Glasgow City Council

NHS Greater Glasgow

East Glasgow Community Health & Care Partnership

CROSS CUTTING ISSUES

A REVIEW OF YOUTH HEALTH SERVICE PROVISION IN GLASGOW CITY

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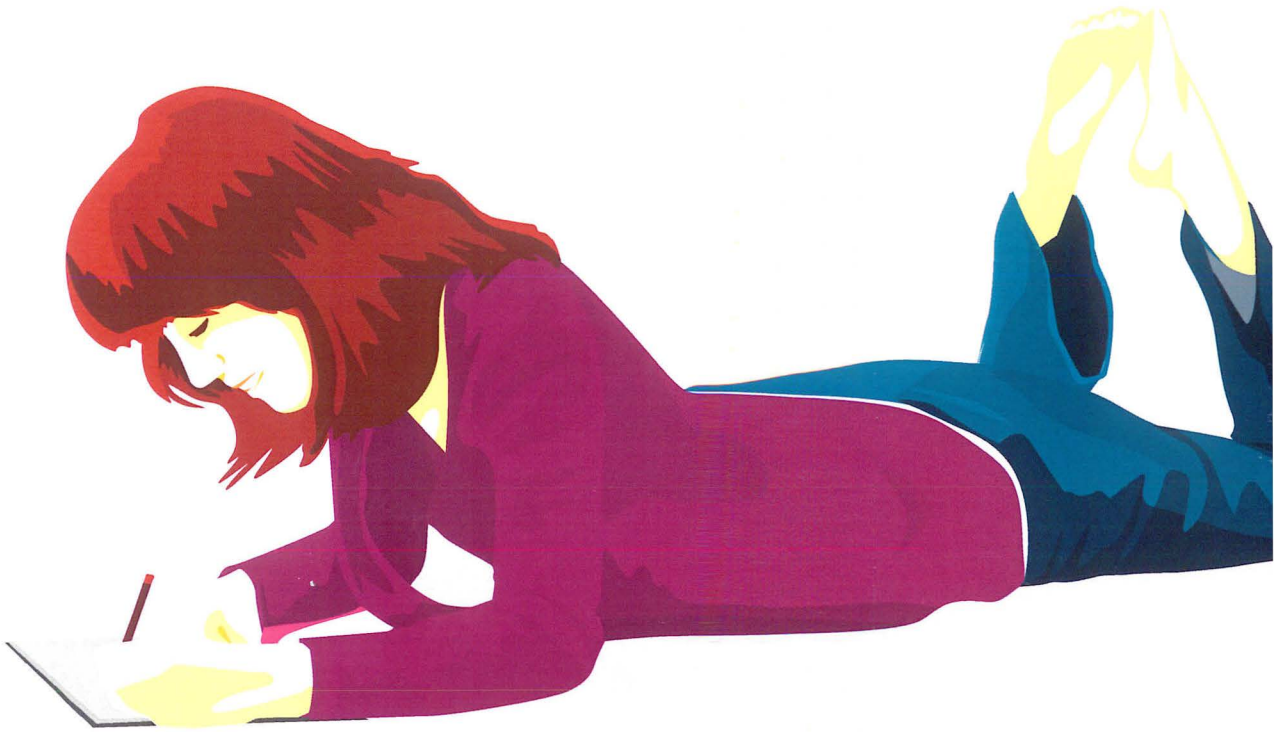

This report was written by Julie Dowds with support from Susie Heywood and Niamh Fitzgerald of Create Consultancy. It was commissioned by **East Glasgow Community Health & Care Partnership** (CHCP) on behalf of youth health ser across Glasgow City CHCP's. Electronic copies of this report (inc. appendices) and the local youth health review report be accessed from: www.chcps.org.uk and www.phru.net/cyphi/default.aspx

EXECUTIVE SUMMARY

The aim of this research was to review the current position of youth health services within health improvement in Glasgow City and to offer suggestions for their future strategic direction.

A range of approaches were used to carry out this review including interviews, focus groups and workshops with youth health service staff, local stakeholders, young service users and young people not using services. It was also supported by a literature review and a review of youth health services monitoring information.

Key findings include:

- Six models of youth health service delivery have been identified, each with benefits and challenges. Most CHCP areas use more than one delivery model. The models are:
  - Youth Health Drop-in Service: clinical provision within existing health facilities
  - Youth Health Drop-in Service: prevention & education within existing health facilities
  - Youth Health Drop-in Service: prevention & education linked to wider youth provision
  - Youth Health Outreach Service: Universal
  - Youth Health Outreach Service: Targeted
  - Development of mainstream health services
- There is an inconsistent understanding of what is meant by youth health services
- Across the five CHCP areas there are wide variations in the scope of service delivery. However, there are examples of good practice across a range of areas
- Local stakeholders and young service users are very positive about their experience of local provision. Key elements included the friendliness of staff and the provision of health information using fun and engaging approaches
- There is currently unequal and inequitable access to youth health services across Glasgow City; with large numbers of young people continuing to face real barriers to access. This relates to young people in the general population and vulnerable young people and/or equality groups that may have specific needs
- Marketing and branding of services is a core and important activity, however there is a lack of consistency in service marketing and no clear 'youth health service' branding
- There are strengths and weaknesses arising from and relating to local networks and partnerships. Although there are examples of excellent partnerships others require to be strengthened. In particular the relationship between youth health services and sexual clinical health services and youth health services and children's services
- There is currently no system for the routine collation of monitoring information across services. There are also difficulties in measuring the impact of youth health services on the health and wellbeing of young people
- Young people are routinely consulted by youth health services and have opportunities to influence what is provided by services. However, there are very few examples of young people being involved in a strategic way

Within this report twenty recommendations are given on issues that are common across all of the youth health services included as part of this review. It is suggested that by working together these recommendations could be addressed in a more cohesive way that avoids duplication of effort and will lead to greater strategic co-ordination of youth health services in Glasgow City. It is hoped that ultimately this will lead to the development of youth health services that meet the needs of a wide range of young people who live or work in Glasgow City.

1. INTRODUCTION

1.1. BACKGROUND

In December 2008, Create Consultancy Ltd (Create) was commissioned by NHS Greater Glasgow and Clyde to carry out a review of youth health service provision within Glasgow City. The parameters of the review were youth health services which are co-ordinated and delivered by local Community Health and Care Partnerships (CHCPs). This includes:

- East Glasgow CHCP: services provided under the banner 'H4U'
- North Glasgow CHCP: services provided under the banner 'YHS'
- South East Glasgow CHCP: services co-ordinated by the Health Improvement practitioner and services provided under the banner 'Health Spot'
- South West Glasgow CHCP: services co-ordinated by the Youth Health Co-ordinator and delivered under the banner 'The Place @...'
- West Glasgow CHCP: services provided under the banner 'Your Health @...'

Due to limitations in the scope of this study, a significant number of broader youth health initiatives delivered by partner organisations were not part of this review. This includes youth clinical sexual health services delivered by the Sandyford Initiative as part of the local Hub provision i.e. The Place. This was partly due to restrictions on the scope of this review as well as wider difficulties relating to new monitoring systems used by the Sandyford Initiative. The Place @ ... is the brand name for all youth clinical sexual health services delivered across GGCNHS by the Sandyford Initiative i.e. within Sandyford Central and local hubs. It is aimed at young people aged 18 years and younger.

