



Department of Health

*Quality criteria for young people friendly
health services*

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Quality criteria for young people friendly health services - 2011 edition

Foreword from the World Health Organization

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Foreword

by Director of Child and Adolescent Health, World Health Organization, Elizabeth Mason

Young people: a global public health priority

There is growing evidence that a considerable number of young people are losing their lives every year, largely from preventable causes. In the European region alone, more than 300 young people aged 15-24 years die *every day* and globally the figure reaches 2.6 million per year. In addition to this death toll, substantially bigger numbers of young people experience health problems that affect their physical, mental and emotional well-being. Mental health problems, in particular depression, are the largest contributor to the global burden of disease among young people. In Europe, we estimate that almost one in ten 18-years-olds suffers from depression. Moreover, some risky behaviours that many young people engage in can contribute to health problems later in life. There are very visible examples. Alcohol use contributes to road traffic accidents, the largest cause of death among young people in Europe. Unsafe sex can lead to sexually-transmitted infections (STIs), including HIV, and unintended pregnancy. Seventeen million young women below the age of 20 give birth and an estimated 2.5 million abortions are performed on young women each year globally, many of which are unsafe.

There is also growing recognition that meeting the particular needs of young people needs to be a key component of national public health agendas. A growing number of countries in the World Health Organization's (WHO's) European region are drawing upon the experiences of non-governmental organizations, professional societies and young people themselves to build policies and programmes that address the health needs of young people.

In September 2009, WHO worked with partners to organize a regional meeting on youth-friendly policies and services in Edinburgh, Scotland. This meeting brought together representatives of more than 30 countries in the European region who shared their experiences in developing policies and reorienting health services to meet the needs and fulfil the rights of adolescents.

We are pleased to learn that the Department of Health, England has set out a clear set of quality criteria for youth-friendly health services in a document entitled *You're Welcome*, and is encouraging health service providers within and outside the National Health Service (NHS) to meet those criteria. The quality criteria are helping to provide a framework for change in how resources are allocated, and are helping ensure better health outcomes.

We are also pleased to learn that the Department of Health, England, working with the Royal Colleges of General Practitioners and of Paediatrics and Child Health, has developed an innovative e-learning approach to build the capacity of health workers, especially those who are the first point of contact with adolescents, to respond effectively to their needs.

We welcome this two-pronged approach to making health facilities and the systems they are part of youth-friendly, and to improving the abilities of health workers to respond to adolescents effectively, appropriately and with sensitivity. These approaches are evidence-based, and they have been shown to be effective in systematic reviews undertaken by WHO. They are also in

line with WHO's recommendations, and with the support that the Organization is providing to countries in the European region and beyond.

We are pleased to learn that initial experience suggests that the *Quality criteria for young people friendly health services* are informing and helping to shape decision making by local health authorities and commissioners. Early experiences are showing that the quality criteria are also helping to give young people a voice in the NHS and that their experiences and contribution to the overall health of the nation are valued. The successful pilot of the quality criteria in Primary Care Trust areas has led to their promotion by professional organizations as well as by the Department of Health. The quality criteria are providing a way to improve: the accessibility of services; the delivery of preventative approaches; and young people's ability to be actively involved in their own care. The English experience is showing that the criteria are being adopted by a wide range of healthcare providers. This includes services in the community (e.g. general practice, contraception and sexual health services, pharmacy, mental health services, ante-natal care) and in acute settings (e.g. in-patient and out-patient services, abortion service providers).

We believe that the concerted application of the *Quality criteria for young people friendly health services* will contribute to improving the quality and coverage of health services provided to adolescents in England, and to the reduction of inequities in access to health services.

Elizabeth Mason
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December 2010

Introduction

All young people are entitled to receive appropriate health care wherever they access it. The Department of Health Quality criteria for young people friendly health services lay out principles that will help health services – both in the community and in hospitals – to ‘get it right’ and become young people friendly.

Services across England need to take young people’s needs into account. This includes primary, community, specialist and acute health services. The Department of Health Quality criteria for young people friendly health services build on the Royal College of General Practitioners’ initiative Getting it Right for Teenagers in Your Practice ¹, which was supported by the Department.

The quality criteria cover ten topic areas:

- accessibility
- publicity
- confidentiality and consent
- environment
- staff training, skills, attitudes and values
- joined-up working
- young people’s involvement in monitoring and evaluation of patient experience
- health issues for young people
- sexual and reproductive health services
- specialist child and adolescent mental health services (CAMHS).

The Department of Health Quality criteria for young people friendly health services are based on examples of effective local practice working with young people aged under 20. They should be applied to general and acute health problems, chronic and long-term disease management (such as specialist care for asthma and diabetes) and health promotion.

