NHS
YCC Report

Project Evaluation, Conclusion & Results

05/04/2023 – 28/11/2023

**- Youth & Community Connexions - Project Evaluation, Conclusion & Results -**

Our programs have been set up to inspire, motivate and enable young people to learn, develop and implement change in their local communities, we did this through offering tailored support to young people, signposting people to relevant support services whilst also giveing the young people the appropriate tools to develop their own resilience, conflict management and communication skills. This process also highlighted a general sense of disconnection amongst the local diverse demographics, cultures, and ethnicities, alongside with a strong negative perception of the environment due to its high levels of anti-social behaviour and criminal activities.

Part 1 - Project Introduction

in this evaluation and results document, we will go over the methods that we use to evaluate this program and the outcomes that have arisen as a result of us being commissioned by the **NHS** to support, engage, gather feedback **/** information and refer young people and members of the community. We feel like there are many intersecting themes that our organisation shares with this fund / contract for example, our organisations overall aim is to carry out activities which benefit the community and in particular **(**without limitation**)** to children and young people age between **8** to **25**. Our programs and activities are codesigned by the young people for the young people and are aimed at preventing violence happening or reoccurring, so that we can reduce long-term harm.

To do this effectively our organisation runs a variety of activities, designed to be used as **'hooks'** by this we mean projects where the positive activity is used to engage young people with additional interventions or support, such as therapies, skills development programs, mentoring, 1-1 support, signposting and more. It is within these positive activities that we interweaved a majority of our projects feedback, collation information, project signposting and more. To enable us to engage with the wider community we had to design and implement a **two** phased interlinking support program which consisted of Detached youth work response programs & street / center based positive activities.

Through good practise our team have developed some specialist engagement tactics which derive from personal experiences and through forming positive attachments which each person we engaged or work with ensuring that all attendees feel accepted and appreciated and that they all bring value and are valued. Due to the multitude of ever evolving issues, concerns & community escalation events/situations our team has had to in build a dynamic approach, which enables our team to be reactive to immediate issues within the community. Our consistency in this has meant that individuals have been able to build a relationship with us creating trust and mutual respect making it easier for them to give them support.
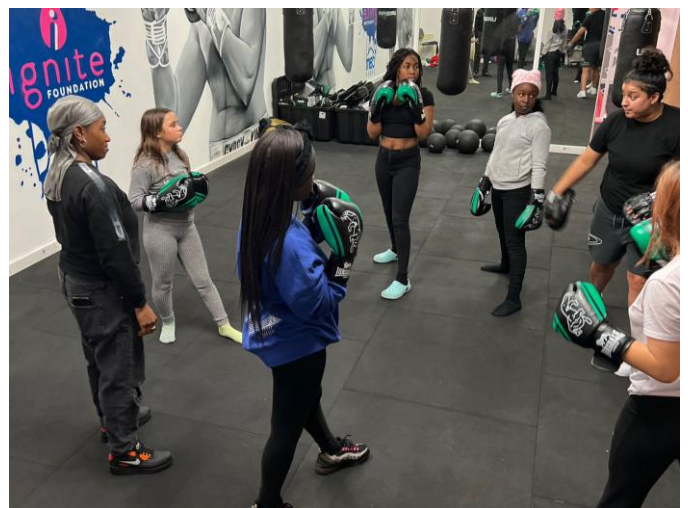
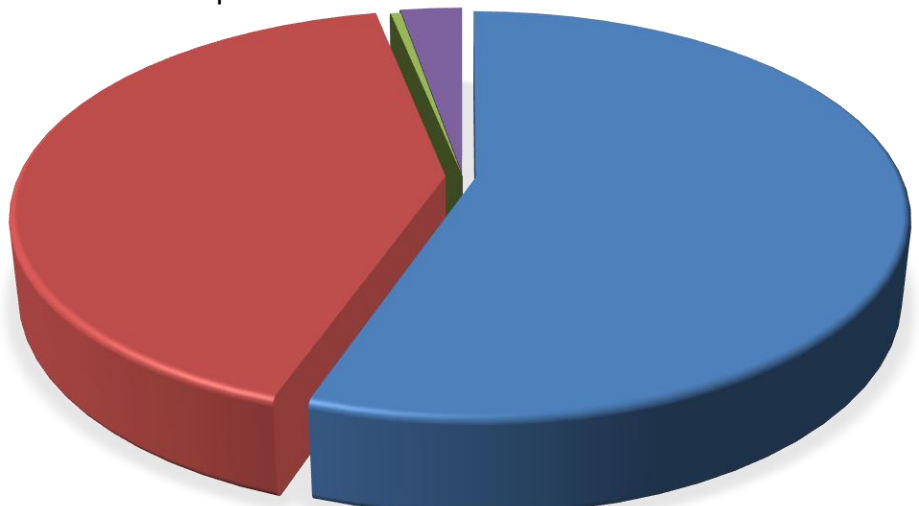## Part 1 - Project implementation and description

