# Establishing youth-friendly health and care services: template for self-assessment

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## Standard 1: involving young people in their care and in the design, delivery and review of services

| **Criteria** | **Complete?** **Yes, no or partially**  | **Evidence** | **Link to other quality frameworks, indicators and outcomes** |
| --- | --- | --- | --- |
| Essential: Staff actively encourages young people to be involved in their care. Plans are developed with young people, considering all aspects of their life and how they would like their parent or carer to be involved in their care. Where appropriate, young people are supported by an independent advocate. |  |  |  |
| Essential: There are processes in place to ensure that young people’s views are included in care planning, governance, service design and development. Consideration is given to ensuring the views of marginalised or seldom-heard groups of young people are heard. Feedback is reviewed and acted upon. Staff listen and are responsive to the voices of young people. |  |  |  |
| Essential: There are clear processes to safeguard young people including those involved in youth participation. |  |  |  |
| Additional: The service has a nominated young people’s liaison who is responsible for linking with young people, supporting their participation and making sure others hear what they say. |  |  |  |
| Additional: Information about how young people can have a voice within the service is available and has been developed with young people. |  |  |  |
| Additional: Young people are routinely included in young people or patient experience surveys, for example, the [Friends and Family Test](https://www.england.nhs.uk/fft/). |  |  |  |
| Additional: The service works with other organisations who already support young people’s engagement, such as a local youth council or school councils. |  |  |  |

Young people comments and recommendations following review:

## Standard 2: explaining confidentiality and consent

| **Criteria** | **Complete?****Yes, no or partially**  | **Evidence** | **Link to other quality frameworks, indicators and outcomes** |
| --- | --- | --- | --- |
| Essential: Information about young people’s right to confidentiality, what they can and cannot give consent to, and their right to make complaints, is freely available in an accessible format.  |  |  |  |
| Essential: Confidentiality and consent policies are made explicit to young people and parents or carers. The information makes clear young people’s entitlement to confidentiality and any limitations to confidentiality about safeguarding and managing risk. |  |  |  |
| Essential: Young people are made aware of who holds information about them, and when and how it may be shared. |  |  |  |
| Additional: Young people are routinely offered the opportunity to attend appointments on their own, with impartial chaperones or a trusted friend, instead of parents or carers if they wish. This is made clear in information about the service. |  |  |  |
| Additional: All staff are trained and skilled to inform young people of their rights around confidentiality, consent and the right to complain. |  |  |  |
| Additional: A confidentiality policy sets out how staff will work with parents and carers where appropriate while respecting the confidentiality of the young person. |  |  |  |
| Additional: All staff know when and how to routinely explain the confidentiality policy to young people and to their parents or carers. |  |  |  |
| Additional: Where digital health records exist, all staff are clear at what age young people can access these records and when parents may no longer access them. This is explained to young people and parents. |  |  |  |
| Additional: Staff signpost young people to alternative services or professionals they can talk to, for example the school nurse, teachers, a trusted adult, or Childline or other helplines. |  |  |  |

Young people comments and recommendations following review:

## Standard 3: making young people welcome

| **Criteria** | **Complete?****Yes, no or partially**  | **Evidence** | **Link to other quality frameworks, indicators and outcomes** |
| --- | --- | --- | --- |
| Essential: Young people are greeted with professionalism and compassion. All staff, including reception staff and volunteers, treat young people with respect. Where young people are accompanied by a carer, both are acknowledged and made welcome. |  |  |  |
| Essential: Consideration is given to whether access is convenient for young people, including choice about service location, which may offer better transport links to support independent access. Staff recognise some young people may need longer appointment or meeting times, for example if they have complex needs, a long-term condition or disability. Services make it clear how young people can rearrange or cancel appointments when necessary. |  |  |  |
| Essential: Staff ensure that young people’s preferences about the consultation, appointment or meeting are considered. This includes who they prefer to be seen by, whether they can bring a friend, and how many people will be present. Staff work with young people to manage their expectations and provide explanations in an open and honest manner when their wishes cannot be granted. |  |  |  |
| Additional: The service provides information and communicates in an inclusive way, explaining things such as how to access different parts of the service, how information is shared, and how to make complaints, compliments and comments. This may include providing information in a variety of formats (such as large print or easy read, British Sign Language or Braille) and in languages other than English where needed via provision of interpreters or translation of documents. |  |  |  |
| Additional: Care and interventions are delivered in a safe, accessible and youth- friendly environment. Young people are treated with sensitivity, and any potentially sensitive questions are asked in private where they cannot be overheard - for example, away from the reception, waiting areas or clinical environment. |  |  |  |
| Additional: The reception, waiting area and care or treatment areas are accessible and youth-friendly, comfortable and welcoming. Any resources that are provided are appropriate for young people and these are refreshed regularly. |  |  |  |

