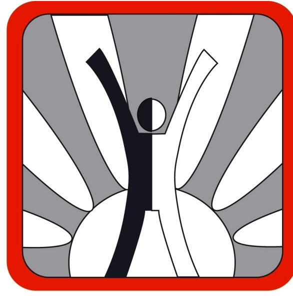

REACH

COMMUNITY HEALTH PROJECT

Health Needs of 14-18 year old Black & Minority Ethnic Young People Living in the South Side of Glasgow

CONTENTS PAGE

Chair's foreword 3

Dedication 4
Acknowledgements 4

REACH Community Health Project 5

Executive Summary 6

Section 1 Introduction 8
Background
Policy Context
Approach & Methodology

Section 2 Literature Review 10
Demography
Epidemiological evidence
Health Inequalities
Additional poor health causal factors amongst sections of BME communities

Section 3 Health and Social Care mapping 13
A local perspective from health, social work and youth service staff

Section 4 Knowledge, Perceptions and Experiences 15
BME Young people: On their health needs and problems
BME Young people: On their experiences of service access and barriers

Section 5 Recommendations for action 20

Doctor/Patient relationships
Appropriate health information and advice
Culture and peer group influence

Appendices

Appendix 1 Completed Questionnaires 22

Appendix 2 Focus group questions 24

Appendix 3 25
Glasgow Southside service contacts

Bibliography 26

Footnotes 27

Foreword

As the Chair of REACH Community Health Project I am committed to ensuring the organisation addresses issues of health inequality for all sections of our community.
This is why I am delighted REACH was commissioned to conduct this specific piece of research. The need to investigate the correlation between instances of poor health and the service access experiences of young people from BME communities is vital.

The first component in any attempt at making a lasting difference to the way we provide inclusive services has to involve true engagement of the very people we wish to include. The methodology in any REACH research has always been participatory and this was no different. As a result of this I believe we have arrived at conclusions and recommendations which are reflective and representative.

However these recommendations are not an outcome. At REACH we believe in and of itself research is merely a tool. It is a mechanism through which we can process change leading to an improvement in the health of every person in our community. Action by way of influencing policy to provide an inclusive health service which is sensitive to the needs of young people from BME communities must follow this research.

REACH'S unique triangulated formula of research driving policy, training needs highlighted as the reasons behind poor service uptake service access, and partnering health care providers in service delivery is I believe the way forward. Only with this type of coordinated approach can we reach the goal of improving the health of the nation as a whole.

I would like to thank the dedicated members of the REACH research team for their work in delivering this study. It will I am sure be a valuable and useful resource for all health care professionals committed to an inclusive health service.

Shehla Ihsan
Chairperson
REACH Community Health Project

DEDICATION

Extract from Gitanjali by Rabindranath Tagore Poet Laureate

Dedicated to BME young people whose lives have been or are at risk
This is a message of hope that help is on its way

MIND WITHOUT FEAR

Where the mind is without fear and the head is held high
Where knowledge is free
Where the world has not been broken up
Into fragments by narrow domestic walls
Where words come out from the depth of truth
Where tireless striving stretches its arms towards perfection
Where the clear stream of reason has not lost its way
into the dreary desert sand of dead habit
Where the mind is led forward by thee
into ever widening thought and action
Into that heaven of freedom, my father let my country awake

ACKNOWLEDGEMENTS

We would like to thank all the BME young people for their participation in the focus groups. Their comments and opinions form the integral part of this report

We thank the dedicated staff team of teachers, administrators and Head Teacher Mr Goodwin at Shawlands Academy and the health service providers who gave of their time so freely

Thank you too to BBC Children in Need for funding this research, and to all the colleagues, groups and organisations whose invaluable support assisted in directing this report

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Introduction to REACH

REACH Community Health Project is an innovative voluntary-sector organisation based in Glasgow's Southside. REACH aims to provide culturally sensitive and accessible preventative clinical health information and services to Black and Minority Ethnic (BME) communities. The project is committed to influencing change within mainstream health services to better address the health needs of these communities.
Vision: A multi-cultural society in which all people have equal access to appropriate health services
Mission: To empower BME communities by ensuring that their health needs are fully met

REACH
Promotes race equality issues within the NHS and other statutory bodies
Raises awareness on race equality among stakeholders
Leads representation of policy development with regards to health and BME people
Engages in partnerships with various stakeholders

REACH has been an innovator through its development of a triangulated approach to the health needs of BME communities at strategic and grass root levels
Delivering culturally sensitive services to local BME communities
Undertaking participatory action research with local BME communities
Providing training to health care service providers working with and in BME communities

The **Clinical Service Unit** has provided culturally sensitive services to the BME communities including:
Smoking Cessation Clinics
Holistic Health Exercise and Fitness Programme
Substance Misuse Clinic