This work was led by Julie Dowds of Create and took place between January and June 2009. This report describes the key cross cutting issues that are apparent within service provision across Glasgow City as well as examples of good practice from local areas.

Separate reports are available for each of the five CHCP areas - these reports provide more detail about local service provision and local issues which have arisen within each CHCP.

1.2. AIMS AND OBJECTIVES

Research aim

The aim of this research was to review the current position of youth health services within health improvement in Glasgow City and to offer suggestions for their future strategic direction.

Key objectives:

- To explore and outline the history and development of youth health service provision with the five Glasgow City Community Health and Care Partnerships (CHCPs)
- To explore and describe the range of services offered, any gaps in provision, and the 'model' of service delivery within each of the CHCP areas
- To make recommendations based on the review taking into account the needs of young people, geographical coverag and links to other developments both within health improvement and the wider youth health agenda

1.3. RESEARCH METHODS

This review is based on:

- Literature review and supporting information
- Monitoring information from local services
- Thirty two interviews with staff and local stakeholders
- Five focus groups with 28 staff members
- Fourteen interviews with 36 young service users
- Seven interactive workshops with 61 young people not using services

The initial phase of this research included a literature review conducted by the Public Health Resource Unit supplemented by information sourced by Create. In addition each local area provided monitoring information (requested for April 07 - March 08) and evaluation evidence including final year reports etc. The local documentation was supported by an initial meeting with the identified lead for the youth health service review in each local area.

The main review phase involved a mix of interviews and focus groups with adult stakeholders; which included staff and local partner organisations. The adult stakeholders were identified by the lead in each area for the youth health service review. The number of focus groups/interviews conducted in each area differed slightly from area to area depending on the extent of service provision. The adult stakeholder interviews were carried out in person or over the phone depending on availability of the interviewee. Each focus group and interview lasted on average 30 to 45 minutes. A copy of the interview schedule for adult stakeholders is provided as Appendix A.

In addition, young people were engaged in the review process. This included interviews with young people accessing youth health services. All youth interviews were in pairs or three due to preference of the participants. In addition young people not accessing services were contacted via existing youth provision and/or schools and took part in interactive workshops. A copy of the interview schedule for young service users and an overview of the interactive workshop for non-service users is provided as Appendix B.

Further information on the research methods including a breakdown of the adult stakeholder interviews and youth focus groups and interviews carried out in each CHCP area, the ethical considerations, analysis and data management are provided in Appendix C.

2. LITERATURE REVIEW

In addition to the information provided below a review of the research literature was conducted by the Public Health Resource Unit at Greater Glasgow & Clyde NHS Board. The review is based on literature retrieved through a series of tailored literature searches. It explores the barriers which prevent young people from accessing health services and approaches that can help young people overcome these barriers. It provides a summary of evidence with specific reference to the lessons that can be learned from primary care and community based services, sexual health services and smoking cessation services.

The Public Health Resource Unit literature review is provided in full as Appendix D.

2.1. YOUNG PEOPLE & HEALTH: OVERVIEW

In recent years the perception of young people as one homogenous group with little or no explicit health requirements has begun to change. It is now recognised that young people have health issues that require specialist support (Tylee et al, 2007; Scottish Executive, 2007; Royal College of Paediatrics, 2003; Fastforward, 2002). It is also widely accepted that the development of youth-specific health services, which are equitable, accessible and acceptable to young people, are required to help reduce the barriers young people face when accessing services (Tylee et al, 2007; Furlong and Cartmel, 2006; Dowds, 2002).

'Delivering a Healthy Future: The Action Framework for Children and Young People's Health in Scotland' (Scottish Executive, 2007) outlines the ongoing challenges for improving the health of children and young people in 21st Century Scotland. Whilst focusing on the developments that can be made across health services – from specialist hospital care to community services –the action framework continues to advocate a multi agency approach to tackling children and young people's health issues.

> **"Only by working together – both within and outwith the NHS – can we make the difference to children's lives that will create the healthier Scotland of the future to which everyone aspires."**
>
> Action Framework, 2007

There are many issues of concern in relation to young people's health. The World Health Organisation reports that the leading cause of disease burden in young people in the developed world is mental health disorders (Tylee et al, 2007). It is estimated that up to 20% of young people in the UK experience some kind of mental health problem at any one time (Young Minds, 2003). This is significantly more than those with a clinical diagnosis (Green et al, 2004).

The reasons for the increase in mental health problems among young people are many and complex, with vulnerable groups, such as looked after and accommodated young people, particularly susceptible (Richardson and Lelliot, 2003). The increase in youth mental health problems may have come to attention because more young people are managing to access services; however it may also be reflective of young people's increasing social exclusion and changing family and social structures.

In addition, there a number of other issues affecting young people's health and wellbeing in Scotland:

- A third of 12 - 15 year olds in Scotland are overweight or obese
- Teenage pregnancy rates continue to be higher than most other Western countries, particularly among young people who live in the most deprived areas
- Rates of chlamydia in young people have more than doubled in a decade; there are also worrying trends with other sexually transmitted infections including a re-emergence of syphilis
- Smoking rates continue to be high across the population with approximately one fifth of 15 year olds describing themselves as regular smokers
- More than one third of Scottish 15 year olds say that they have used drugs
- Alcohol related accidents are one of the leading causes of death in young people aged 15-24
- Suicide is now the biggest killer of young men in Scotland (Walk the Talk and ISD websites, 2008; SALSUS, 2006)

It is well documented that the health of children and young people in Scotland is closely linked to whether or not they live in poverty (Scottish Government, 2008). The Child Poverty in Scotland report estimates that 250,000 children in Scotland live in poverty, with almost one in eight children living in absolute poverty (Scottish Affairs Committee, 2008). This is particularly acute within Glasgow City; where some of the greatest levels of deprivation are to be found.

A recent school based study of S1 to S4 pupils in Glasgow City (NHS Greater Glasgow & Clyde, 2008) explored a range of issues relating to young people's health and wellbeing. This report breaks down information for the 5 CHCP areas, however across Glasgow City some of the key findings include:

- 26.1% of pupils live in one parent families
- 30% of pupils have a family member with a disability, long-term illness or drug or alcohol problem
- 74% of all pupils were positive about their general health
- 36% of boys and 34% of girls across Glasgow had high self esteem and 28% of boys and 32% of girls had low self esteem

- 36% of pupils exercised four or more times per week (average duration of more than 30 minutes)
- 34% of pupils said that they had eaten five or more portions of fruit and/or vegetables in the previous day
- Bullying rates ranged from 8% to 20% across different schools in the city (average of 13.1% of pupils had been bullied)
- 7.5% of pupils indicated that they were aware of the Sandyford initiative

These statistics are supported by a wide range of health needs assessments and surveys which have also helped to inform the development of youth health services (Dowds & Roshan, 2004; SALSUS, 2006; Cooper et al, 2006; FMR Research, 2006; Progressive, 2006).

Health improvement and inequalities work is a key corporate objective for CHCPs in Glasgow City. Different communities across the CHCPs and Glasgow City as a whole have very different social circumstances and health outcomes. Differences in income, gender, race and faith, disability, sexual orientation and social class are all determinants of health and associated with inequalities in health (Acheson 1998). These factors will also contribute to inequalities in access to, and uptake of, services, supports and information by young people across the communities of Glasgow's CHCPs. The recent Scottish Government report of the ministerial task force on health inequalities (2008) identifies children and young people as a distinct group for actions to reduce health inequalities.

