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# **A report on an engagement with young people and professionals about post-pandemic Sandyford Young People's services**

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For NHS GGC Sandyford Services

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Dr Colin Morrison

TASC Scotland Ltd

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## Introduction

On behalf of NHS GGC Sandyford Services, independent consultancy TASC Scotland has facilitated a consultation with young people and key staff in the service and across partner agencies, on Sandyford's Young People's sexual health services, with the intent of exploring this question:

### **In the context of recovery, how should sexual health services for young people be delivered to ensure optimal accessibility and uptake?**

Sandyford is the sexual and reproductive health service for the population of NHS Greater Glasgow and Clyde. The service is provided from the Charing Cross based Sandyford Central location in Glasgow, and in community settings across the health board area. Sandyford has recognised that young people are a priority population group for the service. Sandyford committed to improving the sexual health of young people in the *Sexual Health Strategic Plan (2017-2020)*, using its resources to meet the following outcome:

### **Young people have positive sexual health and respectful relationships free from coercion, discrimination and harm in a culture which values their sexuality.**

Sandyford undertook a comprehensive service review between 2017–2019 which led to recommendations for the service model for young people. However, prior to implementation, the Covid 19 pandemic occurred. As a result, sexual health services were forced to retract to two locations and only see clients with urgent medical conditions; all of the young people drop-in clinics were suspended. Although many services are recovering at the time of writing, it is early days. Some young people clinics are available but only on a pre-booked basis and in a limited number of areas.

Looking to the re-establishment of services for young people, Sandyford identified the need to engage with them to affirm whether their needs, and the expectations they have of services, remain the same as the previous cohort consulted some 4 years ago, pre-pandemic. Personnel across

services have also changed, and so it was considered that it would be beneficial to engage staff to consider service users' needs/asks, as well as take time to reflect on any aspects of service realignment that were a result of the pandemic and which might remain a feature of recovery.

## Approach

### Young people

In the midst of ongoing concerns about Covid the engagement with young people was virtual, via an online survey. Content for the digital engagement was constructed by TASC in association with the commissioning group. Key learning from the 2017–2019 engagement was used as a starting point, enhanced with professional knowledge of how services have changed and reached young people during the pandemic. Content was structured around a series of statements about potential models of service provision, with open space for young people to be innovative in their identification of what services they want for themselves and for peers.

With acknowledgement that such an approach is competing for young people's attention in the digital space the survey tool was designed and promoted by 8 million stories, a digital and content marketing agency. Working across social media platforms, where young people are, the intent was to reach a broad range in terms of demographics/characteristics.

In addition to the direct engagement on social media the intention had been for TASC to engage with schools, youth work and specialist services across HSCPs to bring in the support of key gatekeepers who maintain face-to-face relationships with young people. While community outreach was possible it was decided that schools would not be approached because of current engagement in the Health and Wellbeing school-based census. This impacted on the hoped-for reach of this work.

In total 321 young people who responded to the survey met the criteria of being aged 13 to 18 years old and living in the NHS GGC board area.

### Professionals

Staff working across Sandyford, partner HSCPs/Local Authorities, education, youth work and other community services were invited to engage in interviews via Teams. Starting with the recommendations for service

delivery made pre-pandemic (*Sandyford Service Review Final Report of Young People Service Workstream/December 2017*), learning from the past 2 years and from a refreshed perspective from the young people's new engagement, colleagues were provided with interview questions and a set of statements in advance.

Detail of the interview questions and advance statements is provided in Appendix 2, but to summarise interviews explored these areas: *What the clinical model should be; Staffing of any possible models; How the service can reach specific populations; How services can be communicated or promoted to young people; and how Sandyford services might engage in an ongoing way with young people to include them in service design and evaluation.*

51 people were approached with an invitation to participate. 34 people were interviewed: 9 interviewees work in Sandyford services, 8 in other NHS roles and 17 in partner/non-NHS settings. All interviewees were assured anonymity, although quotes are used in this report names and locations are not given.

## Features of the Young People's Service / What we already know

It is useful to consider some of the necessary features of a young people's service, including factors which differentiate the service from services for adults, and also to acknowledge what we know from earlier reviews, reflections and staff and young people engagement; *we do not start with a blank sheet.*

**The numbers of young people attending dedicated services is of interest, has fluctuated, and of course has been impacted by the pandemic.**

Numbers attending have decreased every year from 2011 onwards. The previous service review concluded that this fall in numbers was attributable to some extent to a reduction in the dedicated service for young people. In 2016, 3,022 young people accessed Sandyford. In 2021, in the context of the pandemic, this was 1,794 young people.

**Sandyford attendance data shows that young people are unlikely to travel to other Sandyford services out with their own area.** Unlike all other age groups, they are most likely to attend services nearest them.

**Pre-pandemic Sandyford provided services from 15 sites across the health board area.** Dedicated young people drop-in clinic slots were provided in all service locations. In December 2017 there were a total of 28 sessions comprising 33 hours per week of dedicated young people clinic time provided across the sites. At that time most sites were open from 3.30 till 4.30pm. Prior to the pandemic a number of young people services had already been suspended due to staffing capacity challenges in the service.

**At the time of writing current service delivery by Sandyford Young People's clinics looks like this, with a total of 15 hours across 6 sites.**

- Sandyford Central on Tuesdays, Wednesdays and Thursdays between 4:30pm-7 pm
- Sandyford Parkhead on Mondays between 4:30pm-7 pm
- Sandyford Paisley on Thursdays between 4:30pm-7 pm

- iZone Port Glasgow on Tuesdays between 4:30pm-7 pm
- Sandyford Clydebank on Thursdays between 4:30pm-7pm
- Sandyford Govanhill on Mondays between 4:30pm-7pm

Alongside this clinic provision, Sandyford has a lead nurse and lead consultant for young people who mostly work from Sandyford Central, as the Young People's Team; these roles sit alongside other roles and responsibilities of these staff in provision of adult services. This team manages complex cases for young people and carries the overview of child protection cases. Outreach sessions are provided to secure residential care settings.

Sandyford has a positive history of asking service users their views<sup>1</sup>. **The opinions and experiences of young people have been captured through various consultation and research projects conducted in 2014, 2015 and 2016.** Responses provide a relatively consistent set of messages.

- Young people have consistently provided feedback that the opening times and locations of Sandyford's young people clinics can be a barrier to them accessing sexual health services.
- Young people also report that embarrassment and confidentiality concerns are barriers to services like emergency hormonal contraception and free condoms, both in terms of Sandyford and other provision/settings.
- Some young people do access sexual health care from wider primary care providers. Mostly this has been young women who have accessed contraception from GPs. Young men are very unlikely to seek sexual health care from GPs. In the main, young people express concerns about confidentiality, the environment of the surgery and concerns about who they might meet there as significant barriers to accessing GPs for sexual health care.
- Some young men source free condoms from pharmacies.
- Some young women would consider approaching their school nurse for advice about sexual health, however in the main young people

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<sup>1</sup> This context information is presented in the document *Sandyford Service Review – Final Report of Young People Service Workstream/December 2017*

report concerns about confidentiality being a barrier to approaching a school nurse.

- When asked about their service preference, young Gay/Bisexual/MSM would prefer to attend a young people's service that is able to address their issues, rather than GBMSM specific services that would also be attended by adults.
- Young people almost universally prefer accessing specialist sexual health clinics for the level of anonymity offered, they are perceived as non-judgemental and they are viewed as having a specialist knowledge of young people's needs and circumstances.

There is also a clear consensus on **the main factors which facilitate access to sexual health services for young people**. These have been described in evolving UK policy and practice guidance including Walk the Talk<sup>2</sup>, the You're Welcome<sup>3</sup> standards and Healthcare Improvement Scotland standards for Sexual Health Services<sup>4</sup>. These all concur that services should:

- Be based on the participation of young people in their design and delivery.
- Provide reassurance about confidentiality.
- Be provided by staff who can demonstrate competencies for working with young people. These competencies include being welcoming and friendly and being able to communicate with and reassure young people.
- Be provided in locations which are easily accessible by public transport and at times which allow easy access, especially late afternoons and early evenings.

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<sup>2</sup> Walk the Talk resources offer quick, easy-to-use tips about providing a youth-friendly health service 2013 <http://www.healthscotland.com/documents/5110.aspx>

<sup>3</sup> The Department of Health 'Quality criteria for young people friendly health services' You're Welcome 2011 <https://www.gov.uk/government/publications/quality-criteria-for-young-people-friendly-health-services>

<sup>4</sup> Healthcare Improvement Scotland Sexual Health Standards [https://www.healthcareimprovementscotland.org/our\\_work/standards\\_and\\_guidelines/stnds/sexual\\_health\\_standards.aspx](https://www.healthcareimprovementscotland.org/our_work/standards_and_guidelines/stnds/sexual_health_standards.aspx)

- Are provided in environments which actively represent and welcome young people through the use of appropriate posters and leaflets
- Have reception environments which are designed to protect privacy and avoid stigmatising feelings.
- Audit the attendance of young people regularly including which groups of young people attend and do not attend.
- Have considered how to appropriately engage with parents and carers in ways which reinforce the principles of the Age of Legal Capacity Act.

## Findings

### **In the context of recovery, how should sexual health services for young people be delivered to ensure optimal accessibility and uptake?**

Findings are presented from the young people's survey, and then from the interviews with professionals.

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### Young People

A young people's survey was available at the domain <https://tellsandyford.scot/>

Content was structured around a series of statements, each exploring potential models of service provision, based on the pre-pandemic consultation and service review undertaken by Sandyford. In addition, two open-ended questions were posed to allow an opportunity to further describe the nature of services each respondent hoped for.

321 young people who responded confirmed they were within the age range required, 13 to 18 years old, and that they lived in one of the six Local Authority areas within NHS GGC. Further details on respondents is provided in Appendix 1.

