Health Inequalities Policy Programme:
Briefing Paper

Themes from engagement with a youth panel

The importance of ethnicity for understanding young people's experiences of health inequalities

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Contents

Acknowledgments

We would like to thank all of the young people involved in this engagement work, who dedicated their time to have these important conversations about race, ethnicity and health. We are grateful for their thoughtful and considered opinions that have informed our work on health inequalities.

A note on language

Throughout this report, we have capitalised all ethnicities, as per recommendations from the Commission on Race and Ethnic Disparities (UK Government, 2021).

Executive Summary

Research has found that ethnic minority groups generally have worse health outcomes compared to the overall population, yet there is little understanding about the health inequalities experienced by young people from ethnic minority backgrounds. In this engagement work, we set up a youth panel to hear the views and experiences of a small group of young people.

Young people spoke of the racism they experience in their everyday life, including negative school experiences and limited access to services where they lived. Young people frequently experience micro-aggressions in their encounters with others, which they described as "*silent assumptions*." These incidents can have a profound impact on how young people view themselves within society and how they interact with professionals. The youth panel found it empowering to have the correct terminology to describe this form of racism, which they could use as a foundation to speak up against prejudice and discrimination.

There are a number of barriers preventing young people from ethnic minorities accessing timely and high-quality healthcare services. These barriers may have direct or indirect implications for young people's health outcomes. These included:

- Racism
- Micro-aggressions
- Availability of services
- Lack of trust
- Age discrimination
- Language
- Medical training
- Representation
- Delayed access to care.

In order to overcome these barriers, the young people identified a number of recommendations to improve the health and wider lives of young people from ethnic minority backgrounds. Young people asked for Government to:

- Increase resources for local communities
- Improve education for young people on topics such as racism and health inequalities
- Provide training for professionals to better support young people from ethnic minority backgrounds
- Improve experiences of healthcare and increase 'health literacy' among young people
- Increase representation of ethnic minority groups.

While for many young people socio-economic circumstances are the main driver of differing health outcomes, for this group racism was a key driver of health inequalities. We hope that this work draws attention to the issue and improves the health and wider lives of young people from ethnic minority backgrounds.

Background: Young people, ethnicity and health inequalities

Health inequalities are the avoidable and unfair differences in health outcomes between individuals or groups. Covid-19 revealed stark health inequalities along the lines of ethnicity. People from all minority ethnic groups were at greater risk of death and hospitalisation from the illness in comparison to White British groups (SAGE, 2022). Wider research has also found that ethnic minority groups generally have worse health outcomes compared to the overall population (Parliamentary Office of Science and Technology, 2007). These worrying statistics have directed thinking on health inequalities to consider the impact of ethnicity on health more broadly. For example, the NHS Race and Health Observatory was established in 2021 to examine ethnic inequalities in health in the UK.

What this shows is that it is vitally important to recognise the role racism plays in understanding ethnic health inequalities. Racism can take many forms including discrimination, prejudice, bias and micro-aggressions. This can have direct implications on access to and experiences of healthcare. Structural racism influences employment status, housing status/ condition, education level and other factors which enable individuals to lead healthy lives. Experiences of racism can also directly impact on an individual's mental health, wellbeing and physical health.

Through the course of our health inequalities policy programme, we have sought to understand better which groups of young people are more likely to experience poorer health outcomes compared to others. Available data show the impact of deprivation on health inequalities experienced by 10-25 year olds (AYPH, 2022). However, much less is understood about the relationship between ethnicity and young people's health outcomes. As a result we reviewed the available quantitative data specifically on health outcomes by ethnicity for 10-24 year olds. This revealed clear differences across a variety health outcomes (McKeown, 2023). White British young people in the UK tend to be in better health and are living within healthier environments than their peers from ethnic minorities. The data suggested that there are particular concerns for the disparities faced by Gypsy and Traveller young people and Black young people.

However it seemed that there had been very little research focused on understanding young people's views and experiences of these issues. We know very little about the ways in which they experience the impact of race and ethnicity on their health.
In a rare example, the participation charity Leaders Unlocked established a Student Commission on Racial Justice to examine the ways in which injustice impacts on young people's lives, with over 2,500 young people aged 16-25 sharing their experiences in 2022. Although it was not specifically about health, their findings revealed that young people from ethnic minority groups report receiving lower quality healthcare because of their race, that they do not always feel believed when they are in pain and that they feel their mental health needs are either misunderstood or ignored (Leaders Unlocked, 2022).
In order to further explore the views and experiences of young people from minority ethnic backgrounds, and to understand some of the health issues raised in our earlier data report (McKeown, 2023), we have completed this small-scale engagement project with young people in the UK.