Young people comments and recommendations following review:

## Standard 4: providing high-quality health services

| **Criteria** | **Complete?****Yes, no or partially**  | **Evidence** | **Link to other quality frameworks, indicators and outcomes** |
| --- | --- | --- | --- |
| Essential: There is clear communication about the support and services being offered to young people. Communication may be face to face, in publicity materials such as leaflets or posters, social media platforms or websites and includes provision of materials that are accessible for everyone such as in different languages or for young people with or without disabilities. This information includes feedback from young people about the service and the outcomes the service achieves as evidenced by robust evaluation processes. |  |  |  |
| Essential: All staff use a holistic approach to provision of evidence-based care, with consideration given to social, educational, emotional, spiritual and physical wellbeing. Staff providing care for physical and complex conditions are aware of the importance of mental health and wellbeing, can identify early signs of need and provide information about, or referral to prevention services. Staff listen to and support young people disclosing violence, exploitation or abuse, and take appropriate action. |  |  |  |
| Essential: All staff routinely introduce themselves and provide information about the provision available to support young people. Young people’s privacy and dignity are always maintained, including during discussions, provision of advice, physical examination, and during treatment, personal care and support. |  |  |  |
| Additional: Staff discuss choice of management and interventions with young people and, where appropriate, their parents or carers.  |  |  |  |
| Additional: Staff working with young people have received training in adolescent development such as the [Adolescent Health Programme](https://www.e-lfh.org.uk/programmes/adolescent-health/). This includes communication skills when talking to young people, knowledge of interventions, treatments and likely outcomes, responding to diversity issues such as gender identity, ethnicity or culture, and a clear understanding of informed consent. |  |  |  |
| Additional: The service has clear mechanisms in place to support young people’s transition to adult services where appropriate. Staff are aware of the processes and young people are supported in a timely way to ensure continuity of care. |  |  |  |
| Additional: Young people, parents and carers are provided with information about how to access local and national support and useful resources via social media, apps or other digital support tools. |  |  |  |
| Additional: Staff promote healthy lifestyles in a non-judgemental way by [Making Every Contact Count](https://www.makingeverycontactcount.co.uk/) including issues such as keeping healthy and well, positive mental health and emotional wellbeing, healthy eating and physical activity, avoiding online harms, smoking cessation, avoiding alcohol and substance misuse, supporting long-term health and care needs, staying safe and positive relationships and sexual health |  |  |  |
| Additional: Staff connect young people with social prescribing schemes to enable them to identify local sources of support, for example volunteering, arts activities, sports and a range of other activities |  |  |  |

Young people comments and recommendations following review:

### Specialist young people’s services

#### Standard 4a: specialist services for healthy weight and physical activity

| **Criteria** | **Complete? Yes, no or partially**  | **Evidence** | **Link to other quality frameworks, indicators and outcomes** |
| --- | --- | --- | --- |
| Essential: Young people receive easy-to-understand advice and interventions on eating a balanced diet, healthy food choices and portion size, including advice on how to choose, cook and prepare healthy food. |  |  |  |
| Essential: Staff are familiar with physical activity guidelines, are aware of services and activities locally, and can provide [support to young people to help them increase their physical activity and reduce sedentary behaviour](https://www.gov.uk/government/publications/physical-activity-applying-all-our-health). |  |  |  |
| Essential: Easy to understand information is available for young people and their families about healthy weight, obesity, physical activity, healthy eating and local support services. |  |  |  |
| Additional: Staff are trained and follow National Institute for Health and Care Excellence (NICE) guidelines when assessing weight, lifestyle issues and potential co-morbidities. |  |  |  |
| Additional: Services link with local public health teams; they refer young people living with overweight or obesity to other services that help manage their weight. |  |  |  |
| Additional: Staff are trained in nutrition and actively encourage young people to take opportunities to support healthy lifestyle activities. |  |  |  |
| Additional: Staff are trained and confident in raising and [discussing healthy weight](https://www.gov.uk/government/publications/healthier-weight-promotion-consistent-messaging) with young people and their families sensitively and know about the local services where they can get further support. |  |  |  |
| Additional: The food and drink at the service venue for young people is healthy and supports them to make healthy choices and reduce their intake of high fat and high sugar foods. |  |  |  |

Young people comments and recommendations following review:

#### Standard 4b: specialist services for alcohol and drugs

| **Criteria** | **Complete? Yes, no or partially**  | **Evidence** | **Link to other quality frameworks, indicators and outcomes** |
| --- | --- | --- | --- |
| Essential: Staff that work with young people at risk of alcohol and drug misuse problems can screen for substance misuse. They ask about other related risks and concerns such as mental health or sexual vulnerability. |  |  |  |
| Essential: Staff working with young people are trained to deliver interventions and know how and when to refer to other services for young people with complex needs including child sexual exploitation, gang involvement, domestic violence, crime and anti-social behaviour.  |  |  |  |
| Essential: Specialist alcohol and drug assessments are carried out by a trained professional in a sensitive non-judgmental approach to identify factors influencing and maintaining alcohol or drug use. Specialist alcohol and drug service staff can engage with young people, parents and carers, and other professionals that are working with young people as required. |  |  |  |
| Additional: Staff ensure that other agencies working with young people know how to refer to the drug and alcohol service, and that young people are aware of how they can self-refer.  |  |  |  |
| Additional: A range of psychosocial interventions are offered and delivered according to need by competent and qualified staff in line with [NICE guidance on using psychosocial interventions to treat drug misuse in over 16s](https://www.nice.org.uk/guidance/cg51) |  |  |  |
| Additional: A range of age-appropriate pharmacological (drug) interventions are offered and delivered by a qualified professional according to need. |  |  |  |
| Additional: Staff can recognise, intervene appropriately and refer on young people affected by different trends in drug use including new psychoactive substances. |  |  |  |

Young people comments and recommendations following review:

#### Standard 4c: specialist services for managing long-term and complex health needs and disabilities

| **Criteria** | **Complete? Yes, no or partially** | **Evidence** | **Link to other quality frameworks, indicators and outcomes** |
| --- | --- | --- | --- |
| Essential: Staff work holistically with the young person and engage other agencies to support ongoing health needs. Staff are familiar with the multi-agency assessment process for an education, health and care plan (EHCP), where the young person has one. Services are commissioned, funded and delivered in line with provision specified in a young person’s EHCP, where applicable, and staff liaise with other professionals involved in the young person’s education and care as necessary. This approach is shared by all staff and made clear in information about the service. |  |  |  |
| Essential: The service has systems and facilities in place to identify and respond to young people’s additional requirements and access needs. A flagging system identifies young people with learning disabilities or autism in case they have additional requirements, for example, double appointments. Specific communication needs are identified and accommodated. Mobility issues are provided for, and in all cases, young people can maintain privacy and dignity regardless of level of need. |  |  |  |
| Essential: Young people are supported and empowered to understand their long-term condition or disability. Staff offer information and advice to help young people and their families make informed decisions regarding their care, support needs and treatment choices. |  |  |  |
| Additional: Staff understand that young people with a long-term health need or disability can face social isolation and loneliness and help them come together in person or virtually, linking to local and national projects, school, college or care settings.  |  |  |  |
| Additional: Staff recognise that young people may have different needs depending on their age and developmental stage. Advice and information are appropriate for their level of understanding and development including easy read, visual and other formats suitable for young people with communication needs or learning disabilities. Services provide age-appropriate space and resources within the health or care setting. |  |  |  |
| Additional: Staff within the service make every effort to reduce education or employment absences and support continuity of care. Staff offer engagement where the young person feels most comfortable, such as appointments at school, college or in the community, after school or during holidays, supported by online access where feasible. A plan is in place to keep everyone up to date with communication (including, if appropriate, use of a passport of care). Appointments are as streamlined and co-ordinated as possible. |  |  |  |
| Additional: Each young person has a key worker to help them navigate the services they need and be a main point of contact. The key worker provides guidance on information received by the young person, offers practical support and advice, liaises with other agencies including education, and promotes self-management skills. |  |  |  |
| Additional: Staff receive training in adolescent development, managing long-term conditions and transitional care, such as the [Adolescent Health Programme e-learning](https://www.e-lfh.org.uk/programmes/adolescent-health/), as a context for understanding the impact of complex and long-term health needs.  |  |  |  |
| Additional: Staff recognise and act upon the link between physical and mental health especially if it is having a daily impact, for example pain or fatigue, which can often be more likely with patients with chronic long-term conditions. |  |  |  |

Young people comments and recommendations following review:

#### Standard 4d: specialist services for children and young people’s mental health and wellbeing

| **Criteria** | **Complete? Yes, no or partially** | **Evidence** | **Link to other quality frameworks, indicators and outcomes** |
| --- | --- | --- | --- |
| Essential: Young people, their parents and carers receive easy-to-understand information and advice on the roles of staff they might encounter in mental health services making it easier to share decision-making. Young people’s preferences for involving other people for support during the assessment, and when making treatment decisions, are considered. |  |  |  |
| Essential: Young people and their families receive clear information and advice about the intervention, treatment options and likely outcomes. |  |  |  |
| Essential: Young people are offered appropriate information and advice on whether to involve other people - such as parents - in their assessment and treatment process. Refusal of consent to family or carer involvement is accepted unless there is serious risk to the young person’s welfare. Shared decision-making underpins all actions, including in cases where the overriding serious risks lead to compulsory treatment. Young people are always offered appropriate information and advice to make treatment choices based on informed consent. |  |  |  |
| Additional: Staff are aware of current evidence-based practice and treatments and use these to support young people. |  |  |  |
| Additional: Young people and their families are made aware of the legal procedures in place to ensure safety where appropriate and given the opportunity to ask questions.  |  |  |  |
| Additional: Staff are aware of local pathways, referral mechanisms and the roles and responsibilities of other services. |  |  |  |
| Additional: The service has clear protocols for sharing of information and communication to support effective partnerships with young people and families and other services such as social care, schools, colleges, school nurses and mental health support teams. |  |  |  |

Young people comments and recommendations following review:

#### Standard 4e: specialist services for sexual and reproductive health services

| **Criteria** | **Complete?****Yes, no or partially**  | **Evidence** | **Link to other quality frameworks, indicators and outcomes** |
| --- | --- | --- | --- |
| Essential: Provision of routine, intermediate or specialist sexual and reproductive health services is offered. This includes contraception, emergency contraception, screening for and treatment of sexually transmitted infections (STIs), pregnancy testing, referral for NHS-funded abortion services and antenatal care. |  |  |  |
| Essential: Where STI services are not available on-site, there are clear methods for referral to other services or clinicians. Where the full range of contraception methods is not available, there are clear methods for seamless referral to other services where these can be accessed.  |  |  |  |
| Essential: Young people are offered appropriate information and advice to help them develop their ability to make safe, informed choices. This includes advice on healthy relationships and to help them develop the confidence and skills to make positive choices about sexual activity. |  |  |  |
| Additional: Appropriate, easy-to-understand information is available on a range of sexual health issues, including all methods of contraception, STIs, use of condoms, relationships and sexuality. The information makes it clear that contraception, testing and treatment for STIs are free.  |  |  |  |
| Additional: Staff receive training and support in communication skills, the latest evidence base for best treatment options, how to recognise and respond to diversity, how to get informed consent, and how to recognise signs of sexual coercion, abuse, exploitation, female genital mutilation and substance misuse, including chemsex. Staff know how and where to refer young people for additional support when needed. |  |  |  |
| Additional: The service will see young people who are not ordinarily registered with them in order to provide sexual health advice and contraception, including emergency contraception. |  |  |  |
| Additional: The service is committed to addressing the needs of young people from diverse communities including black and minority ethnic, LGBT or disabled people. Diversity is integrated into service design and publicity. |  |  |  |
| Additional: The service has strong links with relationships and sex education programmes in schools and colleges and with other services and practitioners in touch with young people, including school nurses. |  |  |  |

Young people comments and recommendations following review:

## Standard 5: developing digital approaches

| **Criteria** | **Complete?****Yes, no or partially**  | **Evidence** | **Link to other quality frameworks, indicators and outcomes** |
| --- | --- | --- | --- |
| Essential: Staff make use of technology to increase accessibility for young people, for example text messaging, virtual consultations, online prescriptions and online appointment booking. Digital approaches do not replace face-to-face appointments – they are used to enhance the experience and improve accessibility. |  |  |  |
| Essential: Staff are aware of digital limitations that restrict a young person’s access to phone, online or video consultation. Limitations include poor wifi; sharing devices or not having devices; sharing space, which reduces confidentiality, ability to use digital resources.  |  |  |  |
| Essential: Staff are appropriately trained in using the technology adopted by the service, and patients are provided with clear and accessible instructions for use in a timely manner before their appointment. |  |  |  |
| Additional: A range of technology is used to gather young people’s feedback, for example through text surveys, online surveys or website comments. |  |  |  |
| Additional: Staff are mindful of digital fatigue and the impact this can have for young people with complex health needs and disabilities when using online services. |  |  |  |
| Additional: Young people are routinely provided with advance details about when their phone or online consultation or appointment will take place so they can make arrangements to be in a safe space to ensure confidentiality. This is important to help reduce anxiety and worry about the appointment. |  |  |  |

Young people comments and recommendations following review:

## Standard 6: staff skills and training

| **Criteria** | **Complete?****Yes, no or partially**  | **Evidence** | **Link to other quality frameworks, indicators and outcomes** |
| --- | --- | --- | --- |
| Essential: All staff who meet with young people receive appropriate training on cultural competence, confidentiality and consent, and engaging and communicating, including strength-based approaches to interventions. Staff adopt an inclusive approach to service provision for young people including isolated and marginalised groups. Staff adjust their approach depending on a young person’s age and ability, culture and religious practices. |  |  |  |
| Essential: All staff who meet with young people receive appropriate training, supervision and appraisal on understanding young people and the issues that they face which can impact on their health and wellbeing. |  |  |  |
| Essential: Staff routinely receive training appropriate to their level of responsibility on safeguarding, confidentiality and consent including contextual safeguarding, trauma-informed practice, supporting disclosure and strength-based approaches to interventions. |  |  |  |
| Additional: Staff receive regular training, supervision and appraisal to ensure that they can manage sensitive and difficult consultations and support young people in making their own informed choices. |  |  |  |
| Additional: Staff use young people’s feedback and views to inform their reflections and make improvements to practice. These are included in revalidation processes for those with professional registration for example the Nursing and Midwifery Council. |  |  |  |
| Additional: Inter-disciplinary training is undertaken in line with local safeguarding arrangements to ensure that approaches to safeguarding are in line with national guidance:* [Working together to safeguard children](https://www.gov.uk/government/publications/working-together-to-safeguard-children--2)
* [Child sexual exploitation: definition and guide for practitioners](https://www.gov.uk/government/publications/child-sexual-exploitation-definition-and-guide-for-practitioners)
* [Multi-agency statutory guidance on female genital mutilation](https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation)
* [Preventing serious violence: a multi-agency approach](https://www.gov.uk/government/publications/preventing-serious-violence-a-multi-agency-approach)
* [Domestic abuse: statutory guidance](https://www.gov.uk/government/publications/domestic-abuse-act-2021)
* [Tackling child sexual abuse strategy](https://www.gov.uk/government/publications/tackling-child-sexual-abuse-strategy)
* [Criminal exploitation of children and vulnerable adults](https://www.gov.uk/government/publications/criminal-exploitation-of-children-and-vulnerable-adults-county-lines)