The following terms are used when reporting on the results of the young people's survey:

- *Almost all* means over 90% of young people
- *Most* means 75% to 90%
- *A majority* means 50% to 74%
- *Less than half* means 15% to 49%
- *Few* means up to 15%.

Firstly, the survey asked young people to confirm that they wanted to see a dedicated young people' service; and also, whether they thought that they should still be able to access other/adult clinics too.

- A majority of young people 65% want sexual health clinics just for them
- A majority of young people 66.6% also want to still be able to go to an adult clinic if they want to.

### **Service location**

Young people were asked where they would like a young people's service to be located. These statements and responses are focused on physical locations, digital options are discussed later.

- Most young people 76.2% would like to go to a young people's clinic they know is provided by Sandyford
- A majority of young people 73.4% would like a young people's service to be as local as possible
- A majority of young people 73.6% would like a Glasgow city centre clinic, as well as local clinics
- A majority of young people 56% would like a young people's service to be available at their GP surgery
- Less than half of young people 43.3% would like a young people's service to be available at their local pharmacy
- Few young people 13.9% would like a mobile-van service to visit their neighbourhood.

### **Making an appointment/drop-in options**

Young people were asked about the offer of a hybrid drop-in and appointment system, as well as views on options about how to make an appointment.

- Most young people 78% want clinics to have drop in and an option to make an appointment
- Most young people 76.4% want to be able to make clinic appointments by phone
- Most young people 76.1% want to be able to make clinic appointments by going online.

## **Getting to a clinic**

Young people were asked about the maximum travel time they would undertake to get to a clinic.

- 44.9% of young people would spend a maximum of 30 minutes
- 45.2% of young people would spend a maximum of 1 hour
- 9.3% would be happy to spend more than 1 hour.

Young people were asked how they would normally get to a clinic.

- 45.2% would take the bus
- 28.8% would walk
- 21.1% would get a lift
- 2.5% would get there in a taxi
- 1.5% would go on their bike.

## **Opening times**

Young people were asked when, and for how long they would like a clinic to be open.

- Less than half of young people 23.5% wanted a weekday clinic to be open after school/college for at least an hour
- Less than half of young people 45.2% wanted a weekday clinic to be open after school/college for at least 2 hours
- A majority of young people 58.5% wanted a weekday clinic to be open after school/college for more than 2 hours
- A majority of young people 57.9% wanted a clinic to be open on a Saturday morning
- A majority of young people 58.5% wanted a clinic to be open on a Saturday afternoon.

## **Considering what is available at a young people's clinic**

Young people were asked what they wanted to get from their dedicated young people's service.

- Almost all young people 92% want to talk to someone who won't judge them
- Almost all young people 90.7% want to get tested for infections
- Most young people 86.1% want to talk to someone they can trust
- Most young people 84.8% want to get free condoms
- Most young people 79.6% want to talk about pregnancy
- Most young people 76.8% want to talk about abortion
- A majority of young people 69.3% want to talk about worries about relationships
- A majority of young people 67.5% want to talk about their sexuality
- Less than 1% of young people responded that they would want to talk about PrEP.

## **Colocation/other services**

Options were put to young people in terms of whether a youth worker should be available at clinics, and also whether youth or community centres might be a place for locating services.

- A majority of young people 73.7% would want there to be a youth worker at clinics that you can talk to as well
- A second statement around co-location was offered. Young people were asked: *Where would you like a young people's service to be? One option was: At a place that gives other kinds of information or support not just sexual health (like at a youth or community centre).* Despite what we know about the success of services that are co-located in youth settings only 1.2% of young people chose this as an option. To be clear they were not saying 'no', but equally not making a positive choice as described. It is useful to remember that when asked, young people had not been accessing centre-based youth or community work provision in person for 2 years. As we move towards the opening up of youth services and community centres then

qualitative work with young people would be able to unpack this further.

### **Digital/online services**

Young people were asked about what they would want from online/digital services.

- Most young people 76.4% want there to be online services, as well as clinics you can go to
- Most young people 72.4% want an online service with live messaging/chat
- Most young people 70.3% want an online/postal service to access condoms or testing kits
- Most young people 52.6% want an online service using messaging/email
- Less than half of young people 44.9% want an online service where they can speak with someone live on screen.

### **Informing young people about services**

Young people were asked about the best way to get information to them about Sandyford young people's services, with a range of virtual and IRL, in real life, places or platforms.

In terms of IRL:

- Most young people 66.3% want to access information via Sandyford's own website
- Most young people 65.3% want to access information via lessons in school
- Less than half of young people 49.2% think that posters at school or college would be a good way to get information to them
- Less than half of young people 16.1% think that information via a youth group they go to would be a good way to share information
- Less than half of young people 28.8% think that posters in youth, community or sports centres would be a good way to get information to them.

In terms of digital spaces, young people will use or prefer some platforms over others, and not every young person will be a user of every platform. For example, it is estimated that around 55% of young people in our age category use Snapchat and so this will impact on whether they think this is an appropriate space. With this in mind it seems that a reasonable number of young people would like to see Snapchat, YouTube or Facebook used to reach them.

- Less than half of young people 37.5% think that Snapchat is a good platform to share information with them
- Less than half of young people 27.6% think that YouTube is a good platform to share information with them
- Less than half of young people 25.7% think that Facebook is a good platform to share information with them
- Few young people, less than 1%, think that Instagram or TikTok are good platforms to get information to them.

### **What would the best young people's sexual health clinic be like?**

This was posed as an open question, with an encouragement to young people to tell us anything that would help them go to a young people's clinic or make it the best experience for their friends. The quotes that follow are a representative sample of contributions, with a focus on the characteristics of clinic staff, the atmosphere or ethos of the service, and ideas about how to optimise access and uptake.

**In terms of clinic staff** young people have clear expectations and hopes, that staff are kind, caring and trustworthy.

"Kind, open people".

Female/15/Glasgow

"Nice and colourful and positive. People you can trust".

13/East Dunbartonshire

“Friendly staff? My experiences at Sandyford have always been great”.

Female/18/Glasgow

“The staff being an actually diverse range of people. It's no fun going to somewhere where i don't feel represented. Unless clinical clothes are necessary, it'd be nice to see some of them express themselves that way”.

Trans-Nonbinary/16/Glasgow/Neurodiverse/Have a disability

In terms of **the atmosphere or ethos of the service** young people expressed the following aspirations for Sandyford clinics; they are looking for services that are non-judgemental, confidential, discreet and inclusive.

“It would be a place with no judgement, where I can feel safe and looked after if I was hurt”.

Female/16/Glasgow

“Somewhere you could speak freely without being judged, open on weekends”.

Female/17/Glasgow

“It should be local, confidential and be more concerned about making young people feel comfortable in the environment before asking any questions”.

Female/16/Glasgow

“Kind staff, comfortable atmosphere, judgement free zone, being taken seriously”.

Female/17/Inverclyde/Care experienced

“Understanding and non-judgemental. Helpful as can be”.

Male/18/Glasgow

“Keeping everything as discreet as possible so young people don’t feel too embarrassed about entering the building or talking about it”.

Female/17/Glasgow

“People you can go to on a friendly level rather than professional so it’s not so humiliating”.

Female/18/Glasgow

“Comfortable, and not decorated like a clinic. Because sometimes going to things like the doctor can be scary and the environment can make you feel worse”.

Female/16/Glasgow

“Everyone would feel safe and able to speak about their worries with no judgement. Personally, when I called Sandyford, they told me I could not join as they were full with patients. This then seriously limited my choices for birth control as there were only 2 the GP was able to give me. Okay”.

Female/18/Glasgow

“Somewhere that is also helpful for lgbt sexual health questions”.

Trans-Nonbinary/18/renfrewshire

“A friendly environment where I could go for any questions and not feel judged in any way. Where the answers don't feel awkward and its adult conversation. I would like to be able to go in and book an appointment for that day, like a 'walk in because sometimes booking appointments can be embarrassing”.

Female/16/Glasgow

“A well decorated place with posters of information about contraception and infections! A caring environment where u can feel appreciated and calm and also feeling able to trust one another”.

Female/16/Renfrewshire

**Young people shared ideas about how to optimise access and uptake.**

A key issue is the guarantee of confidentiality and knowing that conversations and support can be wide-ranging. Young people also want to see a full range of clinical services re-established and available. Booking systems should also be straightforward, and when they feel they need to, young people should be able to be accompanied to an appointment.

“Nice waiting room, free Wi-Fi snacks and juice”.

Female/15/East Renfrewshire

“Less clinical more relaxed atmosphere”.

Female/17/Glasgow

“Close to where I live, non-judgemental and easy to make appointments”.

Female/18/Glasgow

“Make it easy to get an appointment especially as young people have anxiety and make the clinic easily accessible and safe”.

Female/17/Glasgow/Care experienced

“A place with little intimidation and friendly workers, also a clear description of what to expect prior to going to an appointment or service”.

Female/17/Glasgow

“Confidential, won’t be seen inside by hundreds of folk”.  
Female/15/have a disability/East Renfrewshire

“Confidentiality, friendly, understanding staff members”.  
Female/16/Glasgow/Care experienced/Neurodiverse

“One where you can ask for advice, questions, protection or worries about sex”.

Male/18/neurodiverse/East Renfrewshire

“Private, supportive, freely available contraception and mental support. Advice on abortion and things like the pill”.  
Trans-Nonbinary/18/Glasgow/

“A place where we can get a coil fitting considering it’s been two years since Covid started and should no longer be preventing the procedure”.

Female/18/Glasgow

“Be able to speak with a youth worker and bring a friend, be able to drop in”.

Female/15/Glasgow

“You’re allowed to bring a support person”.

Female/18/Glasgow

“Somewhere you can bring your friends along to, as it may be overwhelming coming alone. Somewhere local to schools are it will be convenient”.