The **Policy & Research Unit** creates an evidence base of the health, social needs and issues of Black and Minority Ethnic communities. This facilitates the delivering of culturally appropriate services for these communities. This evidence supports the development of policies in relation to health for diverse BME communities

The **Training and Development Unit** offers three types of training
Equality and Cultural Diversity Training
Public Participation Training
Participative Health and Wellbeing Awareness Training

For further information on REACH Community Health Project log on at www.reachhealth.org.uk

EXECUTIVE SUMMARY

This report presents evidence highlighting the health needs of Black and Minority Ethnic (BME) young people. The study aims to inform policy development in the public and voluntary sectors in relation to the health of BME young people. The research was conducted as part of REACH Community Health's Youth Health Participation Project and funded by BBC Children in Need.

This study is set within the context of the World Health Organisation (WHO) definition of health as a state of complete physical, mental and social wellbeing. It examines how experiences of BME young people balance against the Scottish Government's policies as well as public sector statutory duties on tackling health inequalities as set out in the Race Relations (Amendment) Act 2000.

Using participatory research methods the study invited seventy six young people between the ages of 14 and 18 residing in the Southside of Glasgow to discuss what they understood by the term health, the health needs and issues of BME young people, access barriers and their awareness of and experiences in accessing services.

The primary focus was health services, however questions were asked on awareness of social work services. Alongside this engagement the views of frontline youth and community development staff were elicited on health issues impacting on young BME people. Comparisons were made between the two forums

References were made to literature review of research into health needs of BME communities, young people, and where evidence existed of research into health issues of BME young people

Conclusions

Young people from BME communities

Lack awareness in the negative effects of smoking, drugs and alcohol

Lack awareness of social care services and drop in services

Do not access the mainstream health services

Say they lack information on where to go for assistance, and have concerns about confidentiality

Feel there is a lack of cultural sensitivity/ cultural competence among frontline staff and health practitioners, which leads them to feeling alienated and unwelcome

Highlighted peer pressure as a main cause of smoking, drinking alcohol, and taking drugs

Would like to see preventative education on these issues beginning at primary school

Feel they face specific health issues, service access barriers and health challenges including doctor/patient relationships, lack of appropriate health information and advice, and peer group pressures.

Recommendations

1. Mainstream services require to be more inclusive of BME young people, by using dedicated workers and outreach health promotion work through schools and clubs where BME young people meet

2. Cultural Diversity Training should be accessed by mainstream health service providers

3. Health Promotion at Schools must include a Needs Assessment of BME young people

4. Improvements in signposting of health promotion services for BME young people are required and specifically advice services on prevention and cessation

5. Programmes on alcohol, drugs, and smoking should be sensitive to the specific health needs of BME young people

6. Further support mechanisms must be provided to enable voluntary sector organisations in bridging service provision gaps in providing preventative health education to young people from BME communities

SECTION ONE

INTRODUCTION

1. Background

This report presents evidence highlighting the health needs of Black and Minority Ethnic (BME) young people. The study aims to inform policy development in the public and voluntary sectors in relation to the health of BME young people. The research was conducted as part of REACH Community Health's Youth Health Participation Project and funded by BBC Children in Need.

2. Policy Context

2.1 The World Health Organisation (WHO) defines health as a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity: "Health is the extent to which an individual or group is able on the one hand to realise aspirations and satisfy needs and on the other hand to cope and change with the environment. Health is therefore seen as a resource for everyday live, not an object of living, it is a positive concept emphasizing social and personal resources as well as physical capacities."[1]

2.2 The Scottish Government is committed to tackling health inequality. Since it's inception in 1999 the Scottish Executive has committed itself to addressing poverty and disadvantage through social justice strategies. The partnership agreement of 2004 sets out a vision for improving skills and increasing confidence for the most disadvantaged children and young people, for raising employment prospects, for regenerating the most disadvantaged neighbourhoods, and for improving the health status of people living in them. In 2002 a target was set for all schools to include health promotion as part of their curriculum by 2007. And in 2005 the Minister for Health gave a commitment to strengthening primary care services in deprived areas in Greater Glasgow, North Lanarkshire, Lothian and Tayside.

2.3 The Race Relations (Amendment) Act 2000 places a general statutory duty on the public sector to eliminate unlawful racial discrimination, promote equal opportunities and good relations between people of different racial backgrounds. The policy, as outlined in the document 'Equality Strategy: Working Together for Equality' acknowledges that many persons in Scotland experience discrimination and are under-represented in decision-making. The local education authorities and schools across Scotland are now expected to comply with the Race Relations Amendment Act 2000, and a report from the Race Equality Advisory Forum 2000 lists a number of specific recommendations for education authorities.

[1] WHO (1998) *Social Determinants of Health – The Solid Facts*. Copenhagen: Centre for Urban Health, World Health Organisation.