2.2. YOUNG PEOPLE'S HEALTH SERVICES: GUIDANCE AND POLICY

There are currently no explicit definitions on what is meant by a 'youth health service'. This is partly due to the range of approaches that have been developed to help improve the health and wellbeing of young people.

The Scottish Government's recently published guidance on Valuing Young People (2009) identifies youth-friendly health services as a core pillar for delivering National Outcome 4 i.e. young people being "successful learners, confident individuals, effective contributors and responsible citizens". It also recognises the contribution this makes to other National Outcomes. Although this document does not provide a comprehensive outline of all delivery approaches it does outline the critical components of youth-friendly health services as:

- General health services
- Mental health services
- Support with ongoing physical health problems
- Health improvement including physical activity, healthy eating, drugs, alcohol, smoking and sexual health
- Social marketing approaches
- Young people's influence on health services
- Health inequalities/Equally well

The World Health Organisation has produced a framework for the development of youth-friendly health services which outlines the policies, procedures and competencies that demonstrate equitable, accessible and acceptable services (Tylee et al, 2007). This document outlines different types of health services that try to reach young people and categorises them into six groups. This includes:

- Hospital based centres specialising in adolescent health
- Community based health facilities that target all populations e.g. a general practice or a family-planning clinic
- School or college based health services which focus on preventative and curative services
- Community based centres that are not health facilities but offer wider provision such as recreation and sport, literacy and numeracy training etc
- Pharmacies and shops that sell health products (but don't deliver health services as such)
- Outreach information and service provision which takes health information and health services direct to young people i.e. on street corners, shopping centres, schools etc.

This guidance concludes that although research has clearly established the barriers young people meet in accessing primary care services this evidence has not been translated into the design of youth friendly services. In short, evidence that supports one model over another and/or demonstrates the benefits of youth-friendly initiatives on the health of young people continues to be lacking.

3. FINDINGS AND RECOMMENDATIONS

The following findings are based on the review process that has explored the current position of youth health services within five Glasgow City CHCPs.

This section provides an overview of the models being used for the delivery of youth health services and the core issues that have arisen for youth health services across Glasgow City.

3.1. MODELS OF SERVICE PROVISION

Core criteria for mapping youth health service provision were identified. These criteria shaped the interview questions and helped to identify the benefits and challenges of the different models being used. Six models of youth health service delivery were identified. The criteria that were used to explore these models were based on the WHO framework for development of youth-friendly health services (Tylee et al, 2007) and were as follows:

Range of service provision
The impact of different models on the range of services that can be delivered by youth health services. Location and venue i.e. facilities for clinical services, space for group work etc were key factors.

Marketing & branding
The impact different models have on a services ability to inform their potential client group about location of services, timing of services and range of services on offer i.e. awareness and understanding. The impact of static or peripatetic models of service delivery was a recognised factor.

Equity, access & acceptability
The impact of different models on addressing issues that might hinder young people's access and equity to access. Key factors include:

- Whether services are free, located in central and accessible locations at times that are convenient for young people
- Staff approach i.e. non-judgemental & considerate, time to spend with young people, offer confidential service
- Services that are delivered in an appropriate way i.e. ensure safety, offer privacy (including discrete entrance), remove stigma and provide information in an appropriate way using a variety of methods
- Whether services provide targeted provision to help overcome barriers faced by specific equality groups and/or vulnerable young people i.e. young people from black and minority ethnic (BME) communities, young people who identify as lesbian, gay or bisexual, young people looked after and/or accommodated, young carers, young people with additional support needs, young offenders etc.

Effectiveness of services
The impact of different models on the ability of services to monitor and evaluate the effect of their provision on the health and wellbeing of young people i.e. are models with clinical components easier to monitor and evaluate than models based fully on prevention and education interventions? Do monitoring and evaluation systems link across services where more than one model of delivery is being used?

Partnership working (local organisations & young people)
The impact of different models on the development of local partnerships. Do some models enhance partnership working with different types of partners? i.e. youth organisations or wider health provision? Do different models of provision enable different approaches to youth involvement and youth consultation?

These criteria helped to identify the benefits and challenges of the different models. However, although some models should in theory provide certain benefits, it does not mean that in practice every example of the model is successful in the approach. For example, although in theory static drop-in services are easier to market than peripatetic outreach services this is not always the case in practice.

The six identified models include:

- Youth Health Drop-in: clinical provision within existing health facilities
- Youth Health Drop-in: prevention & education within existing health facilities
- Youth Health Drop-in: Prevention & education linked to wider youth provision
- Youth Health Outreach: Universal
- Youth Health Outreach: Targeted
- Development of mainstream health services

MODEL 1: YOUTH HEALTH DROP-IN: CLINICAL PROVISION WITHIN EXISTING HEALTH FACILITIES

This youth health drop-in provides prevention and education services alongside clinical provision. A key feature of this model is the provision of 'youth only' health services from static existing health facilities.

GENERAL DESCRIPTION

The use of existing health facilities enables the service to provide a clinical dimension as well as prevention and education services. The range of services delivered within this model are:

- Pregnancy testing
- STI testing
- Contraception and emergency contraception
- C-card (condom distribution scheme)
- Prevention and education group work on a range of topics
- One to one advice on a range of topics (in some services)
- Health checks i.e. height, weight etc. (in some services)
- Internal referral to counselling and external referral to a wide range of local services i.e. training and social enterprise; youth facilities; sport and recreation etc.

It should be noted that within this model there are differences in the extent of clinical provision i.e. some services offer clinical sexual health services only whilst others provide a wider range of clinical services (including sexual health).

Examples in Glasgow City

YHS @ Springburn: The Place @ Pollok: Both aligned to Sandyford Initiative for provision of clinical sexual health services.

YHS @ Maryhill: Youth health service with General Practitioner who provides wide range of clinical services.

CHALLENGES

- Limited access across CHCP due to territorialism, transport and identification with local communities (rather than CHCP area)
- Some perceived barriers to access due to location within existing health facilities i.e. concerns around confidentiality, stigma – particularly if considered a sexual health service etc.
- For some services additional stigma due to strong association with youth sexual health services

BENEFITS

- Range of services provided
- Provision of health information in variety of ways i.e. 1-2-1 advice, group work etc.
- Easier to market as time and location are constant
- Young people can develop trust with staff prior to accessing clinical component
- Potential to encourage access by vulnerable and/or equality groups
- Potential for clearly defined monitoring information i.e. who is accessing, why they are accessing
- Potential for youth engagement across all levels of involvement

MODEL 2: YOUTH HEALTH DROP-IN: PREVENTION & EDUCATION WITHIN EXISTING HEALTH FACILITIES

This youth health drop-in focuses on the delivery of prevention and education services. As with the clinical drop-in service a key feature of this model is the provision of 'youth only' health services delivered from static existing health facilities.

GENERAL DESCRIPTION

The range of services are:

- Prevention and education group work on a range of topics
- C-card (condom distribution scheme)
- One to one advice on a range of topics
- Health checks i.e. height, weight etc.
- Internal referral to counselling and external referral to a wide range of local services i.e. Sandyford sexual health services, training and social enterprise; youth facilities; sport and recreation etc.