Female/18/Glasgow

“Somewhere where people can go without worrying that they might be noticed, personally I would say somewhere

where people can travel to (perhaps by a 20-minute walk or a quick bus-car ride) because I understand that other teens as well worry that they will be seen and possibly judged. So, I believe if they had to travel to the place then they won't need to worry about this. Also, somewhere where prep and birth control items are available such as condoms and such this is because I can understand teens might find it embarrassing to go to a shop to buy condoms or even get free ones at a pharmacy. I would suggest somewhere where they could be easily acquired but obviously somewhere where people won't mess with them".

Male/16/Glasgow

"Accessible and accepting. Somewhere that would aim to make people comfortable throughout the process, e.g., asking preferred pronouns and name(s), offering a diverse range of materials for people who otherwise would not be able to access sexual health information. Options to ensure safety, e.g., inconspicuous packaging of sexual health items or medication, changing preferred names on paperwork that other people like family members might have access to. Somewhere with wheelchair access and accessibility for people with mobility aids. Induction loops for hearing aid users. Pamphlets etc with braille. Somewhere that accommodates people with anxiety and allows them to feel comfortable in what is quite a new environment for most young people- maybe some sort of form to fill out to discreetly so that people could be sent to specific people or clinics, e.g., sexual health, sexual health education, gender, personal one-on-ones. It would also be

helpful to have some sort of form or something where people could put down boundaries, triggers, allergies etc- would they be more comfortable with a female or male presenting doctor? It would be great if there was a forum, online or in person to bring questions that would otherwise not be answered- questions about sexual pleasure, about religion, sexuality etc. Maybe there could be appointments people could make to talk about their specific needs and questions and then be given ways to progress from there, whether that be a gateway to birth control options for people with period-related conditions, gender affirming options for people with gender dysphoria etc. Also, the option to maybe bring someone for support would be great as well, and perhaps information packs to access at the clinic that would then allow people to explore things on their own time”.

Trans-Nonbinary/18/Glasgow/Neurodiverse

### **What would the best *online* young people’s sexual health service be like?**

This question was also posed as an open question, again with an encouragement to young people to tell us anything that would help to access an online/digital service or make it the best experience for their friends.

As with descriptions of the best face-to-face clinic, young people identify **the nature of the relationships with staff** as crucial, they should be caring and non-judgemental.

“Make everyone feel welcome as they will be nervous”.

Female/14/Glasgow

“Easy to use, friendly people”.

Female/17/Glasgow

"It would be a website or an app that I could message or call a professional on that I could trust".

Female/16/Glasgow

"No judgment".

Female/16/Renfrewshire

"Trust".

Female/17/Renfrewshire

"Respectful understanding trustworthy".

Male/18/Glasgow

"No robots! human interaction".

Female/17/Renfrewshire

"Casual, appealing website design, kind staff".

Female/16/Glasgow/Neurodiverse

"Having a real person that can help with your worries that you can message in real time".

Female/15/Glasgow/Neurodiverse

The nature of the services available online are also discussed with a focus on **being able to talk openly, with a guarantee of anonymity/confidentiality.**

"A place to have open conversations".

Female/13/Glasgow

"Something where you can chat face to face with a professional or chat anonymously".

Male/17/West Dunbartonshire

“Confidentiality, open messaging where you can discuss any worries or doubts about sex and relationships”.

Male/17/Renfrewshire

With a digital or online offer **information should be easy to find** and the full resource should be **easy to navigate**.

“Short queues for live chats and easy to navigate. Definitely have a FAQ page”.

Female/15/Glasgow

“Easy to navigate”.

Female/15/East Renfrewshire/Care experienced/have a disability

“Easy to navigate, sections on different symptoms and what they could mean, information about STIs and safety”.

Female/17/Inverclyde/Care experienced

“I personally would say a website like this, where it would have subtopics such as contraception, STIs , pregnancy etc where they could have quick access to information and or guidance”.

Male/16/Glasgow

“Something online with easily accessible info or an online messaging service”.

Male/18/Glasgow/Neurodiverse

Digital spaces are also viewed as providing the possibility of more **immediately accessible support and information and out of normal hours provision**. Young people view online services as a place to talk, whether in person or via chat facilities.

"A space with opening extended opening hours, discreet postal services. Caring and inclusive".

Female/18/Renfrewshire

"Being able to message or chat to someone about things you may need help with if you can't get to an in-person clinic as that's not an option for everyone".

Female/16/Renfrewshire

"Quick responses for young people worried or curious about something".

Female/18/Glasgow

"To be able to message the site and ask questions anonymously".

Female/16/Renfrewshire

"Private, similar to ChildLine messaging service".

Female/16/East Renfrewshire/Have a disability

"You would be able to email or message someone on a live chat on the website. You would be able to talk to them in confidence and then get the help you need".

Male/16/East Dunbartonshire

"A place where i can talk about how I'm feeling and ask for help when I'm struggling with body image. maybe if it's possible also talk about what would happen when I'm transitioning and talk about surgeries".

Trans-Nonbinary/18/Glasgow/Neurodiverse

“Video calls or a chat bot type system as some people might feel awkward talking on a video call”.

Female/18/East Dunbartonshire/Have a disability

“An online messaging system (kind of like a help service for say Currys PC world)”.

Male/18/Glasgow

“Could be over the phone so it doesn't need to be face to face. Can be as long as you feel you need”.

Female/16/Glasgow

“Open chat functions, options to arrange calls, options to get self-test kits for STDs etc delivered to home or a trusted location”.

Female/17/East Renfrewshire

“The best online young people's sexual service would be something like 24-hour chat or call rooms were you can choose to stay anonymous and can have someone to talk to if you are in need of help or in a situation and don't know what to do and would like advice”.

Male/16/Glasgow/Neurodiverse

“Most things would be online if possible and available at more times, without having to phone in or go in person”.

Female/18/Glasgow/Neurodiverse

“Be able to make an appointment at all times and not told to just keep checking until an appointment becomes available”.

Female/17/Glasgow

“Online chat or help service with an employee of a Sandyford clinic. Easier way to book appointments as I had to wait months for an appointment to come up for my implant removal”.

Female/17/Glasgow

“Definitely some online forums where people can ask questions anonymously as well as personal online chat services with medical professionals. Accessible options for pronouns and names on the site would be great as well as accessibility for people with audio or visual disabilities. Something that doesn't condescend to young people but also doesn't scare them! It would be great to have different sections of the site for different topics that can be easily navigated between, e.g., sexual health, sexual pleasure, gender + sexuality, religion, relationship dynamics + red flags as well as recommendations or referrals to other services that might be useful like mental health, sexual pleasure or LGBTQ+ sites”.

Trans-Nonbinary/18/Glasgow/Neurodiverse

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## Professionals

Staff in Sandyford and partner agencies were offered an opportunity to engage in an interview via Teams. 34 people were interviewed: 9 interviewees worked in Sandyford services, 8 in other NHS roles and 17 in partner/non-NHS settings. In advance of interviews, questions and a set of statements were sent to participants, these are in Appendix 2. All interviewees were assured anonymity. Although some quotes are used in this report names and locations are not given.

Insight from the interviews is presented across the themes that were used to structure discussion: *Clinic model and provision; Staffing arrangements, levels and competencies; Clinical outreach; Promotion, communication and young people's engagement.*

Before getting into the detail, it is helpful to acknowledge the positive nature of the discussions with interviewees. Across interviews, participants shared a view, an acknowledgement, that Sandyford staff are dedicated to getting this right for young people. Relationships between Sandyford and external partners were viewed positively, there was a commitment across interviewees to acknowledge and respond to the needs of young people through the lens of the right that young people have to sexual and reproductive health services that do their best to ensure that young people have healthy, happy and safe relationships and good sexual health.

“Before Covid and across services I’d say nurses at Sandyford were just amazing, being lovely, our young people looked forward to seeing them”.

“In our experience young people are well served and supported and respected by Sandyford staff”.

Finally, by way of introduction, interviewees were all concerned with the need for services to reconnect with service users in this phase of post-pandemic recovery. Interviewees were very aware that relationships with young people are built on continuity and trust, and these have been undermined by our shared experience over the past 2 years.

## Theme 1: Clinic model/provision

**There was agreement from all interviewees that dedicated young people's clinics should continue to be a priority part of the service model for Sandyford.** The shared view is that this underpins a service commitment to ensure optimal accessibility and uptake for young people.

There was also agreement that the 6 main young people clinics, identified earlier, need to be open and functioning fully. Some interviewees felt that NHS services in general have been slow to re-open and re-establish relationships with their communities.

“There are still uncertainties and Covid restrictions on health and social care spaces. Sharing spaces also makes this more complex”.

“Services aren’t yet where they need to be. Covid restrictions have impacted greatly. Even before Covid we knew there was a need to review access, knowledge, the need for the right thing at the right time”.

“We need to be across the Board and minimising travel times and be open longer. More young people’s clinics in whatever setting we are in. Young people should be our priority group as a service”.

“Evening young people’s clinics are important. It’s a protected young people’s space”.

While interviewees wanted to see Sandyford open the 6 main clinic settings, a message across interviews was that what this level of service, 15 hours across 6 sites, in the longer term, is not enough. There was a desire across interviews to allow young people’s services to gain momentum once again, and acknowledgment that this will take time. Worries were expressed that what is on offer might not be expanded if take-up across the 6 sites is perceived to be low. Concern for some interviewees was based on the experience of pre-pandemic service provision being cut, without enough local consultation.

“A previous closure happened because of a lack of uptake but this wasn’t communicated, we were still signposting, better planning and consultation at the time might have avoided the problems”.

“Numbers are low because of Covid, so it’s important not to judge a service’s success on numbers alone. Young people are still surprised that the clinic is open again, it will take time to re-establish it”.

“Numbers shouldn’t be an issue, it’s the issues, the complexities that young people present that matter about a service”.

**Across interviews, and in terms of interviewees from different service settings, there were reports that many young people, post-Covid, are presenting with a greater level of complexity.** Interviewees were of the view that young people are in need of a response from Sandyford that is not solely focused on sexual health but takes a holistic approach.