Our aim was not to provide a representative sample of views of young people from all ethnic minority backgrounds. Instead we explored a select set of young people's views by working in an in-depth way with a small number of young people. We hope it forms a solid basis for future research on young people's ethnic health inequalities.

Methods

The Association for Young People's Health (AYPH) collaborated with the Race Equality Foundation (REF) to deliver this engagement work, which took place between June and November 2022. The aim of this project was to better understand young people's views and experiences of:

- Racism, discrimination and prejudice in their everyday lives
- How ethnicity was related to health for their age group
- Healthcare services
- Solutions for tackling health inequalities.

To achieve this we set up a youth panel, which was co-facilitated with one young person who was appointed a peer facilitator. Although we had an understanding of what we wanted to discuss, there were no set research questions and the content of each of the youth panel sessions were co-designed in close collaboration between AYPH, Race Equality Foundation and the peer facilitator. It is worth noting that this youth panel was not recruited on the basis of having a long term healthcare condition, but on the basis of belonging to a minority ethnic background, so it was not known at the outset whether the group had previous experiences accessing health services.

All of the youth panels were hosted online, via Zoom, which potentially enabled young people from across the UK to attend, although in fact the majority of those who responded to the recruitment call were London-based. There was a total of four youth panel meetings involving facilitated group discussions, each of which lasted for 1.5 hours. There were also activities for young people to share their views via polls and in written feedback. To supplement this, there were a few one to one meetings with individual young people. We engaged with a total of 10 young people throughout the work. A breakdown of their demographics is available in **Table 1**.

Each of the youth panel meetings were transcribed. The qualitative data from the transcripts were thematically analysed using a coding framework to pull out the key messages within this report.

Table 1: The young people involved

Age							
	15	16	17	18	19	20	21
	2	2	2	1	2	0	1
Ethnicity							
	Black British	Black, Ghanaian	Black, Kabylie	Pakistani	Asian	Arab	
	4	1	1	2	1	1	
Geography / location							
	London	Aylesbury	Romford				
	8	1	1				
Gender							
	Male	Female	Other				
	5	5	0				

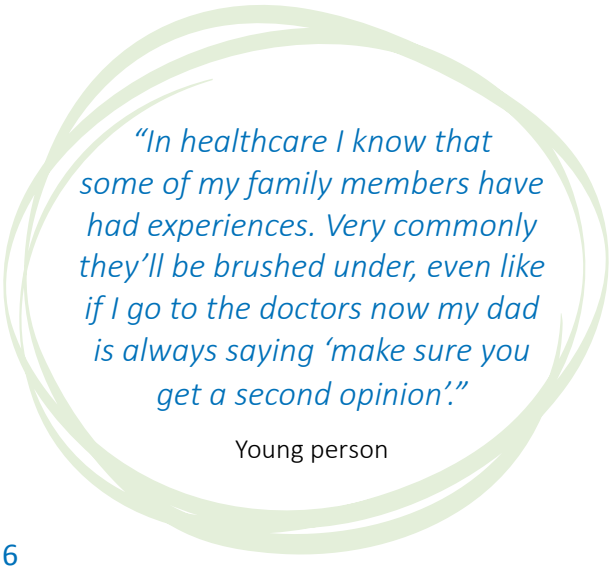
Themes from the engagement work

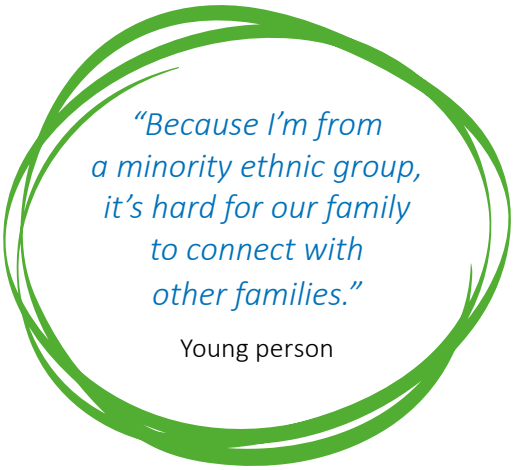
The young people who took part in our youth panel shared a range of thoughts and experiences relating to health, health inequalities and their wider lives. Here we have summarised some of the main themes that emerged. Firstly we highlight how young people on the panel felt racism affected their everyday lives, as this provides the general context. Second we explore their thoughts on ethnicity and health outcomes. Finally we look at how they feel ethnicity impacts on their experiences of healthcare.

Experiences of racism in everyday life

Experiences of racism or prejudice that were shared by the young people were most likely to be in school settings from other pupils or even teachers, rather than in healthcare settings. They spoke about how some teachers have pre-conceived stereotypes that are embedded into their thinking and teaching.

