



# **Report on consultation with children under the age of 12 on how to improve communication with health professionals**

**NCB Health and Social Care**

February 2015

## **Introduction:**

NCB was asked by the Children and Young People's Health Outcomes Forum to gather the views of younger children, under 12 years old, on communication with health professionals. These ideas and thoughts will be incorporated into the work of the Outcomes Forum to inform its work on effective engagement with children, young people and families. NCB recruited children to talk to via organisations working with directly children and young people, and consultation activities took place during January 2015.

### **Key messages:**

- **Healthcare staff need to be able to make younger children feel comfortable and able to talk**
- **The views of younger children generally reflect those of older children – for example the universal importance of health professionals speaking directly to the child; however there may be additional considerations to be made to ensure shared understanding with younger children – for example the use of images in consultation**
- **Consistency and continuity are important factors in helping younger children to feel able to talk with healthcare staff**
- **Our findings are consistent with those of a lot of recent work addressing the issues around how health professionals talk with and listen to children and young people.**

### **Who we spoke to:**

We ran one dedicated workshop at a Barnardos group in Preston, and one to one conversations took place with patients in Birmingham Children's Hospital. A total of 10 children aged between 7 and 11 years old participated. 6 of those who participated were boys and 4 were girls. In Preston we spoke with a group of children who attend a Barnardo's support group and most of these children are Looked After, or have a Special Educational Need or Disability.

Some had limited experience of health and care services, whereas others were frequent and long-term users of a range of health and care services. Half of the children who engaged with us saw health professionals about once a month evenly spread between GP surgeries, in school, at a pharmacy and in hospital. Just under half saw healthcare staff a few times a year evenly spread across the GP, school and hospital environments. Just over half of the children we spoke to preferred to see their health professionals in a hospital environment. Although they did say that they would like that hospital to be *'a special one just for children'* and be *'in a nice place'*, and *'be fun inside'*.

### **What we asked:**

- What features and characteristics make a world class doctor, who children would be comfortable talking to?
- How can health professionals support better communication with children?
- What is the most important thing children would like to see change to improve how health professionals talk to and listen to them?

## What the children and young people said...

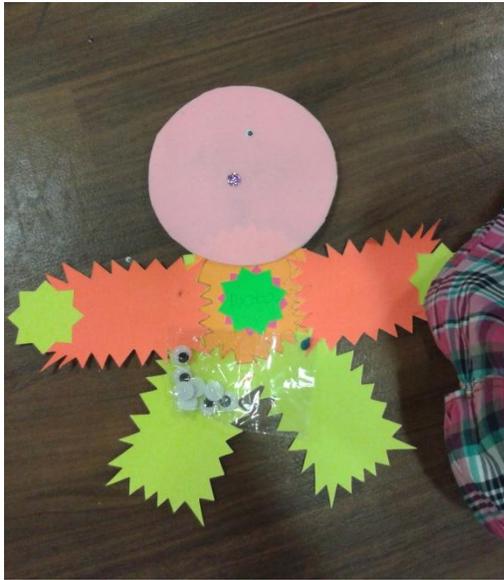
### *What features and characteristics make a world class doctor, who children would be comfortable talking to?*

Across all participants there was consensus that staff should be welcoming, friendly, respectful and able to make a child feel comfortable. Humour was mentioned as a good way to do that and to help younger children feel relaxed and more able to talk. It was important to the children we spoke to that health professionals listen to them and take the time to explain things clearly, helping the child to understand. However it was also important to these children that their doctors and nurses are professional, give children confidence in their ability and that they undertake any treatment required swiftly.

### **What we did:**

We asked the children to create a drawing or a model of the world's best doctor or nurse. Here are some images of what they created:





- *"I gave them big ears cos they're listening to me"*
- *"They've got lots of words in their head – that's important. They know what to say and do that's best for me"*
- *"My nurse is outside – its nicer outside"*
- *"Like a clown – I want them to be funny like a clown"*

### Features that make the worlds best doctor/nurse

- They're nice
- Being normal
- Always smiling
- Speaking softly
- Talking to me and not parents
- Being kind
- Waving hello
- Good hair
- Prefer a man (boy participant)
- Never cruel
- Even if they don't like anybody else they still try to take care of them
- Listens to me
- Is funny
- Jokes with me
- Nice and good
- Is welcoming
- Is quick
- Is friendly
- Takes their time to explain things properly
- Giving you time to ask questions and talk
- Not rushing
- Not telling you off for playing

### *How can health professionals support better communication with children?*

We wanted to collaborate with *ME first*, a new project hosted by Great Ormond Street Hospital (GOSH) who are working in partnership with Common Room Consulting Ltd, which is producing training, tools and resources to support health professionals to improve communication with children and young people. This project is developing approaches for healthcare staff and we agreed to use the key principles and communication model steps from this work in development as the basis of our conversations with younger children to test how these ideas might work for this age group.

