

# Communication Strategy 2025-27



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# 1. Background

The Glasgow City Youth Health Service (GCYHS) is a holistic health and wellbeing service designed to support young people aged 12–19 across Glasgow. Operating in nine evening-based locations— Drumchapel, Easterhouse, Elderpark, Gorbals, Maryhill, Pollok, Possilpark, Shettleston, and Springburn — the service provides confidential access to a multidisciplinary team including Nurses, GPs, Counsellors, and Multiple Risk Workers.

GCYHS addresses a wide range of physical and mental health concerns, including low mood, stress, sexual health, substance use, weight management, and employability. Onward referral and signposting to relevant services and support provide the holistic element to the service; meaning that young people can get help with wider issues such as housing, financial problems, risky behaviours and relationship issues among others. While universally accessible, GCYHS is strategically targeted toward areas of deprivation within the city to reduce health inequalities.

## 1.1. Strategic Focus 2025–27

The Communications Strategy 2025–27 builds on the foundations established during the 2020–23 strategy and the subsequent period of development. Its purpose is to strengthen communication activity so that the GCYHS is more accessible, inclusive, and responsive to the needs of diverse communities.

A central focus for this period is addressing the under-representation of certain groups within attendance statistics. Communications will be used to identify and reduce barriers to access, with tailored digital campaigns designed to engage these audiences. Youth voice and lived experience will continue to be placed at the centre of messaging, ensuring that service users contribute directly to how information is shaped and shared.

The strategy also sets out plans to expand and standardise communication resources and packs, while tailoring materials for targeted audiences. Particular attention is given to developing communication with parents and carers through the Parent Hub and social media channels. Streamlining processes across all communication activity is a further priority, ensuring consistency and measurable impact throughout 2025–27.

## 1.2. Key Developments since the 2020–2023 Communications Strategy

Significant progress has been made since the publication of the 2020-23 strategy including:

- Service Expansion: By 2022, GCYHS had successfully expanded to 9 operational sites across Glasgow.
- Youth-Led Rebranding: A refreshed visual identity was developed through youth engagement.
- Employability Support: Introduction of a dedicated employability coach and structured volunteering opportunities.
- Integration of Weigh to Go (WTG): The WTG youth weight management programme was embedded across all GCYHS venues.
- Digital Engagement: Instagram was established as a key communication channel, improving reach and interaction with young audiences.
- LGBT Charter Accreditation: GCYHS achieved Gold-level accreditation from LGBT Youth Scotland, affirming its commitment to inclusivity and safe spaces for LGBTQ+ young people.
- Staffing: A Digital Communications Officer position was created to support the continuation of the Senior Communications Officer role.

Within the service, GP referrals continue to dominate, with self-referrals and family referrals as common sources. Mental health and emotional wellbeing have consistently remained the primary reasons for referral.

## 1.3. Corporate Context

GCYHS is provided by Glasgow City Health and Social Care Partnership (HSCP). Health and social care is integrated in Glasgow City meaning that Glasgow City Council and NHS Greater Glasgow and Clyde work together to plan and deliver health and social care services.

The strategic aims of the HSCP are as follows:

- Prevention, early intervention and harm reduction
- Providing greater self-determination and choice
- Shifting the balance of care
- Enabling independent living for longer
- Public protection

The work of GCYHS contributes to these aims by offering an early intervention and prevention service for young people.

GCYHS communications approach and standards are closely aligned with those held by Glasgow City HSCP and further detail can be found in the [HSCP Communications Strategy 2020](#).

## 1.4. Equality and Inclusion

The equality data from the 2024/5 report highlights ongoing challenges in engaging specific demographic groups who are underrepresented in the service, notably young males, ethnic minorities, LGBTQ+ and young carers. Addressing these disparities remains a strategic priority. This strategy will continue to develop inclusive messaging and focus on targeted outreach to ensure that all young people feel welcomed, represented, and empowered to access support.

## 1.5. Values and Mission Statement

Our values underpin everything we do, including our communications, and form the basis of what young people and their families can expect from the service. These are trust, respect and listening without judgement. We commit to living out these values in the following ways:

- We will work in such a way that builds and maintains trust with young people
- We will treat everyone fairly and with respect
- We will listen without judgement

Our mission statement articulates our purpose, our long-term goals and the way we will work to achieve these:

"To improve the health and wellbeing of young people in Glasgow City with a focus on early intervention and prevention. To work with young people, their families and partner agencies to provide flexible, holistic support using a youth friendly model, and to help young people achieve their potential."