The young people also spoke of how the experiences of their family members had a direct impact on their lives and ideas. The youth panel members were acutely aware of racist episodes that had happened to their family and friends. On the other hand, they diminished their own experiences because *"it could never be as bad as [their parents and grandparents] got it"* and they reflected a sense that things have generally improved for young people compared to their parents and grandparents. However, they reported that family members had shared and passed on experiences and opinions relating to healthcare, reflecting a mistrust in healthcare professionals, due to not always being believed or not receiving the correct treatment.





The young people also commented on their particular experiences in their local area. Two members of the youth panel lived in rural locations, which meant that it was particularly challenging for them to find things to do. They discussed how there weren't many people their age to socialise with, which was compounded by belonging to an ethnic minority group as they often felt like they didn't fit in. One young person described being the only Black person living in the whole neighbourhood. For these young people, they described feeling isolated, which has a direct impact on their mental health. For those in areas with youth clubs, they felt that the current facilities available were outdated, shabby and lacking investment, and so they didn't enjoy spending their time there. We know that youth clubs provide safe spaces for young people and can be protective for mental health and wellbeing (YMCA, 2020), so we need to better understand the barriers to access as well as the other spaces which young people from ethnic minority groups find protective.

More broadly, the young people on the panel generally felt pessimistic about the future of society, which was aligned to a sense of disillusionment with and mistrust of politics and politicians. They did not feel as though politicians represented them or listened to their views. Most young people did not know who their local MP or councillors were, and for those who did they said they were mostly White. Even for politicians who were from ethnic minority backgrounds, the young people considered them to be *"out of touch"*, as their wealth and values were at odds with the young people who identified as working class.

Even where objectively it might seem like the young people had been subjected to structural racism in society, they themselves might not view it under that lens or have described it as such in the youth panel sessions. There was a sense that for something to be considered racist it would be need to be an obvious or direct incident, something that *"you know that it has happened."* One young Black person had been targeted by the police for stop and search procedures, which the literature shows are more prevalent for Black young men (UK Home Office, 2022). But the young man in our group described the stops and searches as *"nothing too big"*, creating a sense of normalisation of this interaction. Stops and searches can have a huge impact on young people's level of trust of the police (and other statutory services / professionals). It can also impact upon the extent to which young people feel safe in their communities, which could have implications for healthcare situations too.

Young people described how *"silent assumptions"*, *"prejudice"* and *"unconscious bias"* were fairly common within society though these were not necessarily considered to be *"direct racism."* As a group we reflected on the term 'micro-aggressions' to describe these experiences. Many, if not all, of the young people had not heard or used this term before but agreed that it was an accurate representation of their experiences. It was characterised as a general feeling of unease or not belonging in certain spaces or conversations. The nature of the interactions were confusing for young people and they felt like they were difficult to explain or articulate. One young person explained that *"I've had so many people say ignorant stuff that you can't even consider as racist, it's just ignorant."* These are the everyday experiences of young people from minority ethnic backgrounds, which can either consciously or unconsciously impact on young people's interactions with others and with institutions and wider society.

These incidents could be heightened for young people if they were the only person in an environment who was not White. One young person had experienced inappropriate staring from people they did not know due to the colour of their skin, *"all these families kind of looking at me, like I was an object in a zoo, like an animal."* Another young person described how they had experienced multiple people asking questions about their hair, including whether it is natural and whether people can touch it. There was a sense that White people would not encounter similar experiences.

Young people explained that it was difficult to call out micro-aggressions due to their nature, they are difficult to describe or something that you might not see happening. Young people spoke about their coping mechanisms for dealing with what they saw as day-to-day occurrences. Generally, they felt like they didn't need to report these incidences or seek out support. It was something that young people would try to forget about and deal with on their own: *"actually if it happens to you quite regular then sometimes it can feel like it's almost something that you brush off."* One young person spoke of how they adapted their own behaviour by distancing themselves from White friends or professionals and forming new relationships with other people of colour.

> *"I think racism in the UK is generally a lot like this... It's subtle and it's hard to do something about it because you can't see... If it's not completely obvious then it's hard to call someone out."*
>
> Young person

When young people had previously called out this behaviour they had typically been dismissed. Perpetrators were likely to be defensive, due to a lack of understanding of how their words or actions could be deemed as racist or offensive. Young people had been told *"it's a joke"* or *"I can't be racist, I have Black friends."* They have been accused of *"using the Black card"* when they had spoken up. One young person described how they often felt *"gas lighted"* for raising things that have offended them. These interactions add to young people's sense that it is easier to not challenge others when micro-aggressions occur and they should instead internalise their feelings. For one young person, staying silent has made them feel very conflicted as they often experience guilt.

> *"I should have stood up for myself. I shouldn't have let someone say something that's very offensive to my race. It's very hard."*
>
> Young person

These accounts of the young people's experiences of racism in their everyday lives provide the context for considering the impact of ethnicity on health outcomes and engagement with healthcare services for this age group.