Examples in Glasgow City

H4U @ Baillieston health centre (East Glasgow CHCP)
and Health Spot @ Castlemilk health centre (South East Glasgow CHCP

CHALLENGES

- Limited access across CHCP due to territorialism, transport and identification with local communities (rather than CHCP area)
- Lack of clinical services (despite access to facilities to enable this provision)
- Some perceived barriers to access due to location within existing health facilities i.e. concerns around confidentiality, stigma – particularly if considered a sexual health service etc.

BENEFITS

- Provision of health information in variety of ways i.e. 1-2-1 advice, group work etc.
- Easier to market as time and location are constant
- Potential to encourage access by vulnerable and/or equality groups
- Potential for clearly defined monitoring information i.e. who is accessing, why they are accessing
- Potential for youth engagement across all levels of involvement

MODEL 3: YOUTH HEALTH DROP-IN: PREVENTION & EDUCATION LINKED TO WIDER YOUTH PROVISION

This youth health drop-in focuses on the delivery of prevention and education services. A key feature of this model is that services are provided from static venues that host other youth and community groups.

GENERAL DESCRIPTION

The range of services are:

- Prevention and education group work on a range of topics
- C-card (condom distribution scheme)
- One to one advice on a range of topics
- Health checks i.e. height, weight etc.
- Internal referral to counselling and external referral to a wide range of local services i.e. Sandyford sexual health services, training and social enterprise; youth facilities; sport and recreation etc.

Examples in Glasgow City

H4U @ East End Health Living Centre; Health Spot @ Jenniburn Centre; Your Health @ Drumchapel Community Centre.

CHALLENGES

- Limited access across CHCP due to territorialism, transport and identification with local communities (rather than CHCP area)

BENEFITS

- Provision of health information in variety of ways i.e. 1-2-1 advice, group work etc.
- Easier to market as time and location are constant
- Potential to encourage access by vulnerable and/or equality groups as well as young people who access mainstream youth provision
- Potential for clearly defined monitoring information i.e. who is accessing, why they are accessing
- Potential for youth engagement across all levels of involvement
- Development of strong partnership working with wider youth providers and community groups

MODEL 4: YOUTH HEALTH OUTREACH: UNIVERSAL

Peripatetic delivery of prevention and education group work delivered through existing youth provision and mainstream schools.

GENERAL DESCRIPTION

- Wide range of prevention and education group work ranging from established programmes e.g. Baby Think it Over, Emotional Literacy to ad-hoc inputs tailored to the needs of youth providers and/or schools

Examples in Glasgow City

All youth health services across Glasgow City deliver some outreach services via mainstream schools and/or youth services. However examples of where this is the main delivery method (as opposed to running alongside a drop-in service) are youth health services within South East Glasgow CHCP and 'Your Health @...' within West Glasgow CHCP.

CHALLENGES

- Can be difficult to market due to changing time and location
- Limited range of services provided
- Difficulty (when only model being used) to establish a trusted brand which young people can clearly identify with
- Inputs not always associated with youth health service
- Time and location of provision is dictated by existing provision rather than needs of young people
- Less well established monitoring and evaluation approaches
- Reliant on partner organisations for organisation of delivery

BENEFITS

- Wide reach and scope in relation to access and equity as services can be delivered across CHCP area
- Limited stigma as service is delivered to wide range of young people
- Potential to target vulnerable and/or equality groups who are linked to wider provision
- Potential to link to existing youth engagement structures
- Potential for development of strong partnership working with wider youth providers and community groups
- When used in conjunction with other models (static drop-in) can help marketing of drop-in service

MODEL 5: YOUTH HEALTH OUTREACH: TARGETED

Prevention and education group work delivered outwith mainstream youth provision and/or mainstream schools.

GENERAL DESCRIPTION

- Wide range of prevention and education group work including established programmes e.g. Baby Think it Over, Emotional Literacy and ad-hoc inputs. All of these programmes are tailored to meet the needs of the young people

Examples in Glasgow City

Across Glasgow City there are fewer examples of targeted outreach work taking place on a regular basis and fewer examples of targeted work with vulnerable groups and/or equality groups of young people.

An example of this model is South East Glasgow CHCP who deliver group work programmes to young people with additional support needs and harder to reach young people such as the 'more choices, more chances' group i.e. young people who are currently or are vulnerable to not being in education, employment or training.

CHALLENGES

- Can be difficult to market due to changing time and location
- Limited range of services provided
- Difficulty (when only model being used) to establish a trusted brand which young people can clearly identify with
- Inputs not always associated with youth health service
- Time and location of provision is dictated by existing provision rather than needs of young people
- Less well established monitoring and evaluation systems
- Reliant on partner organisations for organisation of delivery

BENEFITS

- Wide reach and scope in relation to access and equity as services can be delivered across CHCP area
- Engagement of vulnerable and harder to reach groups
- Development of strong partnership working with wider youth providers and community groups
- When used in conjunction with other models (static drop-in) can help marketing of drop-in service to vulnerable young people and equality groups

MODEL 6: YOUTH HEALTH OUTREACH: UNIVERSAL

The delivery of prevention and education services through mainstream health services.

GENERAL DESCRIPTION

- The development of youth appropriate health services. Example within Glasgow City is the 'birthday card' scheme which involves accessing young people through their GP records and encouraging them to attend a 'health check' on their 15th birthday. The young people who attend the health check are provided with a range of information and referred to wider provision if appropriate – this includes youth sexual health services.

Examples in Glasgow City

South East Glasgow CHCP.

CHALLENGES

- Range of services provided limited by location and venue
- Difficulty (when only model being used) to establish a trusted 'youth health' brand which young people can clearly identify with
- Barriers such as embarrassment and concerns about confidentiality may prevent young people from attending
- Less well established monitoring and evaluation systems and limited ability to follow up young people
- Reliant on the willingness of local GP surgeries

BENEFITS

- Wide reach and scope in relation to access and equity as services can be delivered across CHCP area
- Engagement of young people who do not access youth provision
- Development of partnership working within health services
- Can be marketed within GP surgery via posters and leaflets

In each CHCP area youth health services are delivered using one or more of the above models. For further information on the extent of local provision refer to local CHCP youth health service review reports which are available from www.chcps.org.uk and www.phru.net/cyphi/default.aspx

Recommendations:

1. Local CHCPs should use a range of models for the delivery of youth health services.
2. The models of delivery used by local areas should be guided by the identified benefits and challenges aligned to each model and the key issues which have been highlighted within the local CHCP reports.

3.2 COMMON UNDERSTANDING OF 'YOUTH HEALTH SERVICES'

Throughout this review the term 'youth health services' was frequently used by staff and stakeholders. However, it emerged that there **is no common understanding of what is meant by a 'youth health service' and/or what youth health services are trying to achieve**. This was apparent among some adult stakeholders but considerably more pronounced among young people (users and non-users of services).

> **"The aim of the service is to provide young people between the ages of 12 to 20 with access to confidential information and advice on all aspects of health, and health related subjects that may give them concern"**
>
> Adult Stakeholder (SW Glasgow CHCP)

When asked about the aim of youth health services is adult stakeholders either responded by describing what the service provided or how it provided this rather than why i.e. what the service intended to achieve in terms of outcome. The most consistent response related to the approach of services (i.e. accessible, confidential etc). In some areas the response included the provision of holistic health services with the general aim of improving the health of young people. Although all services stated that they aimed to explore the wider health and social needs of young people it was apparent – from adult stakeholders and young service users – that in some areas the delivery of sexual health services is given priority status. This raises a number of interesting questions, not least due to the importance of young people's mental health identified within the literature review as a cross-cutting theme that underpins all health improvement work.