3. Approach and Methodology

3.1 Given the interest in race relations and the impact on the health of young people in Scotland research was funded by BBC Children in Need and undertaken by REACH Community Health Project with the following aims:

- To research the health needs of BME young people aged between 14 and 18 years of age living within the Southside of Glasgow;
- To involve BME young people in the needs assessment process;
- To understand the barriers in access to health care services for this particular community.

The study was keen to explore with young people their own understanding of health, their knowledge and awareness of health and social care services, and to compare this with perceptions of service providers (see sections three and four). The research was set within the context of current understanding of health issues impacting on young people based on a review of relevant literature (summarised in section two).

3.2 The approach adopted included the use of participatory research methods - engaging BME young people in identifying their health needs, and ensuring that the research involved rather than excluded them. Over seventy BME young people living in the Southside of Glasgow (Pollokshields East, Maxwell Park, Govanhill and Shawlands)[2] participated in the project. A youth advisory committee was established to oversee the work.

3.3 Three phases formed the basis for the project

Phase 1
Literature review of research and policy reports;
Mapping of services available to BME young people in the Southside of Glasgow

Phase 2
Interviews with health and youth service providers identified by the mapping exercise

Phase 3
Questionnaires were completed by a sample of twenty young people. Five focus groups were held in Shawlands Academy with a total of fifty-six young people between the ages of 14 and 18. In total seventy-six BME young people participated in the project

Table 1. Profile of Participants - BME Young People

	Focus Groups (5 per group)	Questionnaires	
14 -18 year olds	56	20	100%
Males	18	12	60%
Females	38	8	40%

[2] Pollokshields, Maxwell Park, Langside , Toryglen, Greater Shawlands , Dumbreck, Govanhill , Crosshill , Queens Park, Battlefield

SECTION TWO

LITERATURE REVIEW

This section reviews existing literature relevant to the scope of the research, looking at demographic and socio-economic factors impacting on the health of BME young people in Glasgow.

4. Demography

4.1 According to the 2001 census the Greater Glasgow area has the largest BME population in Scotland (4.5%) and 38.7% of the total Scottish BME population. The BME population in the Southside of Glasgow is significantly higher than the average for Glasgow as a whole (5.4%). The BME population is also younger than the indigenous population - there are 29.5% under 16 compared to just fewer than 19% for the white population.

5. Epidemiological Evidence

5.1 The step-by-step guide to epidemiological health needs assessment for minority ethnic group identifies four types of need:

- Normative need is that defined by an expert or professional
- Felt need is what people want
- Expressed need is what people within which the context of providing a service is equivalent to the demand made upon that service
- Comparative need is need identified by comparing similar populations and levels of service

5.2 Previous studies (Landman and Cruickshank, 2001) have shown there is a higher prevalence of Diabetes Mellitus with poor prognosis among adults born in the Caribbean, Africa and South Asian countries than in the general population. Cancer and cardiovascular diseases also are a more prevalent cause of death amongst the BME Community (Bhopal et all, 2004). It is now known that suicide rates in young Asian women are higher than among young white women (Aspinall and Jacobson). A study conducted by NICE has suggested that women from the BME group are twice as likely to die during pregnancy or just after giving birth as white women.

5.3 Adolescence is a period of physical, mental, emotional and social development (Bennett 1994). In terms of diseases this is the time when cardio-vascular problems, obesity, diabetes and certain types of cancer can begin to form risk due to smoking, diet, alcohol and unsafe sexual practices.

A study carried out by Weaver in 1998 suggests a significant number of young people are affected by the following health problems:- mental disorders including depression, anxiety and suicide; nutritional and eating disorders, including obesity; chronic illness and disability; alcohol, smoking, and other drug abuse; motor vehicle accidents; unsafe sexual activity (STD's) and unwanted pregnancies; violence, abuse and self harm. There were also concerns about confidentiality and health service provider consultation methods in the study.

Weaver's literature review (2003) suggests that young people use health services less than adults; and they experience difficulties in accessing care as a result of a range of socio-economic, interpersonal and cultural factors. Weaver identified a number of issues which impact upon the physical and psychological health of BME young people such as: social exclusion, racism, poverty and social deprivation.

Cultural issues such as conflict between values and expectations of one's culture and the dominant British culture can be a source of stress for some BME young people. Issues such as drugs and alcohol and sexual activity carry a heavy stigma, which can lead to unaddressed problems.