To support implementation of the Department of Health Quality criteria for young people friendly health services, a companion self review tool for health service providers will be made available in Spring 2011 at www.dh.gov.uk

¹.

www.rcgp.org.uk/about_us/committees/medical_ethics_committee/about_the_committee/publications/policy_statements.aspx

Theme 1: Accessibility

This theme outlines how to ensure that services are accessible to young people. This section links with Theme 2 –Publicity.

- 1.1 Where there is a choice about service location, the service is accessible to young people by public transport
- 1.2 Young people can use the service at times convenient to them where possible.
- 1.3 When making appointments and attending consultations, young people may express a preference about:
 - a. Where they are seen
 - b. Who they are seen by
 - c. Attending with the support of a friend or partner
 - d. Who and how many people are present during discussion, examination and treatment
 - e. The gender of the member of staff they are seen by
- 1.4 Young people are routinely offered the opportunity to be seen on their own without the presence of a parent or carer
- 1.5 Where appropriate there are opportunities for self-referral and clear lines of referral to specialist services as required
- 1.6 Where required, arrangements are in place to enable young women with unplanned pregnancies to be seen immediately by another practitioner known not to have objections, to enable impartial discussion of options. Where any member of staff is ethically opposed to abortion, relevant professional guidance for those with conscientious objections is applied.
- 1.7 This service is provided in accordance with the Disability Discrimination Act (DDA) 2005. The service is easily accessible by people with any form of physical disability or sensory impairment. Disability support aids are fully functional and freely available to assist service users. Reasonable adjustment is made where required.
- 1.8 Services are provided to marginalised and socially excluded young people. If specialist services are required, young people are referred. Examples may include:
 - Unaccompanied asylum seekers who are minors
 - Looked-after children and care leavers
 - Teenagers living in neighbourhoods where there are high levels of teenage pregnancy and evidence of health inequalities
 - Young people from black and minority ethnic communities
 - Young people with any form of disability and/or sensory impairment
 - Lesbian, gay, bisexual and trans-gendered young people
 - Teenage parents
 - Young people with long term health needs

Theme 2: Publicity

This theme highlights the importance of effective publicity in raising awareness of the services available and explaining the extent of confidentiality. Effective publicity enhances access.

2.1 The service provides information in variety of languages and formats including leaflets for young people explaining:

- What the service offers
- How to access the service
- What will happen when they access the service
- How the service is linked to other services
- The content and style of the leaflets is appropriate for young people
- How to access other services and get appropriate onward referral
- How to make comments, compliments or complaints about the service
- Who else has access to any information that the young person shares with the service
- Circumstances under which information may be disclosed or shared

2.2 In accordance with the Disability Discrimination Act 2005:

- Service publicity material is available in forms that can be easily understood by young people with learning disabilities.
- The service will provide information for people with physical disabilities or sensory impairments in an appropriate format.

2.3 Service publicity material is available in languages that are used by the local community of young people.

2.4 Service publicity material makes clear the following:

- Young people's entitlement to a confidential service, including any limitations to confidentiality with regard to safeguarding legislation.
- There are routine opportunities for young people to attend a consultation on their own without the involvement of a parent or carer

2.5 All information provided by the service is kept accurate and up-to-date. The service provides information about other local services for young people, in accordance with current DH guidance

Theme 3: Confidentiality and consent

This theme addresses confidentiality, consent and safeguarding and how these are implemented by staff and understood by service users^{abcd}. This theme supports and is supported by local Safeguarding arrangements

- 3.1 There is a written policy on confidentiality and consent to treatment and the policy is consistent with current DH guidance. The policy includes a clear protocol for the Safeguarding concerns and possible breaches of confidentiality. All staff are familiar with the service's confidentiality policy. Processes to ensure regular review of consent and confidentiality policies. The policy supports how staff will work with parents and carers where appropriate whilst respecting the confidentiality of the young person.
- 3.2 Members of staff routinely receive inter-disciplinary training on the issues of confidentiality and consent and issues pertaining to seeing young people without a parent/carer present. Inter-disciplinary training is undertaken in line with local Safeguarding Children arrangements to ensure that approaches to safeguarding are in line with Working Together to Safeguard Children (WtSC).
- 3.3 Confidentiality and consent policies are made explicit to young people and parents or carers supported by appropriate publicity materials. The information makes clear young people's entitlement to confidentiality and any limitations to confidentiality with regard to safeguarding.
- 3.4 All staff routinely explain the confidentiality policy to young people and to their parents or carers in order to enable them to understand young people's right to confidentiality. The service routinely explains to young people that they have the opportunity to attend a consultation without the involvement of a parent or carer.