Ethnicity and health outcomes

The youth panel did not have much prior knowledge about health inequalities and how this may link to ethnicity and discrimination. They noted that it is not a topic that is usually taught or covered in school.

However, they could easily talk about how the environment they lived in impacted on their health and wellbeing. They shared how the places they spent most of their free time in enabled opportunities to be healthy, by either supporting their wellbeing or allowing them to engage in physical activity. For example, they reflected that if they didn't spend much time outside of their house (playing video games perhaps) this could have negative impacts on their physical health and rates of physical activity. One young person saw the mental health benefits of spending time in nature as a place to switch off and relax – *"it's just very peaceful."* Another young person described basketball courts and football pitches as safe spaces: *"like a place where there's nothing wrong, nobody has beef, nobody's upset with each other."* But they also reflected on the possibility of not feeling safe in these spaces, at night for example.

Religious centres were another common place for young people to spend their free time and a source of wellbeing. One young person described their mosque as a hub of the community, where a lot of events take place and where they felt represented. They noted the direct impact of the mosque on their health, *"when you go there and pray there it helps to calm you and it's just a really good support for mental health."* For another young person, their church had organised a boxing programme, which they saw as good for keeping young men off the streets and engaging in physical activity.

> *"People, especially young people who face a lot of racism and discrimination would start to think they're not equal to other people and not entitled to the same respect as other people which I imagine would be a really damning headspace to be in when you need help."*
>
> Young person

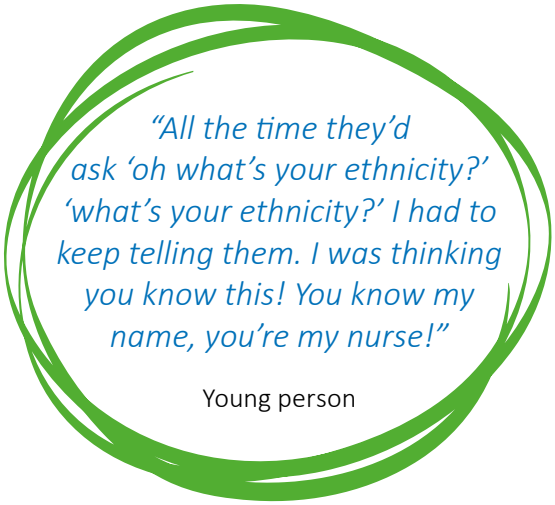
The youth panel agreed that Covid-19 had revealed health inequalities, especially for minority ethnic groups. Some of the young people reflected on how people from their communities were more at risk of illness, and how they were more likely to spend time indoors during this period in order to keep themselves and their family members safe. One young person described the impact that this had on them as they took precautions to stay safe: *"I remember just thinking it's just unfair… Why are more people like have a better chance of surviving. It kind of made me scared to go out even when things were okay".*

Ethnicity and experiences of healthcare

Initially, the young people on the panel reported positive experiences of healthcare settings. Generally, healthcare staff were described as *"professional"* and young people's experiences were *"fine"*. There was an overall sense that they hadn't come up against discrimination and that their treatment had been *"the same as everybody else."*

However, as the sessions went on more of the young people began to open up about their experiences of discrimination or injustice that they felt had had an impact on their health and wellbeing. These experiences were more likely to be raised in the one to one meetings. There was also a general awareness in the group that if young people were to have negative experiences of healthcare then this could have an impact on their future health as people may avoid seeking medical attention if they have experienced judgement or prejudice earlier in life. We also discussed how avoiding healthcare could damage a young person's physical and mental health if they did not get the immediate help and support that they need.

A quick Zoom poll during one of the youth panel meeting revealed that **two thirds of the group had been made unhappy or annoyed by a previous GP appointment** and **half had felt that doctors had made assumptions based on their ethnic identity**.



Experiences of micro-aggressions affected young people's experiences in healthcare settings. One young person spoke about an experience they had encountered with reception staff being rude to them, *"sometimes you feel that it's a bit racist."* Another young person described how the protocol of health professionals asking for your ethnicity felt like it was unnecessary when it was asked repeatedly. A different young person described their friend's experience of being declined pain medication due to stereotypes relating to Black people's tolerance of pain. This is a common trope which has unfortunately been pervasive in society for many years. Research in the US has found that racial bias and false beliefs surrounding pain perception exist and continue to shape the way in which patients are treated (Hoffman et al, 2016); research in the UK has found similar results in emergency department settings (Singhal et al, 2016).

Some young people reported that they had experienced significant delays in accessing healthcare services, due to waiting lists and being refused access. One young person reflected on how this could have a wider impact on the family if they had driven a number of hours to get to the hospital only to be declined access to care.

A number of young people described how they had become advocates for their own health by carrying out their own research into symptoms and medications, so they could ask for what they wanted in certain appointments. One young person with an ovarian cyst felt that it was only because of their mother's persistence in continually asking for a scan that they received the treatment they needed.

Barriers preventing some young people from leading healthy lives

Distilling the main messages from these discussions it was clear that the youth panel had highlighted a number of barriers that they felt young people from ethnic minority backgrounds faced that could prevent them from leading healthy lives and accessing high-quality healthcare. These barriers may have direct or indirect implications for young people's health outcomes. Some are exclusively faced by young people from ethnic minority backgrounds, although some apply more broadly to others in their age group too.

> *"If you have no choice in where you live, you should have equal access to health anywhere but that is not happening, people in my area aren't getting the healthcare they need and that's not correct."*
>
> Young person

The main barriers were:

Structural and individual racism: Structural racism influences the level of access individuals have to services and support, while individual incidents of racism also impact on physical and mental health status. The young people raised both as barriers to health in our conversations about different forms that racism can take.

Experiences of micro-aggressions: Small and difficult-to-identify forms of exclusion affected the way in which young people engaged with healthcare systems and personnel. Young people's repeated exposure to micro-aggressions is worrying, as they seem relatively commonplace within society. The cumulative impact of these could have an impact on young people's mental health and wellbeing. The youth panel described that micro-aggressions in healthcare settings can have damaging impacts, as seeking medical help can become *"like a chore"* and *"something someone dreads"* due to feeling uncomfortable.

Lack of services and resources available for young people to lead healthy lives in their communities: There were particular barriers for young people living in areas where there were lower proportions of ethnic minorities, leading to isolation and a lack of shared spaces where young people could spend time with others from their ethnic background. There were also barriers for those who were living in areas of higher deprivation, and this intersects with ethnicity in that ethnic minorities are more likely to live in less wealthy areas of the UK. As they commented, *"in areas that are poorer off, the facilities are just not as good compared to richer areas".* One young person described walking between poor and rich areas as like *"going through a border control type stuff because everything just changes."* One young person explained how the better hospital in their area served the communities living in big houses and mansions, whereas the other (*"shocking"*) hospital catered for people living in council houses. Another young person described how wealthier people can afford to access private healthcare.

Limited trust in the Government and media: Mistrust of Government and the media can have public health consequences as individuals seek alternative sources of healthcare support or guidance. We mentioned earlier that young people from ethnic minorities may feel mistrust towards police officers as a result of stop and searches. The greater the sense of mistrust of institutions across society could impact on how young people view all professionals, including healthcare staff. Some of the youth panel mentioned that they typically seek support from online spaces rather than healthcare staff. During Covid-19, we saw how misinformation about vaccine safety spread among groups when there was an existing lack of trust in the system. Black and minority ethnic groups, including young people, were less likely to receive the vaccine as a result (McKeown, 2023).

Age discrimination: The youth panel spoke about the connections between all aspects of a person's identity. Young people did not see race and ethnicity as the only important feature of their identity; they made links to their gender, religion, sexuality and age, sometimes creating multiple disadvantage or barriers to being healthy. Age was commonly cited as a barrier to receiving good quality healthcare, and it could create a double disadvantage for young people from ethnic minorities. The youth panel felt that young people are often overlooked or dismissed by healthcare professionals for faking illnesses or over-exaggerating symptoms, which would not necessarily be the case for adults, and that they were *"not taken seriously."* One young woman struggled to receive their ADHD diagnosis and recalled how one doctor had told them *"you're just stressed with your GCSEs or you just talk a lot because you're an energetic person."* Another young person with mental health concerns had previously been told *"take a bath, drink some tea and try and relax."* Not being believed by healthcare professionals also links to wider discussion around racist views relating to pain threshold.

Language barriers and caring responsibilities: A number of young people spoke of how their family members faced barriers accessing healthcare due to not speaking English as a first language. This has led to them avoiding seeking support, especially when they need to communicate over the phone. Some young people had acted as advocates for their family members, by convincing them to attend appointments and by providing translation. One young person had provided this support from a very early age, *"I had to help translate a lot of documents and stuff and I was seven so I was still learning phonics myself."* Another young person had provided an unpaid caring role for one of their family members. This may lead to the need for more of a whole-family approach to healthcare. These experiences can be an extra burden for young people who are from ethnic minority backgrounds and may mean that they are more likely to be exposed to negative experiences of healthcare.

Medical education and training not covering healthcare presentations for different ethnicities: One young person described in detail how their skin condition (eczema) was not appropriately managed by health professionals they had seen within the NHS. It was only when they saw a Black doctor in a private clinic that they received the correct treatment and learned that eczema presents differently on Black skin than on White skin. As a result, this young person stated they would not go back to NHS doctors with any dermatological concerns in the future. Their negative experience has had a direct impact on how they access health services and their trust of NHS professionals. This was a challenging decision for the young person as they felt morally opposed to private healthcare services and felt it was unfair that not all Black young people would be able to afford this care.

Another young person with an interest in science and medicine described how the textbooks and literature they had come across were always focused on White people. They felt that this limited view in education led to a lack of understanding relating to how ethnic minorities are affected differently by conditions. One young person reflected that it would be unfair to place blame with the doctors themselves, as it results from what they have been taught which might not be wholly accurate or representative of all groups in society.

Lack of representation among healthcare staff: The young people gave several examples emphasising the importance of feeling represented in the ethnicities of staff they encountered. One explained how as a young, gay, Black woman they had only ever had one Black nurse but all other health professionals had been White males, and they had never (knowingly) met a gay doctor. This has made them feel *"heard but not represented."* They explained how White doctors would not necessarily always understand their experience and background, particularly in relation to their physical health. Another young Muslim woman who wears a hijab described how they would prefer to be treated by a female doctor, though recognised this was not always possible due to the way in which the NHS system operates.

However, they also shared that, due to beliefs within certain cultures and religions, being seen by a White health professional could sometimes be preferable – when seeking mental health support or sexual health services, for example, especially if there was less risk that confidential details might be shared with members of their community. Choice was the key thing here. Lack of understanding surrounding this represents an inequality in terms of accessing health services.

Delayed access to treatment: Several young people had experienced particularly long waits for treatment in emergency departments and on Child and Adolescent Mental Health Services (CAMHS) waiting lists. One young person had been waiting for mental health treatment through CAMHS for five years, now approaching their 18th Birthday they were unsure what their future care arrangements would be. They reflected on how people they know *"get sentenced to psych wards and a lot of times they're not very good."* The young person did not directly claim that those receiving acute inpatient mental health care were from ethnic minority groups, however we know from available data that Black and ethnic minority young people are less likely to access community support and are more likely to be treated in acute settings (McKeown, 2023).

"I specifically remember when they did ask me if I wanted a Black nurse or something but I kind of declined. Because in my community everyone knows each other so knowing that African communities are predominantly homophobic, I kind of did have that fear. And my mum also works in the NHS … I probably would be judged and probably be outed to everyone because they might have known my mum."

Young person

Summary of the barriers preventing young people from ethnic minority backgrounds from leading healthy lives

Racism	Micro-aggressions	Availability of services
"…The eczema was affecting me different because of my skin colour. And no NHS doctor or anything had ever brought that up."	*"I think racism in the UK is generally a lot like this… It's subtle and it's hard to do something about it."*	*"If you have no choice in where you live, you should have equal access to health anywhere but that is not happening, people in my area aren't getting the healthcare they need and that's not correct."*
Lack of trust	**Age discrimination**	**Language**
"At the end of the day the power is with them [the government] so it's questionable how much change we can even bring about ourselves."	*"Healthcare professionals may assume that young people are faking illness or over exaggerating symptoms, may overlook serious problems."*	*"For family members, it's hard convincing them to get medical help as they can be reluctant to make a phone call, especially if there is a language barrier."*
Medical training	**Representation**	**Delayed access**
"Within medicine and science I feel like the area of people of colour is so much more undiscovered and less well known [for] people who are white."	*"Black doctors might see you and be like, oh you're Black, I can relate to you. But not, oh you're homosexual, that's not in my culture."*	*"I've been having issues with mental health since before I was 13 and when I was 13 I was calling my GP to say 'Hi' and I've been on the waiting list since then. And I turn 18 at the end of the year, so it's just like OK."*

Recommendations

The youth panel considered possible solutions to reducing health inequalities experienced by young people from ethnic minority backgrounds.

The overarching recommendations developed by young people are:

Increase resources

…to invest in local communities to provide spaces where young people can lead healthy lives.

Improve education

…to increase young people's understanding of discrimination and health inequalities.

Provide training for professionals

…on racism, micro-agressions and different presentations of medical conditions. This will provide better support for young people.

Improve experiences of healthcare

…by increasing 'health literacy' and reducing the barriers young people face accessing support.

Increase representation of ethnic minority groups

…within Government and throughout society so that the views and experiences of young people from ethnic minority groups are heard and acted upon.

"Differences don't always have to be major impacts, it doesn't always have to be a protest or a revolution but just like the little things."

Young person

"A problem is like a seed and it will sprout so you've got to have a bunch of people to help you to extinguish the fire, you can't just do it on your own. At the end of the day community is the best thing, it's like a shell, you get together and it keeps you safe."

Young person

Increase resource and investment in local communities

Community was very important to members of the youth panel. Communities were centred on charity work / volunteering, religious groups, belonging to the same heritage or culture, convening around a shared interest or hobby (e.g. gardening), grassroots campaigning / activism and movements like Black Lives Matter (BLM). The youth panel felt that communities better represented the experiences of young people from ethnic minority backgrounds and could communicate their collective needs. The coming together of likeminded people provides an environment of safety, trust and a network of support. Working together was perceived to be more powerful than acting alone when confronting issues such as racism and health inequalities.

Improving informal forms of community support could reduce over-reliance on systemic, formal structures that could discriminate. There was a sense that governments have *"shut down"* previous initiatives and so communities should club together to *"improve themselves instead of having to rely on everything around them."* Research has found positive mental health benefits for individuals when ethnic minority groups live in the same area, due to an increased sense of security, less exposure to racial discrimination, and increased social support (Bécares et al, 2009).

Young people drew on a number of positive experiences from being part of their local community, such as through volunteering and campaigning to prevent the closure of a local hospital that could have *"completely cut off healthcare access to loads of young people in the area."*

Young people wanted more financial resource and investment to support communities to flourish.

Improve education for young people on discrimination and health inequalities

Young people felt that there was a real gap in their education on many of the topics we discussed during the youth panel meetings. They requested broader learning in schools on topics such as racial discrimination, micro-aggressions, health inequalities and the backgrounds of ethnic minority groups in the UK (e.g. Windrush). Young people would also like to learn about decision-making processes in the UK and how they can make a difference.

In a separate piece of AYPH work, we worked with young people to develop a toolkit for reducing health inequalities. We collaborated with the PSHE Association to develop lesson plans for teachers and a toolkit for young people to discuss health inequality, which can be used to initiate conversations on some of these topics.

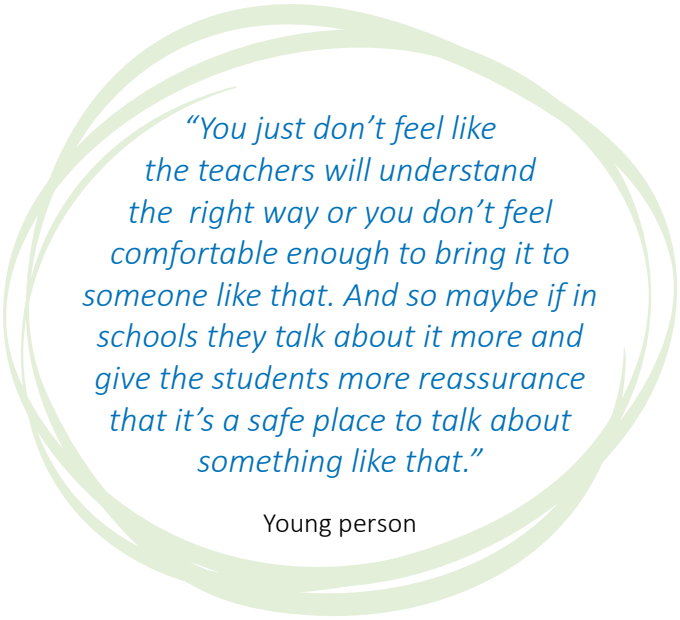
"It's like the school tries not to get political or teach us anything. But I feel like it's really important for us to know what's going on in our area."

Young person

Provide training for teachers and healthcare professionals to support young people experiencing discrimination and inequality

A lot of the racism and micro-aggressions young people experienced was within school settings. Young people tend to know what teachers they can and can't talk to. One young person wanted to report racist language from a teacher but they *"didn't feel comfortable to say it"*. Young people feel comfortable disclosing to teachers that are representative, who look like them, or are also from an ethnic minority background.

Training is required to improve understanding and raise awareness of racism and micro-aggressions for all teachers. Young people also wanted teachers to be trained in how to deal with mental health issues so that they could provide informal support to young people who need support as a result of experiencing racism. One young person suggested that training for teachers should involve the input of young people to make sure their views are heard. Training and resources on these topics should also be available for healthcare professionals and others working with young people, to provide inclusive environments and safe spaces for young people to raise their concerns. For health professionals specifically, more training is needed on how skin conditions present differently for different ethnicities. There has been work done already to address the gaps relating to Black and Brown skin within the current UK medical training (Mukwende et al, 2020).



