

You're Welcome quality criteria

Making health services young people friendly



Policy	Estates
HR/Workforce	Performance
Management	IM & T
Planning	Finance
Clinical	Partnership Working

Document Purpose	Best Practice Guidance
ROCR Ref:	Gateway Ref: 7972
Title	You're Welcome quality criteria
Author	DH
Publication Date	March 2007
Target Audience	Commissioners
Circulation List	
Description	You're Welcome quality criteria sets out principles that will help health services (including non-NHS provision) become young people friendly. It covers areas to be considered by commissioners and providers of health services. Content is based on examples of effective local practice. This second edition includes a new section covering Child and Adolescent Mental Health Services. Dissemination will be via regional workshops and Prolog
Cross Ref	N/A
Superseded Docs	N/A
Action Required	N/A
Timing	N/A
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INTRODUCTION

All young people are entitled to receive appropriate health care wherever they access it. The **You're Welcome** quality criteria 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 in all primary care trust areas need to take young people's needs into account. This includes primary, community, specialist and acute services. The *You're Welcome* quality criteria have been endorsed by the Royal College of Nursing, The National Youth Agency and Brook. The criteria support the implementation of Standard 4 of the *National Service Framework for Children, Young People and Maternity Services*¹ and build on the Royal College of General Practitioners' initiative *Getting it Right for Teenagers in Your Practice*,² which has been supported by the Teenage Pregnancy Unit (Department for Education and Skills) and the Department of Health.

The quality criteria cover ten topic areas:

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

The *You're Welcome* quality criteria 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 *You're Welcome* quality criteria, a companion toolkit for quality assurance and commissioning leads can be viewed at www.dh.gov.uk

1 ACCESSIBILITY

- 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 outside school or college hours, or the service is provided on or very close to a school or college site.
- 1.3 In non-specialist services there are opportunities for self-referral, and clear lines of referral to specialist services as required.
- 1.4 There are opportunities for young people to make appointments and attend consultations without the involvement of a parent or carer. In specialist services where the involvement of parents or carers is desirable for the treatment, young people are routinely offered at least one consultation on their own as well as with their parents.
- 1.5 Young people can request the gender of the member of staff they see. This will be arranged if possible.
- 1.6 The service is easily accessible by people with any form of physical disability or sensory impairment, and is provided in accordance with the Disability Discrimination Act 2005.
- 1.7 **Primary care trusts have in place a strategy to promote easier access to services by marginalised young people, as identified by local needs assessment. These 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 transgendered young people, and
 - teenage parents.





2 PUBLICITY

2.1 The service provides 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
- how to access other services and get appropriate onward referral
- how to make suggestions or complaints about the service
- who else has access to any information that the young person shares with the service, and
- the circumstances under which information will be disclosed (as outlined in 3.3).

The content and style of the leaflets are appropriate for young people.

2.2 The service publicity material makes clear:

- young people's entitlement to a confidential service, including any limitations to confidentiality with regard to child protection, and
- that there are opportunities for young people to attend a consultation on their own (as outlined in 1.4).

2.3 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. This is in accordance with the Disability Discrimination Act 2005.

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

2.5 All information provided by the service is kept accurate and up to date.

2.6 The service should provide information about other local services for young people, in accordance with the *National Service Framework for Children, Young People and Maternity Services*.¹



3 CONFIDENTIALITY AND CONSENT

- 3.1 There is a written policy on confidentiality and consent to treatment and the policy is consistent with current Department of Health guidance.³ The policy includes a clear protocol for the management of child protection concerns and possible breaches of confidentiality. All staff (both clinical and non-clinical) are familiar with the service's confidentiality policy. Regular audits of consent and confidentiality are undertaken.
- 3.2 Members of staff have received inter-disciplinary training on the issues of confidentiality and consent and issues pertaining to seeing young people on their own. The aim of this training is to reach a shared understanding of young people's entitlement to confidentiality, and the practical applications of this in situations where different professionals are working together to safeguard vulnerable children and young people. Inter-disciplinary training should be undertaken with local Safeguarding Children Boards (formerly Local Area Child Protection Committees) to ensure that the approaches to child protection are congruent, mutually supportive and in line with *Working Together to Safeguard Children*.
- 3.3 Confidentiality and consent policies are made explicit to young people and parents or carers through information on display in the reception area and/or in the waiting area. The information makes clear young people's entitlement to confidentiality and any limitations to confidentiality with regard to child protection.
- 3.4 All staff routinely explain the confidentiality policy to young people and to their parents or carers. The service routinely explains to young people that they have the opportunity to attend a consultation without the involvement of a parent or carer (as outlined in 1.4). Parents and carers are provided with information about health issues that concern young people, and are supported to encourage discussion with their children.