> **"Some young people think it is about sex only 'The Johnny club'....but it's not like that, once you come you know that"**
>
> Young Service User (North Glasgow CHCP)

Young people gave a wide range of responses when asked what was meant by a youth health service. Their understanding encompassed services just for young people (youth clubs as well as health services) to services that are established to give young people things to do and/or to provide condoms or other sexual health services.

Overall young service users had a clearer understanding of what youth health services are trying to achieve in comparison to young people who had not used services.

However among service users responses varied - not unexpectedly - depending on the type of service that they had accessed and their motivation for attending services. Young people who attended drop-in services out of curiosity and/or to socialise with friends were more likely to state the aim of services as giving young people places to go.

However young people who attended drop-in services for a specific health need were more likely to identify the aim as improving health, reducing pregnancy etc.

The lack of common understanding among stakeholders of the term 'youth health services' and the aim of services raises a number of issues. It is unclear whether specific interventions - particularly prevention and education programmes - in use by youth health services are evidence based because there is a lack of clarity on what these programmes aim to achieve. It is apparent that some young people (particularly young non-users of services) are unclear about what youth health services provide and what they can expect if they access a youth health service. This issue is particularly significant due to the importance young people place on being able to trust and develop meaningful relationship with services. There is also a lack of clarity in some areas in how youth health services differ from youth clinical sexual health services and/or how youth health services can clearly distinguish themselves as offering more than sexual health services only. Finally the lack of clearly defined outcomes makes it difficult to assess whether youth health services overall are successfully achieving what they intend to do.

A number of features appeared to help the understanding of what is meant by youth health services and what they aim to achieve among stakeholders and young people. This includes:

- Well developed local networks (stakeholders)
- Strongly developed brand (stakeholders & young people)
- Continuity of staff across different types of provision (young people)

Recommendations:

3. Youth health services would benefit from having a shared definition of what is meant by 'youth health services'. This should include greater clarity on how youth health services differ from topic specific services and/or a clear rationale for why some health topics are given greater priority than others.
4. Youth health services would benefit from having clearly defined and measurable outcomes and a clear understanding of how their service provision and approach are designed to achieve those outcomes.
5. At the very least, it would be useful for youth health services to have an explicit and shared understanding of the assumptions that are being made about how their services and model of service delivery achieve the outcome of 'improving young people's health'.

3.3 EQUAL AND EQUITABLE ACCESS?

Both within and across CHCPs in Glasgow City it is evident that youth health services are not delivered in an equal or equitable way. This is partly due to how local youth health services have developed and the funding that has been allocated to their development within local areas. In areas where youth health has historically been a priority area, i.e. North Glasgow, South Glasgow (Health Spot) and East Glasgow, youth health services are more established and have wider ranging service provision. However, the lack of equal and equitable services can also be partly attributed to the lack of strategic direction provided. This is most apparent in relation to the balance between the delivery of universal and targeted services and also in the location of drop-in services.

"There's just this invisible line in the road that you don't cross and I think that's a problem."

Adult Stakeholder (North Glasgow CHCP)

In each CHCP area there is some universal provision. However the form that this takes differs considerably. **There is not currently a drop-in youth health service in all CHCP areas and even fewer areas have drop-in services with a clinical component.** Within CHCP areas with one or more drop-in service there is recognition that because of the size and geographic spread of CHCPs many young people living within the CHCP will still not access provision. This is partly attributed to territorialism but also wider issues such as community identity i.e. young people living in Bridgeton not considering services in Baillieston as local; poor transport links, marketing and young people not recognising how services are relevant to them.

The decision on where drop-in services are located was often due to preferences identified by young people in local needs assessments but in other instances due mainly to practicality i.e. availability of venues, flexibility on what can be offered, link to Sandyford Hubs etc. In some areas stakeholders and staff reflected on the fact that needs assessments, which led to the establishment of services, were carried out over 8 years previously and within different local health structures i.e. LHCCs rather than CHCPs. This was considered problematic due to the timeframe and also the change in areas encompassed by the different health structures.

"Teaches you things that makes you feel better about yourself"

Young Service User (East Glasgow CHCP)

Across Glasgow City all youth health services deliver youth health outreach services predominately through youth organisations and mainstream schools.

The delivery of youth health outreach through schools is viewed as a particular strength of youth health services. This was due to it enabling contact with a large number of young people; many of whom are from areas of socio-economic deprivation.

In addition the **delivery of youth health outreach through existing youth provision is seen as a pro-active way of overcoming territorialism** whilst also helping to build the capacity of local youth work staff. This was seen as a particular benefit due to the limited staff capacity within dedicated youth health services and the recognition that improving young people's health is the responsibility of all services not just dedicated youth health services.

Example from practice

The Youth Health Services (YHS) operates from Maryhill and Springburn health centres and covers North Glasgow CHCP. YHS @ Maryhill offers 12 to 19 year olds a confidential drop-in service where they can see a nurse or doctor, take part in workshops, talk to counsellors or youth workers or workout in the gym.

YHS aims to support young people with any immediate health problem and help to prevent long-term conditions, many of which at attributed to lifestyle choice e.g. smoking or engaging in unprotected sex. In the longer term YHS aims to support young people who are struggling through their teenage years and to connect them to hobbies, training or education opportunities. 'Maxine' describes her experience of YHS.

"I first went to YHS 3 years ago and I have been in and out for different things. I got to know Julie who got me involved in Creative Pathways, an arts based programme where you design and make clothes from recycled garments from charity shops. After 6 months we put on a fashion show which was fantastic! Now I'm at Glasgow North Glasgow doing fashion and design. I just never thought I could do anything like this".

For more information on YHS contact Julie Gordon, Clinical Co-ordinator on Julie.Gordon@ggc.scot.nhs.uk

"Need to know it is confidential 'cause you don't know them and you are talking about sex."

Young Service User (SE Glasgow CHCP)

Although it is evident that youth health services are reaching varying proportions of young people in their target areas, all types of respondent in this review recognised that many young people are not accessing services. **The most common missing group identified by stakeholders was young people from minority ethnic communities and young people from specific geographic locations** (often where there are no drop-in services). However the needs of vulnerable young people and young people from other equality groups were conspicuous due to their absence in stakeholder discussions on missing groups and barriers to access. This may indicate a lack of awareness around the needs of vulnerable young people and those from equality groups (e.g. who identify as being LGBT, young people in care, young offenders, or young people with additional support needs), and a lack of clarity as to whether youth health services can meet their needs.

> **"We're certainly not reaching as many folk from BME population as we'd like, we're pretty low on that"**
>
> Adult Stakeholder (South East Glasgow CHCP)

As the needs of vulnerable and/or wider equality groups did not feature in many stakeholders interviews/focus groups there was also no full discussion as to whether current services can meet the needs of these young people. Despite this some wider questions can be asked such as could the needs of vulnerable and/or equality groups be met through better consideration of how services are marketed? Would slight adaptation to existing provision help to meet the needs? Or are the needs of some young people so specific as to require a completely different model of service?