6. Health Inequalities

6.1 Health inequalities are influential before birth into old age. They exist between social classes, between men and women, and between people from different ethnic backgrounds. The underlying picture is that the poorer you are the more likely you are to be ill and to die younger.[3] Racial discrimination is often a hidden phenomenon, however is now increasingly recognised as resulting in health inequalities and impacting on life opportunities.[4]

In the UK, there are variations between social classes, regional and ethnic differences in life chances related to health. Children born into poverty accumulate health risks as they grow into adulthood. Among those most at risk of health inequalities are travellers, refugees, asylum seekers and children from some minority ethnic groups.[5] A report by the Glasgow Alliance published in 1998 found that a greater number of BME people are economically inactive than their indigenous counterparts, and 32% of BME housing is overcrowded as opposed to 18% for the white population. Moreover while most of the time BME groups face different problems compared to the majority white population, there is a need for separate assessments of health needs in order to identify policies to address health inequalities.

[3] Department of Health (1999) *Our Healthier Nation*. London: The Stationery Office.

[4] Patel N. Fatimilehin I. Racism and mental health. In Newnes G. Holmes G. Dunn C., eds. *This is madness: a critical look at psychiatry and the future of mental health services.* Ross on Wye: PCCS 1999. Cited in Burnett and Peel 2001.

[5] University of Leeds (2002). A Health Needs Assessment of Black and Minority Ethnic Children's Needs. Leeds Children & Families Modernisation Team and Leeds Health Action Zone, University of Leeds, UK. www.leeds.ac.uk/disability-studies/projects/leedshna.htm. Other groups affected are 'looked after' children, children in single parent households or households with low incomes, children experiencing abuse and/or domestic violence, children from homeless families, and children with learning difficulties and/or impairments,

7. Other Causes of Poor Health Among Sections of the BME Population

Research from Wales and other areas of Scotland has identified other causes of health inequalities related to teenage pregnancies, sexually transmitted diseases, addiction, as well as learning disabilities. There is little research into the impact on BME young people of the following health risks.

7.1 Teenage pregnancies

The National Public Health Services for Wales (2006) found that young girls who have a baby before they are 16 years old are more likely to lack education and training and to suffer poor socio-economic conditions in later life.[6] With poor conditions they are more prone to diseases, especially due to lack of awareness and access to proper health services. Furthermore, this report also talks about underweight babies and there is again a direct link with the socio-economic deprivations of their mothers.

7.2 Sexually Transmitted Diseases

There are numerous studies on the low rate of use of contraceptives by young people, as a result of which they are at a greater risk of sexually transmitted diseases, such as Chlamydia (which may cause infertility at later stages of life) and HIV/AIDS.[7] There has been little research on the sexual practices of BME young people.

7.3 Addiction

There is evidence of early addiction due to drinking and smoking habits. The National Health Services for Wales (2006) found that 60 per cent of boys and 50 per cent of girls aged 15 years drink alcohol weekly, and 22 per cent of girls and 12 per cent of boys age 15 years smoke every day.

7.4 Learning Disabilities

A report by NHS Scotland in 2004 states that "modern developments in services and supports for people with learning disabilities have sprung from the theory that, in order to overcome the history of segregation and discrimination they have experienced, it is not sufficient for them to be seen as part of the community if they are not valued members of society."[8] A study of people with learning disabilities from the BME community highlighted the needs of this section of the population.[9]

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[6] Health Needs Assessment 2006: Children and Young People. National Public Health Services for Wales, UK.

[7] Health Needs Assessment 2006: Children and Young People. National Public Health Services for Wales, UK.

[8] Health Needs Assessment Report: People with Learning Disabilities in Scotland, 2004.

[9] Greater Glasgow Primary Care NHS Trust (2003). A snapshot of services and provision to people with learning disabilities from ethnic minority communities: a preliminary mapping exercise for Greater Glasgow, UK.

SECTION THREE
MAPPING OF HEALTH, SOCIAL WORK, AND YOUTH PROVISION

8. Local health, social work and youth service workers perspectives

This part of the study aims to explore the perspective of local service providers. Informal interviews were conducted with some key health, social work and youth service providers in the area. They were asked about services they provide, what they perceived the health needs of BME young people to be, and what they had found to be effective methods of engagement with BME young people.

8.1 Mapping of service provision and views on health issues affecting BME young people

NHS South East H**ealth Promotion Service** is based in Govanhill, and works with local schools. They promote mental health, sexual health, literacy and self-esteem. They also organise youth clubs for 12-18 year olds and work closely with the Sandyford Initiative, a new NHS health service in the area, to provide lifestyle checks and screening for young people.

The Sandyford Initiative employs a community access manager working to reduce barriers due to race, class, sexuality and disability. Sandyford has set up a drop in service in Govanhill specifically for young people. However there is currently no BME specific service and percentages of BME youth using these services is low

Barnados Apna Service is located in Pollokshields East supporting Asian children with special needs between the ages 5-18. They offer homecare and befriending services to young people with a variety of mental, physical and learning disabilities. All staff members are from Asian backgrounds and are bi- lingual. Some workers and clients speak very little English. The service is keen to improve the access of local Asian families to existing services in the area. They also offer support services for the siblings of children with disabilities.