## 2. Objectives and Success Metrics

### 2.1. Communications Objectives 2025-7

#### 2.1.1. Expanding Awareness and Access within Key Groups

Aim:

Increase awareness of GCYHS Service among young people, parents/carers, and professionals, with a focus on underrepresented groups such as ethnic minorities, young boys, LGBTQ+ youth and young carers.

Outputs:

- Publish regular digital and non-digital content using youth-friendly formats (e.g. Instagram Posts/Reels, posters, leaflets).
- Deliver one targeted campaign by Q4 2026/7, with further campaigns into 2027.
- Run in-person promotional sessions with youth services across Glasgow and further develop connections in education.

Outcomes:

- Achieve a 10% increase in website visits and a 5% increase in social media engagement annually.
- Increase engagement with campaign posts, achieving a minimum of 10 interactions per post (likes, shares, comments).
- Improve visibility and trust among priority groups, measured through demographic tracking in referrals and survey responses.

#### 2.1.2. Youth Voice and Participation

Aim:

Ensure young people's voices continue to actively shape service development through annual surveys and volunteer-led activities.

Outputs:

- Distribute GCYHS annual feedback questionnaire and tailored sub-questionnaires for WTG and Employability via text message campaign.
- Distribute continuous feedback questionnaires in service and tailored sub-questionnaires for WTG and Employability to collect ongoing feedback throughout the year.
- Collect youth feedback when doing in person work with organisations in campaign delivery using feedback activities to collect quotes and questionnaires.

Outcomes:

- Collect at least 60 survey responses annually from young people and parents/carers across annual and continual formats, with demographic

breakdowns. Share survey results across target audiences using social and printed media.

- Use youth feedback to inform service improvements, documented in internal planning and reporting.

### 2.1.3. Showcasing Impact and Success

Aim:

Celebrate and promote GCYHS achievements through creative storytelling and partner amplification.

Outputs:

- Develop 3 thematic case studies per year, each focused on a different service area (e.g. mental health, sexual health, employability).
- Produce one youth-friendly summary or explainer per case study for social media cutdowns and printable handouts. Present these in creative formats on social and printed media such as animations and visual storytelling.
- Share stories and ready-to-use creative assets with partners for cross-posting and adaptation after each case study or campaign.

Outcomes:

- Achieve consistent engagement on success posts (shares, comments, saves), with a minimum of 5 partner and stakeholder shares per quarter.
- Increase visibility of service impact and youth outcomes across professional networks and community audiences. This will be measured by traffic on case study posts/pages and structured partner feedback to this approach.

### 2.1.4. Strengthening Partnerships and Referral Pathways

Aim:

Build and maintain strong relationships with external partners and referrers to improve referral pathways and amplify messaging.

Outputs:

- Share linked organisation content monthly and produce quarterly partner spotlights for social channels.
- Deliver targeted referral communication sessions for youth organisations/schools and health professionals, supported by standardised presentation packs and self-delivery materials.
- Provide campaign specific toolkits and current service leaflets for partners to use in cross-promotional activity.

Outcome:

- Strengthen referral pathways and appropriate service uptake through partner engagement, measured by partner/referrer-reported signposting confidence and feedback.

### 2.1.5. Informing Stakeholders

#### Aims:

Provide regular updates to stakeholders on GCYHS service developments and information on youth engagement in healthcare.

#### Output:

- Deliver quarterly stakeholder updates via newsletters and website updates.
- An additional webpage created named 'Youth Health Insights' to host curated links and resources relating to developments in youth health, engagement, and advocacy.

#### Outcome:

- Reach at least 15 stakeholder organisations per quarter.
- Utilise the 'Youth Health Service News' section of the website to host newsletters and large service updates.
- Measure engagement with webpages using analytics (page views, click-through) and professional feedback.

### 2.1.6. Supporting Parent and Carer Engagement

#### Aim:

Improve access to trusted information for parents and carers on the service and youth issues such as neurodivergence, bullying, and mental health.

#### Outputs:

- Launch a dedicated parent/carers/responsible adult resource hub by Q3 2026 and promote it quarterly via social media, newsletters, and in-person sessions.
- Curate and link to quality assured external resources from trusted organisations.