> **"We are tipping the iceberg. I think we are only just hitting the young people we are seeing. The ones we are seeing we are having an impact on but there are just so many we aren't seeing."**
>
> Adult Stakeholder (East Glasgow CHCP)

Recommendations:

6. Youth health service provision across Glasgow City would benefit from a strategic plan that provides guidance on minimum levels of youth health service provision within each CHCP area.
7. The development of clear outcomes and clarification of the assumptions underpinning service provision which seeks to achieve these would help youth health services provide a rationale for how services are developed. For example, if outcomes are more clearly defined this would help local youth health services identify which model of delivery would meet identified local need.
8. Youth health services should have a clear rationale on the balance of delivery in relation to universal services and targeted provision.
9. Future discussion about the development of equal and equitable access to youth health services should consider:

- Pros and cons of different delivery models
- Costs associated with the different delivery models
- Minimum levels of needs assessment/youth involvement prior to developing new services
- Whether needs of young people from minority ethnic communities and other equality groups are fully understood and whether youth health services are best placed to meet their needs
- Whether needs of vulnerable young people are fully understood and whether youth health services are best placed to meet their needs

3.4 MARKETING & BRANDING

Marketing and branding were identified as critical to the success of youth health services. However, the difficulty in marketing and maintaining the profile of youth health services was also recognised. Within this review many examples of how local youth health services market their services were identified. These include:

- Direct inputs to young people through schools and youth provision
- Street work
- Social networking e.g. bebo pages and internet sites
- Leaflets and posters in a range of settings (including mainstream health services)
- Raising awareness among local youth organisations through local networks and partnership
- Use of marketing materials such as rulers, pens, mouse mats etc

It was raised that **marketing can be time consuming and requires to be carried out in innovative ways because young people do not always respond to leaflets or posters.**

> **"A big thing for me that encourages young people [to access services] is other people encouraging them to come; if that's a peer, a worker, a teacher or a parent".**
>
> Adult Stakeholder (West Glasgow CHCP)

The important role of schools in raising awareness of youth health services among large numbers of young people in Glasgow City was identified by all stakeholders, including young people. Another important approach to marketing was local youth providers raising awareness among young people who attend their services. There are many examples of workers accompanying young people to youth health drop-in services on their first visit.

It is clear from staff delivering youth health services that marketing is time consuming, due to this they **require to maximise all marketing opportunities.** This includes the development of a strong brand that helps young people clearly identify their local youth health service. In areas with a strong identifiable brand across all aspects of their provision seemed to improve awareness among non-service users. In addition it was suggested by adult stakeholders that it helps young people to make the links between different types of provision i.e. person delivering group work in school are linked to youth health drop-in.

> **"Advertise the service more, or maybe come and speak about it in schools"**
>
> Young Non-user (West Glasgow CHCP)

Across Glasgow City there are a number of different brand names under which youth health services are marketed. This is confusing and makes it difficult to recognise links between youth health service provision in local areas. It is also costly in terms of the design and printing of a whole variety of brand images and marketing materials.

Example from practice

The H4U brand was developed in East Glasgow CHCP following a large scale competition that encouraged local young people to develop a name, logo and image for their new youth health service.

H4U branding is used consistently across all aspects of their service provision i.e. youth health drop-in and outreach services. The range of branded materials includes pens, mouse mats, staff clothing, posters, leaflets etc.

The branding of staff clothing enables young people to clearly identify staff irrespective of where services are delivered.

For more information on H4U contact Jennifer Johnston, Health Improvement Senior (Youth) on Jennifer.Johnstone@ggc.scot.nhs.uk

Barriers to the marketing of youth health services were identified as limited capacity within youth health services and the need to make services relevant to the needs of young people. It was also evident that some areas face specific barriers to marketing their service (particularly in schools – mainly denominational) because of the association between youth health services and youth sexual health services. However, this was not universal and some drop-in services that provide (either now or historically) clinical sexual health services successfully engage and market their service in schools, including denominational ones. Often this is because they focus on wider components of their provision i.e. prevention and education group work, direct access to counselling or 'someone to talk to' about any health issue. In other instances it was because they had established relationships for the delivery of prevention and education group work within the school i.e. an emotional literacy programme.

The youth health services that reported the greatest barriers to carrying out their marketing via schools were those that are closely aligned to the Sandyford Hub provision and are branded under The Place @... banner. The Place @... is the brand name given to all youth specific Sandyford clinical sexual health services. However in some areas close partnership working has enabled the local Hub provision to develop from being a clinical sexual health service to providing broader youth health services. The main problem is that this distinction is not clear from the brand name alone.

Recommendations:

10. It would be valuable for youth health services across Glasgow City to develop one common brand name that enables all services to be clearly identifiable. Where services are marketed under the brand of 'The Place @' it is not clear to young people or the wider population whether they are clinical sexual health only services or youth health services. The development of a common brand name for youth health services would help this confusion.

3.5 LOCAL NETWORKS AND PARTNERSHIP WORKING

Partnership working was identified by stakeholders as something they currently do well while simultaneously being an area of working that they felt would benefit from some consistency and guidance across the services. The important role of partner organisations was clearly recognised. This included in kind support in terms of staff time and/or facilitating or taking part in marketing activity.

> **"[There is a] lack of consistency across the city. What can happen in one area can't happen in another. You need a strategic leadership 'champion' to put their foot down. How can you have a clinical service in one community venue in one area of the city but not another?"**
>
> Adult Stakeholder (West Glasgow CHCP)

The review highlighted that across Glasgow City, the most established relationships of youth health services are with wider youth provision and schools. This is particularly evident in CHCP areas with well developed youth/youth health networks and youth practitioner structures where 'young people's health' is an identified priority issue for the local area. However, despite examples of excellent partnership working and well developed local links **across Glasgow City there is no consistent approach to how youth health services work with partner organisations including schools and statutory youth provision.** Often the approach to working is due to relationships between individuals rather than strategic or service level agreements at a Glasgow City or CHCP level. This has led to situations where a partnership approach for the delivery of youth health services is agreed and implemented in one part of the City whilst a similar partnership approach appears unachievable in another.

Example from practice

"Your Health"@ ..... was developed to address the lack of youth health services within West Glasgow CHCP. It is a peripatetic service that works in conjunction with existing youth provision and schools to deliver a range of healthy activities and prevention and education group work.

This delivery model was developed following the active involvement of local voluntary and

statutory organisations who recognised the importance of developing youth health services based on the identified needs of local young people.

Across the West a number of local practitioner networks have been established to discuss and identify the needs of young people and help to develop equitable access to a range of services that can support young people's health and wellbeing. As a result of these networks and the evidence available a working group was formed to ensure youth health services were developed.

For more information on Your Health contact Sarah Brady, Health Improvement Senior, Sarah.Brady@ggc.scot.nhs.uk

It was interesting to note that there were no references to local networks (or Glasgow wide groups) which have been established to meet the needs of vulnerable young people or equality groups. This may link to the previous points regarding youth health services not being aware of the needs of these groups and whether youth health services are best placed to meet their needs.