Pollokshields East Social Work Department serves families from BME backgrounds. The department provide financial advice to older Asian women on issues, with some work conducted with mothers of young people. One worker described BME young people as ‘difficult to reach’, and felt they were increasingly feeling marginalized, and reported mental health concerns arising from the experience of growing up between two worlds. The tension between the two can be quite stressful, and there are identity issues. They find it difficult to talk about drugs and alcohol. The key issues facing young people were felt to be racism - examples were provide of incidents such as car tyre slashing and verbal abuse.

Crossroads Youth and Community Association is an organisation with bases in the Gorbals and Govanhill, which provide social services, particularly for children and young people. One staff member works specifically with refugees and asylum seekers. They hold meetings with refugee families, offer fitness classes, lunch and community social activities,organised trips e.g. to the Scottish Parliament. Mental health concerns due to trauma and isolation are a major issue for mothers.

The Youth Counselling Services Agency now Youth Community Support Agency (YCSA) offers a range of services including counselling services and liaise with schools. Their counsellors work with the Pakistani, Arab and Chinese communities. They also offer support to families. The majority of their work centres on early intervention and preventative work. The key issues affecting the lives of the young people they highlighted as territorial violence and drug use, cyclical violence and intergenerational trauma

Govanhill Social Inclusion Partnership
convenes a ”Future Visions Action Group”, which involves weekly artistic and musical activities around issues of racism and gender. A few young people from BME backgrounds participate.

Govanhill Youth Project runs summer youth programmes with 60-65% of the attendees from BME backgrounds. They also facilitate occasional activity events like adventure sports, drama groups, arts and crafts and friendship groups which foster informal discussions. They also hold open door policy drop-in sessions but have found these are less frequented by the BME youth. In their experience BME youth are more responsive to organised activities and believe it is important to involve families, perform street work .

SECTION FOUR
KNOWLEDGE, PERCPETIONS AND EXPERIENCES OF BME YOUNG PEOPLE

9. BME Young People's perceptions of Health Needs and issues

For the purposes of presentation of findings results from the questionnaires and the focus groups have been taken together – copies of both sets of questions are provided in appendices 1 and 2. BME young people were asked to define what they understood by the term health, what their health needs were, what factors can affect their health, and their level of personal health awareness.

9.1 What do you understand by the term 'health'?

Of the BME young people [10] who completed this question the most frequent definition was "wellbeing of the individual" followed by "good diet". Health for most was a physical state of body, how they take care of themselves and a healthy diet. Other answers included – "the different lifestyle that people live" and "being fit". The focus groups defined health as "how they take care of themselves" and related this to the physical state of their body. A few defined it in terms of "wellbeing" or "not being stressed".

> *Wellbeing - people who look after themselves*
> *They go to the doctor when they get ill*
> *Healthy eating, healthy environment*
> *It's more physical than emotional - like state of mind*

9.2 How would you describe your health in general?

18 out of 20 said they were in excellent or good health (8 said excellent, 10 said good, 1 said bad, and 1 did not respond)

Previous studies, Sham and Williams (1993) in the west of Scotland, have found no difference between Asian and other teenagers in self-rated health. Asian males are less likely to have recent accidents and had good dental health. However another study conducted by Woodfield (2002) noted 11 to 14 year olds from the Asian community are classified as inactive, because of difference in lifestyle, and because of few local sport facilities.

9.3 What is the most important health need of BME 14-18 year olds?

The question of need was confused with health problems. The most frequent needs quoted were in relation to diabetes, drugs, and alcohol. Other concerns expressed were teenage pregnancy, depression, and sexual health. The focus groups also expressed concerns in relation to smoking and obesity. One commented on stress resulting from the pressure of school work and expectations of teachers; another was concerned about sexual diseases and where to go for help if someone gets pregnant or is taking drugs; another felt a major concern was sexual abuse within the home. Many mentioned peer pressure and body image.

[10] 20 BME young people completed questionnaires and 56 took part in focus groups

Question: What are the most important health needs of BME 14-18 year olds?
I need more information when girls get pregnant, if someone is addicted to drugs, they must know where to take help from also for smoking and young alcoholics.
Obesity - some people eat too much.
Young people don't take care these days because of influences around them; Peer pressure is a problem as other people have set a trend and they have to follow; Peer pressure is the real cause of a rise in health issues.
When they get emotionally stressed they face problems like sexual abuse at home and they can't tell anybody, and under this pressure they start taking drugs.
More sex education is needed at an early age at primary schools or when they start in first year secondary school - that's when peer pressure starts. So when they don't have any information they will start doing the things which they see. The health visitor who visited in 2nd and 3rd year was so poor that we didn't learn anything.