#### Outcomes:

- Achieve a 20% increase in page visits in first year of the Parent/Carer Hub being live.
- Increase engagement with linked resources, measured via click-through rates and feedback forms.

## 2.2. Key Performance Indicators for Reporting

Indicator	Annual metric	Offline / outcome link	Measurement & notes
Increase audience across platforms	10% increase in website visits; 5% increase in social media engagement across Facebook and Instagram	Increased awareness among young people, parents/carers and professionals; more informed referrals	Measure website sessions (analytics) and aggregate social engagement by channel monthly
Engagement per campaign post	Minimum 5 interactions (likes/shares/comments/saves) per campaign post	Greater visibility and validation of messaging; higher likelihood of organic sharing and referral	Track post interactions per campaign and report averages by channel each month
Social media click-through rate (CTR) yes pleas	Benchmark CTR by channel in Q4 2025/6; improve CTR by 5% year-on-year for priority campaigns	Direct indicator of content driving users to resources, landing pages and referral information	Use native platform analytics where links are clickable; report post CTR and landing-page sessions; use profile-link clicks and engagement as proxies for non-clickable posts (Instagram)
Stakeholder reach and engagement	Reach at least 15 stakeholder organisations per quarter; newsletter open rate $\geq 30\%$ and CTR $\geq 5\%$	Regular, measurable updates to stakeholders supporting coordination and awareness of service developments	Use email platform metrics for open rate/CTR; record stakeholder list reach each quarter
Parent/carer hub adoption	20% increase in page visits to the parent/carer hub in the first year post launch	Improved access to trusted information for parents/carers; better informed family signposting and support	Track page sessions, referral sources and click-throughs to linked resources monthly after launch

### 3. Target Audiences and Engagement Platforms

#### 3.1. Target Audiences

The majority of outward facing communications will target the following three groups: young people, parents/carers and professionals.

The channels listed below are not exhaustive to each audience, for example many parents may use Instagram. The channels listed indicate their prime target audience, see the following section for further information on these.

Young people aged 12-19 Years

Young people living in Glasgow City and/or registered with Glasgow GP.

Goals	Seeking a service that is friendly, non-judgmental, and youth-centred.  Want to be treated with respect and autonomy—“like an adult.”  Prioritise confidentiality, trust, and emotional safety
Challenges	Limited awareness of GCYHS and its services.  Embarrassment or anxiety about attending.  Uncertainty about what to expect.  Previous negative experiences with NHS.
Channels	Instagram: Now fully operational and tailored to youth engagement. Content includes Reels, Stories, and relatable visuals designed to build trust and familiarity.  Printed Resources: Leaflets, posters, and promotional items are distributed in schools, youth hubs, and clinics to raise awareness and provide discreet access to information.  Hospital and Practice Signage: Youth-friendly signage placed in key clinical settings—such as the Royal Hospital for Children (RHC) –to increase visibility at the point of care and normalise access to youth health services.

## Parent and carers

Parents or carers for young people aged 12-19 years living in Glasgow City.

Goals	<p>Confidence that their child is accessing safe, professional, and confidential care.</p> <p>Clear understanding of the service's purpose and benefits.</p> <p>Resources to support conversations about health and wellbeing.</p>
Challenges	<p>Lack of familiarity with GCYHS.</p> <p>Hesitation around discussing sensitive health topics with their child.</p> <p>Need for reassurance about safeguarding and service quality.</p> <p>Previous negative experiences with NHS.</p>
Channels	<p>Facebook: Maintained as a key platform for reaching parents and carers. Content includes service updates, FAQs, and supportive messaging.</p> <p>Website: Serves as the central hub for service information, referral guidance, and downloadable resources.</p> <p>Printed Resources: Available in GP practices, community centres, and schools to provide accessible, trustworthy information.</p> <p>NHSGGC External Channels: Posts shared via NHSGGC and GCHSCP Facebook accounts to extend reach and visibility.</p> <p>Hospital and Practice Signage: Clear, informative signage health settings such as the RHC and other hospitals to increase visibility and reinforce trust in the service.</p>

Professionals and potential referrers

Professionals and refers that work in Glasgow City with young people

Goals	Identify appropriate services that support young people's health and wellbeing.  Understand referral pathways and eligibility criteria.
Challenges	Limited awareness or understanding of GCYHS services and scope.  Competing priorities and time constraints in professional settings.  Need for concise, actionable information that fits into existing workflows.
Channels	Website: Serves as the central hub for service information, referral guidance, and downloadable resources.  Printed Resources: Distributed in GP practices, community centres, schools, and professional networks to ensure visibility and accessibility.  Briefings and Stakeholder Updates: Delivered via email to maintain engagement and inform professionals of service developments, referral processes, and youth health trends.  Professional Networks: Engagement through local forums, health boards, and education partnerships to build awareness and foster collaboration.