Within this contract/grant we ran our bespoke community lead research & engagement approach, which was separate from and complementary to the other engagement work undertaken by the **Enfield Borough ICP.** To do this effectively we worked collaboratively with **6** of our partners to lay the foundation for a workplan that will enable us to understand local people's opinions and experiences supported by demographic information that can help support the **Enfield Borough ICP's** population health approach. We used the skills and experience of our current community partners and the local people they know and work with as an asset to explore solutions and improvements in health and social care.
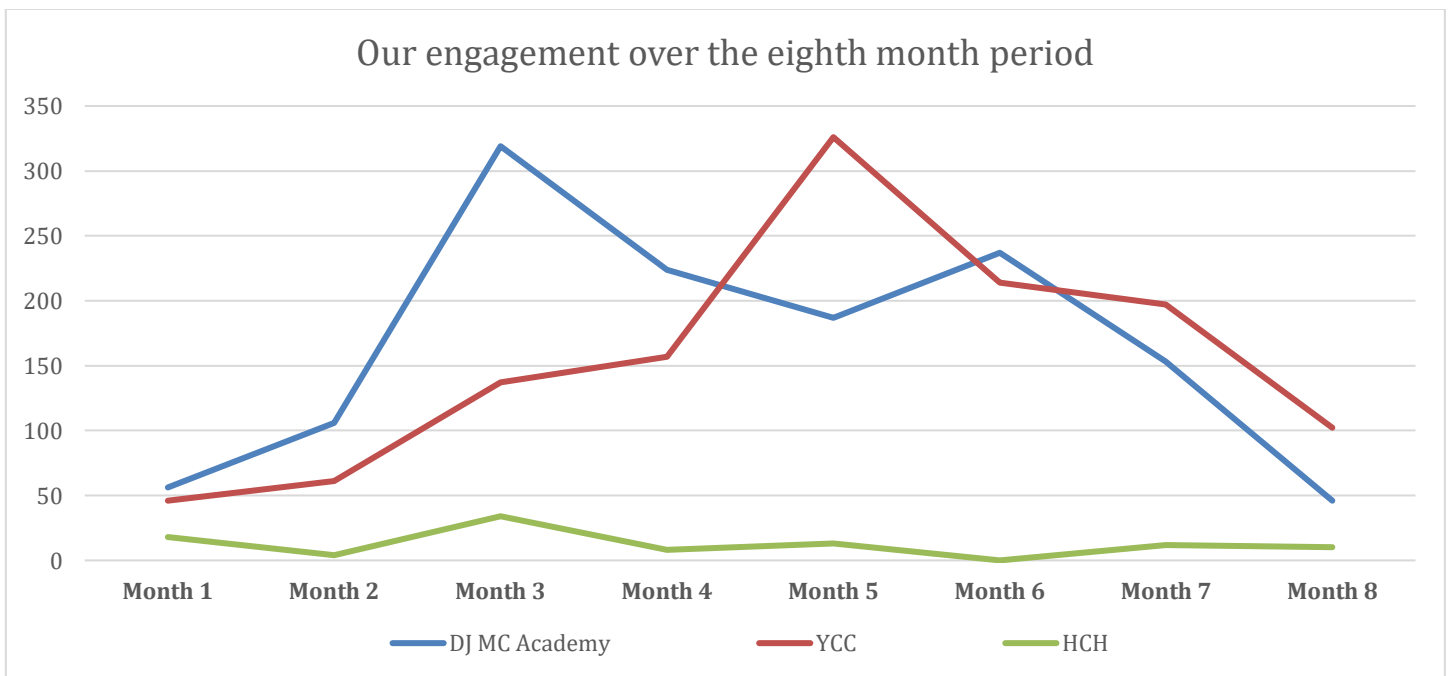
Our partners worked with us to engage with and support open conversations and engagement with **2,453** young people and **214** adults, our community engagement enabled us to identify and explore key inequalities around reach, access, outcomes and experiences.