9.4 What are the most important health problems of BME youth?

The results were very similar to the previous question. Of the 18 who completed this question the most frequent response was drinking alcohol; this was followed by smoking, drugs, pregnancy, and cancer. Other important problems were stress, depression, and lack of confidence; unhealthy eating, obesity and blood pressure; diabetes; sexual health. Other health problems, which impact on their lives, are asthma, hair loss, spots, teeth, peer pressure, the environment, and racism.

Previous studies have reported an increase in illegal drug use among Asian young people, between 16-25 year olds, over a period of four years (Bennetto 2001). A study by Bush et al (2003) reported that peer pressure influenced smoking behaviour and young people tend to hide this problem from elders. Among females it is associated with shame, but is more prevalent now as young women are influenced by western values or as an expression of independence from family. Other studies like Bakshi et all (2002) among the Chinese, Indian and Pakistani young people aged 16-25, reported that prevalence of alcohol drinking is increasing within certain communities, but still remains lower than for the whole population. Overall young women consume less drugs and alcohol than men.

Key Findings: Knowledge of health needs and health awareness

- BME young people feel that they lack sufficient awareness and knowledge about issues that can affect their health. They don't have adequate information to prevent them from problems like drugs, alcohol, smoking, etc.
- They are concerned that because of lack of preventative information on health issues BME young people continue to be at risk of certain diseases.
- There appears to be a gap in information from service providers on where BME young people can go for help.

10. Access Barriers and Experiences of Services

This section provides information on the awareness of young people of local health and social care services. They were asked if they have ever used these services, and if yes what was the quality of the service, whether their ethnicity acts as a barrier to access, what their experiences were, and how this influences their health needs. It is evident from the interviews with the health and social work service providers that uptake of services by BME young people is low. The following may throw light on some of the reasons for this.

10.1 Lack of awareness of services

BME young people were asked about local health and social work services. 60% were aware of and were users of health services; 30% were not aware of any health services and had never accessed any services. In relation to social work services only 10% knew about any services. Most of the focus group participants were familiar with the health centres in Govanhill and Shawlands, the hospitals, and clinics such as the dental clinic. However a few were not aware of where services were located, though they had heard of them.

Question: Are you aware of any health services and health related information available in the south side of Glasgow?
There is as health centre but I don't know where it is; If I needed I would find it, but I don't need them.
I've been to Yorkhill hospital once or twice; We go to the orthodontist every three months.
Young people don't need to go. They are healthy.
There is a need for more awareness in schools. They must come and do check-ups at school.

Two studies from 1998 (Cooper et al) and Saxena (2002) found ethnicity to be associated with the use of primary and secondary care services. Indian children used GP services more often than any other ethnic group, while all other communities used hospital services less than whites. The authors concluded that there could be communication problems or poor quality of care, or GP's may be discriminating against ethnic minority groups by referring them to secondary health care specialists. However the study did not provide adequate evidence for these conclusions. A second study concluded that health status rather than ethnicity or social class predicted service use.

10.2 Barriers to access

50% of the young people said that no barriers existed for them. 5% said that one barrier was that they would like to be treated by a doctor of the same gender as them. (45% didn't answer this question). When asked specifically which particular gender would they want to discuss their health problems with 30% said the same gender, 20% said they didn't mind, 10% the opposite gender, and 20% didn't know In the focus groups young people said that if the patient is a girl and the doctor is male they would feel uncomfortable.

They also felt that increasingly more BME young people do not want to go to a GP who shares the same cultural background. Another young person said “it does not matter as long as young people have not met the doctor before.” Another young person said “they must be given the choice to keep the information confidential, or pass it on to the parents.” One commented that young people might be embarrassed about their problems or are afraid of being judged because of differences in culture. Another commented that he might not be allowed to go to the health service as his parents might stop him.

For some issues relating to culture prevented them from going to the health centre. Barriers were therefore felt by some to be related to culture. However out of 56 participants, 38 young people (68%) said that culture does not act as barrier to use of health services, and that peer pressure is the real cause of any rise in health problems. The argument was - since their culture does not allow smoking, drinking, and other activities, which can harm health, their culture prevents them from falling prey to certain diseases. However peer pressure can be the real cause of illness. This dilemma was summarised as – “If we are afraid of GP’s, of parents, then where must we go?”

Another barrier to accessing health services is related to accents. Though, they are fluent in English, having different accents they believe make front-line staff not attend to them properly. They said they wanted to be made welcome and taken seriously by doctors and their staff.

Questions: When you use health services with whom do you prefer to discuss personal health issues?
Prefer to get advice from same gender doctor.
More anonymity with Asian doctors, they must not let their families know, they must keep information confidential; They are shy to find about (diagnosed) HIV or cancer; Parents might come to know; For pregnancy can be a problem as he might tell the parents, but going for a blood sample is okay; people might give you a name...
Young people are afraid of being judged; as a teenager you feel you won’t be taken seriously; They think if we don’t speak like them English.. it’s embarrassing, they don’t take young people seriously, laugh at them.
Doctors must realize that young people are afraid to talk to them, and must improve upon their skills in communication; Doctors must learn how to make the young people more comfortable.
You have to make appointment first than wait for two weeks (this is a disincentive)

A number of studies e.g. Barr et al (2002) have identified lack of culturally sensitive and linguistically appropriate services and information. Mirza (1995) reported that in sexual health and service provision, there is a lack of knowledge and cultural understanding of young people with different religious beliefs.

10.3 Experience of use of health services

Only 60% had experience of using health services. Among users the general perception was that they were satisfied with the quality of services. Many said that the service was very good, they received a lot of information from it, and they felt reassured. Other comments included the following.

> ***Question: What was the level/quality of the service?***
> *It was scary but then they are there to help; Very good learnt a lot from it.*
> *Felt better and reassured; They should provide more information about health issues, other than that these services were good.*

This suggests general satisfaction with services compared to the report 'Missing Link' published in 2004. This study highlighted a breakdown in relationships between young people, doctors, and health services, as GP's didn't take their health concerns seriously and were not attentive enough. Also there was a perception of unequal treatment, as more care was felt to be given to the elderly.

Key Findings: Experience of use of health services

- Information on health risks for BME young people is not adequately addressed by schools.
- BME young people are concerned about cultural and other issues that act as barriers to accessing health services, and wish to be helped irrespective of differences in accents, appearance, and age.
- The issue of confidentiality between young people and GPs needs further discussion with young people and reassurances given to them by their doctors.
- A significant minority of BME young people (40%) do not access health services and lack knowledge or awareness of services. Action is needed to encourage uptake of services by this section of BME young people, who are unaware of certain health risks.

SECTION FIVE

CONCLUSIONS AND RECOMMENDATIONS

The main finding from this study are that BME young people face specific health issues and barriers to access of services and health challenges which rage from doctor/patient relationships, lack of appropriate health information and advice, culture and peer group pressures.

- Only 60% of the sample of BME young people are health service users and 90% don't know about social work services
- The health issues they are concerned about are related to diabetes, alcohol and drugs, depression and stress, sexual health, and obesity
- 30% want to be treated by a doctor of the same gender and 10% a doctor of the opposite gender

Doctor/Patient Relationships

- BME young people feel that health facilities should be more welcoming and that frontline staff and practitioners at clinics should take them seriously. They stated there should be better communication between doctors and themselves as they are concerned about being judged.
- Fear of parents learning of their medical issues results in most of the BME young people demonstrating reluctance to go to the clinics, and partcicularly to doctors sharing the same cultural background. If the opportunity is provided they would like to know when information will be passed to their parents.

Lack of Appropriate Health Information and Advice

- BME young people want more information in schools on services which can support them in fighting addictions, preventing sexual health diseases and stress, promoting healthy eating, and health problems related to blood pressure, hair loss, spots, teeth, and in tackling peer pressure and racism
- They feel there is a need to raise the general level of awareness of BME young people including more appropriate health promotion such as in relation to sexual health
- From the interviews, which were conducted with the health, social work and youth services in the Southside of Glasgow, there are concerns about engagement with BME young people (as hard to reach) and experiencing mental health problems

Culture Versus Peer Group Pressure

- Culture is not a barrier for young people in accessing services, except for those devout in their faith. Most of the sample felt that peer pressure is more important than culture in affecting health attitudes, and may be a cause of increase in ill-health. In some cultures and religions (Hinduism Islam, Sikhism, Judaism) young people are not permitted alcohol, engage in pre-marital sexual activity. However as a trend has been set by someone in from their peer group they feel obliged to follow, and fall prey to smoking, drinking, and involve themselves in activities which harm their health.

Recommendations:

1. Mainstream services require to be more inclusive of BME young people, by using dedicated workers and outreach health promotion work through schools and clubs where BME young people meet

2. Cultural Diversity Training should be accessed by mainstream health service providers

3. Health Promotion at Schools must include a Needs Assessment of BME young people

4. Improvements in signposting of health promotion services for BME young people are required and specifically advice services on prevention and cessation

5. Programmes on alcohol, drugs, and smoking should be sensitive to the specific health needs of BME young people

6. Further support mechanisms must be provided to enable voluntary sector organisations in bridging service provision gaps in providing preventative health education to young people from BME communities

APPENDIX ONE
QUESTIONNAIRE COMPLETED BY BME YOUNG PEOPLE

Q1: What is your gender?

Male Female

Q2: How old are you?

Q3: Are you registered with?

