



Evaluation of One Stop Shops

15 June 2017



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Executive Summary

In December 2016, the Public Health Agency (the Agency) commissioned Social Market Research (www.socialmarketresearch.co.uk) to undertake an evaluation of the 'One Stop Shop' (OSS) Programme. This report presents the outcomes from this evaluation as well as points for consideration to support the further development of the programme beyond this period.

Policy Rationale

Supporting the health and social wellbeing of young people aged 11-25 is the key objective of the One Stop Shop Programme, with OSSs funded to provide a youth friendly, holistic health and well-being service in specific locations across Northern Ireland. The service has grown from an initial pilot of four OSSs in 2009 to eight currently. OSSs act as a hub where young people have opportunities to socialise in an alcohol and drug-free environment and avail of information, advice and support on a range of issues from relevant services both on-site and off-site, with the support of staff of the OSS.

Summary of Terms of Reference for Evaluation

The research aim is summarised as:

'To establish what aspects of current delivery have been effective in meeting the needs of service users in the context of differential needs among young people and to identify further models that facilitate successful engagement with and service delivery for young people'.

Within this overall aim, the following attendant objectives have been set:

1. To conduct a literature review on similar models of such services and a summary of learning points from these models and their implementation;
2. To establish the contribution of OSS in their local context.
 - a. To identify what are the gaps in services that OSS meet and what makes them different from each other (e.g. local context).
 - b. To explore how, if at all, the views of partners and the wider environment in respect to OSS have changed.
 - c. To explore what other organisations OSS should engage with.
3. To identify patterns by age group and gender in the demand for and uptake of social, recreational, and support offers provided by OSS in their locality. This includes what young people are seeking help for.
4. To determine if and how young people referred from OSS to other services differ from these services' other received referrals, with focus on attendance and perceived outcomes.
5. To explore what staffing arrangements in terms of employed versus volunteers/placements and qualifications/background seem to work best for OSS.

Summary of Methodology

This evaluation methodology was based on 12 stages

- **Stage 1:** Project Initiation – confirm evaluation objectives / key research questions;
- **Stage 2:** Develop and refine research instruments;
- **Stage 3:** Desktop research to:
 - (a) review the literature on similar models of other services; and,
 - (b) analyse OSS monitoring data;
- **Stage 4:** Telephone interviews with PHA local leads for OSS;
- **Stage 5:** In depth interviews with each of the 8 OSS providers;
- **Stage 6:** Focus group with OSS providers during Network meeting of all OSS providers to explore differences and similarities in local environments, young people's profiles, approaches, methods and outcomes;
- **Stage 7:** Face to face interviews with partner agencies that make and receive referrals;
- **Stage 8:** Telephone survey with the wider environment and potential partners;
- **Stage 9:** Analysis;
- **Stage 10:** Design/conduct OSS Network Workshop to consider findings/agree way ahead;
- **Stage 11:** Produce research report; and,
- **Stage 12:** Design and deliver presentation.

Key Findings (in relation to each of the Evaluation Objectives)

This evaluation required SMR to consider a series of specific research questions. In each case, these are set out below, along with a summary of the key findings and corresponding points for consideration.

It is clear (from Table 4.2 Section), that the vast majority of the research questions were 'put to' the vast majority of segments / audiences to be consulted. As SMR began to analyse the responses, it was evident, from an early stage, that the vast majority of the responses to each specific question, across all of the audiences consulted, were very similar. Consequently, for clarity, and to avoid unnecessary repetition in this report, SMR aggregated the feedback from all consultees for each research question and then thematically analysed the aggregate. We set out below, by research question, the key points that emerged from this analysis.

How has the OSS developed to meet the needs of the young people in the area?

There were broad similarities and some key differences in how OSSs had developed to meet the needs of young people in their respective areas.

Values and Working Practices

What was common to all, was an awareness and an adherence to a core set of values/working practices that empower young people and support them to address their needs and, consequently, fulfil their potential.

Stages of Development

Broadly speaking, all the OSSs passed through similar stages during their establishment and early formation:

- finding suitable premises and staff;
- establishing management processes;
- engaging and building up networks with partners;
- developing signposting; and
- developing outreach work.

Development Over Time

The engagement of young people and the networking with local partners has been a continuous process. OSS Partners were unanimous that the OSS services had become even more valuable to their work and more integral as time has gone on by, for example:

- Establishing the importance of relationship building by listening to young people, building relationships and confidence and help young people to safely express their needs
- Taking an enabling and empowering approach by being proactive in asking young people how they could enable them to do 'X'
- Becoming established, accepted and effective by making young people and partners aware of what the OSS does

FILLING GAPS: What are the gaps in service for young people that the OSS fills?

A Distinctive Approach

OSS provision differs from other services in that it always offers *all* of the following in one readily accessible service:

- Drop in service
- Opening hours that suit young people;
- No appointments or waiting time to get help from staff;
- Social and recreational activities available on site;
- A holistic service dealing with all issues
- Non-judgemental and non-directive;
- Strong local knowledge of the service network;
- Young people led; and
- Fundamental principles of encouragement, enabling and empowerment

A Unique Position in The Hierarchy of Service Provision

The young people who attend the OSSs are mostly not able to take the direct step to engage with a formal agency. The OSS can build their confidence, one step at a time so that a more confident and informed young person eventually gets to the door of the agency or support organisation.

- “We are the bit in the middle, between families and young people on the one hand and services and support on the other.”

A Particular Style of Service Delivery

The OSS Partners who were interviewed offered similar views to those expressed by the OSS coordinators. As partners saw it, it was the style of service delivery that made the OSS distinctive:

- Providing a youth friendly space
- Building relationships and trust in a non-threatening environment
- Staying focused on and led by the needs of young people
- Linking to appropriate and timely support
- Working in partnership in a value-added way

PRESENTING ISSUES: Issues that young people in this OSS need help and support with?

Main Issues Identified by OSS Coordinators

- mental health (this being the top issue in all OSSs and also a superordinate classification for some of the individual issues presented below);
- low self-confidence;
- low self-esteem;
- low resilience;
- low aspirations;
- difficulties interacting in relationships (peers & family);
- teenage pregnancy;
- sexual health;
- sexual identity and LGBT;
- eating disorders;
- education, employment and career help;
- bullying;
- anger;
- isolation;
- drug and alcohol use;
- self-harm; and
- help with social welfare.

Views of Partner Organisations on The Key Issues Facing Young People Generally

- mental health and related issues;
- family difficulties;
- anxiety;
- lack of self-confidence;
- lack of self-esteem / self-worth;
- low resilience;
- Lack of personal responsibility;
- Low aspirations and low capacity;
- Addiction and related issues;
- School and related issues;
- Relationships and sexuality;
- Relationships with schools;
- Social and recreational activities.

UNMET NEEDS: Needs OSS does not currently meet, but would like to in the future?

The OSS Coordinators suggested:

- Refugees whose language barriers could impact on access to and participation in services;
- Young people with disabilities. Current avenues of provision are perceived as intimidating by some young people with disabilities;
- Detached¹ youth work with young people;
- The expansion of outreach, particularly in rural communities;
- Expansion of the C Card scheme and would like to;
- The provision of a “quiet room” space for one to ones;
- Filling geographical gaps in OSS provision.

Partners suggested:

- More support for schools;
- More support around drug and alcohol issues;
- More support for young people with particularly challenging behavior;
- More support for young people in care;
- More support for the 17 to 25-year-old age group;
- More support with family planning and sexual health;
- More support on gender identity and LGBT;
- More specific support for ASD;
- More support for young people with eating disorders.

FORMAL ENGAGEMENT: What networks is the OSS formally engaged with where a representative of the OSS sits on a particular group.

OSSs typically engage formally with a wide variety of entities, including:

- OSS Regional Network;
- Family Support Hubs;
- Drug and Alcohol Coordination Teams;
- PHA Locality Groups;
- Police and Community Safety Partnerships (PCSPs).

INFORMAL ENGAGEMENT: In what ways does the OSS engage informally with other agencies, for example through networking at particular events?

All the OSSs engage informally with other agencies. The coordinators explained that this typically involves attending:

- Professional development conferences;
- Launch events for new programmes;
- Health fairs;
- Youth conferences;
- Youth fairs;
- Various community events (example essential skills, career fairs, etc.);
- Staff training events;
- Events run by OSS partner organisations.

¹ Detached work involves contact with young people in the places they choose to congregate. Any resulting future contact may involve staying in such places but is negotiated between the workers and the young people. It is distinguished from outreach work which has the specific aim of encouraging young people to make use of existing provision.

EXPANDING ENGAGEMENT: What other networks or agencies do you think would be fruitful to reach out to either formally or informally?

Each OSS Coordinator listed entities that he/she considered would be fruitful for the OSS to engage with further.

The main types of organisations suggested by coordinators were:

- Organisations involved in detached youth work;
- Organisations that can support the development of specific programs at the OSS (for example music programs, youth leadership programmes);
- Local primary schools;
- Local secondary schools;
- The education authority;
- Training organisations in the local area;
- Uniformed groups e.g. Scouts, Boys Brigade, etc.;
- Groups supporting young people with special educational needs;
- Traveller's groups;
- Men's Action Network.

OUTCOMES: Do you think that young people signposted into service from the OSS, fare any better than young people who are referred or signposted from other sources?

Coordinators' Views

There was a unanimous view amongst OSS Coordinators that young people signposted into the OSS fare better than young people who are referred from other sources. The reasons put forward were:

- taking time to ascertain what the needs of the young person are;
- operating an enabling, empowering, supportive and non-directing model;
- accurately signposting to the right help;
- enabling small steps towards engagement;
- the transfer of trust to the referred agency;
- building resilience which helps young people to stick at it and to try again if a referral doesn't work out for them;
- practical ongoing support from OSS staff;
- conversations with the young people about their progress; and
- the OSS staff journey alongside the young person in a supportive role.

Partners' Views on Why Young People from OSS Have Better Outcomes

The view that young people fared better at the OSS was also shared widely by the partners who were interviewed, mainly for two reasons:

- Taking small steps and building trust; and
- The young person can be supported if things don't work out and encouraged to try again.

STAFF MIX: Describe the mix of staff in the OSS in terms of employed and voluntary and what proportion would have formal qualifications for example in youth work.

- All of the OSSs have staff with formal qualifications in youth work.
- Some one-stop shops also have staff that are not formally qualified in youth work. However, such staff have extensive experience of working with young people and, according to the OSS coordinators, bring valuable life experience to the role.
- OSS coordinators felt that qualifications were important, but a positive attitude towards young people is also highly relevant as is skill, experience and being able to engage with young people.
- OSS teams where members have complimentary qualifications, skills and experience gives the OSS access to a wider repertoire of knowledge and approaches in terms of supporting their young people.

Key Points from Survey of Potential Partners

- 49% of potential partners were aware that the Public Health Agency funds a OSS service for young people across N Ireland;
- 55% were aware of the provider organisation that provides the OSS service in their local area;
- 27% of those aware of the OSS service in their local area believe that the OSS addresses gaps in services relating to depression / mental health, with 19% saying the OSS service addresses gaps relating to services relating to drugs (including tobacco);
- The uniqueness of the OSS service was most commonly described in terms of all services being in the one place (35%), being geared towards young people (27%) and providing a flexible drop-in service (23%);
- 65% of potential partners aware of the OSS service in their local area rated their understanding of the service provided as either 'excellent' or 'good';
- 85% rated the reputation of their local OSS as either 'excellent' or 'good';
- All potential partners of the OSSs were supportive of the overall concept;
- Depression or other mental health issues was cited as the most common health need for children and young people aged 11-25;
- 70% identified services for depression and mental health as gap in health service provision for young people;
- 70% believed that health service need is changing for young people aged 11-25 in the area serviced by their local OSS, with social media (39%) and mental health issues (36%) most commonly stated;
- 60% believe that OSSs are effective at promoting OSSs locally;
- 72% favoured a service delivery model featuring a combination of static onsite provision, mobile outreach, and outreach through partners such as schools, family centres etc.;

- 87% are interested in exploring the potential for partnership working with local OSSs;
- 94% confirmed they would refer clients to the OSS service provided in their local area;
- 60% identified barriers or limitations to the OSS concept, the most common of which was lack of awareness (22%);
- 92% said they would be willing to be contacted by their local OSS to explore opportunities for partnership working;
- 77% identified organisations whom they felt local OSS's should be engaging with locally; and,
- 51% were aware of formal and informal networks that local OSSs could be using to improve their effectiveness locally.

Review of Monitoring Data

The review of the monitoring data provides evidence that all OSS provider organisations are meeting their obligations under their respective contracts. The review also estimated that approximately 54,000 young people used the OSS service between 1 April 2014 and 30 September 2017, with an average of 751 young people using the service each quarter. A slight majority of young people using the service are male (62%) compared with female (38%). It proved problematic to undertake a comparative analysis of the different age groups using the different OSSs due to inconsistencies in how this data is recorded. However, based on the data available, all age groups have been served by the OSSs either in terms of using the OSS as a social and recreational space, or having been referred on to different services.

Points for consideration

Point for consideration: Development

The 8 OSSs have developed much in the same fashion with similar developmental milestones regardless of their location. FASA may have been an exception with its emphasis on outreach, but in its new Extern incarnation the model seems to have moved closer to the other seven OSSs. Where OSSs do differ, it is largely on matters of emphasis, due to the varying local prevalence of issues, the age of the young people attending and their preferences for different activities. The model is, therefore, both consistent in terms of its values and approach, and flexible in terms of meeting local need.

Point for consideration: Gaps

The place of the OSSs to the framework of service provision needs to be viewed not simply by the types of service that it dispenses but in terms of its unique contribution to bringing young people and services together. In that sense, the term "Shop" does not adequately describe how this contribution works. Shops are places where people go to acquire a product or service. OSSs are places of discovery, where personal journeys begin, where possibilities and opportunities become revealed and where young people grow and develop. If the shop title fits at all then it more analogous to that of a personal shopper, helping, supporting and advising, than it is to a straightforward process of transaction.

Point for consideration: Further gaps

As OSSs develop and refine their services, they will need to be alert to changes in local need. They appear already to be aware of this and the further development of outreach appears to be a priority in certain areas.

Careful consideration will be required, however, before the OSSs expand further to meet perceived gaps. There are limitations in staff time and other sources that will need to be considered as well as the potential impact of expansion upon the existing level of service.

Point for consideration: Engagement

There appears to be some room for expansion in networking. In so doing OSSs need to be mindful of maintaining their focus on what they currently deliver. The OSS is a young people led service. It would be self-defeating to engage with a wide range of new partners if that resulted in services or activities which are not what the young people want.

Partner organisations, sometimes have difficulty in distinguishing the One Stop Shop brand. Take Newry and Derry as examples. Newry OSS is known as YASIP and sits within the Magnet Centre. Derry is known as Our Space and sits within Dove House. Other One Stop Shops have their own names, for example, "The Loft" in Banbridge or "The FIND Centre in Enniskillen. But the concept or name of One Stop Shop does not appear to have a high profile and both partners and potential partners often have difficulty in distinguishing them from their parent organisations or the other names by which they are known. This lack of differentiation applies not only to the OSS brand but to its unique functions.

Point for consideration: Development

The time invested by OSS staff in creating confidence, enabling appropriate behaviours and building trust OSS pays off way beyond the boundary of the OSS itself. It increases the probability of successful outcomes for young people. It also benefits the agencies to which the young people are signposted by improving the chances of good outcomes.

The better outcomes that young people appear to achieve is one of the major benefits of OSS and deserves to be demonstrated through a more rigorous scientific approach. PHA may wish to consider specific research on outcomes, specifically comparing young people who have been through the OSS system with young people who have not.

Point for consideration: Monitoring Data

It proved problematic to make comparisons of the monitoring data by OSS (e.g. OSSs using different age bands whereas others did not provide data by any age band). Other issues included some OSSs providing data on outreach, level of engagement and appropriateness of the services young people had been referred to, with other OSSs not providing this data. Moving forward, future monitoring would benefit from greater consistency in terms of how these data are captured and recorded.

1. Introduction

Social Market Research (SMR) is pleased to be invited to submit a tender to undertake research to support the evaluation of the expanded One Stop Shop (OSS) programme. This evaluation builds on previous evaluations conducted by SMR between 2011 and early 2016.

1.1 Development of the OSS Concept

Piloting the 'One-Stop-Shop' Concept

Back in 2010, and following an extensive analysis of need conducted by the Public Health Agency (August 2009²), the 'One Stop Shop' service was initially rolled out via five pilot sites. The analysis conducted by PHA at that time was particularly challenging given that funding for young people's services in Northern Ireland was allocated by theme within specific priorities. There was a further challenge of ensuring that any new 'One Stop Shop' service should complement rather than duplicate existing provision.

The five One Stop Shops (OSSs) commissioned in 2010 focused on the health improvement needs of children and young people aged 11-25 years with an overall aim of providing a youth friendly, holistic health and well-being service. The service is a hub where young people have opportunities to socialise in an alcohol and drug-free environment and avail of information, advice and support on a range of issues from relevant services both on-site and off-site, with the support of staff of the One Stop Shop.

The ITT lists the issues on which young people can avail of information, advice and support in One Stop Shops and include:

- Mental and emotional health issues: depression, low self-esteem, self-harm, family problems, educational (school) problems;
- Wider personal and health issues: drugs and alcohol (including tobacco), relationships, sexual health, healthy eating;
- Social welfare issues: benefits, housing, debts, employment; and,
- Practical issues: further education, careers, money management, independent living skills

The ITT also states that One Stop Services have a local identity and their specific provision should be tailored to local need.

A pilot programme, consisting of five sites, was run over 18 months and a formative evaluation was completed to inform the specification for a more extensive service (the formative evaluation of the pilot initiative was conducted by Social Market Research in 2011).

A number of recommendations resulted from the SMR evaluation including:

- A need to clarify the concept of a One Stop Shop (e.g. focus, purpose);
- One Stop Shops to be actively encouraged and supported to share and document their experiences – to refine the collective understanding of what constitutes the most appropriate/effective model;
- PHA and providers to explore why certain One Stop Shops elements were most or least successful;

² Public Health Agency (2009): Analysis of Need In Relation To 'One Stop Shop' Services For Young People In N Ireland

- PHA to set out clear protocols for One Stop Shop providers, particularly regarding the appropriateness of referrals and signposting of young people to other services;
- Improving key performance indicators: more focus on outputs and outcomes, clearly defined and specific, minimum standards, data guidelines, systems for data collection;
- Maintain a service focus on health improvement by providing specialist services, sign-posting and hosting peripatetic work.

Developing Phase 2 of the Concept

Building on the outcomes from the pilot One Stop Shops, Phase 2 (in 2013) involved expanding the number of One Stop Shops to eight. Three of the current One Stop Shop providers were recruited during the pilot phase in 2010. The table below presents an overview of the eight providers.

Location	Provider	HSCT
Belfast	Extern	Belfast
Bangor (outreach: Ballywalter)	Extern	S Eastern
Carrickfergus	CYMCA	Northern
Ballymena (outreach: Ballycastle & Bushmills)	N-GAGE, Start 360	
Banbridge	REACT	Southern
Newry	YASIP	
Derry	Dove House	Western
Enniskillen	The Find	

Delivery Standards and Monitoring

As part of the monitoring process each OSS provider has agreed delivery targets with the PHA, with each provider supplying local PHA offices with quarterly returns. Furthermore, all OSS providers are part of the One Stop Shop Network managed by PHA and it is anticipated that a OSS brand will be established setting quality and delivery standards for the service.

Subsequent Evaluation Phases

In addition to an evaluation of the pilot concept back in 2011, there have been further evaluations conducted by Social Market Research (SMR) in 2015 and early 2016.

Evaluation in 2015

This evaluation focused on progress from 2011 and reviewed:

- Defining (the purpose of) a OSS;
- Monitoring data and meeting KPIs;
- Protocols for referrals;
- Sharing experience and practice;
- Expanding provision to parents/guardians;
- What worked best;
- What worked least well.

The key conclusions from this evaluation found: the OSS had achieved their measurable objectives; protocols for referral were working effectively; there was evidence of effective partnership working; OSSs were highly valued in their localities; network meetings were working effectively; and, there was a shared understanding of the OSS concept among all key stakeholder groups.

Evaluation in 2016

In early 2016 SMR undertook an evaluation focusing on reviewing the progress made following expansion from the original five OSSs to eight. This evaluation had a stronger focus on service users and partner agencies from the statutory, community and voluntary sector, working with OSS to explore the value attached to OSS. This evaluation focused primarily on:

- Establishing the value of the OSS to young people and the partner organisations;
- Assessing the effectiveness of the OSSs; and,
- Ascertaining the importance of 'informal chats / focused interventions'.

The evaluation concluded that both young people and partner organisations value highly the OSS service. Furthermore, the evaluation underscored the importance of OSS staff supporting young people and providing them with the help and support to address a wide range of problems.

Evaluation 2017

This current evaluation will build upon the outcomes from the previous evaluations. It is anticipated that all the evaluations, taken collectively, will feed into an overarching evaluation report which will inform decisions on further commissioning of the OSS service. It is also noted that the initial three-year funding period for Phase 2 came to an end on 31 March 2015, with contracts subsequently extended until June 2018.

1.2 Research Requirement

The PHA wishes to commission mixed method research, combining quantitative and qualitative approaches as well as desktop research, to determine the impact of the service on young people and on local services that link with the OSSs and to inform commissioning decisions on the future direction of the OSSs initiative.

1.2.1 Research Aim and Objectives

The research aim is summarised as:

'To establish what aspects of current delivery have been effective in meeting the needs of service users in the context of differential needs among young people and to identify further models that facilitate successful engagement with and service delivery for young people'.

Within this overall aim, the following attendant objectives have been set:

1. To conduct a literature review on similar models of such services and a summary of learning points from these models and their implementation;
2. To establish the contribution of OSS in their local context.
 - d. To identify what are the gaps in services that OSS meet and what makes them different from each other (e.g. local context).
 - e. To explore how, if at all, the views of partners and the wider environment in respect to OSS have changed.
 - f. To explore what other organisations OSS should engage with.
3. To identify patterns by age group and gender in the demand for and uptake of social, recreational, and support offers provided by OSS in their locality. This includes what young people are seeking help for.
4. To determine if and how young people referred from OSS to other services differ from these services' other received referrals, with focus on attendance and perceived outcomes.
5. To explore what staffing arrangements in terms of employed versus volunteers/placements and qualifications/background seem to work best for OSS.

2. SMR's Methodology

This section of our proposal sets out in detail our approach to this evaluation, and addresses the issues listed within the Tender Documentation. In particular, we have set out an evaluation methodology which is robust and transparent and will meet the overall evaluation aim and each of the specific objectives.

2.1 Principles, Ethics and Obligations

2.1.1 Principles

SMR's approach to evaluation and research assignments is distinctive and is based on a set of key principles.



A Principles-Based Approach to Social Research

- **Flexibility** – We have tried to be as flexible as possible in our approach and adapted the methodology to changing circumstances.
- **Empowerment** - Empowerment is a key principle of our research practice. As the reader will see from our methodology, we have worked closely with all other the stakeholder parties and created the conditions to enable them to fully express their views.
- **Partnership** - This is evidenced in the way co-designed our approach with inputs and insight from PHA.
- **Transparency** - In line with best practice principles in social policy research we have presented a fully documented research process. We have ensured that participants were made aware that the evaluation findings will be published and that, where appropriate, contributions to the research process were anonymous and confidential.
- **Integrity** – We have applied an inclusive, reliable and valid evaluation design and generated a solid evidence base on which to base decisions on future of the OSS service.
- **Excellence** - The design and conduct of this evaluation has been informed by relevant best practice.
- **Sharing** - Dissemination of knowledge and promotion of shared learning is at the heart of what we do. Consequently, our team is wholly committed to working with PHA to share the findings and learning from this exercise for the benefit of others across the sector.

2.2 Overview of Research Framework

In implementing the evaluation, the adopted the following key stages:

- **Stage 1:** Project Initiation – confirmed evaluation objectives / key research questions;
- **Stage 2:** Developed and refined research instruments;
- **Stage 3:** Undertook desktop research to:
 - (a) review the literature on similar models of other services; and,
 - (b) analyse OSS monitoring data;
- **Stage 4:** Conducted telephone interviews with PHA local leads for OSS;
- **Stage 5:** Conducted depth interviews with each of the 8 OSS providers;
- **Stage 6:** Conducted a focus group with OSS providers during Network meeting of all OSS providers to explore differences and similarities in local environments, young people's profiles, approaches, methods and outcomes;
- **Stage 7:** Conducted face to face interviews with partner agencies that make and receive referrals;
- **Stage 8:** Conducted a telephone and online survey with the wider environment and potential partners;
- **Stage 9:** Analysed the data;
- **Stage 10:** Workshop with OSSs;
 - designed/conducted OSS Network Workshop to consider findings/agree way ahead;
- **Stage 11:** Produced a research report; and,
- **Stage 12:** Designed and delivered a presentation.

3. Update to Literature review

3.1 Introduction

The original literature review was carried out in 2011. It focused primarily on the definitions of One Stop Shops, the variation in models of delivery and examples of provision from the UK and around the world. This update was compiled in 2017. The full literature review, including the update, appears in Appendix A.

Since the original literature review was compiled, the One Stop Shops funded by the PHA in Northern Ireland have grown and developed. Each One Stop Shop has developed its own identity. Activities have developed in line with the needs and interests of young people in the locality. The relaxed atmosphere and informality of One Stop Shops has emerged as a major attraction to those who use them and “informal chats”, that can enable young people to signal what their issues are, have become a significant feature. Above all, successive evaluations have made clear that the One Stop Shops across Northern Ireland provide a unique link between young people who are at risk or disengaged from family and society and the help and advice, both formal and informal, that can empower them to move forward positively with their lives.

This addendum provides a 2017 update to the original literature review and identifies further examples from around the UK where organisations provide support to young people on a basis that is similar to the developed One Stop Shop model in Northern Ireland. Whilst there is a wide range of services throughout the UK aimed at signposting young people to services or offering advice, many advertising themselves as “drop-in” centres or One Stop Shops, closer analysis reveals that the majority of these are specifically for counselling sessions or signposting services. Whilst some offer additional services such as computer access for creating CVs or the C Card scheme, they do not offer social or recreational activities that give young people a youth friendly space to engage on their own terms, before identifying their issues or needs. These kinds of “signposting only” drop-ins have been excluded from this addendum.

Instead we focus on examples where informal and relaxed safe spaces have been established, often based around leisure activities, and where these spaces are used as a vehicle to build the confidence of young people to the point where they are able to self-identify their issues and needs. All of the examples given below share this basic approach with the Northern Ireland One Stop Shops and offer a combination of onsite advice and support as well as signposting or referral to outside agencies.

All 15 of the listed projects are based around informal drop-in in a space that is not stigmatised by association with a formal health or support service. The projects offer a variety of ways of attracting young people, mostly through leisure, sport and Internet activities. Some are built around a food outlet or café or offer food as part of their service.

The 15 projects are delivered by a range of providers; charitable organisations, youth services, local authorities, churches and schools. Most of the services are based at static location, but there are two examples of mobile outreach based on converted buses. The age ranges vary from group to group and there are examples of services aimed at specific groups, for example, LGBT and young carers.

The greatest variability amongst the 15 examples is in their opening hours, with most operating on weekdays, some with limited evening opening and none that are open at weekends.

3.2 Summary of differences between OSS and other reviewed models

The predominant model amongst those identified in the literature review is youth club or “youth club plus”, with the plus being some limited advice and signposting to outside services. Apart from those aimed at specific groups such as LGBT, provision is largely for young people who would be attending youth clubs already. By comparison, OSS appeals to those young people who find youth clubs too rigidly organised, too “un-cool”, too likely to frown upon certain behaviours and be unaccepting of their uniqueness, their lifestyle or their issues. OSS, in contrast to most of those reviewed, is often seen as youth provision for those who already feel excluded from mainstream youth services.

None of the models identified in the literature review offer the same level of service of OSS. All have shorter opening hours, many are open just a few evenings a week and closed at weekends. None offer the kind of drop-in service and advice without appointment that is fundamental to the OSS model.

One of the strengths of the OSS model is that it is not identified or attached to any existing institution such as church or school. This contrasts with a number of providers in the literature review which have such an attachment. The advantage to OSS of not being associated with school, church or other institution is that young people more easily place their trust in the staff and remain confident that whatever they disclose will be kept confidential and private for as long as they wish it to remain so.

One Stop Shops also have a much wider range of partners and organisations to which they can signpost young people and appear to have a greater quality and depth of relationship with partner organisations. These relationships allow OSS to signpost very accurately and effectively and encourage the kind of handholding and ongoing support that typifies OSS signposting. The relationships between providers and services identified in the literature review appear to be more formal, much more at arm’s length and less likely to provide the seamless provision that a young person experiences as they move between OSS and other support.

In the models reviewed, signposting is usually to an agency that offers services in outside premises. Whilst many bring in outside speakers, we did not identify any other model where agencies use youth provider premises to deliver regular sessions. OSS typically does encourage other providers to come in and use their space regularly, to bring services directly to the young people, to spaces where they already feel comfortable and safe.

OSS staff work hard to build up trust and understanding of each young person. The trust that the young person builds with OSS staff appears to get transferred to staff in partner organisations. We did not encounter any evidence in the literature review that there is such a transfer of trust between signposting organisation and referral agency, such as we identified with OSS participants when being referred to other services.

3.3 Orkney Youth Café

Orkney Youth Café is based in Kirkwall. The service is funded by the Orkney Alcohol and Drug Partnership, the Robertson Trust and Cashback for Communities. The Café provides a free drop in facility, based at the Kirkwall Community Centre, which gives young people in the community (12 – 21 years old) a place to socialise with friends.

Staff at the service provide a range of activities for the young people to take part in, for example:

- Pool
- Football
- Dance
- Craft activities
- Fitness

- Music production

The Café aims to provide a friendly drop in service that offers diversionary activities for young people. The Youth Development Officer who runs the Café says:

“Orkney Youth Café provides a safe environment for young people. We make the activities as fun and engaging as we can and relevant to what’s going on in their lives.”

Whilst providing safe recreational space for activities is one of the functions of the Café, its staff use the opportunity of having the young people together to deliver support, advice and signposting. The Café regularly teams up with local agencies to offer advice sessions on issues affecting young people and to signpost where appropriate to other relevant local services.

The Café aims to follow the lead of local young people in determining what activities are provided and how the service is delivered. For example, opening hours were recently extended following feedback from young people. Current opening times are Thursday afternoons and Friday and Saturday afternoon and evening. Since the extension of opening times, usage has gone up. There are currently 40 -young people using the service on a regular basis.

3.4 Priority Youth Project Liverpool

The Priority Youth Project is based in Liverpool, working within the wards of West Derby, Yew Tree, Knotty Ash and Old Swan. The Project is a charitable youth organisation working with children and young people aged 8-25, with a primary focus on 13-19 year olds.

The Project provides support, education and leisure activities to develop their skills and improve opportunities, enabling them to advance positively into mature responsible individuals.

The aims of the Priority Youth Project are:

- To provide a stimulating and inspirational environment that supports emotional growth and physical well being
- To build and sustain good, strong relationships with young people, families and communities
- Reduce the risk of young people aged 11-19 years being socially excluded from their local community
- Reduce the numbers of young people at risk of offending or dependent on health services
- Improve confidence and raise self-esteem through a transition programme
- Reduce the number of young people who are NEET

The Project aims to deliver its services on a needs-led basis and currently include:

- A wide variety of stimulating activities and trips out
- Listening to what young people want and making it happen.
- Educational workshops
- Increasing life skills with courses aimed to increase employability
- Support with C.V. writing, interview skills and references for employment
- Volunteering opportunities
- One-to-one support
- Confidential advice, support and guidance
- Signposting young people to other agencies who offer specialised support and counselling
- Encouraging young people to have a voice in their community

The Project works closely with parents and community members and has close partnerships with Liverpool City Council, Young Addaction (sic), and other youth providers in the area.

3.5 Youth Café Aldershot

The Youth Café, Aldershot, is run by Source Young People's Charity, a faith based charity, working in Rushmoor, Hart and surrounding areas. The Charity's focus is on those who are "struggling at school, in trouble with the law, struggling with family relationships, living on their own, homeless, isolated or vulnerable."

The Café has been open since October 2000 and is a drug and alcohol free social place for young people to meet in the evening. It opened in response to the local Community Safety Strategy, Aldershot Social Needs Forum, and Local Agenda 21. The project aims to help counter the concerns of the public about young people hanging around and the perceived disorder issues that this raises, by providing an appropriate venue for them to go to in the evenings.

The café acts as the hub of the Source Young People's Charity, where young people can access other projects and be signposted to other specialist agencies.

The Cafés aim is

"to provide a safe, drug and alcohol-free space for young people to 'Be, Belong and Become', where they can chill out and be themselves, whilst being safe, having fun and building relationships".

The café offers the following activities:

- Games room and lounge
- Games consoles
- Table sports.
- Arts and crafts

The café is open four weekdays as a drop-in. It closes at 7 p.m. and is closed at weekends.

3.6 Vision Youth Café Towcester

The Vision Youth Café in Towcester arose to meet the needs of young people from low-income families, those with low aspirations and those who have issues with alcohol, drugs and anti-social behaviour.

The Café aims to provide positive activities and the opportunity for young people to be safe, learn and experience new things with the broad objective of:

'Giving young people aged 11-19 somewhere to go, something to do and someone to talk to.'

The Café provides a free youth drop-in on Wednesday and Thursday evenings. It offers a range of facilities:

- pool table
- IT Hub
- Free WI-Fi
- Xbox 360 Kinect and Wii
- Snack Bar
- Table Football
- Legal Aerosol Art Wall
- Raised Stage Area

The Café also offers:

- Training and voluntary opportunities,
- Informal education and projects
- Sexual Health drop-in
- C-Card scheme
- Referrals for Chlamydia screening, pregnancy tests
- Signposting to other services

Staff and volunteers are also on hand if young people want to ask questions or talk about their relationships.

3.7 West Lothian Youth Action Project

West Lothian drop ins have been developed over the years following extensive consultations with young people and community representatives who identified the need for informal and standard youth provision in targeted areas of West Lothian. Many of these have been funded in partnership with West Lothian Council through the Tackling Underage Drinking Strategy.

These services are offered at various venues across West Lothian and provide young people aged 12 to 21 with a safe and supported setting in which they can:

- Meet friends,
- Socialise,
- Gain access to information,
- Be signposted to other agencies for help and support.

Young people have the opportunity to join youth committees and be supported to become involved in community activity such as gala days, community councils and local events. The activities on offer vary across the different locations and include:

- sports,
- arts and crafts,
- healthy eating sessions,
- baking, girls pamper sessions,
- boy's football training,
- zumba lessons
- music tuition
- graffiti art
- theatrical make up

Different locations offer different trips and outbound activities including:

- ice skating,
- swimming,
- Edinburgh Festival,
- beach trips
- mountain biking

Most of the centres in the West Lothian project offer workshops on specific issues, for example;

- Healthy relationships,
- Healthy eating,
- LGBT
- Sexual health

- tackling racism and sectarianism
- drugs and alcohol
- tobacco

3.8 Axis @ The Hive, Camden

Axis aims to support young people aged 16 to 24. Managed by Catch22 in partnership with local specialist organisations, Axis operates from a youth base called The Hive, in Camden, which has been co-designed by young people. Its model is based on young people being trained to help other young people on the basis that they can relate to the challenges that young people face on their journey to adulthood.

Young people can refer themselves or refer family or a friend. Partner organisations can refer clients. Partner organisations include:

- The Camden and Islington NHS Foundation Trust
- The Tavistock and Portman NHS Foundation Trust
- The Anna Freud Centre
- The Brandon Centre
- The Winch
- The Integrate Movement

Young people can access help and support with

- Education,
- Employment,
- Housing,
- Sexual health,
- Substance misuse,
- Personal development
- Health and wellbeing.

Although it does not specifically offer signposting, Axis aims to help young people to get information about local services in a safe and welcoming place to relax where they can also meet new people and take part in events and activities

Axis has spaces for e-learning and personal study and is aiming to include space for a social enterprise where young people can obtain experience to help build their CVs.

3.9 Chelsea Estates Youth Project,

Chelsea Estates Centre offers young people a safe space to relax with friends, try new things, experience decision-making, increase their confidence and develop essential interpersonal skills needed during the journey from childhood to adulthood and independence. The Centre offers a wide range of leisure activities and opportunities for young people to have access to information necessary for their development as citizens.

The Project also delivers issue based workshops and detached youth work sessions. It signposts young people to external support services where appropriate and staff accompany young people to their appointments if necessary.

The Centre offers the following leisure activities:

- Healthy Living sessions
- Cooking classes
- Computer based activities and games
- Art and craft

- Issue based workshops for young people to learn how to best look after their health and wellbeing
- Debates
- Football and table tennis tournaments
- Boxercise sessions
- Outdoor education activities and team building
- Fun trips such as paintballing, go-karting, cinema, going to see a West end musical or play.

The Centre has limited opening hours, Wednesday and Friday only, and does not open in the evenings or weekends.

3.10 Young People's Support Foundation (YPSF), Manchester

YPSF works primarily with young people aged 16 to 25 across Manchester to help them to live independently. The Foundation offers support on a range of issues:

- help with housing,
- healthy living,
- education and training
- courses on managing money
- Support in job search

Whilst the Foundation does not offer the same range of activities as One Stop Shops, they share some important features including informal chats and signposting:

- regular drop-in sessions, where anyone aged from 16-25 can call in to talk
- Temporary drop-in sessions across Manchester
- No referral needed and no pressure to take up any of the Foundations services
- Informal chats with a trained support worker
- Signposting or referral to partner agencies.

The Foundation stresses the informality of its services offering, for example:

- free hot showers and laundry facilities
- free breakfast and informal chat
- the option to take up further support if required.

The Foundation works out of 3 centres in Manchester and is open every weekday, but not evenings or weekends.

3.11 The Rendezvous, Sherborne, Dorset

The Rendezvous offers an informal drop-in for young people aged 14 to 25. It stresses that its staff are friendly, approachable and non-judgmental. Whilst the Rendezvous does not offer the range of activities of One Stop Shops, it does create a similar open and easily accessible place for young people to;

“just come in to hang out in the coffee bar, use our computers, have a chat with other young people or just come in to get out of the rain!”

The Rendezvous deals with a wide range of issues that its young people present with including:

- Mental health
- Self-harming
- Substance misuse
- Housing

- Sexual health
- Jobs search
- Exit from Care
- Criminal justice

Staff offer help and support in the first instance and signpost young people on to partner agencies where appropriate.

The Rendezvous works with a range of partners including:

- Housing associations including Magna, BCHA and Dorset County Council
- Children and Adolescents Mental Health Service (CAMHS)
- Doctors and hospitals in local surgeries and the Yeatman and Yeovil hospitals
- Shadows (under 19) and EDP (19+) for substance misuse
- Children's Services
- Education – the Gryphon, Children's Centre, Yeovil College, Kingston Maurward and others
- Citizens Advice Bureaux
- Safeguarding Central

A quote from one of the young people using The Rendezvous reads very like one of the quotations from focus groups with young people using One Stop Shops;

"I like coming down to the Rendezvous because the staff are really nice people and it's a place where, if you need help, you will get it."

The Rendezvous is open four days a week, closing at 7pm. It is not open at weekends.

3.12 **Guisborough Youth Centre, Teeside.**

Guisborough Youth Centre is a school based youth service for young people in Year 9 and above. It bills itself as a place for young people who want to have fun, somewhere to go and something to do on an evening. Underpinning the fun and recreation element is a youth support and signposting service. The centre say:

"All of our workers are specially trained to work with young people. They have a wide range of knowledge and experience which enables them, in many cases, to help and advise young people or perhaps signpost them to other agencies.

Leisure activities include:

- football
- cooking
- cheerleading
- cricket
- arts and crafts
- quizzes
- discussions
- Music
- Playstation and Wii
- Pool/Snooker
- Table Tennis

The Centre is open for the Duke of Edinburgh Awards Scheme on Tuesday Night and Thursday night and there is a youth session on Wednesdays from 6.00pm to 8.00pm

3.13 Outreach - The Wychavon Youth Bus, Worcestershire

The Wychavon Youth Bus provides a mobile facility for young people aged 11 to 17. Serving the Wychavon District Council area, it serves villages across the district providing activities, information and support for young people. The facility provides a place for youngsters to spend time with their friends, enjoy fun activities and get advice on careers and sexual health as well as drug and alcohol awareness. The bus carries leaflets signposting young people to safe online help with issues.

The Aims of the Youth Bus are to:

- Provide a multi-use space for children and young people
- Offer a variety of activities, information and support services.
- Provide a safe place for young people predominantly in rural areas and get young people off the streets
- Reduce anti-social behaviour and respond to reports of anti-social behaviour
- Provide a rolling program of support to villages and target areas with the most need

The bus is a converted 57 seater coach offering drop-in activities that include:

- Wii,
- Xbox kinect,
- TV/ DVD,
- Laptops and broadband
- Art equipment
- Board games
- music centre

The bus also carries information on a range of topics and issues promoting healthy lifestyles for young people. As well as drop in sessions the bus offers informal educational workshops aimed at those between 13-17 years. These cover a range of topics such as:

- Health
- Careers
- Volunteering
- Drama and media
- Drug and alcohol awareness
- Sexual health.
- The bus also runs a C-Card scheme.

3.14 Outreach - The V-Pod Vale of Glamorgan

The V-Pod is a converted coach created to reach young people who do not have access to local services and provision, to support activities and events within communities and to signpost young people to relevant support services

The V-Pod aims to:

- Provide a safe space for young people to come and meet friends
- Offer open access provision for all young people aged 10-25 years old
- Support young people through their transition from childhood to adulthood
- Offer a fun environment to 'hang out' within the community
- Provide activities to promote personal, educational, social and cultural development
- Provide opportunities for young people and professionals to develop decision making skills in matters, which affect themselves and their peers

The V-Pod offers the following leisure activities:

- Multimedia entertainment and education centre
- I-mac computers,
- Internet,
- Xbox,
- PS3s,
- Wii,
- DJ mixing decks,
- Surround sound,
- Plasma screens,
- Disco lighting,
- Chill out area

The V-Pod operates 52 weeks of the year across the Vale of Glamorgan, ensuring that there is something available during the school holidays when normal youth provision is closed.

3.15 LGBT Groups Freedom Youth, Bristol

Freedom Youth runs two groups in Bristol aimed at young people aged 13 to 25 who are questioning their sexuality or gender. This is a young person led project that includes social events, workshops and trips to activism and campaigning.

Freedom aims to provide and informal activities, specialist one-to-one and group support, including counseling and signposting to other services where appropriate.

FREEDOM YOUTH GROUP (13 to 19 year olds)

Freedom's main social group, Freedom Youth runs on Tuesday nights. Group members decide the programme which often include

- Games
- Discussions,
- Trips,
- Workshops,
- Cooking
- Creative activities.

The group is supported by experienced youth workers.

GENDER JELLY GROUP (13- to 25 year olds) provides a monthly safe space for young people who might be questioning their gender identity, or who identify on the trans spectrum, to talk about gender and what it means to them. Sessions are workshop based and provide support, information and signposting.

As well as the two groups, the Freedom staff team offers one-to-one support and signposting. This support could be around:

- Identity
- Housing
- Family
- Relationships
- School
- Mental health

For more therapeutic support, young people can also access Off The Record's in-house LGBTQ counsellors.

3.16 LGBT GROUPS *Sexyouality, Cambridgeshire*

Sexyouality is a registered charity based in Cambridge established with the aim of:

“Providing services to improve the health, well-being and inclusion for lesbian, gay, bisexual and transgender young people living in Cambridgeshire.”

The charity's main areas of work are:

- Face to face services such as weekly drop in groups across the county,
- One to one support,
- Volunteering
- Creative arts projects
- Training and awareness raising
- School based services, running workshops, training and support for schools.

The charity approaches its work in an informal manner, similar to that of One Stop Shops. In its own words:

“...we're not here to sit in a circle and discuss the difficulties of being LGBT, we're here to provide a whole host of activities and entertainment whether it be a few hours of games, or films, or creativity, our goal is to have fun and enjoy!”

Underpinning the informality and recreational pursuits, the charity has trained youth support workers and volunteers who aim to offer:

- social and emotional support
- information
- referral and signposting services.

The service is open from 10 a.m. to 5 p.m. weekdays and is closed at weekends.

3.17 Special Needs Groups - *SPEADA, West Norfolk*

SPEADA was formed by qualified youth workers and volunteers to support all young people aged 11-19 years (or up to 25 with a disability) in West Norfolk. It provides a service to young people who are carers and to disabled and mixed ability groups. SPEADA offers a range of activities for young people, backed up by advice and support from youth workers and signposting to external agencies where appropriate.

SPEADA currently run 3 youth groups in West Norfolk, offering young people the chance to build their confidence, meet new people and experience new things through taking part in a range of different activities including;

- Sports,
- Art & craft,
- Cooking,
- Life skills,
- IT,
- Day trips
- Residentials

SPEADA YOUNG CARERS GROUP

This group offers young carers aged 7 to 19 years old a regular break from their home environment and the opportunity to meet, mix and share experiences with other young people in similar situations.

SPEADA offers the young carers transport, a hot meal, fun activities and workshops. It also delivers support and advice from qualified Youth Workers, signposting to partner agencies for further support and information.

The carers groups operate once a week.

4 Interviews and workshops with OSS Co-Ordinators, Partners, PHA Leads

4.1 Design of the Interviews and Profile of Interviewees

SMR conducted qualitative research in the form of 32 semi-structured interviews pertaining to the 8 OSS. These interviews were carried out during February and March 2017.

The OSS Co-Ordinators supported SMR in the setup of these interviews. As well as identifying the PHA Lead, the Co-ordinators were asked to nominate three partners that with whom their OSS had actively engaged in the last 12 months. Co-ordinators were asked to select partners from across the community, voluntary and statutory sectors.

All of the interviews were conducted face-to-face in the offices of the respective OSS or partner organisation wherever possible. Where this was not feasible, telephone interviews were conducted.

A summary of the profile of the participants who took part in the interviews is set out in the Table below.

Table 4.1: Summary Profile of interviewees									
	Total	B'mena	Carrick	Bangor	Belfast	Derry /L'derry	Enniskillen	B'bridge	Newry
OSS Co-ordinator	8	1	1	1	1	1	1	1	1
Partners									
- Community	6	0	1	1	1	1	1	1	0
- Voluntary	8	1	1	1	1	1	2	-	1
- Statutory	7	1	1	1	0	1	0	2	1
PHA Lead	3	0		1		1		1	

4.2 Themes Covered

The interviews were designed to seek views on the specific research questions set by PHA for this review. (Full details of the interview discussion schedule are contained in Appendix D). Our analysis of the feedback is summarised under the following nine headings:

- **Part 1 – DEVELOPMENT:** How has the OSS developed to meet the needs of the young people in the area?
- **Part 2 – FILLING GAPS:** What are the gaps in service for young people that the OSS fills?
- **Part 3a – PRESENTING ISSUES:** What are the main issues that young people in this OSS need help and support with?
- **Part 3b – UNMET NEEDS:** Any needs that the OSS does not currently meet, but would like to in the future?
- **Part 4 – FORMAL ENGAGEMENT:** What networks is the OSS formally engaged with where a representative of the OSS sits on a particular group, for example, the family hub.
- **Part 5 – INFORMAL ENGAGEMENT:** In what ways does the OSS engage informally with other agencies, for example through networking at particular events?
- **Part 6 – OTHER NETWORKING:** What other networks or agencies do you think would be fruitful to reach out to either formally or informally?

- **Part 7 – OUTCOMES:** Do you think that young people signposted into service from the OSS, fare any better than young people who are referred or signposted from other sources?
- **Part 8 – STAFF MIX:** Describe the mix of staff in the OSS in terms of employed and voluntary and what proportion would have formal qualifications for example in youth work.
- **Part 9 – VIEWS OVER TIME: (For Partners and PHA Leads only)** – Have your views of the OSS changed over time?

4.3 Analysis of the Feedback

The themes emerging from each of interviews were very similar. Therefore, to avoid repetition, we have thematically analysed the qualitative feedback from all of the interviews together. Where there were material differences in the views of interviewees, we highlight this below.

4.4 Findings

4.4.1 Part 1 – DEVELOPMENT: How has the OSS developed to meet the needs of the young people in the area? & Part 9 – VIEWS OVER TIME: (For Partners and PHA Leads only) – Have your views of the OSS changed over time?³

There were broad similarities and some key differences in how OSSs had developed to meet the needs of young people in their respective areas.

VALUES AND WORKING PRACTICES

What was common to all, was an awareness and an adherence to a core set of values/working practices that empower young people and support them to address their needs and, consequently, fulfil their potential. The feedback from the interviews suggested that the following core values/working practices underpinned the work of all of the OSSs:

- Provision of a safe space⁴;
- Open and accessible;
- Walk in service;
- Attractive to young people and without stigma;
- Not associated with another organisation, e.g. EA or church.
- Young people led;
- Non-judgemental and non-directive;
- Enabling and empowering;
- Offering choices;
- Upholding healthy boundaries;
- Helping with personal development;
- Developing life skills.

STAGES OF DEVELOPMENT

Broadly speaking, all of the OSSs passed through the following stages during their establishment and early formation:

- Acquiring, renovating, expanding or moving to suitable premises.
- Appointing a suitably qualified and experienced staff team that is welcoming and non-judgemental;

³ Please note that Question 9 “have your views of the OSS changed over time?” overlapped with question one. Consequently, the responses from both questions are included here.

⁴ Interviewees used “safe space” to mean a place where there was no threat from adults or peers and where personal matters could be discussed in privacy with staff.

- Establishing structures and processes (e.g. youth forums and various formal and informal discussion groups) within the OSS to enable young people to shape the service provision to their particular needs and priorities;
- Developing the practice of informal chats;
- Consulting with representatives of the local community, statutory, and voluntary provider organisations in the area to identify and agree what was already being provided for young people and how best the OSS could complement this provision and work with the parties involved in a collaborative manner;
- Engaging formally and informally with a wide range of local partners, and potential partners, to remain up-to-date with key contacts, processes and the needs of young people locally;
- Collaborating with local partners in various ways including:
 - Accepting young people signposted from them;
 - Signposting young people to them;
 - Carrying out outreach work to raise awareness of the services on offer at the OSS;
 - Delivering outreach services in rural communities;
 - Encouraging their young people to attend and participate in the OSS;
 - Complementing partners' programmes by actively, consistently and appropriately supporting young people with particular needs.

DEVELOPMENT OVER TIME

The engagement of young people and the networking with local partners was a continuous process. Likewise, the evaluation of impact and effectiveness was an ongoing activity.

The OSS Partners who were interviewed were unanimous that the OSS services had become even more valuable to their work and more integral as time has gone on. Very high degrees of collaboration and support were evident. The support being provided is highly relevant for the partner organisations. When asked how the OSS had developed to meet the needs of young people in the area, partners described both features and the value of such developments:

Establishing the importance of relationship building

- “They are in... two times a week... They are building relationships with the young people all the time”
- “They [OSS] ask questions that help young people identify their needs”
- “They build relationships with young people in schools... this is absolutely key for us... They provide the young people with support for their emotional lives... [and] the support is individualised-not one size fits all”
- “They [OSS] have succeeded in engaging a very wide range of young people, not just a particular type of young person... They have a whole medley of young people [attending the OSS]'s... This is tremendously challenging to do and the OSS should be commended for this”

Taking an enabling and empowering approach

- “OSS use a very enabling approach... very proactive in asking young people how they could enable them to do ‘X’”
- “The model is about enabling not directing”
- “It [support from the OSS] is like an early intervention... they empower young people”

Becoming established, accepted and effective

- “At the beginning, this [OSS model] was a new concept... It took a while to understand what the expectations were and what would work/not work... It has now found its place... OSS is a lot clearer on its approach and direction... it feels like it's been around a lot longer than it has... very well-established now”.
- “At the start...it was difficult to know what the OSS was doing... now aware...it is making connections with other organisations... building relationships with other local service providers... It took a while to build but it [the connections made] has endured”
- “A further milestone was the OSSs developing a very positive reputation within PHA. It's a go to service-this is one we can call on-if there is an incident in school, we could pick up the phone to the OSS.”
- “I moved from not understanding what the OSS did, to observing the young people flourish within the environment of the OSS... To be converted to this model of working”
- “I would be lost without them... It's such a specialised service... If possible, I would like more access to staff from the OSS”.
- “I am not trained like OSS staff... They used skills in youth work... It's so valuable in our setting... We would feel a big loss if the OSS wasn't here”

4.4.2 Part 2 – FILLING GAPS: What are the gaps in service for young people that the OSS fills?

A DISTINCTIVE APPROACH

Fundamentally, this question sought to understand how OSS provision is distinctive from other services for young people in the locality i.e. what gaps is it filling? Whilst a number of the services for young people possess some of these characteristics, the OSS provision differs in that it *always* offers *all* of the following in one readily accessible service:

- Drop in service
- Opening hours that suit young people;
- No appointments or waiting time to get help from staff;
- Social and recreational activities available on site;
- A holistic service dealing with all issues
- Non-judgemental and non-directive;
- Strong local knowledge of the service network;
- Young people led; and
- Fundamental principles of encouragement, enabling and empowerment

A UNIQUE POSITION IN THE HIERARCHY OF SERVICE PROVISION

Most importantly, the position of One Stop Shops in the hierarchy of service provision is unique. The young people who attend the OSSs are mostly not able to take the direct step to engage with a formal agency. The OSS can build their confidence, one step at a time so that a more confident and informed young person eventually gets to the door of the agency or support organisation.

- “We are the bit in the middle, between families and young people on the one hand and services and support on the other.”
- “In the last few years it has developed a very pivotal role in service provision for young people, pivotal in the sense that a lot of other service provision revolves around them”.

A PARTICULAR STYLE OF SERVICE DELIVERY

The OSS Partners who were interviewed offered similar views to those expressed by the OSS coordinators. As partners saw it, it was the style of service delivery that made the OSS distinctive:

Providing a youth friendly space

- “It’s an alternative space for young people who find ELB youth provision too formal”
- “It provides a safe space for young people to hang out in a calm, relaxed environment;
- “It’s accessible. No convoluted hurdles for young people to go through to get help”

Building relationships and trust in a non-threatening environment

- “It’s main niche is in building relationships with young people, they can take time to do that, they can build confidence so that young people begin to talk about their issues in a way that they probably never would otherwise. They are enablers, an open door”;
- “With a youth work background, OSS staff picking up things that teachers might miss;
- They provide a service that is non-threatening, non-judgemental;
- They have experienced and approachable workers;

Staying focused on and led by the needs of young people

- The emphasis is on the young person;
- Listening closely to the needs of young people;
- Having empathy with what young people are facing.
- Peer-led service;
- Young people running the show, with suitable boundaries and supervision;

Linking to appropriate and timely support

- Offering appropriate support;
- Doing a really good job at linking young people in with what's available in the community;
- Effectively providing an early intervention;

Working in partnership in a value-added way

- There are lots of agencies trying to meet similar needs, but the OSS is unique in its approach to young people and lots of other agencies prefer to cooperate with the OSS rather than trying to replace it or copy its model;
- Working in partnership. Being truly open to how things can evolve and change, “They really understand what partnership working is... They are very good at pulling in other agencies to help.”

4.4.3 Part 3a – PRESENTING ISSUES: What are the main issues that young people in this OSS need help and support with?

OSS Coordinators considered that the key issues that young people needed help with were:

- mental health (this being the top issue in all OSSs and also a superordinate classification for some of the individual issues presented below);
- low self-confidence;
- low self-esteem;
- low resilience;
- low aspirations;
- difficulties interacting in relationships with peers & family;
- teenage pregnancy;
- sexual health;
- sexual identity and LGBT;
- eating disorders;
- education, employment and career help;
- bullying;
- anger;
- isolation;
- drug and alcohol use;
- self-harm;
- help with social welfare.

Key issues for all age groups

Opinions about which issues affected which age group varied somewhat across the OSSs.

In general, there was a sense that young people, of all ages were seeking:

- a safe space;
- a sense of belonging;
- somewhere to make and meet friends; as well as,
- somewhere to socialise and have fun.

Key issues for those aged 16 and over

However, for young people aged 16+, the key issues were perceived to be:

- mental health;
- failing exams;
- drug and alcohol use;
- housing;
- benefits;
- employment;
- training;
- relationship; and,
- parenting.

Key issues for those aged 11 to 16

For young people aged 11 to 16, the key issues were perceived to be:

- interaction with peers;
- bullying;
- self-confidence;
- self-esteem;
- relationships at home;
- education;
- lack of aspiration; and,
- sexual orientation.

VIEWS OF PARTNER ORGANISATIONS ON THE KEY ISSUES FACING YOUNG PEOPLE GENERALLY

The partners who were interviewed, all raised very similar issues. The latter considered that the main issues that young people needed help and support with were:

Mental Health and related issues

- mental health - much of it concerned with difficulties in the family. (It was noted that for the 16+ age group seems to perceive the OSS as an alternative family.)
- anxiety, the recurring theme is worry;
- lack of self-confidence;
- lack of self-esteem / self-worth;
- low resilience;

Lack of personal responsibility

- lack of understanding of the consequences of their behaviour/choices;
- lacking a sense of responsibility and capacity to follow through;
- low capacity to deal with setbacks;

Low aspirations and low capacity

- apathy, especially in relation to jobs;
- low aspirations- low expectations of their potential;
- low level of life skills-including managing finance and practical skills
- lack of motivation and direction in training and employment;
- Inability to navigate housing and benefits systems;

Addiction and related issues

- drugs and alcohol use-a lot of peer pressure to use drugs, especially to use drugs to become part of the group;
- Family addiction issues;
- eating disorders;

School and related issues

- school - including struggling with work, struggling with relationships with teachers and friends - exam stress;
- personal development, which is increasingly not being dealt with in school;
- Internet and bullying on social media; bullying online is a big issue;

Relationships and sexuality

- Social and personal isolation - hence the importance of the social/recreational activities and the sense of belonging that the OSS provides;
- Gender issues - including how males and females talk to each other and LGBT work;

Relationships with schools

- The importance of the relationships with schools came up repeatedly. It was very clear that the one-stop shop staff were valued in this setting. As one partner put it, "I

would have the OSS staff here every day, at lunchtime, if I could. The relationship with the OSS staff have with the young people is very different to that with teachers. This [separation] is very important for the young people”.

Social and recreational activities

- The value of the social/recreational activities was also emphasised. One partner described this way, “It [the OSS] is an opportunity to socialise with other young people. Sometimes we don’t appreciate that online activity is not social life. It’s [the OSS] an important space to get young people together without technology. It allows young people a massive insight into who they are”.

There was no particular social recreational activity or service that appeared to be, intrinsically, more beneficial for young people than another. There was a widespread view, amongst those interviewed, that what is beneficial depends on the precise needs of the individual, at a particular time. Notwithstanding this, a few OSS coordinators commented on the value of residential work as a valuable vehicle for enabling young people to disengage from their normal setting and to enter into a different kind of “space” where they could speak more freely and be supported, not judged.

4.4.4 Part 3b – UNMET NEEDS: Any needs that the OSS does not currently meet, but would like to in the future?

The OSS Coordinators suggested that they would like to meet the following needs if the appropriate resources could be made available. A number of OSS had already begun to explore what might be needed in these areas:

- Refugees whose language barriers could impact on access to and participation in services;
- Young people with disabilities: current avenues of provision are perceived as ‘clinical’ and uncomfortable by some young people with disabilities, being perceived as overly formal and ;
- Detached youth work with young people;
The expansion of outreach, particularly in rural communities;
- Expansion of the C[on]dom Card scheme;
- The provision of a “quiet room” space for one to ones;
- Filling geographical gaps in OSS provision.

Whilst a number of the partners were not aware of any needs that the OSS did not currently meet, several partners suggested areas where further input from OSS would be very welcome:

- More support for schools, including:
 - more frequent visits to schools;
 - specific support for young parents (some of whom have poor relationship with schools);
 - specific support for school leavers;
 - specific support for schools’ transition projects, particularly from primary to secondary.
- More support around drug and alcohol issues;
- More support for young people with particularly challenging behaviour. As one partner pointed out,

“There could be an underlying issue that needs addressed... We need to be smart about what’s going on and respond appropriately”;

- More support for young people in care;
- More support for the 17 to 25-year-old age group;

- More support with family planning;
- More support with sexual health issues.
- More support on gender identity and LGBT.
- More specific support for ASD.
- More support for young people with eating disorders

4.4.5 Part 4 – FORMAL ENGAGEMENT: What networks is the OSS formally engaged with where a representative of the OSS sits on a particular group.

OSSs typically engage formally with a wide variety of entities, including:

- OSS Regional Network;
- Family Support Hubs;
- Drug and Alcohol Coordination Teams;
- PHA Locality Groups;
- Police and Community Safety Partnerships (PCSPs).

In addition, there are instances where a representative of the OSS does not sit on a particular group, but nonetheless, the OSS and this entity work in close collaboration to mutual benefit. For example, individual OSSs collaborate regularly with wide range of key organisations, networks, task forces and fora in their respective local areas e.g. local primary and secondary schools, local youth clubs etc.

Many of the partners were only aware of the work that they themselves did with the OSS, not how the OSS networked. Those that were aware of some of the formal networking of OSSs indicated that the OSS engaged with the following entities:

- Locality groups;
- family hubs;
- Schools;
- Community forums and organisations;
- Uniformed clubs;
- Barnardos;
- ASCERT;
- Suicide prevention groups;
- LG BT community;
- Start 360; and,
- Housing Associations.

4.4.6 Part 5 – INFORMAL ENGAGEMENT: In what ways does the OSS engage informally with other agencies, for example through networking at particular events?

All of the OSSs engage informally with other agencies. The coordinators explained that this typically involves attending:

- Professional development conferences;
- Launch events for new programmes;
- Health fairs;
- Youth conferences;
- Youth fairs;
- Various community events (example essential skills, career fairs etc);
- Staff training events;
- Events run by OSS partner organisations.