There was general consensus amongst the children we spoke to that the 6 key principles developed by the GOSH project are important and relevant to them. They are:

1. Getting started: Letting me know you're going to listen
2. Why am I here? Getting a shared understanding
3. What are my choices?
4. My views: What is important to me?
5. My decision: Agreeing what is going to happen next
6. What are the next steps?

This group of younger children that we spoke with reflected many of the same responses from older children that GOSH have consulted. For example they spoke about the importance of healthcare staff talking directly to them, getting a shared understanding of why they're there, and taking the time to make sure the child understands what will happen next. However this group of children did make some suggestions for achieving these steps that may be more relevant to a younger age group; for example, using pictures to help explain conditions and treatment. This group of younger children also found it difficult to conceptualise the choices they might have, and the role that their personal views and concerns could play.

### **What we did:**

We told the children we spoke to about a list of things that other children have said are important to them when they speak to a doctor or a nurse. We pretended to be in an appointment and asked the children what kinds of things they thought the doctor or nurse should say or do at each step. We have captured their responses below:

1. **Getting started:** We think it's important that right at the start of the appointment the doctor or nurse makes sure you know they're going to listen to you. How would they do that?
  - Talk to you and not the adult with you
  - Once you get to know them you feel a bit better
  - Ask your name
  - Tell me their name
  
2. **Why am I here?** We think it's important that children understand why they're seeing the doctor or nurse. How would they make sure you understand why you're there?
  - So you're not worried – might think I've got cancer or Ebola?
  - Ask you what's been happening
  - Ask you first why you think you're there before they ask an adult
  
3. **What are my choices?** We think it's important that children understand what their choices are. How might the doctor or nurse show you that you have choices?
  - You don't have a choice – get told 'you're going to the doctor' (These children felt that they did not have a choice about whether to go to the doctor or not, or about treatment options in an appointment.)
  - Ask you first before they do something. Like 'can I look in your ear? I want to see if it looks red inside'
  
4. **My decision:** We think it's important that children are included in agreeing what is going to happen next. What do you think the doctors or nurses should do to make sure everyone understands and agrees with what will happen next?
  - Showed you results like pictures, print outs, x-ray, and talk it through
  - Ask you if you understand
  - I should feel ok to say 'what does that mean'

- Show you pictures to help explain things
- Give me a print out with appointment information
- Speaks nicely to my mum and me
- Let me ask my own questions to find out about my condition and treatment

We talked about another 2 principles with the children – ‘My views: what is important to me?’ And ‘What are the next steps?’ This group of children found it difficult to conceptualise being asked by a health professional about what’s important in their life, and what they think would work best for them. They also found it too difficult to differentiate between being involved in decision making and understanding what is going to happen next.

***What is the most important thing children would like to see change to improve how health professionals talk to and listen to them?***

The group of children we spoke to suggest that consistency and continuity in the place they are seen and with the staff involved are the most significant factors for them in terms of feeling comfortable talking to health professionals.

**What we did:**

We asked the group; if you could change one thing to make talking to your doctor feel better, what would it be? Some children were happy to share their anonymous answers by posting them in a box. These are the responses posted....

- See the same doctor
- Same person
- The same hospital all the time
- Want to keep seeing the same doctor every time
- Keep having things done at the place you get the prescription
- He always listens and never yells