GP Dentist

Q4: How would you describe your health in general?

Good Very Good

Bad Very Bad

Q5: What do you understand about the term 'Health'?

Q6: In your opinion what is the most important health need of Black Minority Ethnic (BME) youth (14-18 years old)?

Q7: What do you think are the major health problems affecting BME young people?

Q8: Are you aware of any health services and health related information available in Southside of Glasgow?

Yes [please explain] No [Go to Q10]

Q9: Have you used any of the above services?

Yes [please explain] No

Q10. If your answer is Yes, What was the level/quality of service?

Q11: Which factors do you consider have an impact on your health?

Q12: Are you aware of any social services and social care related information available in the Southside of Glasgow?

Yes [please explain] No [Go to Q14]

Q13: Have you used any of the above services?

Yes [please explain] No

Q14: What was level/quality of the service? If your answer is Yes .

Q15: Tell us about your experiences while accessing health services in Southside of Glasgow

Q16: When you use health and social care services (doctors, nurses, social workers) with whom you prefer to discuss personal health issues - professionals from?

1- Same gender
2- Opposite gender
3- Don't mind
4- Don't know/ never used services

Q17: Among the options listed below, please describe your ethnical background?

African	□	Bangladeshi	□
Caribbean	□	Chinese	□
Indian	□	Pakistani	□
other	□	please state which_________	

Q18: Have you faced any barriers when accessing health and social care services?

Q19: Have you ever participated in any discussion forums on health?

Yes No

Q20: Are you willing to participate in health discussion forums and if so in what capacity?

Yes [please explain] No

APPENDIX TWO
FOCUS GROUPS QUESTIONS

Question 1 Please give the definition / meaning of "**Health**"

- What do you understand by the term Health?
- What is the new definition of Health, according to W.H.O, do you agree with this new definition?

Question 2 Which is the most important health issue for BME young people, 14-18 years, living in Southside side of Glasgow?,please list few Are there any other health issues?

- Please specify what are the deciding factors to make a health issue important?

Question 3 Is there health and social care services and information available to meet the health needs of BME young people?

- If yes than give us an example if no then what services and information do you think are missing for young people.

Question 4 What is the most important reason for BME young people, not using these services, please identify and list barriers.

- Please tell us the reasons for not using these services. How do they become a barrier?

Question 5 What measures are needed to address your health needs?

- What steps are needed to be undertaken by healthcare service providers, to bridge the gap

Question 6 Do you think your cultural background has any effect on your health needs?

- Can you link your cultural backgrounds and health needs?
- Do you feel that different cultural practises can cause or be related to raise of certain health needs?

Question 7 Have you ever participated in discussions on health?

- Did you take part in any event, or programme, where you discussed health?
- Would you like to take part in such activities?

APPENDIX THREE
SERVICE CONTACTS IN SOUTH SIDE OF GLASGOW

The mapping exercise focused on youth services available within the Southside of Glasgow areas of G41 and G42

G41 area: Pollokshields, Maxwell Park, Langside, Greater Shawlands

G42 area: Govanhill, Toryglen, Queens Park, Dumbreck, Battlefield

Name of organisation, address	The Services They Provide
Youth Counselling Services Agency (YCSA) 11 Forth Street, Glasgow	Counselling, advocacy, advice, courses (BME youth aged 10-24).
Govanhill Workspace 69 Dixon Road Glasgow	Health guidance to 11-18 yrs olds living in the area Workshops on mental, sexual, and general health
Future Visions Youth Group Forsyth House 151 Coplaw Street Glasgow	Issues based youth group with a diverse programme base No age limit
Govanhill Youth Project 72 Butterbiggins Road Glasgow	Improving skills and self-esteem Group and street and drop in

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FOOTNOTES

1. WHO (1998) *Social Determinants of Health – The Solid Facts*. Copenhagen: Centre for Urban Health, World Health Organisation

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5. University of Leeds (2002). A Health Needs Assessment of Black and Minority Ethnic Children's Needs. Leeds Children & Families Modernisation Team and Leeds Health Action ZoneUniversity of Leeds UK www.leeds.ac.uk/disability-studies/projects/leedshna.htm Other groups affected are_'looked after' children, children in single parent households or households with low incomes, children experiencing abuse and/or domestic violence, children from homeless families, and children with learning difficulties and/or impairments,

6. Health Needs Assessment 2006: Children and Young People. National Public Health Services for Wales, UK.

7. Health Needs Assessment Report: People with Learning Disabilities in Scotland, 2004.

8. Greater Glasgow Primary Care NHS Trust (2003). A snapshot of services and provision to people with learning disabilities from ethnic minority communities: a preliminary mapping exercise for Greater Glasgow, UK.

10- 20 .BME young people completed questionnaires and 56 took part in focus groups