Improve healthcare experiences for young people from minority ethnic backgrounds

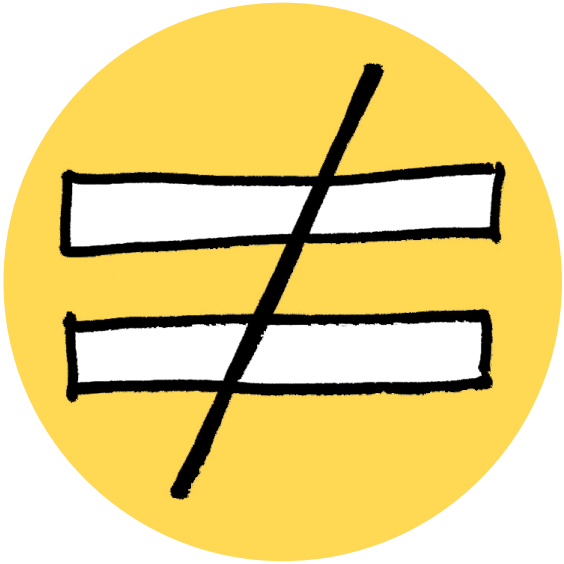
We have identified a number of barriers facing young people from ethnic minority groups when accessing healthcare settings. Young people told us that they wanted their experiences of healthcare settings to be improved and for better communication with healthcare professionals. This included seeking feedback from young people about health services via regular surveys.

Young people would also like to be more aware of how the healthcare system works, so that they can feel confident in navigating it by themselves - often referred to as 'health literacy'. Young people did not want to be reliant on their parents for booking appointments. One young person spoke of a positive experience they have had using the NHS App to book their own GP appointment, which had helped them overcome a *"slight phobia"* they previously had relating to healthcare settings.

Increase representation of the views of young people from minority ethnic backgrounds within Government and across society

Young people called on the Government to make systemic changes to improve the lives of young people from minority ethnic backgrounds. They wanted to see real change with focused conversations among decision-makers on how to reduce health inequalities experienced by young people from ethnic minority backgrounds. They wanted the Government to better reflect the diversity of young people to ensure that *"the rights of everyone are considered."* This could also include greater representation of ethnic minority groups in other professions, such as healthcare and education. They also wanted more support to encourage ethnic minority groups to vote, such as working closely with religious settings and leaders.

Young people felt it was their responsibility to challenge and lobby the Government to commit to taking action: *"we're the ones that know how these barriers affect us … Ultimately the government and the councils will get the final say but it does start with us."*



Conclusion

We know from the data that young people from ethnic minority backgrounds are more likely to experience a range of health inequalities (McKeown, 2023). Sharing the views and experiences of this youth panel provides a better understanding of the barriers young people from ethnic minorities face that prevent them from leading healthy lives and accessing timely, high-quality health services.

Unfortunately, racism and micro-aggressions continue to be pervasive. Young people's exposure to incidents of racism has both direct and indirect impacts on their mental and physical health. Structural racism and experiences of micro-aggressions have shaped young people's understanding of what it means to be an ethnic minority young person in the UK. There is an implicit acceptance of things being worse for them compared to others, and of stereotypes about intrinsic self-worth, which has been normalised and often internalised by young people.

It is vitally important that we give young people the language to understand and validate their experiences of racism and micro-aggressions. The youth panel found it empowering to have the correct terminology, which they could use as a foundation to speak up against prejudice and discrimination. We hope more young people are given the confidence and tools to have a voice against racism.

This encourages us to think of health inequalities through a different lens. While for many young people socio-economic circumstances are the main driver of differing health outcomes, for this group racism was a key driver of health inequalities. Michael Marmot (2020) recently updated his core recommendations for reducing health inequalities to include "tackling discrimination, racism and their outcomes", which draws urgency to the issue.

These young people have identified a number of solutions to jointly tackle racism and health inequality. They focus on building strength and power within local communities, increasing education among young people and professionals, and increasing Government investment in young people's health. These are all topics of social justice that require action.

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More information

Association for Young People's Health

AYPH is the leading independent voice for young people's health in the UK. To find out more about our work visit www.ayph.org.uk

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Race Equality Foundation

Race Equality Foundation is a national charity tackling racial inequality in public services to improve the lives of Black, Asian and minority ethnic communities. We believe that everyone should be provided with the opportunities to flourish. To find out more about our work visit: www.raceequalityfoundation.org.uk

Contact: admin@racefound.org.uk @raceequality

About the Health Inequalities Policy Programme

This AYPH Health Inequalities Policy Programme aims to shine a light on young people's specific experiences of health inequalities and how this is a unique experience for the 12-24 age group, which hasn't previously been given due attention. Covid-19 has exposed both inequalities within society and has revealed a disproportionate impact on the lives of young people specifically. The project will seek to understand what the data and evidence says on the topic and will speak to specific groups of young people about their lived experiences. We plan to work with key, influential stakeholders who have the power to help make a difference, to learn from their experiences and work together on developing solutions. The project will develop useful guidance, tools and resources to deliver changes within both policy and practice.

The project is part of the action phase of the Young people's future health inquiry, which is funding work across a range of organisations to build the policy agenda and amplify the voices of young people. Other projects include the RSA on economic insecurity, UWE and Sustrans on transport, and projects at the Resolution Foundation and the IES exploring different aspects of youth employment.

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