### 3.2. Current platforms

#### NHSGGC Corporate Website

Dedicated webpages on the NHSGGC corporate site provide the primary digital home for GCYHS. These pages:

- Present a central source of information about the service
- Outline the support available to young people
- Clarify eligibility criteria for accessing the service
- Enable digital contact with the service
- Share information on topics frequently raised by young people
- Share developments in youth engagement in healthcare with professionals

## Facebook

According to Ofcom's *Adults' Media Use and Attitudes 2025* report, Facebook continues to be most widely used among older adults and parents, while usage among 16–24-year-olds continues to decline. Facebook will therefore be used to:

- Engage parent and carer audiences, as well as professionals and referrers
- Disseminate scheduled content linked to campaigns, awareness days, and service information
- Deliver targeted advertising and promotional posts
- Host and respond to user reviews of the service
- Signpost to service webpages through unique URLs embedded in posts

## Instagram

According to Ofcom's *Online Nation 2025* report, Instagram remains one of the most widely used platforms among 16–24-year-olds, with usage in this age group significantly higher than among the general adult population. Instagram will therefore be used to:

- Engage young people with youth-focused content
- Share content through Reels and Stories
- Use hashtags to connect with relevant trends and conversations
- Promote campaigns and service information in formats suited to younger audiences

## HSCP and NHSGGC Communication Channels

Internal channels:

- NHSGGC Core Brief (email)
- Glasgow City HSCP Staff Updates (email)

External channels:

- NHSGGC Facebook
- NHSGGC Instagram
- Glasgow City HSCP Twitter

These channels will be used to:

- Share service developments and announcements
- Highlight and celebrate service achievements
- Provide opportunities for internal and external feedback

## Printed Resources

Printed materials continue to play a role in raising awareness and supporting referrals. This includes promotional items such as sticky notes and pens, distributed to services likely to refer young people to GCYHS. Leaflets, posters, and business cards will also be maintained,

with content reviewed annually by the Senior Communications Officer to maintain accuracy and relevance.

### 3.3. Proposals for new platforms

#### Mailchimp for Newsletters

Mailchimp is the proposed platform for producing and distributing the GCYHS and WTG newsletters. It provides branded, mobile-friendly templates, secure contact list management, and GDPR-compliant consent processes. Using Mailchimp will also allow the service to collect detailed engagement metrics and analytics, supporting reporting, evaluation, and continuous improvement of future communications.

#### Google Ads for Targeted Advertising

Google Ads is proposed as the platform for delivering targeted advertising across multiple channels, including YouTube, search, and the wider Google Display Network. Ofcom research shows that around 80% of UK children and young people use YouTube regularly, making it the most widely used online video platform for this age group. This makes YouTube a particularly strong channel for reaching 12–19-year-olds in Glasgow with youth-focused campaigns.

At the same time, Google Ads provides flexibility to reach parents, carers, and wider community groups through search advertising and display placements across trusted websites. Campaigns can be precisely targeted by age, location, and interests, ensuring messages are delivered directly to priority audiences. The platform also offers a range of ad formats – from skippable and non-skippable video ads on YouTube to display banners and responsive search ads – supported by detailed analytics on reach, engagement, and conversion.

#### TikTok (For Future Reference Only)

A TikTok communications strategy was developed in October 2025 for consideration by the NHSGGC Board. Following a formal risk assessment, it was determined that TikTok will not be used by any NHSGGC service. GCYHS will therefore not establish or operate a TikTok account.

This section is included for reference only, to support future planning should organisational policy or national guidance change. The strategy is saved on the shared drive for future reference. This information is retained due to TikTok's significant reach among young people aged 12–19 and its potential relevance for engaging under-represented groups.

## 4. Content

### 4.1. Key messages

Building on the 2020–23 strategy, these updated key messages are tailored to specific audiences for use across communication channels.

#### Audience 1: Young People (12–19)

**Here for the Whole You:** We're here to help with all areas of your health and wellbeing – from mental health and relationships to sexual health, weight management or social issues.