4 THE ENVIRONMENT

- 4.1 Care is delivered in a safe, suitable and young people friendly environment. Young people are not asked, in public, any potentially sensitive questions that might be overheard in the reception or waiting area.
- 4.2 The waiting areas are young people friendly, comfortable and welcoming, and there is appropriate reading material for young people. This information is checked and 'refreshed' regularly to ensure that it is kept up to date.

5 STAFF TRAINING, SKILLS, ATTITUDES AND VALUES

- 5.1 All staff who are likely to come into contact with young people receive basic training on communicating easily with young people, promoting attitudes and values that are young people friendly, and meeting standards established in the current *NHS Knowledge and Skills Framework*.⁴ Staff also receive training on working to current Department of Health guidance on confidentiality and consent³ and seeing young people on their own (as outlined in 3.2).
- 5.2 Appropriate staff members receive training and relevant clinical appraisal to ensure that they are competent to:
- discuss necessary and relevant health issues with young people
 - make appropriate referrals when necessary, and
 - manage difficult consultations.
- 5.3 Appropriate supervision and support are offered to staff who provide one-to-one support to young people.

6 JOINED-UP WORKING

- 6.1 Where possible, other relevant services for young people are co-located within the service. Where this is not the case, the service should provide information about other local services for young people. All staff should be 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.
- 6.3 The service provides young people and their parents or carers with accurate and easy-to-understand information about other local services (see 2.6).



7 MONITORING AND EVALUATION, AND INVOLVEMENT OF YOUNG PEOPLE

- 7.1** Young people are formally 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 information gathered from young people is included in survey results and considered in service development plans.
- 7.2** The service invites all clients to give their opinions of the service offered and whether it met their needs – for example by providing a suggestions or comments box with pen and paper in the waiting area, or through online feedback.
- 7.3** Young people are involved in monitoring the service against the *You're Welcome* quality criteria – for example through mystery shopper studies.
- 7.4** **In NHS Trusts and Children's Trusts, young people are actively involved in service design and development, for example through the constitution of a young people's board.**

8 HEALTH ISSUES FOR ADOLESCENTS

- 8.1** Programmes of care are developed to deliver key health promotion on:
- smoking cessation
 - healthy eating and weight management
 - alcohol misuse
 - substance misuse
 - mental health and emotional well-being concerns, and
 - sexual and reproductive health.

The service also provides leaflets on common health concerns (such as smoking cessation, contraception and sexual health, drugs and alcohol) and information on local specialist services, relevant national websites and helplines.

- 8.2 Counselling and/or emotional support are available to young people on-site. 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 services designed for children and young people to adult services. Specific attention is given to the needs of young people with a chronic, long-term condition.
- 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. In most mainstream NHS services, the transition is most likely to take place between the ages of 16 and 18 years.⁶
- 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.

9 SEXUAL AND REPRODUCTIVE HEALTH SERVICES

The following quality criteria apply to sexual and reproductive health services, provided either in a specialist setting or in a more generic setting, such as general practice.



