Introduction

This Photovoice project brought together young Black men as co-researchers to document and reflect on their lived experiences of navigating the NHS. Through photography, storytelling, and dialogue, participants explored the challenges they face when engaging with healthcare systems. The project not only revealed personal narratives of pain, mistrust, and resilience but also illuminated broader systemic issues that contribute to health inequities. The goal is clear: to highlight the urgent need for healthcare systems that are inclusive, compassionate, and culturally informed.

Key Themes & Findings

1. Communication Gaps

What We Heard:
Participants frequently described feeling confused, anxious, or neglected due to unclear or impersonal communication. Appointment reminders from unknown or no-caller ID numbers were often missed. Letters and texts lacked context, warmth, or cultural consideration. Online booking systems were described as cold and difficult to use, especially during moments of vulnerability or crisis.

“They didn’t even pick up.”
“The messages come out of nowhere, and you don’t know what they’re really saying.”

Why It Matters:
Poor communication undermines trust, increases missed appointments, and leads to disengagement. It reinforces a perception that services are not designed with the individual in mind.

Recommendations:

- **Co-Design Communication Protocols:** Involve community members in developing text templates, phone call scripts, and appointment letters that are clear, respectful, and emotionally attuned.

- **Improve Digital Access:** Offer user-friendly, mobile-accessible platforms with intuitive design and culturally relevant support materials.
- **Human-Centred Follow-up:** Where possible, follow up missed appointments with a compassionate human call not just automated messages.

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2. Healthcare Beyond the Hospital

What We Heard:
Young Black men often face significant barriers even before entering the healthcare system. Community violence, past trauma, and experiences of being judged or stereotyped by authority figures have created deep-rooted mistrust. Navigating healthcare alone, especially in times of crisis, can feel overwhelming.

"They add pressure and anxiety."
"I don't know where to go or who to talk to when something's wrong."

Why It Matters:
Healthcare doesn't start and stop at hospital doors. The social determinants of health, such as safety, support systems, and community trust, shape whether and how people seek care.

Recommendations:

- **Consistent Advocacy & Peer Navigation:** Provide access to community-based advocates or peer navigators who reflect the backgrounds of service users and can guide them through the system.
- **Community-Based Clinics & Outreach:** Expand culturally responsive services into communities, creating safe, familiar spaces where young Black men can access early intervention, mental health support, and preventative care.
- **Health Education in Safe Spaces:** Partner with schools, youth clubs, and community centres to deliver workshops on navigating the NHS, recognising symptoms, and understanding rights as patients.

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3. Inside the Hospital

What We Heard:
Hospitals were often described as places of fear, frustration, or alienation. Long waits, minimal communication from staff, and impersonal systems, such as being referred to by wristbands or patient numbers left participants feeling invisible and disrespected. Many avoid returning after a single negative experience.

“You feel like a statistic… it’s triggering.”
“Waiting six hours made me never want to go again.”

Why It Matters:
When individuals feel depersonalised or dehumanised, their willingness to engage with healthcare services declines which leads to delayed treatment, poorer health outcomes, and increased pressure on emergency care.

Recommendations:

- **Trauma-Informed Training for All Staff:** Ensure frontline workers, from receptionists to clinicians, are trained to recognise the impact of trauma, communicate with empathy, and avoid re-traumatisation.
- **Personalised Care Practices:** Encourage staff to address patients by name, explain wait times clearly, and offer emotional check-ins during long waits.
- **Create Healing Environments:** Invest in hospital environments that feel safe and welcoming through artwork, language representation, and spaces for reflection or spiritual support.

In Their Words

Real voices from the project offer powerful insights:

“They treat you like a number, not a person.”
“We don’t feel safe there.”
“It’s not built for us. It never was.”
“What if no one ever taught you how to speak up at a GP?”
“I just want to be heard, not judged.”

Call to Action

We invite healthcare leaders, policymakers, and frontline practitioners to reflect deeply on the experiences shared by these young men. This project is not just about pointing out problems, it’s about co-creating solutions. Building trust will take sustained effort, humility, and a commitment to systemic change.

We urge the NHS to:

- **Listen, without defensiveness.**
- **Acknowledge systemic failures and historical harm.**
- **Fund and embed culturally responsive, community-led services.**

- **Collaborate with Black communities as equal partners.**
- **Redesign systems through the lens of dignity, equity, and healing.**

Final Words

This project is a testament to the strength and insight of young Black men who, despite systemic barriers, continue to seek care, speak up, and push for change. Their voices are not just testimonies, they are blueprints for a better, fairer NHS.

Thank you for being part of this vital conversation. The work doesn't end here. Let's carry it forward, together.

The full report with all the findings will be officially be p published soon.

🔗 View photos and pledge for change: https://accessdeniedpj.carrd.co/

https://padlet.com/wpw231/access_denied