Theme 4: Environment

This theme addresses the service provision, environment and atmosphere, with the aim of ensuring that they are young people friendly (at the same time as being welcoming to all service users, regardless of age). The 'environment' is taken to include the atmosphere created by physical arrangements as well as staff attitudes and actions. The environment can contribute to ensuring confidentiality for service users.

- 4.1 Care is delivered in a safe, suitable and young people friendly environment. Young people are not asked any potentially sensitive questions where they may be overheard for example in the reception, waiting areas, ward environment.
- 4.2 The reception, waiting, treatment areas are accessible and young people friendly, comfortable and welcoming. There is a range of recreational activities appropriate for young people for example reading material and multi media and these are refreshed regularly. In accordance with Health and Safety Regulations, these are maintained and kept in working order.
- 4.3 All staff routinely explain who they are, and what they/the service can and cannot provide to help young people. The service considers the physical and cognitive ability of the young people and takes into account the effects of sedation and analgesia and mental health state. The service ensures young people's privacy and dignity are maintained during discussion, examination, treatment and care.
- 4.4 As appropriate the service ensures pain relief is an explicit part of young people's care and staff are trained in pain management (including use of pain management tools)
 - Young people are provided with information and options to enable them to make informed choices regarding pain relief management
 - The range of pain relief options are effectively communicated to young people and where possible the young persons views are central to the decisions about their pain relief
- 4.5 In patient/residential settings the provider should ensure it:
 - Supports young people in maintaining contact with siblings, peers and partners during their stay.
 - Provides young people with access to an age-appropriate environment, where possible this is separate from younger children. This should be available for recreation, formal and informal learning at appropriate times and supported by appropriate staff.
 - Provides young people with access to food and snacks at times which meets their individual needs as well as any cultural and religious requirements. The food and snacks provided have appropriate nutritional value, suit individual taste and are presented in a way that is young people orientated.

Theme 5: Staff training, skills, attitudes and values

This theme addresses the training, skills, attitudes and values that staff need to deliver young people friendly services and ensuring the needs of young people are met. Local Authorities and commissioners of NHS and public health services have an important role to play in providing/ co-ordinating advice on training and safeguarding arrangements.

- 5.1 All staff who are likely to come into contact with young people receive appropriate training on understanding, engaging and communicating with young people promoting attitudes and values. All staff receive appropriate training in equality and human rights issues for them to be able to engage with confidence with a range of young people.
- 5.2 Appropriate staff members receive training, supervision and relevant appraisal to ensure that they are competent to:
- Discuss necessary and relevant health issues with young people and understand the health needs of young people in the context of peoples lives and relationships
 - Work with parents/carers/family and friends where appropriate in culturally appropriate ways
 - Make appropriate referrals when necessary
 - Manage sensitive and/or difficult consultations.
 - Support young people in making their own informed choices
- 5.3 Appropriate appraisal, supervision and support are offered to staff who provide services for young people.

Theme 6: Joined-up working

This theme addresses some of the ways to ensure effective joined up delivery.

- 6.1 Where possible, other relevant services for young people are co-located within the service. Where this is not the case, the service provides information about other local services for young people. All staff are familiar with local service provision and arrangements for referral.
- 6.2 Information about the service is provided to other relevant organisations and to key professionals working with young people.

Theme 7: Young people's involvement in monitoring and evaluation of patient experience

This theme addresses the importance of capturing of young people's experience of health services as part of service development, monitoring and evaluation.

- 7.1 Young people are routinely consulted in relation to current services and relevant new developments, and they are included in patient satisfaction surveys. Processes are in place to ensure that young people's views are included in governance service design and development.
- 7.2 The service invites and encourages all clients to give their opinions of the service offered and whether it met their needs; these are reviewed and acted on as appropriate
- 7.3 Young people are routinely involved in reviewing local service provision against the Department of Health's *Quality criteria for young people friendly health services*.

Theme 8: Health Issues and Transition for young people

This theme outlines the health needs of young people as they go through the transition into adulthood. It includes universal issues effecting all young people and issues effecting those with specific long term health needs.

- 8.1 As appropriate, consultations routinely promote healthy lifestyles including:
- Smoking cessation
 - Healthy eating and weight management
 - Alcohol misuse
 - Long term health needs
 - Substance misuse
 - Mental health or emotional health and psychological wellbeing concerns
 - Sexual and reproductive health.
- 8.2 Staff / the service ensures that the emotional, psychological and spiritual needs of young people are met. A clear referral pathway is identified for young people with identified emotional and mental health concerns. The pathway includes specialised CAMHS (child and adolescent mental health services) input where appropriate.
- 8.3 The service has a clear procedure to prepare young people for the transition from health services designed for children and young people to adult health services, consistent with current Department of Health guidance. Specific attention is given to the needs of young people with long-term health needs.
- 8.4 Appropriate 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. All young people with ongoing needs have an individual transition plan. This will usually include a named key-worker for each young person who will provide continuity during the transition process.
- 8.5 The service provides publicity material specifically outlining the transition to adult services. This material is attractive to young people and is presented in a way that is young people friendly.
- 8.6 The care and support of young people with complex needs are considered in the context of their cognitive ability and chronological age. This should include assessment of physical, psychological and emotional needs.
- 8.7 In order for parents/carers to discuss health issues with young people, they are provided with relevant information and support, in ways that are sensitive to different cultures and religions.