A number of issues arose relating to the link between youth health services and wider NHS and CHCP provision - particularly the Sandyford Initiative. It is recognised that in some areas there are excellent links between CHCP youth health services and the Sandyford Initiative youth clinical sexual health services. Within two CHCP areas, the youth health drop-in services are aligned to The Place and based within the Sandyford Hub. However in other areas the relationships between youth health services and the Sandyford Initiative are less well developed or less positive and more constructive partnership working would be beneficial. There are a number of reasons for the less positive relations including changes in staff personnel and key roles being unfilled (or a staff member being absent) for long periods of time. However the historic development of youth health services and the emergence of Sandyford Hubs is an important factor behind relations in some areas.

"Links to education are pretty strong, that comes through the youth health networks as well. The health development officers sit in the networks and are on the health subgroup so links are strong between [H4U] and schools".

Adult Stakeholder (East Glasgow CHCP)

It would seem that in areas with good partnership working between youth health services and the Sandyford Initiative the relationship pre-dates the emergence of the CHCP structure and the Sandyford Hubs. In addition there is greater clarity on the role and scope of what youth health services and what the Sandyford Initiative provide. In the two areas where youth health services are delivered jointly the role and scope of the local CHCP staff and Sandyford staff (as well as other local contributors) has been clearly defined as part of a service level agreement.

This differs from other areas, where the relationship between CHCPs and the Sandyford Initiative was more formally established after the emergence of CHCPs and the Sandyford Hubs. Some staff and stakeholders described being frustrated at the lack of flexibility and local negotiation on the location of youth health services, if they wanted to offer a sexual health clinical component. This is because of the requirements for youth clinical sexual health services to be delivered as part of the Sandyford Initiative Hub provision. In some areas youth health drop-in services had historically delivered a clinical sexual health service but do not anymore. There was some frustration that this aspect of their provision had been removed due to the emergence of the Sandyford Hub. There was a lack of clarity on the reason why youth health services could not continue to offer a clinical sexual health service even if the CHCP area also has youth clinical sexual health services delivered as part of the Sandyford Hub – particularly in areas where the Hub is not easily accessible to everyone within the CHCP area due to location.

"They listen to your opinion"

"What young people say makes a difference... they started organising clubs and massages and stuff"

Two young Service Users (SW Glasgow CHCP)

Example from practice

The Place @ Pollok is delivered as part of youth health service provision in South West Glasgow CHCP. The clinical drop-in service is a partnership approach between the CHCP, Sandyford Initiative and local youth organisations.

Although the clinical service has a focus on sexual health services the wider partnership enables the needs of young people to be considered in a holistic way. The following story provides an example of this.

'Adam' went along to regular group work session on alcohol. Later during a one to one with the nurse he disclosed that he was concerned about his alcohol use. The nurse was able to discuss this with him informing 'Adam' about how alcohol could impact on his life now and in the future. The nurse went on to refer 'Adam' to the alcohol worker within the youth health service. 'Adam' attended one to one sessions with the worker for support with his alcohol use. As a result 'Adam' reported being able to take part in activities whilst drinking less alcohol. 'Adam' is now a great advocate for the service and regularly brings new friends along.

For more information on youth health services within SW Glasgow CHCP contact Christine Biggar, Youth Health Service Co-ordinator
Christine.Biggar@ggc.scot.nhs.uk

Across Glasgow City there are few examples of youth health services directly linking to mainstream NHS services and/or wider CHCP services. The reasons for this were not clear however it was widely recognised as a core factor that needs to be addressed in order to ensure the ongoing equitable delivery of youth health services. A recurring theme was the need to strengthen links between youth health services and children's services. Youth health services are planned within the Health Improvement structure of CHCPs whereas children's services are planned and delivered under the Children's Services planning structure of CHCPs. The implications of the separate planning structures seemed to be no formal links between the planning and development of children's services (which includes planning for some of the most vulnerable children and young people and clinical provision such as CAMHS etc) and youth health services. This meant that opportunities for joint working and ensuring that the most vulnerable groups of children and young people are aware of youth health services are being missed.

Many adult stakeholders indicated that the widening of Children's Services to incorporate children and young people aged 0 to 18 years (rather than predominately 0 to 5 as previously had been the case) presented a future opportunity for youth health services to develop better links with Children's Services planning. This would help to generate stronger links with social work and specialist services that work with hard to reach and vulnerable young people.

Recommendations:

11. Youth health services would benefit from closer planning at a strategic and practitioner level with wider CHCP services - particularly children's services and city wide services (& GGCNHSB) such as the Sandyford Initiative.
12. Youth health services recognise and value their close partnership working with local organisations including schools and youth providers. This would be aided by well developed local strategic and practitioner networks and recognition among local agencies that young people's health is everybody's business.

3.6 YOUTH CONSULTATION OR YOUTH INVOLVEMENT?

Youth health services across the city have well established youth consultation approaches but a contrasting lack of strategic youth involvement structures. Throughout this review and across all the youth health services examined, there were excellent examples of young service users being consulted and asked their opinions on an on-going basis about the services they receive. Stakeholders and young service users were able to give examples of how the views of young people had shaped the delivery of youth health services. This often related to the delivery of prevention and education group work and/or the provision of additional services within youth health drop-ins i.e. massages, stress busting techniques etc.

Across youth health services there was also recognition that services have been developed and shaped in response to large scale needs assessments. This and the on-going focus on youth consultation led staff and stakeholders to describe an ethos of youth led service provision. Despite this ethos there were few examples of well established systems for the on-going involvement of young people at a strategic level.

The lack of strategic involvement was identified as a gap in two CHCP areas (in both areas they are currently involved in the development of newly formed strategic youth involvement structures). However other stakeholders indicated that the current measures that focused more on the on-going consultation of young people were sufficient. This is reflective of a wider on-going debate about how best to involve young people in service delivery and whether involvement structures are truly any better at enabling young people to influence the direction of service than more basic consultation.

Example from practice

Youth involvement structures within the South East Glasgow CHCP are growing and developing. Historically youth involvement structures have been well developed within Health Spot.

- Health Spot, South East Glasgow engages with young people via its User Involvement Group (UIG). 52 young people applied for 15 places on this group. At present 7 young people attend on a weekly basis to shape Health Spot services. The group is currently developing a health event targeted at teachers, health professionals and parents. The group has produced a dvd (to be launched at an event they have titled "We Want"), and they will facilitate a continuous open workshop.

However it was recognised that structures across the South East are lacking. This has led to the following developments:

- Capacity building of 27 young people from across local schools to develop 'Youth Action' and 'Health Action' groups. It is hoped that these groups will ultimately become the youth involvement strand of the Public Partnership Forum of the CHCP.

- The Youth Health Improvement Team are leading on the development of a Youthbank for SE Glasgow. Local YouthBanks provide small grants to projects led by young people, which benefit the community and also the young people involved. YouthBank is unique in that it is young people themselves who make decisions about how local YouthBanks are managed and run. YouthBank is more than just a way of giving out grants – it is about supporting and training young people to enable them, through grantmaking and related activity, to benefit other young people and the community, as well as themselves. YouthBank builds on young people's skills and experiences to enable them to reach their full potential and to play a full part in their own communities.

For more information on SE Glasgow CHCP youth health services contact Margaret Roberts on Margaret.Roberts2@ggc.scot.nhs.uk. For more information on Health Spot contact Gary O'Connor on gary@healthspot.org.uk

Much of the literature (National Youth Agency, 2001;) suggests that no single approach is correct, but methods must be chosen to suit the needs and priorities of those involved, the resources available and, where relevant, ensuring that all young people have the opportunity to get involved. There is broad agreement that a range of methods for the engagement and involvement of young people should be used by service providers. There are a number of ways of describing different levels of participation; these have commonly been represented in terms of a ladder (Hart, 2002).