- 9.1** A range of sexual health services is offered including:
- opportunistic chlamydia screening and treatment of young men and young women, with referral pathways for partner notification
 - accurate information about the full range of hormonal, reversible and long-acting methods of contraception
 - free condoms (with information and guidance on correct use)
 - emergency hormonal contraception
 - free and confidential pregnancy testing and the opportunity to obtain accurate and unbiased information about pregnancy options and non-directive support
 - referral for NHS abortion services, and
 - referral for antenatal care.
- 9.2** STI (sexually transmitted infections) testing and treatment are offered in conjunction with GUM (genito-urinary medicine) services. Where STI services are not available 'in-house', 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 should include helping them to 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** Where any member of staff is ethically opposed to abortion, the relevant professional guidance for those with conscientious objections is applied. 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.
- 9.6** The service will see young people who are not ordinarily registered with them, for sexual health advice and contraception including emergency contraception.

10 CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)

The following criteria apply to CAMHS provided either in a specialist setting or in a more generic setting, such as general practice.

- 10.1 The service offers scope to adapt where a young person is seen, when they are seen and who they are seen by and their views are sought as to whether they are seen alone, with a friend or with their family.
- 10.2 Staff members routinely explain who they are and what they can and cannot do to help. Information that explains to young people and their families the roles of professionals they might encounter in mental health services is readily available
- 10.3 The service provides accurate, appropriate and jargon-free information for young people, their parents and carers to support them in making informed choices.
- 10.4 Staff members use their expertise to facilitate a young person's and their family's choice. Focusing on young people's choices allows them to feel listened to, reduces their sense of powerlessness and improves their engagement with health services.
- 10.5 A conversation that elicits each young person's wishes and feelings about what would be helpful to them takes place at the very beginning of, and continues throughout, any therapeutic contact.





- 10.6** The service is clear about who they are able to help and ensures that staff have the necessary skills to be effective. The service recognises and responds to differences such as gender, ethnicity and age to help ensure the most appropriate support is provided. For example, young women and young men tend to respond differently to recommendations for some kind of talking therapy.
- 10.7** Unless there are overriding concerns about a young person who seeks help, services are flexible about involving other people in the assessment and treatment process, particularly at a first contact. Whatever choices are made are made with informed consent.
- 10.8** The service sets out and carefully explains to young people the limits of what can be achieved without parental or family involvement whenever this is considered therapeutically beneficial. Refusal of consent to family involvement is accepted unless there is serious risk to the young person's welfare. However, every effort should be made to encourage the young person to involve relevant family members as part of their ongoing support.
- 10.9** The service only offers treatment that is known, or by professional consensus thought, to be effective or that has been determined to be suitable.
- 10.10** Each young person's needs, wants and treatment choices are routinely reviewed.
- 10.11** Young people are routinely offered flexibility about being seen at all, or which treatment they might like to receive. Even when assertive action is needed, flexibility about what choices can be made available is considered. Flexibility may be possible even where the nature of a young person's mental health problems means that action has to be taken against that young person's will in order to safeguard their welfare.

References

- 1 Department of Health. 2004. *National Service Framework for Children, Young People and Maternity Services*. London: Department of Health.
- 2 Royal College of General Practitioners and Royal College of Nursing. 2002. *Getting it Right for Teenagers in your Practice*. London: Department of Health.
- 3 Guidance current at the time of publication of the *You're Welcome* quality criteria (2007) is:
 - the *Confidentiality and Young People* toolkit, 2006. London: Royal College of General Practitioners and Brook, (as recommended in the *National Service Framework for Children, Young People and Maternity Services*);
 - *Seeking Consent: Working with Children*, 2004. London: Department of Health;
 - *Best Practice Guidance for Doctors and Other Health Professionals on the Provision of Advice and Treatment to Young People Under 16 on Contraception, Sexual and Reproductive Health*, 2004. London: Department of Health; and
 - *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children*, 2006. London: HM Government.
- 4 The guidance current at the time of publication of the *You're Welcome* quality criteria (2007) is: *NHS Knowledge and Skills Framework. Core Dimension 1: Communication*, published by the Department of Health, 2005.
- 5 *Transition: getting it right for young people: Improving the transition of young people with long-term conditions*, 2006. London: Department of Health.
- 6 Royal College of Nursing. 2004. *Adolescent Transition Care – RCN Guidance for Nursing Staff*. London: Royal College of Nursing.





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Produced by COI for the Department of Health
275246 1p 8k April 07 (MIT)

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