“Young people are not medically complex but socially very complex. We are the service they should be able to come to. We want vulnerable young people to come to us”.

“There is a marked increase in young people’s isolation, concerns about anxiety, resilience has reduced, everything is a little more difficult, young people can be worried about accessing any kind of help”.

“We nurture, care, listen, challenge, inform, support and protect. It can feel like young people don’t have anyone to speak to about their feelings, their bodies, their relationships”.

“We all need to be better aware of the mental health impacts of the pandemic. Its impact on social isolation, risk-taking, alcohol and drug use. So, we need to keep our view of sexual health holistic”.

“For me, Sandyford has become very medically oriented, it needs to be more holistic”.

**In light of complexity, a significant challenge in clinics is viewed as the 30-minute appointment.** Interviewees reported that it can be difficult, if not impossible, to undertake basic assessments and meet immediate needs. With an overrun on time, this has an impact on others who also have an appointment. Sometimes, interviewees reported, the only way to get through the clinic is to address the most pressing matters and hope that a connection has been made that will mean the young person returns. A level of DNAs can also mean that time can be made up; the DNA rate for Young People’s clinics is 26%.

“We provide a comprehensive service. They unburden a lot, only 30 minutes is not enough. The child sexual exploitation form alone, that stuff to start with, can take 15 minutes alone. Then there’s lots that can come up, self-harm, eating disorders. It can be a minimum of 45 minutes. You want to do more, pushing things to a second appointment is not ideal. It’s only very occasionally you would have a short consultation”.

“Longer appointments times would mean a better service. It should be quality not quantity. For example, you could do an implant in a normal 30-minute slot but if you are doing something around child sexual exploitation, then they have other questions.... It’s questions like they want to discuss self-harm and as a sexual health service we should encourage openness and talk, but then we need to refer on. But they want us to talk, they want us to care.”

“Therapeutic relationships are built over time but even in a 30-minute appointment you make every minute matter. In every interaction they form opinions of your service”.

**A key consideration in terms of accessibility and uptake of services is how young people book an appointment.** A range of views were shared about the use of bookable appointments and whether drop-in appointments should be re-established post-Covid.

A minority of young people use online bookings for the young people’s clinics. For financial year 2021-22 there was 2,232 appointment booked at YP clinics. Of these 386 were booked online, 17.29%; the majority, 1,846, were booked via phone or in person. At the main clinic at Sandyford Central 25% of young people’s appointments are booked online.

Some interviewees see the online booking system as a real barrier, others feel it is essential for the system to operate efficiently and that young people manage well enough. As an observation from the facilitator of this process, looking at the system, it is text heavy and it would be helpful to have some testing done in terms of literacy levels and cognitive ability necessary to navigate and complete a booking fully. With that in mind, a

common view of those interviewees working with most vulnerable young people is they do not, and will not, use it without support.

“The online booking system works for the digitally aware”.

“The booking system is a barrier, and not just for young people, just too many questions. This also matters because with no drop-ins a young person needs to find a way to book. If its online, it should be a QR code and a few simple questions. If you need more data get them in the door first”.

“Our young people wouldn’t use a booking system, but they would text a nurse they know”.

An issue raised in interviews is that young people can experience being told nothing is available in their clinic of choice, because appointments are only released weekly, and that they need to ‘come back later’.

One agency engaged in an interview reported that they do not use online booking systems because young people need to be spoken to at the point of booking, to best ascertain need and be signposted to the correct aspect of the service.

**There were also mixed views on drop-in services, either dedicated drop-in clinics or some availability at bookable clinics.** To put current considerations in some context, in 2016, 78% (n=2,355) of young people attending a Sandyford clinic did so using drop-in options. The pandemic has seen an end to such practices.

For interviewees who had been involved in supporting drop-in clinics there are memories of the challenges of managing groups or having gaps if no one came to the service. A perspective from interviewees working with

young people they describe as vulnerable, or whose lives were often chaotic, saw the unavailability of drop-in services as a retrograde step, but at the same time they acknowledged that long waits at a drop-in were also unmanageable. Drop-ins were also seen by some interviewees as empowering of young people, giving them choices. They felt this could be balanced if there was easy access to appointments via the Young People's Team at short notice.

"For the young people I work with the concept of an appointment is challenging".

"A drop-in model is essential; it gives the young person control and is better than an appointment being made then the young person doesn't show".

"Drop-in has a place, for example in terms of a need for emergency contraception, so we just need flexibility".

"Drop-ins are a protective and essential part of the mix, please let's talk more about this".

Across interviewees there was a consensus that fully open/drop-in clinics might not be a viable model, but that some clinics could adopt a hybrid approach with some space for drop-in or accompanied visits. Interviewees suggested that a sensible young person-centred approach would be, and in practice often is, to ensure the capacity to triage a young person who turns up to an appointment only service, so that they get seen or given an appointment.

"If someone is vulnerable, just turns up, we will squeeze her in, we wouldn't turn someone away".

**Interviewees raised the challenge of getting good advance information to young people before they attend an appointment.** Interviewees reported that young people do not seem to read advance information sent to them after booking. This means lots of information giving and checking needs to be done to start an already challenging 30-minute appointment. The view was that the Sandyford web-based information for young people is good, but perhaps not focused enough. There was some suggestion that it would be helpful to send more bespoke information to a young person before an appointment, but an acknowledgement this would require some up-front communication to ascertain needs.

“At the time of booking we send information, but I feel they don’t read it. The website is good, but do they read that?”

**In terms of considering the digital offer that Sandyford makes to young people there is a need to distinguish between young people and adults.** Like many aspects of NHS services during the last two years Sandyford has implemented adaptations to its service model including increased telemedicine, postal services and other remote consultation methods. However, the experience of many interviewees is that few *young people* want to have a sexual health consultation via video, and would prefer an in-person discussion, attending a service.

“I would be very cautious about young people and digital approaches to services. It can be difficult in terms of privacy and confidence to engage”.

It seems that the experience from the dedicated Young People’s service for the most vulnerable young people is that other than a face-to-face consultation it is the simplest approach, messaging with a known named person, that works to engage and draw a young person into a clinic/a service.

There appears to be a need to differentiate between getting good information to young people about aspects of their sexual health and relationships, which can be done in the digital platforms where they are

found, and an actual individualised and personal clinical service which they want from a trusted person, and predominantly face-to-face.

“I don’t think there is evidence that young people want to go online for support and advice. We need to be careful to suggest or offer something because we assume it’s what they want”.

From interviewees there is a need to talk across services about what successes and barriers there are to any digital service offer to young people.

“We are also looking at our digital offer. It would be good to talk across agencies and areas about this”.

In terms of recovery and reengaging young people the interviewees highlighted **the need for some young people to be able to attend with a supportive parent, carer or friend.**

“Having someone to accompany them really helps some young people. Often for looked after young people a carer will want to support and help them attend. This matters because if it’s at all difficult to get there, or if they have to wait they will give up”.

“Young people want to come with a friend or a bit of support”.

“Being unaccompanied can be scary. I don’t think its online booking that is the barrier, it’s getting through the door, then talking, that’s what is daunting for your young people”.

**Sandyford had extended young people’s clinic opening hours pre-pandemic and has sustained this in the reopening of the 6 main clinic sites, with appointments available from 4:30–7pm.** Many interviewees felt

the opening hours are limited, and not the evening availability that a young people-oriented service should see as essential. Interviewees suggested that Sandyford should be looking to extend further into the evening, some suggesting to 8pm as a minimum.

“On a basic thing like opening hours. Can Sandyford have some flexibility? Be open like other services to 9.30? This is part of choice and spread of services available, you need to match the life young people are living”.

**Some interviewees have had experience of Sandyford’s Saturday clinic for young people.** There are different views as to why this was unsuccessful: Location? Marketing? A lack of time to bed down? In terms of consideration of *optimal* accessibility and uptake for young people there was a view that this should be trialled again. If so, the challenge of attracting staff who would want to work at a time not specified in their contract, and how to make a clinician available, would need to be addressed.

The discussion of the previous attempt at establishing a Saturday clinic raised questions for some interviewees in terms of how decisions are made about the viability of a young people’s clinic, interviewees were unsure as to the criteria for success of a new service and so this would need to be clarified.

**When it comes to the availability and use of condoms, pregnancy and STI testing by post there were mixed views**, informed mostly by consideration of the age and/or vulnerability of the young person. The provision of condoms by post was less of a concern, although it was thought few young people would want these delivered to a home address to be seen by parents or carers. The provision of pregnancy or STI testing to young people with no engagement with a provider was seen as problematic. Questions arose in interviews like: “Would a young person know how to use them properly; Would they understand instructions? How would we know if they were safe?” For interviewees who see a role for testing availability by

post, this needs to be framed within an engagement where there is some discussion, assurances that the use of the test is understood and undertaken properly, with follow up at results.

“I would say postal kits only if they are 16 or older. They need a risk assessment if they are under 16, it’s a safeguarding issue for me. Pregnancy tests could be given in a consultation but then followed up”.

“Young people like to talk to someone. You get a lot from the engagement as a clinician”.

“There are issues of vulnerability, but we need to balance needs. I understand that it is difficult to risk assess but we do need to engage. Perhaps build in safeguarding as the relationship develops. Maybe we need to trial more”.

“I would worry about sending out kits. But could partner services have kits that we could explain and support young people to use?”

As Sandyford services emerge from the pandemic some interviewees identified the need for the service to reconsider how it facilitates **appointments for young people who are parents** and who might need to attend with a baby/small child. Interviewees report that young people have been told they cannot attend alone with a child; this is seen as a barrier for some of the most vulnerable young people.

“Accessing an appointment is a challenge, especially with a child. the young person can be told they can’t, that there is a fainting risk and who would look after the child. But what’s the actual evidence of

that? And I am talking about appointments, not a drop-in, that doesn't work for young parents"

Interviewees discussed a number of aspects relating to the location of Sandyford services.