Sex of respondents	
Female	1,476
Male	1,106
Non-binary	12
Prefer not to say	73

Ethnicity

African	**146**	Latin American	**41**
Albanian / Greek	**263**	Pakistani	**59**
Congolese	**112**	Polish	**97**
Trinidadian	**72**	Portuguese	**115**
Bangladeshi	**126**	Somali	**186**
Cypriot Turkish	**91**	Sudani	**9**
Eritrean	**54**	Syrian	**63**
Ethiopian	**26**	Black British	**368**
Greek or Greek Cypriot	**162**	Turkish	**76**
Iraqi	**32**	Did not say	**518**
Kurdish	**51**	Total:	**2,667**

Age of Respondents

11-18	18-25	26-49	50-64	65-79	80+	Did not say	Total
1,624	**467**	**64**	**98**	**36**	**0**	**378**	**2,667**

Disability

Yes	No	Did not say	Total
328	**1,678**	**661**	**2,667**

Long Term Health Condition

Yes	No	Did not say	Total
198	**597**	**1,872**	**2,667**

At **Youth & Community Connexions** our street-based outreach team are trained to be able to engage and hold sensitive conversations with groups often deemed hard to reach or volatile, our team have vast experience of talking young people out of either being involved in or from carrying weapons and or from involving themselves in altercations with rival groups. This is why within this contract we wall deploy our professional street-based outreach team to engage with people throughout the targeted geographical areas. Our team went out **4** days a week on Tuesdays, Wednesdays, Thursdays from **3:00pm** to **7:00pm** and Saturdays from **1:00pm** to **5:00pm**.

Our team and delivery partners engaged with individuals to find out if there is equitable access to health services for all of the diverse Enfield population, whilst addressing any specific barriers to accessing traditional health services that certain people and communities face. Our team also listen to local voices about: their life experiences, what matters to them in terms of living well, their experience of accessing care and services. Our team and partners made sure they were dynamic and adaptable to change which enabled us to dynamically tweak, adjust or change the scope of the work, to meet the needs of the contract holder.

With reference to planning, monitoring and evaluation, this will be performed in accordance to the different types of activities, these would include: Evidence of need, Established aims and objectives or learning outcomes, The involvement of people in long & short term planning, Forms & procedures for recording session attendance & personal data, A balance of recording & monitoring both qualitative & quantitative information, Interim progress evaluation, Regular staff review & debrief procedures, Evaluation procedures for young people, staff and other stakeholders at the end of the session.

Within this program our goal was to collaborate with and amplify the voice of local communities particularly those who experience high inequalities (in reach, access, outcomes or experiences) to identify unmet wellbeing needs, whilst also meeting communities where they are, so we can raise issues which matter to them and set outcomes which are meaningful for their lives. Our team focused a majority of our engagement work within those communities we know are struggling, have high crime rates & have lower level of trust / confidence in the NHS and other statutory services. Within this application our partnership focused on creating opportunitys for open 'conversations, in safe, secure, open and accessible ways. Some of the specific themes our team focused on consisted of:

> **What does health and wellbeing mean for people's lives,**
> **What are the ways they want health and wellbeing to improve for themselves, their families and communities,**

Community events and coffee morning

Our Community Coffee Mornings have yielded a multitude of outcomes, spanning primary, secondary, and tertiary levels. These outcomes extend beyond mere data collection by our team; they foster meaningful connections and friendships among attendees. A significant achievement of these gatherings has been the bridging of generational divides. Through shared experiences, older and younger participants have exchanged knowledge and gained mutual understanding, significantly enhancing health and well-being across the community. Feedback from older adults highlights increased confidence and self-esteem, stemming from their interactions with younger attendees.

These intergenerational exchanges often involve sharing life stories, music, and travel experiences, which has been particularly valuable for those who, due to personal circumstances, face isolation or lack family connections. The weekly coffee mornings offer a much-needed social outlet, contributing to improved mental health and a sense of belonging. Participants have reported a profound impact on their mood and social well-being. Engaging with diverse cultures and backgrounds during the coffee mornings has reduced feelings of seclusion, fostering a sense of inclusion and community. Furthermore, these gatherings serve as a vital conduit for staying informed about local developments, enhancing participants' connection to their community.