Roger Hart's Ladder of Young People's Participation

Rung 8: Young people & adults share decision-making

Rung 7: Young people lead & initiate action

Rung 6: Adult-initiated, shared decisions with young people

Rung 5: Young people consulted and informed

Rung 4: Young people assigned and informed

Rung 3: Young people tokenized*

Rung 2: Young people are decoration

Rung 1: Young people are manipulated*

Note: hart explains that the last three rungs are non-participation

Adapted from Hart, R. (1992).
Children's Participation from Tokenism to Citizenship.
Florence: UNICEF Innocenti Research Centre

The ladder of participation shows the different types of participation. Although presented as different levels the model does not assume that (outwith the non-participation rungs) the maximum level of participation is always appropriate or the most beneficial.

Recommendations:

13. Youth health services should consider whether the current levels of youth participation, with a focus on consultation, are sufficient for ensuring that services are young people led. In considering this, it would be useful to focus on the following:

    - Whether youth health services require to involve young people in more ways and whether more strategic youth involvement would be beneficial for young people, youth health services and/or the CHCP/GGCNHS

    - Whether youth health services require to develop their own youth involvement structures or whether the development of youth health services can be sufficiently influenced by Community Planning Partnership (CPP), CHCP, and/or Glasgow City wide youth involvement structures if and where they exist. If these structures do not exist would youth health services be better served by supporting their development rather than creating their own?

    - The resources required to sustain meaningful involvement should be recognised

3.7 MEASUREMENT AND EVALUATION

There is currently no consistent collation of monitoring information across Glasgow City youth health services. The information that is collated differs from CHCP to CHCP, across different organisations within the same CHCP and also within individual youth health services depending on the type of service provided. Overall, monitoring information was more robust for drop-in services than provision delivered as part of outreach programmes. The information collated across CHCP drop-in services includes age, gender, postcode/area of residence and reason for attendance. However it does not always include ethnicity or disability. For outreach programmes the information varies enormously but generally includes total number in attendance and gender of those attending.

> **"Certainly the health education I think is having quite a good impact certainly when we get really in depth discussion around things like contraception and STI's these young people have never had a clue how they can protect themselves, how they can be tested, how easy it is to be tested."**
>
> Adult Stakeholder (SE Glasgow CHCP)

All areas have well established mechanisms for the immediate user evaluation of prevention and education group work programmes and for exploring young people's views on how youth health drop-in services are delivered. This includes the use of paper questionnaires/satisfaction surveys, 'Youth Comments' notice boards within drop - in services and in one instance the online questionnaire service 'Survey Monkey'.

Across Glasgow City staff and stakeholders felt that youth health services were having some impact on the health and wellbeing of young service users. However, they could not be sure of the extent of this impact because the impact is not adequately measured and because many perceived/intended benefits would not be seen until later in life or were 'softer' outcomes that could not be captured by statistics or prevalence rates. This raises a number of issues regarding how well supported youth health services are to measure and collate information that could help to demonstrate the impact of their provision. This is important to help ensure the effectiveness of as well as ongoing funding for and long-term sustainability of youth health services.

"I think it is difficult to say whether or not youth health service provisions are having an impact on a child's health and wellbeing. You know in terms of impact is it changing their attitudes? Their Behaviours? I'm not sure how that's measured."

Adult Stakeholder (SE Glasgow CHCP)

Recommendations:

14. Youth health services would benefit from a consistent and agreed approach for the collation of monitoring information for drop-in and outreach services.
15. Youth health services would benefit from the development of outcomes that are clearly measurable. This would be further aided by clear guidance and top level evidence on 'what works' i.e. evidence based prevention and education programmes; evidence for the prevention of teenage pregnancy; evidence for the development of positive mental health etc.
16. Youth health services would benefit from a systematic central collation of baseline figures and yearly monitoring statistics from all youth health services. This would help to measure the impact of youth health service provision across Glasgow City.
17. Wider discussion is required on how best youth health services can capture 'softer outcomes' such as increased confidence, decision making etc.
18. Youth health services will require to explore staff development and support needs around outcome-focused planning and the practical application of monitoring and evaluation procedures.

3.8 STRATEGIC DIRECTION AND GUIDANCE

Adult stakeholders identified **the need for more strategic working across youth health services in Glasgow City in order to ensure equal and equitable service provision.** This also included enhanced opportunities for the sharing of good practice and a mechanism for Glasgow City youth health services to influence policy direction as well as to respond to emerging issues and Scottish Government priorities in a co-ordinated way.

It was identified that the existing Strategic Youth Health Network which supports youth health developments across Greater Glasgow & Clyde is one existing structure that could be utilised to provide strategic support and guidance. However, it was also recognised that although this structure has been in existence for some time it has experienced difficulties in linking with existing NHS and Glasgow City led strategic health and youth structures. This means that is does not provide local areas with the required strategic support. This is potentially because this network is practitioner led with no centralised support structure that can co-ordinate effort and/or disseminate guidance to all youth health service staff.

Recommendations:

19. Youth health services would benefit from a GGCNHS B/Glasgow City strategic plan which outlines the way forward to help address the issues raised in this review. In particular:
    - Outcome focused planning and a common definition for youth health services
    - How and where future provision is developed i.e. which model(s) of provision, target group, location of services etc.
    - To support the marketing & branding of youth health services
    - To develop core monitoring procedures for different types of service provision
    - To develop evaluation approaches that would enable youth health services to measure 'softer' outcomes
    - To consider different models of youth involvement and how best local youth health services can engage young people.
20. The form of this strategic support requires fuller discussion; however it is recommended that consideration is given to the development of a post (or specific role within existing post(s) who have dedicated time to develop strategic guidance and provide strategic support to all youth health services within Glasgow City.

4. CONCLUSION

In carrying out this review it became evident that across all youth health services there are examples of excellent practice where staff, despite a range of barriers including limited resources, restrictions in location, territorialism etc, are providing young people with the opportunity to enhance their understanding and commitment to their own health and wellbeing. It was also evident that in each area the services that are delivered are widely welcomed by local partners and appreciated by young service users.

All of the issues raised within this review report are common across the local CHCP youth health services. This review report presents an opportunity for youth health services to move forward based on the objective recommendations that are given. If this opportunity is not taken it is likely that each local area will try to solve the problems identified in their own individual reports separately. This would take significant time and would be a considerable duplication of effort compared with seeking to address the bigger broader issues together across all five CHCPs. The development of youth health services across Glasgow City would benefit from trying to achieve the same goal and through shared best practice in a supported and co-ordinated way. The best approach to achieving this requires further discussion however could include a pan-Glasgow City representative body with commitment to developmental time from each CHCP area. This would enable working groups to be developed from across services in relation to the core recommendations.

It is important to emphasise that the recommendations in this report will need to be considered alongside wider developments including the on-going structural changes within CHCPs, Scottish Government priorities and targets and policy documents and guidance such as 'Valuing Young People'.

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- The young non-service users who contributed to a deeper understanding on the barriers that prevent young people from accessing local youth health service provision and ideas for future development

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