**Help Before It Gets Harder:** We'll step in with support before problems start or get harder to handle.

**Your Health, Your Choice:** If you need support, you can come to us yourself. Just reach out when you're ready.

**Always Listened to, Never Judged:** You'll be treated with respect, supported without stigma, and welcomed just as you are.

**Your Voice Matters:** This service is built with and for young people. Your views shape what we do.

**Safe and Confidential:** What you share stays private, unless we think you or someone else is at risk of harm.

#### Audience 2: Parents & Carers

**Helping Young People Thrive:** The Youth Health Service is free for 12–19 year olds in Glasgow, providing welcoming and confidential support across all areas of health and wellbeing

**Whole-Person Care:** We support young people with mental health, relationships, sexual health, weight and social issues.

**Early Help, Lasting Impact:** We are an early intervention and prevention service – making sure young people get support before challenges grow or become harder to manage.

**Helping You Support Young People:** We provide parents and carers with clear guidance and trusted signposting, helping them feel confident in supporting their young person.

**Safe and Confidential:** We respect young people's privacy. From age 12, if they're able to understand their choices, they can make their own decisions about their health. We only share information if there is a safety concern.

Simple Access: Young people can contact us directly, or parents/carers can make a referral on their behalf.

### External Audience 3: Professionals & Referrers

A Trusted Service for Young People: The Youth Health Service is a citywide service for 12–19 year olds registered with a Glasgow GP.

Holistic and Preventative Support: We address mental health, sexual health, social issues, and weight management, helping to prevent escalation and reduce long-term risks.

Co-production at the Core: Young people’s voices guide the service, making sure it reflects their priorities.

Simple Referral Pathways: Easy routes for GPs, schools, and youth organisations to connect young people with support.

Enhancing Provision through Collaboration: We work with statutory services and non-statutory partners to complement existing provision and ensure young people receive timely, appropriate support.

## 4.2. Accessibility

In Scotland 2025, around 180,000 people are living with significant sight loss (including those registered blind or partially sighted), and more than 1 million people are deaf or have some degree of hearing loss. Many members of our target audience use inclusive technology such as screen readers, speech-to-text software, or voice recognition tools to access our content. It is therefore essential that our communications are designed to be accessible to the widest possible audience.

We will follow the principles of the NHS Scotland Accessible Information Policy, NHSGGC Clear To All, Scottish Government’s Inclusive Communication guidance, and the Equality Act 2010 to ensure our online and offline content meets current best practice.

Examples of good practice we will follow:

- Writing in plain English and avoiding jargon
- Providing alt text or meaningful descriptions for all images and graphics
- Adding captions and transcripts to all video and audio content
- Using CamelCase in hashtags to improve readability
- Ensuring sufficient colour contrast and avoiding text embedded in images
- Structuring content with clear headings and logical reading order for screen readers
- Testing content with accessibility tools.

Following these principles will not only support people who rely on inclusive technology, but also make our communications clearer and easier to use for everyone – including those who are multi-tasking, under pressure, or accessing information on the move.

### 4.3. Tone of Voice

Our communications will be:

- Friendly and approachable – warm, positive, and youth-friendly, while always remaining professional.
- Respectful and non-judgemental – treating young people as adults, with empathy and dignity.
- Clear and accessible – free from jargon, concise, and easy to understand for all audiences.
- Balanced – able to use humour and lightness where appropriate, while also conveying seriousness when needed.
- Consistent – aligned across all channels and materials for trust and recognition.

How we will maintain this:

- Use empathetic, supportive language that reflects how young people and families should expect to be treated by the service.
- Share reliable, youth-friendly health information and support relevant awareness days.

### 4.4. Branding

The current branding, co-developed with young people following the 2020 strategy, will continue to be strengthened during the 2025–27 period. Planned activity includes:

- Development of a social media content pack in Quarter 4 2025, providing a suite of assets (such as illustrations, graphic elements, and templates) to ensure visual consistency across digital platforms for each audience.
- Creation of promotional packages of materials for campaigns, offering ready-to-use resources (digital graphics, print materials, and adaptable templates) that can be deployed across multiple channels to support targeted activity.
- Consistent signage and information across service locations: Standardised information boards and signage will be introduced across all 9 service sites to ensure a coherent and recognisable brand presence. Development will be undertaken in collaboration with nursing staff to ensure accuracy and relevance of content, including clear signposting to partner organisations. Materials will be subject to periodic review by the Senior Communications Officer to maintain alignment with organisational policy.
- Design of a branded suite of presentation resources including PowerPoint templates and adaptable materials tailored for different audiences, to support clear and professional communication.