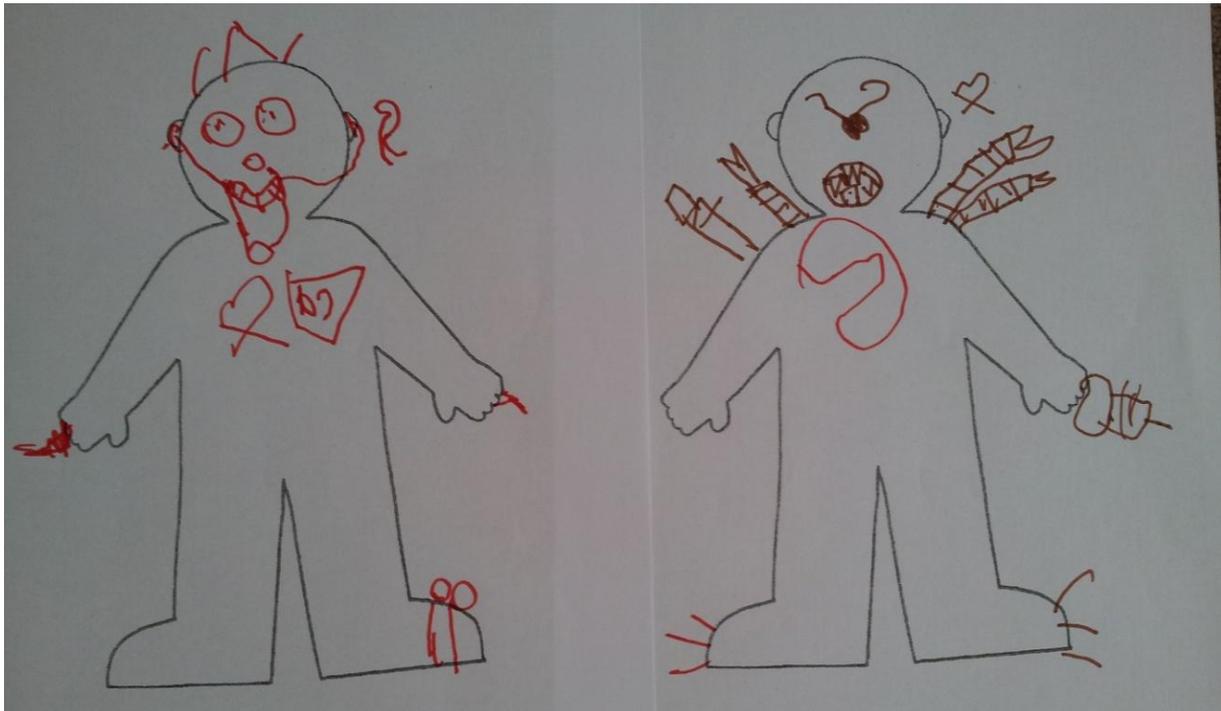
**In general the views gathered reflected the findings of the 2012 [Listening to children’s views on health provision – a rapid review](#) of the evidence report produced by the NCB Research Centre to inform the work of CYPHOF.**

**The information gathered is also consistent with the findings from the 2013 [Report on consultation workshops on how to improve health and care services for children and young people](#) which informed CYPHOF’s response to the Frances report.**

**Other relevant findings:**

NCB also spoke with a group of 6 children aged between 5 and 11 years old at Alder Hay Hospital in January 2014. The views and opinions gathered during this consultation also reflect many of the same concerns and thoughts. A summary of findings from this consultation are included below:

The children talked about what would make a good doctor and a bad doctor:



Good Dr:

- Has a stethoscope
- A name on his t-shirt
- A heart
- Nice clean shoes
- Plasters
- Hearing aid

Bad Dr:

- Has a lots of arms
- A big needle
- Scar eyes
- A heart on the side of his head
- Sharp teeth
- Claws for feet

Many of the positive features pertain to communication and reflect similar views to those elicited in our most recent consultation for example; openly sharing their name with the child; listening to them, being kind, being professional...

The children in Alder Hay hospital also spoke about the people who tell them about their health and how to get better as being their Mum, nurses and doctors. A wider group of people helped them when they feel ill, including parents, nurses and other family members. All of these people are *'friendly, loveable, nice, don't worry you, they stay calm, don't say nothing's wrong with you.'*

When asked who helped them all of the children in this Alder Hay group drew nurses:



This group of children were also asked what they did and didn't like about hospital. A number of their responses related to environmental factors, however a number were about the communication between them and the health professionals, these responses have been picked out here:

What I don't like about hospital:

- I don't like when the nurses say you have to come back because it sounds scary
- I am sometimes scared in case I have to stay overnight – The hospitals could make it less scary by explaining that you might have to stay overnight and why
- I didn't like the way they never showed me what they are doing! – It would be better if they showed you what they are going to do before they do it.

What I do like about hospital:

- People say hello to me and smile at me
- The nurses and doctors treat you nice
- I like when the staff treat you amazing