**Interviewees considered whether location should be informed by levels of high/higher rates of teenage conception, rates of STIs in a given area, or by efforts to minimise travel times.** While interviewees agreed these factors matter, there was greater agreement around locating services where geographically there are none, and specifically in locations where because of poor public transport links young people cannot reach a service. For this interviewee there was the view that young people will travel when they have to and when relationships are established.

"My gut response is that location should be informed by rates of pregnancy or STIs, but I think we can see young people travel, it's more about the relationship they have with a service, its science and art, but also in some circumstances how desperate they are for the service, they will get there no matter what. We should remember that some families do support young people get there too".

**Co-location is seen as key to accessibility and uptake for young people,** meaning that places/spaces that are already created or set up for young people are the best setting for a sexual health service. Interviewees were positive about co-location.

"Young people want a non-stigmatising place, like a health centre, but with a proper ambience, an environment that prepares the young person for the actual consultation".

“Sandyford needs to tap into local youth work services”.

“We need to relook at locations as we open up, maybe we should be in more youth spaces, less clinical. This might limit provision or procedures but surely, we can overcome this. Young people like the space to be theirs, not with adults or other clinics... location and access trumps a full clinical service”.

It was acknowledged by interviewees however that in some localities there is little available for Sandyford services to ‘piggyback’ on, meaning that an area can be more reliant on Sandyford alone establishing and providing a service.

“There is no local youth service to build on, but can we please make sure that Sandyford is a bit more flexible about what they might then provide, not necessarily so clinical, more holistic”.

Building on this last comment, interviewees made **distinctions between what Sandyford can and should provide, and more generally what can be done to ensure optimal accessibility and uptake for young people to a service**. For interviewees, improving young people’s access to a service means growing the interest and competencies of other providers to do as much as can be done to meet sexual health needs. Capacity building and upskilling in other services is an urgent need, particularly in the context of staff turnover during and post-pandemic. Interviewees have acknowledged complexities: Sandyford itself has a new team, alongside pressures to open Sandyford services, as well as ongoing Covid restrictions in place in NHS settings.

“How do they plan to support partners, build capacity? There were past examples around things like condom work, but now who can help us do this business?”

“Capacity building across nursing, definitely more on this. It means building confidence and skills across nursing. Sandyford has the expertise”.

“With recent staff changes we need Sandyford to reach out and upskill and build confidence again. Our staff would benefit from sessions. We need skills to be able to broach subjects with young people, like risk reduction, what does a healthy relationship look and feel like?”

“There is a role for other professionals, they could do screening, contraception advice, talk about risk, sexuality... so that conversations are happening before or instead of a clinical consultation. It feels like this kind of role has been eroded”.

Good examples of relationships and the establishment of pathways with the Youth Health Service and Family Nurse Partnership colleagues were shared. The view across interviews however was that relationships and partnerships regarding service delivery need refreshed and resourced.

“We have lots of ground to make up plugging the gaps”.

A core question then, and one interviewees were keen to continue to discuss, is **if or when we view Sandyford as *the specialist service*, or whether we view Sandyford as *the service***. Interviewees put it like this:

“You don’t want a specialist service if you are a younger teenager, under 15s are often in flux, they want a generic safe place to explore. So, Sandyford can concentrate on those we are most concerned about, the young people we should worry about most.”

“In my job we can do the basic education about condoms etc. In the past we did some training, there’s the school-based stuff and we can use that. So, we would do initial work and then support young people to attend. We can get most young people to Sandyford and in the past, we had an open working relationship, so we could share concerns”.

“Some youth work or community-based partners are very capable of doing the basics of a sexual health service. Where progress on this has been lost it needs picked up again. Post-covid let’s make the most of partnerships”.

“We need a variety of approaches with specialist backup”.

“We should remember we are not the only provider, but we are the experts. What this means is that if young people are connected elsewhere, they will have done the basics, education around condom use or risk-taking, then we use our skills more effectively”.

These issues are explored further in *Theme 2: Staffing arrangements, levels and competencies*.

**For some, any extension of Sandyford direct provision of services should be outside Glasgow**, in places where there is no opportunity to develop a partnership with a young people focused service that can or could be doing more itself around sexual health and wellbeing.

“We need to be across the Board, minimise travel times and be open longer. With more clinics in whatever setting we are in. Young people should be our priority group”.

“Local provision is affected by the lack of all services in some of our localities, there is maybe nothing to attach a sexual health service to. So, then Sandyford needs to consider provision”.

“It’s not the same across the Board. Maybe delivering services out with Glasgow has more complexity”.

**While interviewees wanted to see an increase in the offer made to all young people there were differing views about whether onward/referred services for vulnerable young people are adequate.**

While there was a view that “...our service for vulnerable young people is enough to meet demand, they are managing referrals” for most interviewees, the dedicated resource that is the Young People Team is too small; currently staff manage a specialist clinic, child protection concerns, referred appointments, follow up is provided by a consultant and nurse, neither committed full time to the service. One interviewee commenting on their work summed it up as: “It’s a lot”.

A lack of staff time commitment/resource is felt most when there is staff absence or a need to train new staff. It seems that the service has one phone and basic messaging to engage with young people once referred

and engaged. Administrative tasks associated with the work, including keeping connected with young people who have engaged, is considerable.

Some external partners interviewed were unaware of team changes or who/how to make direct contact as the Young People Team services are re-established. Partners knew that they could contact a central number/email, but previous personal contacts had been appreciated. Both NHS and external staff who work with the most vulnerable young people stressed the need to grow capacity to reach and work with young people who by their very circumstance require focus and staff time.

“Enhanced support needs to be available”.

“We need a named person, and young people need that too. It’s a relationship. Staffing the vulnerable young people’s service means staff availability. The clinics are for those that can cope.”

“If I was worried about a young person and wanted to ask Sandyford, who would I ask? We don’t know. Would I just look on the website?”

“Staff have moved on. The previous relationship we viewed as crucial. Partners could pick up the phone to a person they knew. So, we don’t have a relationship now. Even pre-pandemic it felt like staff shortages meant services were being limited. Now there is a need to refresh and rebuild awareness and relationships”.

It was suggested that Sandyford and partners could do more to both define and be proactive about reaching vulnerable young people.

“We need to have a super defined young people’s vulnerable service. So, what does this focus on? How do you find it? How do you define a way in?”

**Pressures on the Young People’s service were exacerbated for some interviewees by the role which the service plays for some vulnerable young people who may be 18+.** It is well understood that skills in the service can be the basis for a continued service for the most vulnerable, but the role could be clarified, and the service resourced to deliver provision.

As services are re-established there was also a request from interviewees for **improved data sharing with partners.**

“We need data sharing in reference to our Local Authority, whether that is on young people and pregnancy, STIs. We need to work with Sandyford to explore whether a loss of services over recent times has impacted and how, although we don’t have much on the ground, how we can be more integrated in terms of our support for vulnerable young people”.

“We have been asking for more local data, but this hasn’t been responded to”.

The issue of consulting with young people about services is discussed in a later section, but requests were made in terms of sharing of findings from Sandyford consultations or engagement with young people as service users, with local partners.

“I think Sandyford are good at engaging with young people and getting their views, but we all need that feedback please, because it would have been us that signposted young people on”.

## Theme 2: Staffing arrangements, levels and competencies

Interviewees were asked to consider staffing arrangements, levels and competencies for Sandyford Young People's clinics. Developing earlier points, a distinction emerged in discussions with interviewees in terms of views on what might constitute a *basic* requirement, or an *optimal* requirement needed to ensure accessibility and uptake for young people to a service.

Firstly, an important matter of context raised in interviews. **There have been significant levels of personnel changes across Sandyford services, this is also reflected in other partner agencies too**; some experienced staff have retired or moved on, a number of team members across services may be new to their area of practice, this includes new members of Sandyford's team new to sexual health. These personnel changes undoubtedly affect the ability to re-establish relationships across agencies, as well as requiring new staff to undertake a level of training and confidence building in professional areas newer to them. Further context is that training providers themselves may not be fully operational. For Sandyford, it was acknowledged in interviews, there has been an impact on the ability to open and staff the 6 settings that host young people's clinics and which are the basis for the first offer made to young people post-pandemic.

"To do this well staff need to be focused, interested and have experience. We have lost experienced staff to retirement so with a newer cohort there is a need for training and more initial support, this needs to be acknowledged".

In this context the staffing required for provision of a Sandyford Young People's clinics has been discussed. The statement offered to interviewees for consideration was: ***The level of staffing required in Sandyford clinical setting is two nurses with prescribing, implant, symptomatic competencies and a receptionist.***

In discussion of this statement however, there was some divergence of views; the interpretation of the statement matters, so does it describe what might be considered as the *basic* requirement or the *optimal* requirement to provide a Sandyford Young People's clinic? If it is basic, then it is challenging to find both an appropriate/dedicated setting as well as guarantee staffing in the circumstances described above. If it is *optimal* then clinics can aim to meet the descriptor but work flexibly or creatively to provide what they can when it is not achievable.

"Strongly agree with this. They really have to be able to do these things at a Sandyford service. So, the clinics can operate fully".

"We need to be more flexible, for example at events we have done STI testing. It's all about engagement. I think there is a bus in Fife where staff can do implants. Of course, there are limitations depending on setting but if we as a service want perfect, we won't connect".

"You don't always need a prescriber. It is a hassle, but you can cope. If it was urgent care you would need this, but a lot of young people stuff isn't complex".

"We shouldn't have a standard offer, let's be smart, be creative. For example, clinician support can be available by phone or video call".

"You need to define what you want to provide, not the model".

For some interviews an issue is that for Sandyford this statement defines the *basic* requirement of a Sandyford provided service. Such a service is seen as having a strong clinical focus that is a barrier to optimising access and take-up of services.

“There are limits to what Sandyford seems to offer. If they come into a space with too rigid a model it doesn’t work. You need to co-locate smartly, keep exploring what’s possible and stretch the resource. Specialist teams or services are very important, but you need to be able to offer prevention and earlier intervention too”.

“So, if Sandyford is reviewing the hubs, the model doesn’t fit the need. Yes, it is a full service, but it is in one locality. This won’t work. Be realistic, the 3<sup>rd</sup> sector is willing to partner, but then Sandyford says no... Is Sandyford listening? It feels like we are on the outside looking in”.

“We are still limited by having limits on what we want to open because of building restrictions. How do we make our model more attractive? Partnership working is the route to young people who are most vulnerable”.

Developing this theme of how Sandyford structures and delivers services a further statement offered to interviewees for comment was: ***In each Sandyford team, there should be dedicated nursing staff (including arrangements for annual leave and absence) identified as the young people’s dedicated team. These staff should have a leadership role in ensuring the service demonstrates excellent competencies for working with young people.***

The matter of competencies to work with young people is addressed below, but to focus on the first part of the statement there was broad agreement that dedicated nursing staff would ensure that young people's services were distinct, properly resourced and would facilitate opportunities for staff to take on leadership and quality assurance responsibilities.

"Dedicated staff, yes. Young people who present can be difficult. You need to learn how to be sensitive, challenge, not overreact, you need to 'get them'".

"You need 2 to 4 dedicated nurses available for each location. They build their confidence and so in time have less of a call on a centrally based consultant... a smaller dedicated team would make it easier to build competencies. This is basic, you need a full specialist young people's team that are staffing clinics, additional services for the most vulnerable, that are trained and confident".

"Dedicated staff would be best. You might still need others to step in. But at the moment because staff are not dedicated there is a lot of referral on because nurses don't feel they can do it. So, more competencies across the whole team, and more than 2 dedicated nurses per team".

At present the workforce staffing the young people's drop in are the staff who happen to be on the rota for that particular day. This can include a wide range of staff including staff grade doctors, consultant, nurses of varying grades and receptionists. For some interviewees, dedicated nursing staff would mitigate any concerns that colleagues would be allocated a young person's clinic shift when this was not their area of interest or within competencies.

“This is about a relationship-based approach. We don’t want vulnerable young people to become vulnerable adults. We are in a position to make a difference. But I feel this isn’t valued or recognised fully by the service”.

“We need a core young people’s team, staff that choose to do the job, adequately supported. If you have a cohesive team you have a cohesive service”.

There was some discussion with interviewees about whether Sandyford staff would *want to* work mostly, largely or exclusively in a young people’s dedicated team, and also whether this was best for the service. Concerns were expressed that professionally this would limit the scope of what a nurse/clinician would do and might be unattractive in terms of professional development.

“Staff in young people’s services need broader experiences too, for example so that they could manage acute presentations of STIs”.

“There is a challenge in a young people’s service, balancing that young person’s expertise with a broader experience of clinical practice for professional development”.

In terms of competencies to work with young people, interviewees were offered this statement for discussion: ***Staff competencies for working with young people should be assessed and training needs addressed. This should include providing youth friendly services, child protection, LGBT issues, cultural sensitivity, promoting condoms use skills.***

Across interviews there was a common thread around the need for Sandyford to better articulate what staff competencies for working with

young people are. By articulating these this would then allow them to be assessed and training offered.

Interviewees consistently acknowledged that young people's services are built on the quality of the relationships between professional and young person, but there were concerns that this was overly dependent on staff being intuitively nurturing, patient, empathic, trauma-informed, aware of the challenges of young peoples' lives; rather than having a team who were trained and assessed on the quality of the service they provide. In short, while there is good intention regarding clinic staff having competencies, there is no way of knowing the extent to which *all staff all of the time* represent Sandyford services well in this regard.

"It's hit or miss. It doesn't feel like young people competencies are taught. It's all intuitive, your own prior knowledge".

"Do Sandyford staff understand the teenage brain? Poverty? I appreciate that Sandyford is now very much a non-judgemental person-centred service. It would be very rare that a member of staff is a problem. But a service needs to ensure its values base is lived and shown. How do you ensure this?"

"Working with young people isn't for everybody. You need insight. Young people's staff almost self-identity".

"It's our job to nurture, care, listen, challenge, inform, support and protect".

Connections were made in some interviews about the positive impact that improved competencies and increased confidence of a dedicated team might have on reducing onward referrals to the Young People's team.

**An issue raised across interviews is the support that Sandyford staff need themselves.** As has been raised earlier, clinic staff can feel overwhelmed by the complexity of what young people come into the room with. Some interviewees expressed concerns that the impact on staff wellbeing of managing distressed young people, with the pressures of appointment times, could be better acknowledged and understood. One interviewee described the need to *decompress*. Others that it was only after work hours that they were able to find the time to discuss the pressures felt. Returning to the earlier statement about dedicated young people's nursing teams, interviewees reported that having an identified team would make them feel valued.

"It's quite emotional and hard going sometimes, you need peer support".

"It's a lot coming at you for 3 to 4 hours, back-to-back".

"Peer support isn't happening. If I feel I need to vent or offload it's in my time, checking in informally. Support isn't there for us."

"Nurses need to be supported, not tired and stressed out, burnt out".

Finally, in terms of post-Covid recovery, interviewees identified the need for **Sandyford staff themselves to be better informed about the network of other services for young people** for onward referral or signposting.

"We struggle to signpost to other services because we don't have the up-to-date knowledge. Could we maybe use our social media and Sandyford website better to signpost to others?"

Refreshed interagency relationships were also viewed as an opportunity to maximise efforts to tell those other services about what Sandyford

provides, for young people or in terms of capacity building for colleagues. Returning to the theme of staff feeling overwhelmed by the complexity and vulnerabilities of young people, interviewees out with Sandyford highlighted that Sandyford staff can also learn from other providers, find knowledge and support on issues like mental ill-health.

### Theme 3: Clinical outreach

There was strong agreement across interviewees that **outreach clinical service provision is considered necessary for young people in secure care and this should be continued**. It was suggested that with this commitment comes the need to review practice, for example the reach it has and relationships with independently funded/commissioned providers of secure care.

For some interviewees this outreach to secure care could be enhanced by further outreach to young people in residential settings, not necessarily a clinical service but relationship building with staff and young people that facilitate engagement with services when they are needed.

“We see young people in the clinic that have originally engaged as part of outreach into secure settings. You get to see the clinical notes and so it means there is a continuity of care.”

“Young people in secure care are absolutely the young people we should be going to. But when they move to residential care settings, we need to be better at maintaining that engagement. A secure stay placement can be short, they move, and we lose them.”

“In terms of outreach to secure care settings, yes absolutely. LAC nurses and others do what they can,

but would it be possible to outreach more to residential services, not to provide a clinical input as such but to help increase the knowledge and competencies of those staff to do what they can?”

There was also agreement across interviews with the statement provided pre-interview that: **The need for outreach clinical provision for other groups of young people should be reviewed regularly and if need is identified, partnerships developed to enable such provision.** However, this was thought by some to be somewhat vague and any processes to review should be articulated. This is particularly important for partners to understand if, as the statement proposes, review and decisions regarding clinical outreach provision is based on those partnerships.

**The statements led to discussion of what Sandyford might mean by outreach clinical provision with a concern that this is too narrow a focus for the service to consider when it comes to outreach.** This is a particularly important issue in terms of the context of post-pandemic recovery. For many interviewees, outreach is the basis for relationships and trust building, at the level of agencies and professionals as well as with young people. Comments below identify what might influence a refreshed, possibly short-term view of outreach post-pandemic, and also identify the need to have clarity about who would undertake such work.

“Numbers were already dropping off before the pandemic, we were losing clinic hours. So now outreach means a proactive approach being made to sexually active young people”.

“Outreach for me means getting face-to-face with the young people we work with, Sandyford needs to take the initiative to come to us, into our spaces. An invitation to come to Sandyford isn’t enough to re-

establish what is on offer, you need to counter fears and rebuild confidence”.

“Outreach needs to mean more than these statements. It’s about clinicians building relationships with individuals and communities. There’s a responsibility on the service to reach out”.

“We need to reengage with young people via schools, to get to those young people in S3/S4 who don’t know us, take the message to them. But who will do that?”

“Young people have information, but they don’t know Sandyford. There is a need to reconnect, to raise the profile. It’s about relationships, reassurance, ‘if you need us, we are here’”.

“Could we have a presence at young people’s events? Festivals?”

Several interviewees, in the context of outreach and ensuring optimal accessibility and uptake, highlighted **the need for Sandyford to better consider young people with disabilities**, including young people who are neurodiverse.

“We need to give young people with learning disabilities some focus, so that there are sexual health services for all. Do we know, how are they accepted in services? So, with services that are age appropriate but cognitively appropriate too”.

This has, pre-pandemic, already been acknowledged by the service, in the 2017 document *Sandyford Service Review Final Report of Young People*

*Service Workstream* it was stated that: *There needs to be an assessment of accessibility for particular groups of young people: those with learning disabilities, sensory or physical impairments and young people with autistic spectrum disorder. This should be considered in tandem with the needs of adults with similar issues...*

## Theme 4: Promotion/Communication and young people's engagement

As has been acknowledged in the introductory sections of this report, Sandyford has a positive history of asking service users their views. The opinions and experiences of young people have been captured through various consultation and research projects conducted in 2014, 2015 and 2016. Responses provide a relatively consistent set of messages.

"We need to continue a commitment to hearing young people's views, this has been good historically and should never be off the table".

Sandyford has also been learning from the use of social media platforms to promote services as they re-open, to engage young people and adults in having their say about service developments. In this context the service is well placed to give consideration as to using a range of platforms to reach young people. For some interviews there is an immediate need for the service to reach out and communicate to young people what is now open for them.

"What's lacking is clear concise information for young people about what's available and how to access it".

Interviewees agreed with the statement put to them that: **A communication strategy should be developed which distils key messages about young people's sexual health services. Briefings should be conducted across the young people's workforce. This should ensure that staff know how to quickly signpost or refer young people to**

**Sandyford.** And also, with the statement that: ***A marketing plan should be developed and resourced that includes paid for online promotion of the service to young people through social media.***

In agreeing however, interviewees were keen to see how the service might address each of the component elements in some detail, ensuring that this is then concerned equally with communicating to young people as a diverse population about services available to them *as well as* re-establishing relationships with the young people's workforce. Interviewees were also keen to understand where responsibility for this aspect of the service plan will lie.

"Young people are not a homogenous group, Sandyford knows that. So have some sensitivity around language, terminology, what spaces you will find certain groups in".

"Get back out. Get visible".

"Sounds good but it's probably not the role of the clinical team, so just need to be clear about who does this. Brand awareness is so important".

"Sandyford needs to remind different networks that it is open for business and that it is both clinical and supportive. Get the message out".

There was also some suggestion from interviewees that social media platforms and an enhanced Sandyford Young People's website might provide opportunities to share some key messages and information about sexual and reproductive health.

"The Sandyford website is good, but maybe the young people's section is a bit overloaded. We need to be on the platforms where young people are at,

snapchat, Instagram.... I have asked young people and they want blogs, facts. Basic facts on selfcare, service information or alerts say a clinic has to be closed. Young people want a trusted source”.

“I feel we are very wordy in whatever we share or point young people to. This needs some work, summarise key messages more”.

“Our young people need to see things on social media, apps, so there is flexibility about accessing things”.

## Related issues for consideration

### **Reflecting on partnership working**

Whilst external partners appreciated this opportunity to engage in consideration of the plan for Sandyford Young People’s services post-pandemic, there was a sense in some interviews that partners did not know how to influence, or the degree to which it is possible to influence, the decisions that Sandyford makes.

“We have groups where we can have an opinion, but Sandyford I guess makes their own business decisions”.

“People make things complicated. What should be simple, straightforward, seems incredibly difficult. There’s always a barrier. My concern is that we agree but the blocks are just presented so things are never achieved”.

## **RSHP education**

The loss of Relationship, Sexual Health and Parenthood (RSHP) education was raised across interviews. Concerns were expressed about the opportunity young people have had to engage with the RSHP curriculum; this would have been expected to provide basic information and learning about sexual and reproductive health, including where young people could find and access services. While some interviewees reported that they work with young people who have disengaged with school-based learning, this missed learning is now true across a whole cohort of young people who had sporadic attendance and learning for almost 2 full school years.

“With missed RSHP education in school where are young people getting their information?”

This concern led some interviews to ask about the contact and the relationships that Sandyford has with education colleagues. While RSHP education delivery is largely teacher-led questions were posed about how Sandyford might support a re-engagement with RSHP education which could include reaching out with an offer of service information and a re-introduction to Sandyford.

“Of course, schools do inputs on things like contraception, but again that’s been lost in the past couple of years. A lot of work has been on more general wellbeing, checking in. It would be good if Sandyford did some outreach to reconnect with young people. Young people like experts. We need to build that bridge between schools and clinics again. Recovery needs outreach”.

A specific concern for some interviewees was that RSHP education is different in the denominational sector, and that concerns about a lack of good information about young people’s services pre-pandemic may have been worsened by a lack of any RSHP education at all.

Of course, RSHP education is not just the responsibility of schools and teachers, and some interviewees highlighted that a broad-based re-engagement with any service that meets young people (youth work, community work, detached work, housing and homelessness services, libraries, drug and alcohol services, careers) can allow Sandyford to push a much-needed message that RSHP education is everyone's business.

### **Gender identity**

Finally, interviewees appreciated that the Gender Identity Service within NHS GGC is out with scope of this engagement process, but several did want to raise questions about their knowledge and capacity to understand and respond to the increased numbers of young people presenting with questions, concerns or worries about their gender identity.

## Reflections

### **In the context of recovery, how should sexual health services for young people be delivered to ensure optimal accessibility and uptake?**

#### What have we learned from young people?

- Young people want a sexual health service that is designed for them, but they also want to be able to attend another/adult service if they want to.
- They are keen to attend a service they know is provided by Sandyford.
- Services should be available both locally and in central Glasgow.
- Some young people would use a service provided at their GP surgery or pharmacy.
- They want a hybrid of bookable appointments and drop-in available at clinics.
- Appointments should be bookable by phone or online.
- Travel time to clinics matters to young people, clinics should be located within a 30 minutes travel time if possible, with a maximum of 1 hour otherwise.
- Young people need to be able to get to a clinic by the most common means of transport, by bus or walking.
- Of the options offered regarding opening times of clinics, the longer a clinic is open the better; weekdays this should be at least 2 hours after school or college, with clinics on a Saturday also requested.
- As well as clinical services the most important thing to young people about a clinic is that they are not judged and can talk to someone they trust. Staff at a clinic could also include a youth worker to talk to.
- Online/digital services should also be available, this would include messaging and chat rather than speaking with someone live on screen.
- Sandyford's own website, and information via school lessons, are preferred ways to hear about services. Young people's views on which social media platforms would be best differ, but Snapchat, YouTube and Facebook all feature in their choices.

## What have we learned from professionals?

In terms of the clinical model/provision:

- The dedicated young people's clinics should continue to be a priority part of the service model for Sandyford. The main young people clinics, currently in 6 sites, need to be open and functioning fully. For many interviewees this level of service, 15 hours across 6 sites should be a minimum offer.
- Across interviews it is reported that many young people, post-Covid, are presenting with a greater level of complexity that includes mental ill health. Accordingly, Sandyford needs to continue to reflect on how service provision maintains a holistic view of the young person and their needs. In light of complexity, a significant challenge in clinics is viewed as the 30-minute appointment.
- While interviewees want to see an increase in the offer made to all young people there were differing views about whether onward/referred services for vulnerable young people within Sandyford are adequate. For most interviewees, the dedicated resource that is the Young People Team is under resourced/needs to grow.
- A minority of young people use online bookings for the young people's clinics. Some interviewees see the online booking system as a barrier, others feel it is essential for the system to operate efficiently and that young people manage well enough.
- The service needs to reconsider how it facilitates appointments for young people who are parents and who might need to attend with a baby/small child.
- In 2016, 78% of young people attending a Sandyford clinic did so using drop-in options which are no longer available. A full drop-in service may not be feasible, but a hybrid approach of bookable appointments and a level of drop-in is suggested.
- The view of interviewees is that few young people want to have a sexual health consultation via video and would prefer an in-person discussion. Other than a face-to-face consultation it is the simplest approach, messaging with a known named person, that works to engage and draw a young person into a clinic/a service.

- Some young people need to be able to attend a clinic with a supportive parent, carer or friend; options which have not been available during the pandemic.
- The provision of pregnancy or STI testing to young people via post/ordered online, with no engagement with a provider, is seen as problematic, particularly for under 16s. The provision of condoms by post is less of a concern.
- Interviewees say that a priority for service location should be identifying where, geographically, there are none or where because of poor public transport links young people cannot travel easily to a service. For some, any extension of Sandyford services should be outside Glasgow, prioritising places where there is no opportunity to develop a partnership with a local young people focused service.
- Co-location is seen as key to accessibility and uptake for young people, as is supporting partners to develop some degree of service in terms of sexual health and wellbeing. Capacity building and upskilling in other services is an urgent need.
- There is a need to consider the role and resourcing of work with vulnerable young people who are over the age of 18.
- As services are re-established, partners request improved data sharing.

In terms of staffing arrangements, levels and competencies:

- The level of staffing required in Sandyford clinical setting – two nurses with prescribing, implant, symptomatic competencies and a receptionist – is supported by some and contested by others. The question is whether this is an optimal requirement or a basic requirement; the answer to which impacts on where, how and when a service can be offered.
- There is broad agreement that in each Sandyford team, there should be dedicated nursing staff identified as the young people's dedicated team.
- Sandyford needs to better articulate what staff competencies for working with young people are. While there is good intention regarding clinic staff having competencies, there is no way of

knowing the extent to which all staff all of the time understand expectations or represent Sandyford services well in this regard.

- The support needs of Sandyford staff are identified, with the suggestion that the impact on staff wellbeing of managing distressed young people, with the pressures of appointment times, could be better acknowledged and understood.
- Sandyford staff need to be better informed about the network of other services for young people for onward referral or signposting.

In terms of clinical outreach:

- Outreach clinical service provision is considered necessary for young people in secure care and this should be continued.
- There is agreement for the need for outreach clinical provision for other groups to be reviewed regularly and if need is identified, partnerships developed to enable such provision. Processes to review and work with partners should be articulated.
- Discussion of what Sandyford might mean by *outreach clinical provision* saw partners express a concern that this is too narrow a focus for the service to consider when it comes to *outreach*. For interviewees, outreach is the basis for relationships and trust building, at the level of agencies/professionals as well as with young people.
- There is a need for Sandyford to better consider young people with disabilities, including young people who are neurodiverse.

In terms of promotion, communication and young people's engagement:

- There is agreement that a marketing plan and communication strategy, with paid for online promotion to young people, should be developed and delivered which distils key messages about young people's sexual health services.
- Briefings should be conducted across the young people's workforce. This should ensure that staff know how to quickly signpost or refer young people to Sandyford.

Other related issues include:

- Whilst external partners appreciate this opportunity to engage in consideration of next steps for Sandyford Young People's services,

partners do not necessarily know how to influence the decisions that Sandyford makes.

- Teacher led school based RSHP education needs to be re-established. As relationships are rebuilt Sandyford can support the notion that RSHP education is everyone's business.

### **What have we learned that reflects existing knowledge?**

- Findings confirm that young people want services designed for them, close to home.
- When you cut opening times and extend travel times attendance will fall.
- When young people believe that a service offers anonymity and confidentiality and is respectful and non-judgemental, it is more likely to succeed. It is through the experience of engaging with clinic staff that young people learn and believe that services have these characteristics.

### **Now what?**

In response to the pandemic there is much talk of *recovery*. This is because the past 2 years have impacted on us as individuals – adults and young people – and of course as teams and organisations. We are all in a process of recovery, both personally and professionally.

When we acknowledge the lost relationships and levels of anxiety and other manifestations of poor mental health across the population it becomes evident that we need a person-centred and rights-based understanding of recovery. This means thinking about recovery along the lines of *a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. ...Recovery is person-driven and supported through relationships and social networks*<sup>5</sup>.

There have been significant levels of personnel changes across Sandyford and partner services; some experienced staff have retired or moved on;

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<sup>5</sup> What is recovery? <https://medicine.yale.edu/psychiatry/care/cmhc/recovery/>

team members may be new to their area of practice. These personnel changes undoubtedly affect the ability to re-establish services and interagency relationships. Perhaps as we acknowledge the nature of the relationships young people want with those providing a service, we can also reflect that relationships between colleagues, and between the partners who share an interest in young people's sexual health, also need some re-building.

From the young people' survey and from interviews with professionals we learned that much of the proposed service model arising out of the pre-pandemic consultation and planning of services - expressed in the *Sandyford Service Review Final Report of Young People Service Workstream/December 2017* - continues to describe the service young people want and need. Young people's interest is in a service that offers anonymity and confidentiality, delivered with kindness, empathy and care; their feedback evidences that relationships are key. Professional interviewees identify that Sandyford's key strength has always been its focus on these characteristics.

We have also learned that in a period of recovery aspects of the service need some consideration:

- While young people may be digitally aware it is face-to-face services they want and value most. Where technology can be used effectively this seems to be in the realm of very straightforward telephone and messaging opportunities.
- Access begins with a booking system which should be as straightforward as possible. The appropriateness/accessibility of current online booking systems is contested. The majority of young people continue to use telephone booking; what works should be the focus.
- The re-establishment of the 6 young people's clinics/15 hours of service provision is widely viewed as a minimum service.
- To ensure the quality and consistency of these services, in each Sandyford team, there should be dedicated nursing staff identified as the young people's dedicated team.
- The Young People's Team, with its focus on the most vulnerable, does a valued and important job. But it is widely acknowledged that it is

under resourced in a context where demand and need is growing. Addressing this is important for Sandyford's post-pandemic recovery.

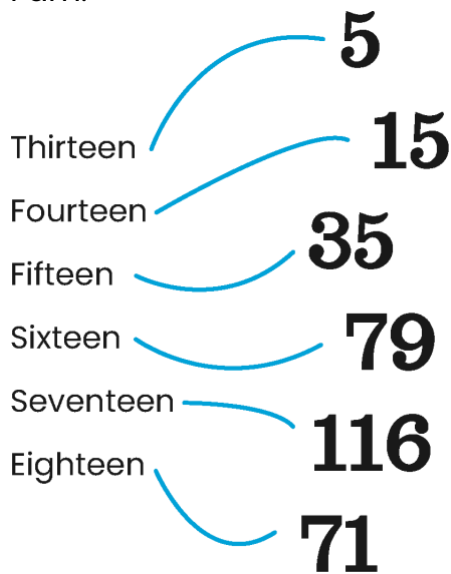
- How services are to grow requires a rebuilding of relationships with partners who can offer co-location opportunities. This will need Sandyford to take a flexible approach to the staffing/competencies required to operate a clinic.
- The capacity building/training offer Sandyford makes to partners needs a refreshed focus and resourcing.
- Sandyford needs to clarify and widen its consideration of what need there is for outreach, post-pandemic. This may be a short to mid-term offer, and a significant offer may be virtual as well as some elements in real life. Sandyford needs to reconnect with young people and partner agencies.

## Appendix One

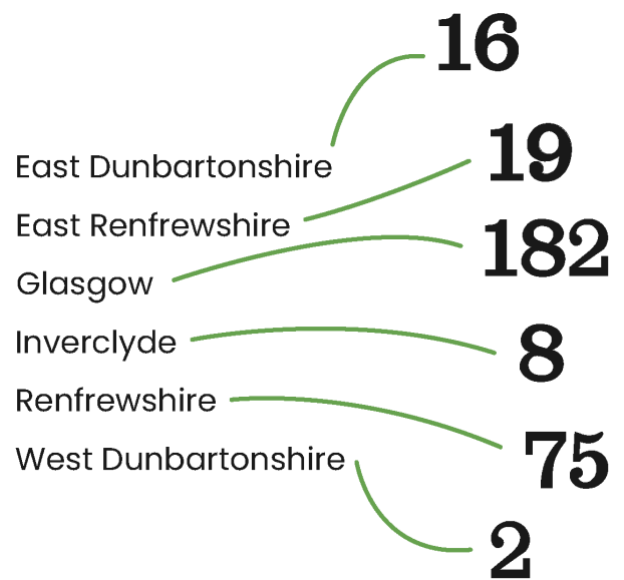
### About the Young People/Respondents

Young People responding to the survey were asked to provide the following information.

I am:

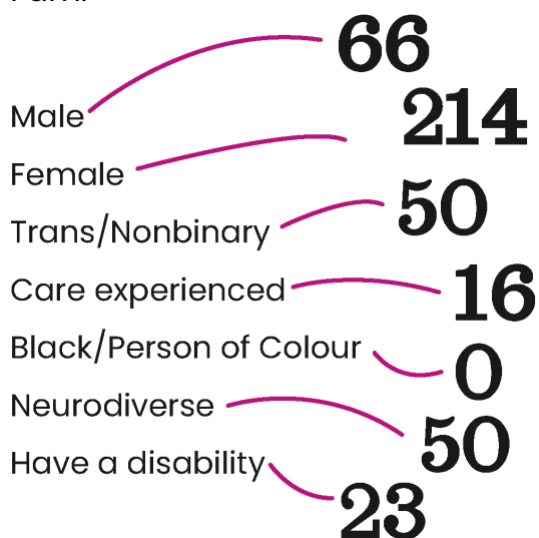


I live:



The average age of respondents was 16 years 6 months.

I am:



(This question was optional)

## Appendix 2

### Staff interview questions and advance statements.

The opening questions for all interviewees were:

- What's your assessment of where Sandyford's young people's services are at now?
- Do you think any groups/populations have disengaged from services during the pandemic? Why so?
- Were any young people already disengaging in the 12/24 months pre-pandemic? Why so?
- Before we look at specific proposals and their application now, do you have initial thoughts on how to reconnect/re-engage young people with sexual health services?

The middle element of the interview was guided by those statements interviewees wanted to talk about from those in the pages that follow; using the Likert scale for an initial response.

Interviews closed with:

- What should be the priorities in the short term/next 12 months for Sandyford's Young People's Services?
- What possible activities or actions could we undertake to ensure young people give us feedback and influence services in the coming months/years?

#### **Advance statements**

In advance of the interview, participants were asked to consider the following statements and use the agree/disagree scale to plot initial response. They were informed: *We will discuss responses in more detail during the interview. If a statement is not within your scope or interest, you can leave it blank. It would be very helpful if you were able to share your responses before or after the interview, these will be treated in confidence and not shared further.*

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**Theme 1: Clinic model/provision**

	<b>Strongly agree</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>	<b>Strongly disagree</b>
1. Dedicated young people's clinics should continue to be a priority part of the service model for Sandyford.					
2. The dedicated clinics should offer drop-in appointments.					
3. The dedicated clinics should offer bookable appointments.					
4. The dedicated clinics should offer a hybrid of drop-in with some bookable appointments.					
5. Appointments should be able to be booked online.					
6. Appointments should be able to be booked by phone.					

7. Dedicated young people clinics should run in the afternoons (after school or college).					
8. Dedicated young people clinics should extend into early evening.					
9. Saturday clinics should be provided.					
10. Young people should be informed on booking of what their likely waiting time is.					
11. Young people should wait for no longer than one hour.					
12. Clinic locations should be informed by levels of high/higher rates of teenage conception in a given area.					
13. Clinic locations should be informed by rates of STIs in a given area.					

14. Clinic location should be informed by efforts to minimise travel times.					
15. There should be online services where young people can chat to someone live/on screen.					
16. There should be online services that are based on live messaging/chat.					
17. There should be online services that are based on email.					
18. Condoms, pregnancy and STI testing should be available by post.					

**Theme 2: Staffing arrangements, levels and competencies**

	<b>Strongly agree</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>	<b>Strongly disagree</b>
1. The level of staffing required in Sandyford clinical setting is two nurses with prescribing, implant, symptomatic competencies and a receptionist.					
2. In each Sandyford team, there should be dedicated nursing staff (including arrangements for annual leave and absence) identified as the young people's dedicated team. These staff should have a leadership role in ensuring the service demonstrates excellent competencies for working with young people.					

<p>3. Staff competencies for working with young people should be assessed and training needs addressed. This should include providing youth friendly services, child protection, LGBT issues, cultural sensitivity, promoting condoms use skills.</p>					
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**Theme 3: Clinical outreach**

	<b>Strongly agree</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>	<b>Strongly disagree</b>
1. Outreach clinical service provision is considered necessary for young people in secure care and this should be continued.					
2. The need for outreach clinical provision for other groups of young people should be reviewed regularly and if need is identified, partnerships developed to enable such provision.					

**Theme 4: Promotion/Communication and young people’s engagement**

	<b>Strongly agree</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>	<b>Strongly disagree</b>
<p>1. A communication strategy should be developed which distils key messages about young people’s sexual health services. Briefings should be conducted across the young people’s workforce. This should ensure that staff know how to quickly signpost or refer young people to Sandyford.</p>					
<p>2. A marketing plan should be developed and resourced that includes paid for online promotion of the service to young people through social media.</p>					