### 4.5. Communications Glossary

During quarter 3/4 2025-26 the Senior Communications Officer will create a concise, shared glossary of core terms used to describe GCYHS so staff, partners and service users encounter consistent, plain-English definitions across reports, presentations and outward-facing communications. The glossary will be authoritative but accessible, written

for both professional and youth audiences and designed to reduce ambiguity in external and internal materials.

### Scope and Purpose

The glossary will cover frequently used concepts and service terms (for example – ‘wraparound’) and will be expanded as new terminology arises during the strategy period. Its purpose is to standardise language, speed up content production, improve clarity for audiences and staff, and reduce rework in report writing, presentations and other communications.

### Governance and Process

The Senior Communications Officer will draft an initial set of entries and circulate them to relevant service leads and specialist teams for review. A single Communications owner will manage the document, coordinate feedback, approve published versions and maintain an edit log. All changes will be recorded using SharePoint versioning so entries can be traced and reverted if required.

## 4.6. Content Management

Content planning and delivery are coordinated by the Digital Communications Officer (DCO), who uses Trello and Facebook Business Suite to maintain a structured posting schedule across the week. An Awareness Day calendar is maintained and updated by the DCO to ensure alignment with national and local campaigns.

Feedback and testimonials are collected from young people, parents, carers, and professionals who engage with the service. The Senior Communications Officer (SCO) is responsible for contacting individuals directly to discuss their experiences and record comments. These are anonymised prior to use and may be incorporated into promotional materials or social media content.

Photographs and video recordings of service users or staff are managed in accordance with UK Data Protection legislation. Appropriate consent forms are required, and no images are used without informed consent. This applies equally to staff and service users.

Formal communications, including content for leaflets, websites, press releases, or public statements, are subject to approval by the GCYHS Service Manager prior to publication. Clear version control of these documents will be maintained for traceability.

## 5. Tactics

### 5.1. Expanding Awareness and Access within Key Groups

Tactics:

- Website & Social Media Integration: Add “Keep up to date with us” sections across key webpages with direct links to Instagram/Facebook; embed live feeds where possible.
- Targeted Campaigns:
  - *Summer 2026*: Campaign focused on young boys’ mental health using short Reels, peer-led video content and collaboration with local organisations.
  - *The second* campaign will target ethnic minorities, using translated materials and collaborations with the community.
  - Targeted advertising alongside the campaigns to reach the specific audiences on the platforms that they use such as Instagram or YouTube.
- Offline Visibility: Posters and leaflets distributed in schools, youth clubs, GP surgeries, and libraries, especially in localities where young people are currently underrepresented in the service.
- In-Person Outreach: Deliver promotional sessions in youth services and organisations. Utilise contacts with pastoral services in schools and colleges to promote the service.

### 5.2. Youth Voice and Participation

Tactics:

- Digital Micro-Feedback Loops: Use Instagram Story polls and short post-campaign surveys to gather real-time feedback from young people.
- Youth Co-Design (via Partnerships): Work with youth and community groups (e.g. LGBTQ+, ethnic minorities networks) to integrate feedback into any campaign engagement sessions.
- Youth Takeovers: Run one annual “Youth Takeover Week” on Instagram, where young people shape or create content in partnership with schools or youth organisations.
- Annual Survey & Ongoing Feedback: Collect feedback through an annual survey (with tailored sub-surveys for WTG and Employability) and suggestion boxes in services. Share results back with youth-friendly infographics (eg. “Here’s what you told us, here’s what we’re doing”).

### 5.3. Showcasing Impact and Success

Tactics:

- Case Studies and Thematic Spotlights: Develop 3 per year, each focusing on a different service area (e.g. mental health, sexual health, employability). Case studies will be complemented by stories, stats, and resources.
- Youth friendly outputs: Present case studies through creative formats such as short videos, animations, or visual storytelling.

- Partner Amplification: Share stories with schools, NHS partners, and youth organisations for cross-posting, adapting content into engaging formats for different audiences.
- Behind-the-Scenes Content: Share authentic glimpses of staff and service delivery to build trust and humanise the service (e.g. reels, photo stories).