Training complies with the intercollegiate competencies and training standards for child safeguarding. |  |  |  |
| Additional: Staff are trained to complete psychosocial assessments in consultations and reviews to help discussions about all aspects of young people’s lives.  |  |  |  |
| Additional: Staff receive routine induction to the organisation, local area and local services including training about working with young people. Staff feel comfortable asking for additional training if they identify a gap in their knowledge or skills.  |  |  |  |

Young people comments and recommendations following review:

## Standard 7: linking with other services

| **Criteria** | **Complete?****Yes, no or partially**  | **Evidence** | **Link to other quality frameworks, indicators and outcomes** |
| --- | --- | --- | --- |
| Essential: The service is part of local networks with good links and active partnerships to a range of other projects, organisations and services working with young people, including integrated care systems. |  |  |  |
| Essential: The service supports young people’s access to education, training and employment, for example, through flexible appointment times, which are longer where needed, and scheduled to fit with young people’s school, college or university timetables where possible. |  |  |  |
| Essential: The service provides information about other local services for young people. All staff are familiar with local service provision and arrangements for referral. |  |  |  |
| Additional: The service is co-located with other relevant services for young people where possible. Where this is not possible, there are regular collaborative working sessions and meetings. |  |  |  |
| Additional: Information about the service, including the criteria and process referral, is provided to other relevant organisations and to key professionals working with young people. This information is kept up to date, is freely available and accessible to young people. |  |  |  |
| Additional: Staff are aware of the emotional and psychological needs of young people with clear and appropriate referral pathways or signposting to provide support as early as possible. |  |  |  |
| Additional: Young people are made aware of opportunities to support and influence development or change to services or policies in their local area or wider policies and practices in their educational setting, such as whole school and college approaches. |  |  |  |

Young people comments and recommendations following review:

## Standard 8: supporting young people’s changing needs

| **Criteria** | **Complete?****Yes, no or partially**  | **Evidence** | **Link to other quality frameworks, indicators and outcomes** |
| --- | --- | --- | --- |
| Essential: The service provides healthcare and support based on a young person’s needs and competency. |  |  |  |
| Essential: Referral systems foster a positive approach to healthy transitions with established systems for communication between relevant health professionals, departments and services. |  |  |  |
| Essential: Staff have a working knowledge of guidance on assessing a young person’s ability to consent based on age, maturity and mental capacity. This information is shared with young people, parents and carers, and other relevant professionals. |  |  |  |
| Additional: The service has a clear procedure to prepare young people [for the transition from health and care services designed for children and young people to adult health services, consistent with current NICE guidance](https://www.nice.org.uk/guidance/ng43). Specific attention is given to the needs of young people with long-term health needs. |  |  |  |
| Additional: Staff members are trained to help young people, and their parents or carers, with the transition to adult services from the age of 12 onwards, where appropriate. All young people with ongoing needs have an individual transition plan including a named key worker to provide continuity during the transition process. |  |  |  |
| Additional: The service provides publicity material specifically on transition to adult services that is accessible for everyone such as in different languages or for young people with or without disabilities. This is youth-friendly, and uses age-appropriate language and images for the age and ability of the young person.  |  |  |  |
| Additional: Parents and carers are provided with relevant information and support, in ways that are sensitive to different cultures and religions. |  |  |  |

Young people comments and recommendations following review: