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Evidence Briefing:
Delivering effective health services
to children and young people

Framing the issue

The Healthy Child Programme (HCP) is a key part of the Government's strategy to improve child health nationally. It is a framework for the delivery of universal and progressive prevention and early intervention services[1]. Responsibility for delivering the programme for children aged 5-19 years transferred from health services to local authorities in 2013. While Health Visitors are at the centre of delivering the programme for 0-5 year olds, school nurses are expected to lead and coordinate health services for 5-19 year olds. School nurses will contribute through undertaking health needs assessments, designing and providing health services in schools and in the community, coordinating services with other health professionals and signposting young people to these services[2].

This evidence briefing examines the evidence for the provision of health services for young people aged 5-19. Evidence is presented on the delivery of effective and cost-effective services to help provide the HCP and how this will impact upon the health of children in relation to national and local priorities. Although this work was commissioned with a specific focus on children and young people aged 5-19, it is recognised that the issues facing this age group are related to and should be considered alongside those issues encountered by younger children. Evidence focussing specifically on delivery of the HCP for 0-5 year olds is presented in a separate briefing[i].

Delivering health services to young people

Where the health needs of children are not met, this can lead to the development of long-term health issues which can greatly impact upon that individual's life as a child and in the future as an adult. The 2012 Public Health Outcomes Framework (PHO)[3] outlined a number of areas where children's physical and mental health nationally needs to be improved. Effective delivery of the HCP using evidence based methods and high quality services is important for addressing these outcomes and improving the health of children and young people.

What are the priorities in the North West of England?

Inspection of CHIMAT data[4] reveals that children in the North West are at risk of poor health and wellbeing as measured by a range of outcomes, and engaging in a variety of risky health behaviours. According to data from 2012, children in the region are identified as being on average at significantly greater risk of poor health and wellbeing on 23 of 32 measures relating to health prevention, protection and improvement, and wider determinants of ill health. Table 1 details outcomes from the 2012 PHO[3] where data indicates that children aged 5-19 in the North West are at greater risk of poor health and wellbeing. Improving the provision of health services to young people is likely to bring about improvements for many of these outcomes.

[i] Information focussing on delivery of the HCP to young children aged 0-15 is available in Bates G and Baldwin H (2013). Evidence briefing: Improving maternal health and health in early years. Centre for Public Health, Liverpool. Available at: http://www.cph.org.uk/wp-content/uploads/2013/12/Maternal-Health-Evidence-Briefing_final.pdf

Table 1. Health outcomes for children and young people in the North West

PHO framework[3] outcome	Health and wellbeing in the NW that is significantly worse than the national average for 5-19 year olds[4]
Chlamydia prevalence in 15-24 year olds Under 18 conception rates	Chlamydia diagnosis rate Teenage conception rate, teenage mothers
Population vaccination cover Emotional wellbeing of looked after children	Children in care immunisations Children in care
Alcohol and drug misuse Smoking prevalence	Hospital admissions due to alcohol specific conditions Children and young people using alcohol Hospital admissions due to substance misuse (15-24 years) Children and young people smoking
Hospital admissions due to unintentional or deliberate injuries	Hospital admissions due to injury Hospital admissions as a result of self-harm
Tooth decay in children aged 5	Children's tooth decay
Excess weight in 4-5 and 10-11 year olds	Childhood obesity (up to 11)
Health issues for young people	Children not in employment, education or training Children living in poverty
Improved health and wellbeing including good mental health	Hospital admissions due to mental health conditions

Information presented in table 1 is summarised from the 2012 North West Child Health Profile produced by the Child and Maternal Health Intelligence Network. This data is available in full at: www.chimat.org.uk/profiles. Data for 2013 is available by local authority area.

Effective delivery of services for children and young people

This section contains evidence from systematic reviews, programme evaluations, reports and research studies identifying the wide range of effective approaches to deliver health services to young people in line with the objectives of the HCP.

Undertake needs assessment to understand what young people want

Services need to be tailored to the needs of local young people. Undertaking an assessment of need in an area will help to inform what services are available already and what local priorities and needs are. Young people's needs are complex and will differ according to many factors including age, gender, health behaviours, sexuality, mental health and wellbeing and socioeconomic factors. The health service needs of young people can be assessed using methods such as onsite or online questionnaires, focus groups, workshops and discussions with young people and the health professionals who work with them[5].

Increase service accessibility

Providing a choice of how, where and when young people access services increases the number of young people that engage with them. It is important to utilise effective methods of communicating health messages and publicising services to reach larger numbers of young people.

- Ensure services are conveniently located with appropriate opening hours to ensure young people can access them within their daily routines[4, 6] including offering after school services[7]. Keeping to regular opening hours, with flexible appointment times can encourage engagement and increase attendance[8].

This can be achieved by providing services in schools and community based settings such as mobile clinics and youth clubs[8-10].

- Health services, particularly specialist health services, need to be advertised widely enough to attract young people who need to be aware of what services are available to them and where they are offered. For example, produce leaflets or posters, or provide information in PSHE, with up-to date details of local services and information about how to access them[11].
- Raise the profile of the school nursing team to increase awareness of what services are available, and to reduce the stigma associated with visiting these services[12]. For example, involving the school nurse in PSHE may help to establish a relationship in schools with young people and provides an opportunity for health promotion and prevention education.
- Young people with specialist health issues can be encouraged to access specific websites or forums to find out the most up-to date local service information[13]. Providers should signpost service users looking for further information. Embracing new technologies and electronic forms of communication is likely to increase service accessibility.
- Promote the service in different settings and encourage referral via those who work with young people such as teachers, youth workers and sports or community clubs[14].

Supplement normal services with the use of new technologies

The use of new technology and innovative services to engage young people with health services is one cost-effective way to make health services more accessible to young people. It increases access to large numbers of young people, including those who may not usually access services, who see new technologies and methods of communication as important in their lives[15]. The use of electronic media cannot replace traditional methods of working with young people but supplementing usual services with additional methods of communication can enhance standard care and improve health outcomes, including conditions that require long-term self-management[16].

Health promotion and service delivery can utilise a variety of approaches such as websites, social networks, YouTube, email, text messaging and through apps for smartphones.

- Services provided through these means vary but can include service promotion, information and advice, health promotion messages or reminders, service user and provider interaction and discussion, and the monitoring and management of health conditions and wellbeing[15].
- The technology used to promote or provide services must be appropriate to the needs of local young people and equipment they have access to. It is important to help service users access technology such as computers and the internet, and help them to use it effectively[15].
- Services need to use technology that is up to date and will appeal to young people and the devices that they like to use, which should form part of any needs assessment. It is important that service providers have access to and are familiar with these technologies and methods of communication. Providers should be offered support and training on how to use technology effectively and safely, taking into account the different safety issues associated with information sharing and communication over the internet or electronic devices[15].

Using text messaging to reach young people

Although evidence on this approach is still limited, evaluations have demonstrated that text messaging can successfully engage young people with specialist sexual health[17] and mental health[18] services and provide welcome passive support for young people, such as those with long-term illnesses[13]. It can be effective for increasing knowledge and self-efficacy to carry out self-management behaviors of long-term illnesses[19], and is a useful tool for brief information provision and reminding young people about appointments[20].

Ensure young people are confident that services are private and confidential

A key principle for delivering youth friendly services is providing confidential health care with a right to privacy. Across a wide variety of health services, fear about lack of confidentiality is a major reason for young people's reluctance to seek help[6]. There may be a stigma associated with attending some health services, such as mental or sexual health services.

- Providing and promoting holistic services where possible that cover a wide range of health interventions may reduce feelings of stigma and embarrassment at attending a service as well as providing a service that better meets the varied health needs of young people[21].

- Evidence shows that young people are more likely to seek care, disclose information and return if they believe a service is confidential. This is particularly important in relation to services with stigma attached, where if confidentiality is lost young people may not attend or be honest when they access the service[9, 22].

- It is important to reinforce confidence and raise awareness about service confidentiality for young people and service providers. This can be done through promotional material on site and in any literature, for example through displaying 'confidentiality aware' logos or similar messages[5].

- Enabling service users to make appointments and attend services without a parent or carer and providing services in non-clinical settings are likely to increase trust and increase how confident young people are with using the service[14]. Some young people may feel more comfortable attending services with friends, and this should be made possible.

Provide age appropriate information

In order to successfully deliver health services, information given out must be understood and memorable. Whether it is provided orally, through written literature or using new technologies, it is important to provide information in detail with consideration for factors such as age, language barriers and literacy barriers[14].

- Provide information at the service through a variety of methods including age appropriate and up-to-date leaflets and posters specifically aimed at young people[5, 9, 23]. Literature should be easy to understand and take into account different literacy levels. Services can create youth friendly zones in waiting rooms containing information packs on a range of health related topics including diet, skin care and sexual health issues[5].

- The use of technology can help services provide age appropriate information. Although evidence is limited on this topic, text messages that promote health promotion using informal language and positive and relevant themes may be effective[24].
- Information that is designed and developed by or with young people may be particularly effective[25].

the use of technology can help services provide age appropriate information

Make the physical environment young person friendly

The delivery of youth friendly services is impacted upon by the environment in which they are set and all services should be delivered in an appropriate setting[3].

- Ensure that the premises where services are set are inviting for young people including a comfortable, welcoming and clean waiting area[9]. It is important that waiting times are kept to a minimum[9].

- The service needs to be welcoming for all young people, particularly vulnerable or minority groups who may access the service. For example, LGBT services can be made explicitly inviting by providing a non-discrimination statement which states that equal care will be provided to all patients and by using brochures and posters that include images of LGBT people[26].

Ensure that premises are inviting for young people

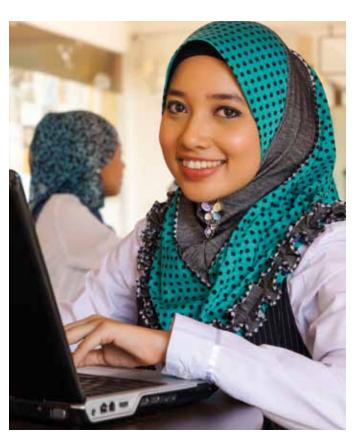# Ensure joined up working with other services and organisations

There are many factors that impact upon the health of young people such as educational attainment, employment status, parental aspirations, parental health, family stability, deprivation and housing. The relationship between these factors and the health of young people are complex and are explored in previous briefings in these series[ii]. It is important that health services work together with all other services for young people to ensure integrated and effective delivery.

- Commissioners of health services for young people should work with those who commission other services for young people such as criminal justice, schools, employment, social care, safeguarding, children's and leisure services. This will facilitate a joined up approach and enable more effective information sharing and services to support each other.
- Approaches including the development of clear protocols for communication, combined budgets and the co-location of teams from different agencies are likely to contribute to effective and integrative service delivery for young people[27].

Offering a more holistic service or health service hub where many health needs can be met in one place is likely to be more useful to young people than a standalone service[8]. Signposting to other services is important when the health needs of a young person cannot be met onsite.

- Holistic services should include medical practitioners alongside a multi-professional team of health workers[21].

- Young people with more specialist needs should be offered clear and coordinated referral pathways including external services where appropriate[21, 28]. For example, substance misuse issues can be complex and may require specialist treatment or expertise. It is important that those providing health services for young people are aware of and work with local substance misuse services to ensure that clear pathways are established to help young people receive the help that they may require[29].

It is important that all services for young people work together to ensure integrated and effective delivery

[ii] Bates G, Baldwin H and Jones L (2013). Evidence briefing: Supporting employment among young people aged 16 years and older. Centre for Public Health, Liverpool. Available at: www.cph.org.uk/wp-content/uploads/2013/08/Evidence-Briefing-Supporting-employment-among-young-people-aged-16-years-and-older.pdf
Bates G, Baldwin H and Jones L (2013). Evidence briefing: Supporting employment among people with disabilities or long-term health conditions. Centre for Public Health, Liverpool. Available at: www.cph.org.uk/wp-content/uploads/2013/04/Supporting-employment-among-people-with-disabilities_final-version.pdf

Involve young people in service development and ongoing provision

Engagement with young people with their own health care provision is important and should be considered at all levels of health service delivery. It is likely to have benefits for the young people who participate and to all those who access services[30] and is associated with greater service satisfaction[9]. It can help create more appropriate services that are in line with young people's needs[31] and have further benefits for young people through providing personal, social and skills development opportunities[32].

- Ensure that young people enjoy their involvement and feel motivated to participate. For participation to be ongoing and effective there must be scope for it to impact upon decision making processes and to bring about change[33].

- Children and young people have different needs to one another so it is important that involvement is representative of the variety of young people who the service is targeting. For example, include all age groups, genders, hard to reach or at risk groups and vulnerable children[31 26, 33].

- Monitoring of involvement is important to demonstrate how young people have guided their services and to add to the limited evidence base[33]. Where young people have successfully impacted upon a service, it is important to emphasise and celebrate this[30].

- Ensure that young people can feedback their experiences and feelings about the services they access[12], and establish processes to act upon this feedback. It may be useful to engage with young people through social media and other electronic forms of communication to enable them to do this[25].

Sexual health services: reducing teenage conception and improving sexual health

- Access to contraception is very important and provision encourages young people to visit services[7]. Contraception provision including long-acting reversible contraception, condoms and oral contraception are highly cost-effective[34]. Providing condoms helps to reduce risk of both pregnancy and STIs[34].
- Ensure that service providers are non-judgemental and supportive. It is important that young people have access to both male and female service providers and specialist sexual health expertise[7, 21].
- Stigma surrounding sexual health services may be a great barrier for young people accessing these services. Issues of privacy and confidentiality are very important. It may be beneficial to promote the clinic as a broad health service and include sexual health provision alongside other health services[7, 21].
- It is important that sexual health services are joined up and coordinated. For example, a young person seeking contraception may also want to access relationship advice, screening for STIs or pregnancy testing[34]. Where services are not provided at one site there should be effective signposting to ensure all needs are met[21].
- Sexual health clinics and the services they provide can be controversial or divisive. It is important therefore to consult with stakeholders such as parents, teachers and school governors as well as young people themselves when planning services[21].

Life satisfaction and mental wellbeing

- Low life satisfaction may be present in many young people who do not meet the criteria for mental ill-health and it is important to identify where low mental wellbeing is present. It is believed that low life satisfaction may predict poor family, education and health outcomes during childhood and adolescence and long-term mental health issues later on in adulthood[35].
- Many lifetime mental health problems develop in childhood and early adolescence, which indicates the important role that parents play in their child's mental wellbeing. Early identification of parental mental health problems and parental support are therefore important[36].
- Looked after children are at increased risk of poor mental health, so it is important that service providers and carers receive training around the needs of this population. Reducing the stigma around mental health services is important to increase accessibility amongst looked after children and other young people[36].

Ensure involvement in service development from a representative sample of the target population

This checklist summarises the main findings in this evidence briefing and asks key questions to inform the development and delivery of health services for children and young people.

			Yes	No	Doesn't apply
Plan and develop services to meet the needs of young people in your area					
Are services based on what local young people need and want?	Engaging with young people helps to identify what young people want and require from their health services, understand performance and identify where there is a need for change. It is important to engage with a variety of local young people including hard to reach groups.	• Are your services based on evaluation of local need? (e.g. needs assessment, consultation with young people through surveys, workshops or focus groups with service users and local young people)	☐	☐	☐
		• Are there clear pathways for service users to give feedback on service performance? (e.g. feedback questionnaires, comments boxes)	☐	☐	☐
		• Are their processes in place to assess the need and views of children from hard to reach groups (e.g. persistent absentees, those not in education, employment or training, home educated children or youth offenders)	☐	☐	☐
Ensure services are easily accessible and well-publicised					
How accessible are your services to young people?	Providing a choice of how, where and when young people access health services increases the number of young people that engage in the service. Familiarisation with services and staff will increase acceptance and uptake.	• Are services available at convenient times and places? (e.g. in both school and community settings and have consistent opening hours that fit the routines of young people)	☐	☐	☐
		• Are potential service users familiar with service staff? (e.g. include profiles of the school nurse team on the school website and involve them in PSHE lessons and assemblies)	☐	☐	☐

			Yes	No	Doesn't apply
How effectively are services publicised?	Young people need to be made aware of what services are available to them and where and how they can access these services. It is particularly important that specialist services are widely promoted amongst both young people and those who work with them.	• Are your services promoted in a variety of settings and using a variety of methods? (e.g. advertise in a mixture of settings such as sports clubs, youth clubs & schools and through printed and social media, websites and forums)	☐	☐	☐
		• Are teachers and other staff who work with young people made aware of services and are they encouraged to signpost when appropriate? (e.g. develop clear pathways for referral between services and ensure staff receive promotional materials)	☐	☐	☐

Create young person friendly services

			Yes	No	Doesn't apply
Can service users be confident that services are confidential and private	Fear about a lack of privacy and confidentiality is a major barrier to attending services and seeking help about health amongst young people. Creating holistic or multipurpose services may reduce feelings of stigma associated with attending some services. Developing a safe and comfortable environment is important to attract service users.	• Are services' confidentiality policies well publicised? (e.g. ensure staff awareness of policies and promote them onsite and in promotional materials)	☐	☐	☐
		• Can service users be confident in their privacy? (e.g. provision of discrete entrances and waiting areas, particularly in specialist services)	☐	☐	☐
		• Are service settings welcoming and attractive? (e.g. provide comfortable and clean waiting rooms with short waiting times)	☐	☐	☐

	Yes	No	Doesn't apply
Are suitable methods of service promotion and communication used? Communicating through both traditional methods and new electronic technologies is a cost effective way to make health services more accessible to large numbers. Being able to communicate with service staff online or through other electronic forms of communication may encourage service users who are concerned about privacy or feelings of embarrassment to use services. It is important that information being made available to service users is appropriate and accessible to the young people that the service is targeting.			
• Are methods of service promotion and communication appropriate to service users? (e.g. ask service users what methods they prefer and have access to. Where appropriate, supplement traditional methods with options using electronic communication and social media. Information provided should be age-appropriate and easily understood)	☐	☐	☐
• Are staff confident using electronic methods of service promotion and communication? (e.g. ensure that staff are suitably trained to use these technologies correctly and are aware of safety issues)	☐	☐	☐
• Are materials and information produced age appropriate, and accessible for children with a range of complex needs and from different cultural backgrounds? (e.g. consider children with visual or hearing impairment)	☐	☐	☐

Work with other services aimed at young people to ensure a holistic and joined up approach to service provision

	Yes	No	Doesn't apply
How does your service fit and work with other health and related services for young people? Many factors influence the health of young people. It is important that services for young people work together in a joined up way to ensure effective overall service delivery. Consider creating holistic services where young people can access a variety of expertise in one place.			
• Do services work together to identify common needs and resources?	☐	☐	☐
• Are there clear referral pathways and information sharing processes established with other services in your area? (e.g. establish steering groups for local services to make contacts and share information, ensure staff are aware of what other services are available and how they can contact them)	☐	☐	☐

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