The doctor or nurse is not young people friendly
 They are rude or make you feel uncomfortable

The environment (There is nothing to do while you wait e.g. no magazines, TV, music, posters)

The opening times (No Drop-in, Evening or Weekend service)

The appointment times (Appointments are only available in the daytime when you're at school, college or work)

The appointment times (You can only get appointments in the morning)

The appointment wait (You have to wait too long before you see the doctor)

You have to go with a parent/carer

They refused to see you (please tell us why) _____

You are not taken seriously

You don't understand what they were saying to you (e.g. they used big words)

6. Other reasons for not going to your doctor (Please circle any of the reasons below)

CONFIDENTIALITY (They might tell your parents)

DISCRESSION (A relative or friend might see you there)

INFORMATION (You didn't know they provided the kind of advice you wanted)

What kind of advice did you want? _____

Please tell us any other reasons why you would not go to your GP _____

7. When you go to your GP who goes with you? (please circle)

Parent

Friend

On your own

Why do you go with this person, or by yourself? _____

8. When you go to see your GP do you have the choice of:-

Which doctor you see? Yes / No

Of a male or female doctor? Yes / No

Of a doctor who is the same ethnic background as yourself?

9. If you needed someone to talk to or were feeling depressed where or who would you go to? _____

10. If you wanted advice about soft drug use/drug safety (including cigarettes, alcohol and cannabis where would you go? _____

11. If you wanted advice about hard drug use (including E's, smack coke or crack where would you go? _____

12. if you wanted advice about sexual health e.g. contraception, sexually transmitted diseases etc where would you go? _____

13. If you wanted advice about a relationship where would you go? _____

14. What are the best things about going to your G.P. _____

15. If you could change ANYTHING about your GP what would you change? _____

PLEASE TELL US:-

Your Name (optional) _____

Your Age _____

Are you **FEMALE** / **MALE**

Do you live in Old Trafford **Yes** / **No**

Do You live in Gorse Hill **Yes** / **No**

**What do you consider your ethnic origin to be e.g. Black Jamaican,
South East Asian, Northern Irish** _____

**Thank Q for taking the time to fill in this questionnaire.
Please make any other comments**

**Please remember that all the information that you provide will be kept
confidential. No personal information will be disclosed.**

North Trafford PCT

Frequency count for I:\pct doks\nt_quest.cwq

Prepared at 14:57 on Friday, 1 August 2003

Total number of responses analysed: 221

1. Gender

Male	97	(50.5%)
Female	95	(49.5%)
no response	29	

2. Could you tell me with which of the following groups you most closely identify?

White	63	(37.1%)
Black Jamaican	11	(6.5%)
Asian	68	(40.0%)
Black or Black British	9	(5.3%)
Chinese or Other ethnic group	0	(0.0%)
Asian Chinese	1	(0.6%)
Mixed Race	16	(9.4%)
Pakistani	1	(0.6%)
White/Tunisian	1	(0.6%)
no response	51	

3. Which age group are you in?

11-14	94	(51.1%)
15-16	49	(26.6%)
17-19	33	(17.9%)
19-21	2	(1.1%)
22-24	6	(3.3%)
no response	37	

4. Where do you live?

Gorse Hill	13	(7.0%)
Old Trafford	95	(51.9%)
Other	78	(41.9%)

total	186
no response	35

5. Where do you go to get advice

Old Trafford	99	(53.5%)
Gorse Hill	26	(14.1%)
Trafford	41	(22.2%)
Manchester	64	(35.0%)

total	230
no response	36

6. Where do you go when you are concerned about your health?

North Trafford PCT

Your doctor	155	(72.4%)
Health Centre	43	(20.6%)
Parents	94	(44.3%)
Teacher	11	(5.3%)
Peers (to your mates	20	(9.6%)
Other adults (relative or friend)	9	(4.3%)
Nowhere	0	(0.0%)

total	332
no response	7

7. Why do you go to these places?

For prescriptions	91	(46.2%)
Check ups	158	(80.6%)
Family planning	22	(11.3%)
To get advice on a specific topic	31	(16.1%)
To talk through a personal problem	36	(18.8%)

total	338
no response	24

8. When you go to see your doctor is the advice you get?

(a) Advice form your doctor

xcellent	28	(13.1%)
Good	105	(49.1%)
Ok	72	(33.6%)
Bad	9	(4.2%)
no response	7	

9. What puts you off going to see your doctor

Receptionist not young person friendly	42	(23.6%)
Doctor/nurse not YP friendly	34	(19.2%)
Rude or make you feel uncomfort	44	(24.9%)
Nothing to do while you wait	35	(19.9%)
Opening times (no drop-in, weekends)	36	(20.2%)
Appointment times	20	(11.4%)
Don't understand what they were saying	31	(17.5%)
Have to wait too long for an appointment	57	(32.6%)
Have to go with a parent/carers	30	(16.9%)
Refused to see you	14	(8.0%)

total	343
no response	43

10. Please tell us any other reasons why you would not go to see your doctor

Comments made	80	
Keywords:		
appointment waiting time	8	(10.0%)
being shy	12	(15.0%)
can't be bothered	3	(3.8%)

North Trafford PCT

don't like them	1	(1.3%)
don't trust them	2	(2.5%)
new doctor	1	(1.3%)
no day time appointment	1	(1.3%)
not taken seriously	26	(32.5%)
not understanding	5	(6.3%)
refuse to see you	2	(2.5%)
scared of the treatment	3	(3.8%)
they are busy	5	(6.3%)
they are wrong	2	(2.5%)
they don't like Asians	1	(1.3%)
they don't listen	3	(3.8%)

total	75
no keyword assigned	8

11. When you go to see your doctor who goes with you?

Parent	173	(83.2%)
Friend	10	(5.0%)
On your own	55	(26.8%)

total	238
no response	13

12. Why do you go with this person, or by yourself?

Comments made	138
Keywords:	
advice	1 (0.7%)
company	7 (5.1%)
convenience	5 (3.6%)
doctor treats me differently	2 (1.4%)
don't know	1 (0.7%)
for explanation	24 (17.4%)
have to	16 (11.6%)
nobody wants to go	2 (1.4%)
OK on my own	29 (21.0%)
private matter/confidential	7 (5.1%)
security	22 (15.9%)
support	25 (18.1%)
they need to know	5 (3.6%)
trust	15 (10.9%)

total	161
no keyword assigned	5

13. When you go to your doctor do you have a choice of which doctor to see?

Yes	70	(34.8%)
No	131	(65.2%)
no response	20	

14. Do you have a choice between a male and female doctor?

North Trafford PCT

Yes	70	(36.3%)
No	123	(63.7%)
no response	28	

15. Can you choose a doctor who is the same ethnic background as yourself?

Yes	18	(22.5%)
No	62	(77.5%)
no response	141	

16. If you needed someone to talk to or were feeling depressed, where or who would you go to?

Comments made	174	
Keywords:		
42nd street	1	(0.6%)
centre for young people	3	(1.7%)
childline	2	(1.1%)
cousin	1	(0.6%)
dad	1	(0.6%)
doctor	26	(14.9%)
don't know	1	(0.6%)
family	23	(13.2%)
friends/mates	64	(36.8%)
girlfriend/boyfriend	6	(3.4%)
mum	31	(17.8%)
nowhere	6	(3.4%)
parents	58	(33.3%)
play football	1	(0.6%)
sister/brother	16	(9.2%)
teacher	6	(3.4%)
total	246	
no keyword assigned	2	

17. If you wanted advice about soft drug use/drug safety (including cigarettes, , where would you go ?

Comments made	171	
Keywords:		
book	1	(0.6%)
chemist	7	(4.1%)
dad	4	(2.3%)
doctor	47	(27.5%)
don't know	3	(1.8%)
drug centre	7	(4.1%)
family	10	(5.8%)
friends/mates	28	(16.4%)
health centre	36	(21.1%)
helpline	4	(2.3%)
leaflet	6	(3.5%)
library	22	(12.9%)
mum	10	(5.8%)
n/a	22	(12.9%)
parents	21	(12.3%)

North Trafford PCT

police	5	(2.9%)
sister/brother	4	(2.3%)
talk shop	1	(0.6%)
teacher	24	(14.0%)
teenage advisory clinic	1	(0.6%)
youth centre	8	(4.7%)

total	271
no keyword assigned	3

18. If you wanted advice about hard drug use (including Es, smack etc), where would you go?

Comments made	156	
Keywords:		
book	2	(1.3%)
chemist	5	(3.2%)
dad	4	(2.6%)
doctor	49	(31.4%)
don't know	8	(5.1%)
drug centre	7	(4.5%)
drug dealer	1	(0.6%)
family	7	(4.5%)
friends/mates	24	(15.4%)
helpline	2	(1.3%)
hospital	3	(1.9%)
leaflet	6	(3.8%)
library	1	(0.6%)
mum	6	(3.8%)
n/a	38	(24.4%)
nurse	3	(1.9%)
parents	21	(13.5%)
police	3	(1.9%)
school advisor	28	(17.9%)
sister/brother	5	(3.2%)
teacher	11	(7.1%)
teenage advisory clinic	1	(0.6%)
youth centre	6	(3.8%)

total	241
no keyword assigned	4

19. If you wanted advice about sexual health (contraception etc), where would you go?

Comments made	165	
Keywords:		
Brook centre	4	(2.4%)
chemist	5	(3.0%)
Connexions	1	(0.6%)
dad	4	(2.4%)
doctor	86	(52.1%)
don't know	2	(1.2%)
family planning clinic	63	(38.2%)
friends/mates	18	(10.9%)
girlfriend/boyfriend	2	(1.2%)

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leaflet	6	(3.6%)
library	2	(1.2%)
mum	19	(11.5%)
nowhere	11	(6.7%)
nurse	4	(2.4%)
parents	36	(21.8%)
school	8	(4.8%)
sex line	2	(1.2%)
sister/brother	14	(8.5%)
talk shop	3	(1.8%)
teenage advisory clinic	2	(1.2%)
uncle/aunt	2	(1.2%)
youth worker	2	(1.2%)
Zion Centre	1	(0.6%)
<hr/>		
total	297	
no keyword assigned	3	

20. If you wanted advice about a relationship, where would you go?

Comments made	158	
Keywords:		
advice centre	3	(1.9%)
chemist	1	(0.6%)
dad	2	(1.3%)
doctor	4	(2.5%)
don't know	1	(0.6%)
family	18	(11.4%)
family centre	14	(8.9%)
friends/mates	71	(44.9%)
girlfriend/boyfriend	3	(1.9%)
health clinic	18	(11.4%)
help groups	25	(15.8%)
library	22	(13.9%)
mum	23	(14.6%)
nowhere	8	(5.1%)
parents	52	(32.9%)
sister/brother	20	(12.7%)
youth worker	1	(0.6%)
<hr/>		
total	286	
no keyword assigned	5	

21. What are the best things about going to your GP?

Comments made	139	
Keywords:		
being English	1	(0.7%)
computers	1	(0.7%)
day off shcool	1	(0.7%)
feeling safe	24	(17.3%)
getting help	37	(26.6%)
getting medicine	45	(32.4%)
getting treatment	22	(15.8%)
good advice	18	(12.9%)

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learning	9	(6.5%)
nice and friendly	39	(28.1%)
nothing	20	(14.4%)
same ethnic background	2	(1.4%)
she/he is understanding	19	(13.7%)
trust	4	(2.9%)

total	242
no keyword assigned	3

22. If you could change ANYTHING about your doctor what would you change?

Comments made	121	
Keywords:		
accent	6	(5.0%)
appointment time	21	(17.4%)
change male doctor for female	14	(11.6%)
choice of doctors	16	(13.2%)
doctor's age	8	(6.6%)
doctor's attitude	23	(19.0%)
don't know	1	(0.8%)
everything	6	(5.0%)
name displayed on board	1	(0.8%)
nicer/brighter waiting rooms	58	(47.9%)
nothing	43	(35.5%)
receptionist's attitude	3	(2.5%)
things to do	3	(2.5%)
waiting time	10	(8.3%)

total	213
no keyword assigned	6



Manchester
Metropolitan
University

This is to certify that

has been involved in a

COMMUNITY AUDIT
of young people's
Primary Health Care Needs

Commissioned by
North Trafford Primary Care Trust

In conjunction with
Manchester Metropolitan University,
Community Audit and Evaluation Centre

Signed *A Barnes*
MMU Audit Facilitator

Signed *Carol Padden*
CAEC Director