Theme 9: Sexual and reproductive health services

This theme is only applicable to any type of sexual and reproductive health service, provided either in a specialist setting (e.g. genito-urinary medicine/GUM, contraceptive services) or a more generic setting (e.g. general practice). The criteria in themes 1 to 8 also apply.

It is important that all sexual-health-related work is informed by evidence of effectiveness. NICE guidance will be of particular importance, as will guidance concerning sexual health and HIV from the Medical Foundation on AIDS and Sexual Health and the British Association for Sexual Health and HIV.

9.1 A range of sexual health services is offered, including the following:

- Chlamydia screening: opportunistic chlamydia screening and treatment of young men and women, with referral pathways for partner notification
- Contraception: accurate information about the full range of contraception, including reversible long-acting methods of contraception
- Free condoms: with information and guidance on correct use
- Emergency hormonal contraception
- Pregnancy testing: free and confidential pregnancy testing and the opportunity to obtain accurate and unbiased information about pregnancy options and non-directive support
- Abortion: referral for NHS-funded abortion services
- Antenatal care: referral for antenatal care.

9.2 Sexually transmitted infection (STI) testing and treatment are offered. Where STI services are not available on-site, there are clear, integrated care pathways for seamless referral to other services or clinicians.

9.3 Young people are offered appropriate information and advice to help them develop their ability to make safe, informed choices. This includes advice to help them develop the confidence and skills to delay early sex and resist peer pressure.

9.4 Appropriate, easy-to-understand information is available on a range of sexual health issues, including contraception, STIs, relationships, use of condoms and sexuality. The information makes it clear that prescriptions for contraception are free.

9.5 Appropriate staff receive training, supervision and appraisal to ensure that they are:

- Able to talk to young people about sexual health issues, including delaying sex
- Knowledgeable about the full range of contraceptive options, promoting positive sexual health, preventing pregnancy and STIs
- Clear about what they can and cannot do to help young people
- Clear about who they are able to help
- Able to recognise and respond to different sexual health needs such as those relating to gender, sexual orientation, ethnicity and age.
- Able to recognise and facilitate informed consent and work within Fraser guidelines.

9.6 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.

Theme 10: Specialist child and adolescent mental health services (CAMHS) and facilities that offer specialist services

This theme is only applicable to providers of specialist child and adolescent mental health services for young people on psychological wellbeing and mental health. This includes specialist services (such as multidisciplinary teams or inpatient services). The criteria in themes 1 to 8 also apply.

It is important that all interventions are based on evidence of effectiveness. NICE guidance will be of particular importance. This section links with criteria 1.5 which includes notes on Fraser/Gillick competency and the Mental Capacity Act 2005.

10.1 The service provides young people, their parents and carers with:

- Advice and information to help informed decision making
- Information materials to help informed decision making.
- Information and advice explaining the roles of staff they might encounter in mental health services.

10.2 All appropriate staff routinely discuss choices with young people.

- Young people and their families are offered information and advice to facilitate informed decision making.
- Discussions take place at the beginning and throughout therapeutic contact.

10.3 The services offers information and advice to help young people and their families to make decisions regarding their psychological wellbeing and mental health support needs, and treatment choices based on informed consent. The service makes routine attempts to provide flexibility about involving other people in the assessment and treatment process.

10.4 Appropriate staff receive training and appraisal to ensure that they are:

- able to talk to young people about mental health issues
- knowledgeable about a range of support and treatment options
- clear about what they can and cannot do to help young people
- clear about who they are able to help
- able to recognise and respond to different therapeutic needs such as those relating to gender, gender identity, sexual orientation, ethnicity and age, disability, religion or belief
- able to recognise and facilitate informed consent.

10.5 Services are flexible about involving other people in the assessment and treatment process, particularly at first contact, and:

- Young people are offered appropriate information and advice to help them understand what can be achieved without parental or family involvement wherever this is considered to be therapeutically beneficial. Refusal of consent to family involvement is accepted unless there is serious risk to the young person's welfare.
- Even when assertive action is needed, there is some flexibility about what choices can be made available and which treatment the young person would like to receive. Even in cases where the overriding serious risks lead to compulsory treatment, young people should always be offered appropriate information and advice to make treatment choices based on informed consent.

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