#### 5.4. Strengthening Partnerships and Referral Pathways

##### Tactics:

- Partner Spotlights & Content Sharing: Each quarter, feature one partner in depth on social media, while also sharing at least one piece of linked organisation content per month to maintain regular visibility.
- Referral Communication Sessions: Deliver workshops or short talks tailored to two key groups – youth organisations/schools and health professionals. These could be run as online information sessions or by invitation. Create standardised presentation packs so delivery is consistent, and so partners/referrers can self-deliver if staff cannot attend in person. Sessions will cover the service’s ethos, how it works, and the referral process, ensuring partners feel confident in referring young people.
- Partner Involvement in Campaigns: Actively involve relevant partners in the design and delivery of specific campaigns to strengthen collaboration and extend reach.
- Campaign Toolkits & Resources: For each campaign, provide partners with a ready-to-use digital toolkit (social media graphics, posters, leaflets, and suggested copy) and current service leaflets. This will ensure consistent messaging and make it simple for partners to share and promote the service.

#### 5.5. Informing Stakeholders

##### Tactics:

- Quarterly Stakeholder Newsletter: A new newsletter will be launched in 2026, including service updates, impact data, and upcoming campaigns. The Digital Communications Officer will manage and distribute this.
- Youth Health Insights Webpage: An additional professional-facing webpage within GCYHS site will be created to host curated links to developments in youth health, engagement, and advocacy. This resource will collate high-quality external materials—such as peer-reviewed research, national guidance, and sector updates—to support professional awareness and strengthen partnership working. The page will be updated periodically as new, relevant content becomes available.

#### 5.6. Supporting Parent and Carer Engagement

##### Tactics:

- Parent & Carer Website ‘Hub’ Pages:
  - Evidence-based information on neurodivergence, bullying, gender identity, addiction, etc.
  - Practical “How to support your young person” guides.
  - Links to trusted external resources.

- Co-developed with Health Improvement Team and parenting support services.
- Quarterly Promotion: Push hub content via social media, newsletters, and in-person sessions.

## 6. Weigh To Go Communications

The Weigh to Go (WTG) communications strategy was developed with the Health Improvement Weight Management Team. The Youth Health Service communications team will provide a supporting communications function, primarily through amplification of approved content and use of GCYHS channels to promote WTG to all identified target audiences.

A WTG Communications Plan for 2025–26 has been developed by the NHSGGC Health Improvement team and will be reviewed annually to ensure alignment with service priorities and emerging needs.

### 6.1.1. Objectives

The following SMART objectives are:

- Increase total annual referrals by 10% on the two-year average of 191.
- Increase referrals from sources currently at zero (e.g., Education, RHC, Social Work, Voluntary Sector, Youth Health Service, Community Paediatrics).
- Maintain or increase referrals from high-performing sources such as GPs, healthcare practitioners, and family/self-referrals.

### 6.1.2. Target Audiences

- Young people aged 12–18 with BMI >25, with a focus on those living in SIMD 1 and 2 areas.
- Parents and carers who influence engagement and referral.
- Professional referrers, including NHS staff, education, social work, and voluntary sector partners.

### 6.1.3. Approach

The Health Improvement team will lead strategic planning, professional engagement, and resource development. GCYHS will support delivery by:

- Sharing approved content across GCYHS social media channels to reach young people, parents/carers, and professional audiences.
- Signposting to WTG through routine GCYHS communications and outreach activity.
- Distributing printed materials within GCYHS settings and partner environments.
- Supporting consistency of messaging across GCYHS platforms.

### 6.1.4. Roles and Responsibilities

- Health Improvement Weight Management Team – Leads WTG communications planning, delivery, and evaluation.
- Senior Communications Officer (YHS) – Ensures alignment with the wider GCYHS communications strategy and oversees YHS contributions.
- Digital Communications Officer (YHS) – Delivers targeted digital promotion to all relevant audiences and records analytics.

### 6.1.5. Channels

- YHS Social Media: Promotion of WTG to young people, parents/carers, and professional audiences.
- Printed Resources: Distribution of WTG materials through YHS venues and outreach settings.
- Website: Support for updates to WTG web content and signposting from YHS pages.
- Professional Communications: Led by Health Improvement, with YHS sharing relevant updates internally where appropriate.

### 6.1.6. Monitoring and Evaluation

Monitoring will be led by the Health Improvement Weight Management Team. Referral data, engagement metrics, and campaign outputs will be reviewed monthly and reported quarterly. YHS will provide analytics for all WTG-related content shared through YHS channels, recorded on SharePoint and summarised quarterly.

## 7. Monitoring and Evaluation

Measurement is embedded throughout this strategy to ensure that communications activity is evidence-based, accountable, and continually improving.

### Responsibility

- The DCO will collate analytics (website and social media) on a monthly basis, saving reports on SharePoint. They will also maintain a central log of all social media posts, which supports evaluation and provides transparency in the event of a complaint or Freedom of Information (FOI) request.
- The SCO will review this data, produce quarterly summaries, and oversee evaluation against objectives.

### Frequency

- Monthly: Website sessions, social media engagement, click-through rates, referral traffic, analytics reports, and post logs.
- Quarterly: Stakeholder newsletter metrics, partner engagement, and campaign performance.
- Annually: Youth survey results, demographic analysis of referrals, Parent/Carer Hub engagement, and glossary review.

### Reporting

All KPIs will feed directly into the annual GCYHS service report meaning that communications performance is systematically reviewed alongside wider service outcomes. Insights will be used to refine campaign tactics, improve targeting, and inform service planning. Results will also be shared with stakeholders to demonstrate impact and support funding applications.


## 8.Action Plan

Year / Quarter	Key Activities
Year 1: Q3 2025 (Oct-Dec)	<ul style="list-style-type: none"> <li>• Begin initial planning of first targeted GCYHS campaign</li> <li>• Begin quarterly stakeholder newsletter planning</li> <li>• Develop and send annual youth survey responses</li> <li>• Develop social media content guidelines</li> <li>• Develop clear signage across all 9 services</li> </ul>
Year 1: Q4 2025 (Jan-Mar 2026)	<ul style="list-style-type: none"> <li>• Record first case study</li> <li>• Develop starter glossary and quick reference guide</li> <li>• Develop Parent &amp; Carer digital Hub in collaboration with Parent Hub team</li> <li>• Develop planning of the targeted campaign</li> <li>• Add Keep up to date with us page and develop ‘Youth Health Insights’ page and collect articles to initially populate the page.</li> </ul>
Year 2: Q1 2026 (Apr-Jun)	<ul style="list-style-type: none"> <li>• Receive and implement staff feedback on glossary</li> <li>• Publish ‘Youth Health Insights’ webpage</li> <li>• Develop creative output for case study</li> <li>• Contribute to the Annual Report and report KPIs</li> </ul>
Year 2: Q2 2026 (Jul-Sep)	<ul style="list-style-type: none"> <li>• Launch first targeted campaign</li> <li>• Launch Parent &amp; Carer Hub on website; begin promotion via social, newsletters, and in-person sessions</li> <li>• Run first “Youth Takeover Week” on Instagram</li> <li>• Run WTG campaign to increase referrals from underrepresented sources</li> </ul>
Year 2: Q3 2026 (Oct-Dec)	<ul style="list-style-type: none"> <li>• Continue case studies and partner spotlights</li> <li>• Conduct mid-cycle glossary review</li> <li>• Collect annual youth survey responses</li> </ul>
Year 3: Q4 2026 (Jan-Mar 2027)	<ul style="list-style-type: none"> <li>• Review Parent &amp; Carer Hub engagement (baseline year)</li> <li>• Assess stakeholder newsletter performance (open rates, CTR)</li> </ul>
Year 3: Q1 2027 (Apr-Jun)	<ul style="list-style-type: none"> <li>• Continue promotion of Parent &amp; Carer Hub</li> <li>• Refresh printed resources across schools, GP practices, and youth hubs</li> </ul>
Year 3: Q2 2027 (Jul-Sep)	<ul style="list-style-type: none"> <li>• Run second “Youth Takeover Week”</li> <li>• Publish new WTG case studies and update Professional’s Guide</li> </ul>
Year 3: Q3 2027 (Oct-Dec)	<ul style="list-style-type: none"> <li>• Conduct full glossary review and publish updated version</li> <li>• Collect annual youth survey responses</li> <li>• Evaluate three-year comms objectives against KPIs</li> <li>• Write annual GCYHS service report section with KPI analysis</li> </ul>
Year 4: Q4 2027 (Jan-Mar 2028)	<ul style="list-style-type: none"> <li>• Use insights to shape next strategy (2028-31)</li> </ul>



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