As organizers, we have observed the evolution of these coffee mornings and community events into a vibrant, diverse social hub. Regular attendees, along with newcomers, find a welcoming environment akin to a familial group. This initiative has not only provided a structured social framework for our community members but has also given valuable insights for our ongoing collaboration with the NHS program. In summary, our Community Coffee Mornings have become a cornerstone of social interaction

and community bonding, far surpassing our initial expectations. These gatherings have not only facilitated the collection of valuable data and insights but have also played a crucial role in forging deep, intergenerational connections within our community.

The feedback & experiences shared by participants spanning various ages, cultures, & backgrounds have highlighted the profound positive impact these events have had on individual and collective well-being. The reduction of isolation, the enhancement of self-esteem among older adults, and the creation of a vibrant, inclusive social atmosphere are testament to the success of these initiatives. As we move forward, the rich tapestry of thoughts, opinions, and stories gathered from these events will guide us in tailoring our efforts to further nurture and strengthen our community bonds. This document will next delve into the detailed insights and opinions collected, showcasing the heart-warming and transformative power of our Community events and Coffee Mornings in shaping a more connected, healthier, and happier community.

- **Concerns About Personal Data Usage**: "Why should we trust you with our information? What's in it for us?"

- **BAME Community's Experimentation Fears:** "Do doctors see us as mere guinea pigs, experimenting due to a lack of understanding about our unique biological makeup?"

- **Frustrating Appointment Systems:** "Why must we endure over 20 minutes of waiting on the phone, only to be told there are no appointments available?"

- **Inconsistent Medical Care**: "Why do we have to repeat our medical history over and over to different doctors? Where's the continuity in our care?"

- **Medication Mismanagement:** "Shouldn't doctors be aware when they prescribe medications that are wrong or unavailable?"

- **Difficulty in Securing Same-Day Appointments:** "Why is it so challenging to get a medical appointment when you need it the most?"

- **Reception Staff Conduct Issues:** "Are receptionists' negative attitudes and misinformation contributing to our healthcare woes?"

- **Extended Hospital Waiting Times:** "Why do we have to incessantly chase up hospital appointments, stuck in an endless waiting game?"

- **Feeling Dismissed by Doctors:** "Why does it often feel like doctors are downplaying or ignoring our concerns?"

- **Missed or Delayed Diagnoses**: "How are doctors missing or delaying crucial diagnoses?"

- **Nursing Staff Attitude Problems:** "Why are some nurses perceived as rude and uncaring, providing incorrect information?"

- **Inaccuracies in Blood Test Results:** "Can we really trust the accuracy of blood test results taken at the surgery?"

- **Accessibility Issues for Disabled Patients**: "With the closure of many departments, how are disabled individuals supposed to access healthcare facilities not equipped for their needs?"

- **A&E:** young people feel like it takes too long to get triaged. Sometimes we're waiting up to 8 hours to be seen in A&E.

- **Cultural Misunderstandings in BAME Healthcare:** "Are cultural differences, like raised voices in conversation, leading to misdiagnoses of mental illness in the BAME community?"

- **Concerns Over BAME Maternal Mortality:** "Why is there a higher maternal mortality rate among BAME women, and can we trust the explanations provided?"

- **Elderly Neglect During COVID:** "Did the older generation receive less medical attention during COVID, leading to a higher mortality rate?"

- **Need for Hospital Upgrades and Cleanliness**: "Why aren't hospitals modernized and maintained with higher cleanliness standards?"

- **Communication of Test Results:** "Shouldn't surgeries proactively inform patients about important test results, especially when they indicate serious conditions like cancer?"

- **Strict Appointment Cancellation Policies:** "Is it fair to cancel patient appointments for being 15 minutes late, especially when doctors often run late themselves?"

- **COVID Vaccine Mistrust:** "How did the rapid development of the COVID vaccine contribute to public mistrust?"

- **Communication:** sometimes if you have a language barrier, you may find it hard to engage or get adequate support
- Generational mistrust

- **Rumours:** There were constant rumours about how hospitals are unsafe and a breeding grounds for diseases. This leads to people not wanting to stay or go to hospitals.

- **youth workers:** Why are there no youth workers in hospitals, to support the young people within the hospital and A&E

- **Vaccine-Related Death Concerns:** "Why can't healthcare providers be held accountable in cases where vaccines are believed to cause deaths?"

- **General Vaccine Distrust:** "Why is there ongoing distrust in vaccines, be it the flu shot or others, due to recurring issues?"

- **Over-Prescription of Medication:** "Why do doctors seem to push medications instead of exploring alternative treatments and listening to patient concerns first?"

- **Hospital Overcrowding**: "Why are patients left waiting in corridors for extended periods?"

- **Ward Allocation Delays:** "What leads to the long hours patients spend waiting to be assigned a ward in hospitals?"

- **Slow Ambulance Response Times:** "What causes the delay in ambulance services, crucial for emergency patient transport?"

- **Excessive Hospital Parking Fees:** "Why are parking fees so high, especially for patients who need to visit the hospital daily?"

- **High Hospital Food Prices:** "Why is hospital food so expensive, adding financial strain to patients and families?"

- **Patient Complaints About Hospital Food:** "What is causing dissatisfaction with the quality of food provided to patients in hospitals?"

- **Costs for Hospital TV Access:** "Why must patients bear the cost of watching TV in hospitals, a basic comfort many can't afford?"

- **Access to Services:** Difficulty in getting GP appointments, long waiting times for specialist consultations or surgeries, and inadequate access to mental health services.

- **Quality of Care:** Concerns about the level of care provided in hospitals and clinics, including issues with treatment effectiveness, patient safety, and staff professionalism.

- **Communication:** Challenges in communication with healthcare providers, including lack of clarity in explaining conditions and treatments, and difficulties in getting timely information.

- **Facilities and Resources:** Issues with the condition of medical facilities, availability of necessary medical equipment, and adequacy of staffing levels.

- **Chronic Disease Management:** How effectively chronic conditions like diabetes, heart disease, and asthma are managed, including preventive care and ongoing support.

- **Mental Health Services:** Accessibility and quality of mental health services, including support for depression, anxiety, and other mental health conditions.

- **Elderly Care:** Quality of geriatric care, support for age-related illnesses, and provision of home care services.

- **Children's Health Services:** Concerns specific to paediatric services, including vaccination, developmental checks, and treatment for common childhood illnesses.

- **Patient Support and Education**: Provision of support groups, educational resources, and guidance for patients and their families

- **Equity in Healthcare:** Addressing disparities in healthcare access and outcomes among different population groups, based on factors like ethnicity, income, or disability

Throughout the entirety of the project us and our delivery partners have created a wide range of information force and opinions which are now broken down into sub categories. The structure of these discussions has been carefully designed to provide the **Enfield Borough Integrated Care Partnership (ICP)** with deeper insights and a more comprehensive understanding of the various factors influencing local health outcomes. This includes an exploration of:

Understanding why residents have resistance and/or poor uptake of screening & immunisations
Historical Mistrust: Some of the Communitys we have been engageing with have said to us that they have historical reasons to distrust medical systems due to past experiences of: language barriers discrimination, non-supportive or culturally aware doctors and medical staff.
Misinformation and Disinformation: The rapid spread of misinformation and disinformation about COVID-19 and its vaccines on social media and other platforms has played a significant role. False information about vaccine safety, efficacy, and side effects has fuelled people's fears and scepticisms.
Historical Mistrust: Some communities/people have expressed to us that they have a deep-rooted distrust towards the medical community and government health initiatives.
COVID-19: In some cases, political and ideological beliefs have influenced people's opinion about the vaccines. In certain parts of Enfield, the vaccine has become a polarizing issue, entangled with political identity & personal freedoms.
Lack of Clear Communication: Inconsistent messaging from authorities and changing guidelines,
Rapid Development and Approval of Vaccines: The unprecedented speed with which COVID-19 vaccines were developed and approved led some to question their safety and effectiveness
Fear of Side Effects: Concerns about potential side effects, both short-term and long-term, have made some people hesitant.
Cultural and Religious Beliefs: In some cases, cultural or religious beliefs may influence attitudes towards vaccination. People have said because they are unclear about the ingredients or production methods it may conflict with their personal beliefs.
Access and Convenience Issues: For some, practical barriers such as access to vaccination centers, time off work, or transportation have also contribute to their vaccine hesitancy.
Social Influence and Peer Networks: Residence have said to us that on multiple occasions, they have looked to their social networks, pastor and communities when making health decisions. If misunderstanding about screening & immunisations is prevalent in these networks, it can reinforce individual hesitancies.
Vaccine Hesitancy: before COVID-19, vaccine hesitancy was and is a issue for various vaccines, driven by concerns over safety.
Communication Barriers: People that struggle with communication issues, stutter, speech and language difficulties have said repeatedly that they have struggled with Ineffective communication from health authorities, language barriers, or a lack of culturally sensitive information has led to repeated misunderstandings.
Accessibility Issues: Difficulty in accessing healthcare services, whether due to location, transportation, or physical barriers.
Socioeconomic Factors: Economic challenges, such as lack of time off work or childcare, has prevented individuals from attending appointments.
Costs: concerns about the cost of healthcare,
General Mistrust in Government and Institutions: for some people, distrust in the healthcare system is part of a broader mistrust in government and institutional structures.

Poor mental health experiences.
Long Waiting Times: Multiple individuals have said they have experienced long waiting times for appointments or treatments.
Inadequate Support or Follow-up: Over **520** participants have mentioned that they have had a lack of adequate support or follow-up care post-treatment.

Personalized Care: People have mentioned to our team that their care is not personalized to their needs, leading to a sense of being misunderstood or neglected.

Participants having Difficulty in Accessing Services: People have said to us that they are and have had issues accessing different services due to confusing referral processes and lack of information about what to do.

Lack of Continuity in Care: Multiple individuals have said that they have had an issue with lack of continuity due to different doctors or nurses or medical individuals. Seeing them meeting them going from different hospitals, i.e. chase farm, North mid or other places and information not being shared.

Barriers to accessing services (including urgent care).

Mistrust and Past Experiences: Multiple adults and young people mentioned to our team that due to Negative past experiences with healthcare providers or a general mistrust of medical professionals can prevent young people from seeking care when they need it Also historic family mistrust passed down from parents or relatives can and are also impacting on young people's experiences.

Lack of Tailored Services: Services that are not specifically tailored to the unique needs of young people might seem less approachable or relevant to them. Young people have repeatedly mentioned to us that they feel like NHS and mental health services are not appropriate or fees to their age range ones that try to be appropriate tend to make it to kiddie.

Waiting Times and Bureaucracy: Long waiting times for appointments or treatments, as well as perceived bureaucratic hurdles, can be discouraging for young people, sometimes I don't understand why certain things are happening, and the reason why there is long times.

Financial Constraints: Even though NHS services are generally free at the point of use, there might be associated costs (like travel or prescription charges) that are be a barrier for some young people.

Fear and Anxiety: Fear of the unknown, fear of being judged, or anxiety about medical procedures can deter young people from seeking help, especially in urgent care situations.

Digital Divide: As more services move online, those without reliable internet access or digital literacy skills are finding it harder to access these services.

Cultural and Language Barriers: Young people from ethnic minorities or non-English speaking backgrounds face difficulties due to language barriers or cultural differences in understanding and accessing health services.

Accessibility and Convenience: The location of services, opening hours, and the ability to get an appointment can be barriers. Young people with busy schedules due to school, college or work might find it difficult to access services that are not open during convenient times. We also have issues with gang affiliated young people, not being able to cross different postcodes to access certain services

Perceived Stigma and Confidentiality Concerns: Concerns about stigma, especially regarding mental health and sexual health services, are deter young people from seeking help. They might also worry about confidentiality, fearing that their health information might not be kept private from their parents or carers.

Awareness and Information: Young people are aware of the services available to them or how to access them. This lack of information can be a significant barrier, especially in navigating which services are appropriate for their needs.

Complex Health Needs: People with complex or multiple health issues might find it challenging to navigate the healthcare system and coordinate their care. Especially when different services aren't speaking to one another, and young people have to explain the situation over and over again to different people.

Stigma and Discrimination: Stigma associated with certain conditions or communities can prevent individuals from seeking help due to fear of judgment or discrimination, from their friends and Community.

Cultural and Language Barriers: People from different cultural backgrounds or those who speak different languages may find it challenging to communicate their needs or understand the information provided by healthcare providers.

Mental Health Issues: Young people with mental health issues find it really difficult in keeping to appointments. They may be going through crisis and that means that they are unable to attend that meeting or two meetings in a row which sometimes means that other appointments get cancelled and changed.

Trust and Past Experiences: Negative past experiences with healthcare services can lead to distrust and reluctance to seek help in the future.

Digital Divide: Unfortunately, some families don't have access to a phone or the Internet which makes it almost impossible to book appointments online or to make appointments or amend their appointment time.

New ways of accessing care in the post pandemic health service space.
Appropriate language: train doctors, and health technicians on where they can engage with, and have positive conversations without use of jargon.
Training for Healthcare Professionals: Provide specialized training for healthcare professionals on the needs and challenges faced by gang-affiliated and hard-to-reach youths.
Mobile Health Clinics: Deploy mobile health units to areas where these young people congregate. These clinics can offer basic health screenings, vaccinations, and referrals to more specialized care. It would be good if these units also had trained Youth workers to help facilitate tricky conversations.
Sports and Arts-Based Programs: Utilize sports, arts, and other interest-based programs as a way to engage young people and incorporate health education and services within these activities.
Culturally Sensitive Services: culturally sensitive and relevant, taking into account the diverse backgrounds of young people in Enfield.
Anonymous or Confidential Services: Offer anonymous or confidential health services, which can be crucial for young people concerned about stigma or repercussions from their peer group.
School-Based Health Services: Implement relatable health services within schools, including counselling and mental health support, which are easily accessible and can be part of the school day.
Use of Social Media: Leverage social media and digital platforms to reach young people where they are. This could include health promotion campaigns, online consultations, and digital health resources. Whilst also utilizing TikTok Instagram and more to create short, engaging content to help promote positive awareness.
Collaboration with Community Organizations: Partner with local community organizations, youth clubs, and charities that already have the trust and engagement of these young people. Joint programs can possibly include health education and direct service provision.
Peer Outreach Programs: Train and employ young people from similar backgrounds as peer outreach workers. They can better relate to and engage with their peers, breaking down barriers and building trust.

What services children and young people need.
Health Promotion and Education: Programs and initiatives to promote healthy living, like smoking cessation, healthy eating, and exercise. Run by medical professionals and youth workers.
Vaping: is vaping safe, or is it not safe? what are doctors and medical professionals thoughts.
Dynamic Training: Youth lead and appropriate training in schools, youth centres and colleges about what to do in real life health issues, not just CPR, but other things for example, what to do if someone gets stabbed how to tie a Tourniquet, how to do the Heimlich manoeuvre.
Youth programs: workshops, seminars, or information sessions that educate students about the services available through the Enfield Borough ICP.
Consultation: Community engagement, Catherine fortune opinions of young people, not just as a one-off tick event

Collaboration with Schools and Educational Institutions: Work in collaboration with schools, colleges, and universities to reach young people.
Shows the young people that their opinions and experiences are valued: Regularly collect feedback from the youth who access the services and use this feedback to make continuous improvements.
Inclusive Marketing and Communication Strategies: Use marketing and communication strategies that resonate with young people from diverse backgrounds. This might involve using inclusive language and imagery, as well as highlighting how the services cater to various needs and concerns of young people.
Confidentiality and Trust Building: Emphasize confidentiality and build trust. Many disenfranchised youth are wary of authority figures or institutions. Assuring them of confidentiality and consistently demonstrating a non-judgmental, supportive approach can help build trust.
Accessible and Youth-Friendly Services: Ensure that the services are youth-friendly and accessible. This includes having flexible hours, a welcoming environment, and staff trained in youth engagement. Making the process of accessing services as straightforward and non-intimidating as possible can encourage participation.
Digital Platforms: Tailoring the content to be relatable and relevant to their concerns and interests can increase engagement.
Social Media: Engage with young people on platforms they frequently use. This could involve creating informative and engaging content on social media, online forums, and other digital platforms popular among the youth.
Peer-to-Peer Programs: Utilize peer-to-peer outreach, where young people who have successfully engaged with ICP services share their positive experiences with their peers. This approach can be particularly effective as it uses relatable figures to communicate the benefits of the services.
Community Outreach and Engagement: Develop strong relationships with community leaders and organizations that already have the trust of these young people. This can include local youth clubs, schools, religious institutions, and community centres. These organizations can act as intermediaries, introducing and recommending ICP services in a familiar and trusted environment.
Engagement: due to the overwhelming level of needs and the fact that medical staff always busy. It comes across too young people like they don't care and it's a get in get out service. Sometimes young people feel like they need much more of a adapted service and not a one size fit all approach.