The vast majority of the partners who were interviewed were not aware of the informal networking undertaken by the OSSs. Those that did offer a view commented as follows:

- Becoming part of the drop-in service of the partners;

- Through social media-promoting what the one-stop shop does e.g. on Facebook.

4.4.7 Part 6 – EXPANDING ENGAGEMENT: What other networks or agencies do you think would be fruitful to reach out to either formally or informally?

Each OSS Coordinator listed entities that he/she considered would be fruitful for the OSS to engage with further. A telephone survey was carried out with many of these potential partners and the results of this exercise are reported in Section 3.

The main types of organisations suggested by coordinators were:

- Organisations involved in detached youth work;
- Organisations that can support the development of specific programs at the OSS (for example music programs, youth leadership programmes);
- Local primary schools;
- Local secondary schools;
- The education authority;
- Training organisations in the local area;
- Uniformed groups e.g. Scouts, Boys Brigade etc.
- Groups supporting young people with special educational needs.
- Traveller's groups
- Men's Action Network.

Only a few of the partners made suggestions in response to this question. The suggestions made were:

- Schools (were suggested by a number of the partners);
- Child Welfare Officer;
- Hostels and refuges (Simon Community and Women's Aid were both suggested);
- Detached youth workers;
- Organisations working with young people in care.

Some OSS coordinators made the point that networking is important, but finding the right balance between networking and doing the work with young people is challenging.

“We have only a certain number of staff and a certain amount of time...”

One of the PHA leads also made the same point:

“You can always do more, but at the same time you need to focus on the main task of delivery”

Further, one PHA lead reminded us that networking with the view of taking a OSS in a certain direction would run counter to its youth led model:

“Don't forget that this is a youth led model so it is the young people who should set the direction. There is no point in engaging with new partners if that results in services or activities which are not what the young people want”.

4.4.8 Part 7 – OUTCOMES: Do you think that young people signposted into service from the OSS, fare any better than young people who are referred or signposted from other sources?

COORDINATORS VIEWS ON WHY YOUNG PEOPLE FROM OSS HAVE BETTER OUTCOMES

There was a unanimous view amongst OSS Coordinators that young people signposted into the OSS fare better than young people who are referred from other sources. The reasons put forward were:

- OSS staff **take a considerable amount of time to ascertain what the needs of the young person are** and operate an enabling, empowering model of support that is nondirective and based on the individual's needs;
- This results in young people being very **accurately signposted** to the right help, making it more likely that engagement will succeed;
- The OSS enables young people to take a series of **small steps towards engagement** with a formal agency, instead of having to take the leap all at once;
- There is a **transfer of trust**. The confidence and trust that the young person has built up with the OSS gets transferred to the referred agency;
- The **OSS helps to build resilience**, which helps young people to stick with it and to try again if a referral doesn't work out for them
- Young people appreciate the informal process. It helps them to feel relaxed;
- The young people build trusting and supportive relationships with particular OSS staff. This has a significant impact on these young people as they take steps to access other services. They feel **better prepared and more confident about accessing such services**;
- The young people receive very **practical ongoing support from OSS staff**. This ranges from receiving encouragement and reassurance, filling out referral forms through to being accompanied to appointments;
- OSS staff have **conversations with the young people about their progress**. This is crucial in supporting young people to actually connect with our service and maintain their engagement;
- **The OSSs staff journey alongside the young person** until the support is no longer needed. One of the OSS coordinators summed it up this way, "We are happy to support them [young people] until they're happy to ignore us. It's a long process".

PARTNERS' VIEWS ON WHY YOUNG PEOPLE FROM OSS HAVE BETTER OUTCOMES

The view that young people fared better at the OSS was also shared widely by the partners who were interviewed.

Taking small steps and building trust.

- "The staff at the OSS can relate to these young people in a different way... The young people respond to that";
- "If a young person has attended the OSS first, before engaging with another service, they have begun to build up some trust which might make them less wary and more likely to engage without suspicion";

- “there are often a few steps for a young person before they can engage-have the confidence to engage [with counselling] is with the OSS, a young person can commence initially just for social and recreational purposes.... Can engage with counselling when they are ready. The social activities also provide pleasure and uplift [for the young person]”

The young person can be supported if things don't work out and encouraged to try again:

- “Definitely, particularly if a young person already has had a poor experience of a referral agency. OSS can be supportive and build confidence again”.
- There is something beneficial for the young person about regular engagement with the OSS staff.... It's like an anchor... The young people are dedicated to the projects they are involved in there.”
- “Sometimes a young person doesn't come back for a couple of months... But they know the OSS is there for them... Relationship has been built up... Support structure is being built for them”.

Example

One partner gave an example of how a young person fared with OSS support:

- “There was a young man, highly intelligent with lots of behavioural difficulties, didn't know what to do. Coming here he got mentoring, support and his confidence started to grow. When he was eventually referred to RELATE, along with the rest of the family, he began to flourish. The improvement and the engagement with RELATE only came about because of the intervention of the OSS staff here who gave him a wraparound service, made him feel secure. If he had been referred to a GP instead of coming here, he would probably have resented it. That would have given him too much structure instead of the relaxed wraparound that he got here and he would not have done so well”.

4.4.9 Part 8 – STAFF MIX: Describe the mix of staff in the OSS in terms of employed and voluntary and what proportion would have formal qualifications for example in youth work.

The OSS coordinators provided the information on this. The table below summarises the current situation.

All of the OSSs have staff with formal qualifications in youth work.

Some one-stop shops also have staff that are not formally qualified in youth work. However, such staff have extensive experience of working with young people and, according to the OSS coordinators, bring valuable life experience to the role.

Whilst only a few of the OSSs currently have volunteers working alongside employed staff, volunteering is something all of the OSSs are aware of as a possibility. Such volunteers need to be appropriately trained and supervised, and mandated to operate in specific roles, in order to ensure a safe, consistent and professional service. That said, it was considered that such volunteers have valuable life experience to offer young people.

As a possible alternative to volunteers (which required resources in terms of training and supervision), one OSS Coordinator suggested that they would like access to a bank of staff that they could call upon i.e. staff with the appropriate qualifications and experience, to support them as and when required.

It seemed that while qualifications were important, a positive attitude towards young people was also highly relevant. As one OSS coordinator put it, “We look for skilled and experienced people. We need people with the right attitude. Someone who will engage with the young people and want to see them grow and develop. [At a very practical level], this is more important than ‘a Masters’ in youth work”.

It was also clear that the OSS teams that worked well were the teams where members had complimentary qualifications, skills and experience. This gives the OSS access to a wider repertoire of knowledge and approaches in terms of supporting their young people.

The feedback from OSS coordinators suggested that, at times, the nature of the work with young people can be emotionally demanding. It was therefore suggested that staff needed to give particular attention to self-care in order to ensure that the service they provide is sustainable.

On staffing levels, there is a general feeling from the interviews with coordinators and the focus group, that staff are working at full capacity at the moment.

Coordinators argued that there would not be a pro rata relationship between having more staff and being able to extend opening hours or work with more young people. Extra staffing would require existing staff to spend more time on supervision and support.

From the views expressed in interviews and at the focus group, the areas where extra staffing would be beneficial were:

- Having counselling available on-site
- Having staff who are specifically trained in dealing with self-harm
- Developing engagement with other agencies and groups, particularly with education and in the area of mental health.

Table 4.2 Summary Profile of Staffing Types at OSSs								
	B'mena	Carrick	Bangor	Belfast	Derry /L'derry	Enniskillen	B'bridge	Newry
Full time staff	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Professional Qualifications in Youth Work	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
P/T Family Worker	-	-	-	Yes	-	-	-	-
Volunteers	Yes	Yes	-	None	-	-	-	Yes

4.4.10 Key Findings from Workshop with One Stop Shop Coordinators and Staff

Overview

SMR hosted a half day workshop with OSS coordinators and staff. This was hosted at the N-Gage OSS in Ballymena on 3rd April 2017. During the first part of the workshop, SMR shared the key findings from the evaluation. (See copy of presentation in Appendix X). The latter part of the workshop was used to explore two key topics which PHA considered would be helpful for their colleagues to understand in the context of the future commissioning of one stop shop services. The specific questions posed, and the responses given by the OSS coordinators and staff who took part in workshop, are set out below.

What is Unique and Beneficial about OSSs?

The responses given by the participants were as follows:

- we are unique;
- non-statutory;
- holistic;
- (everyone;
- accessibility;
- links;
- opportunities;
- improved outcomes;
- transferred trust;
- responsive to the needs;
- creativity;
- flexibility;
- relaxing;
- responsible adult;
- family environment;
- support young people to make positive choices and support them when they don't;
- some young people don't use youth clubs – higher level of need amongst these young people. Also, youth clubs have targets to meet. OSSs have more freedom.

What are the benefits of volunteering?

The responses given by the participants were as follows:

Benefits for service user

- increased interaction;
- peer-to-peer;
- relatable;
- similar interests;
- support to staff;
- increased capacity;
- role model; and,
- peer mentors.

Benefits for young person (volunteer)

- experience;
- opportunity;
- responsibilities;
- support for young person and project;
- new skill building;
- personal development;
- build self-confidence;
- sense of belonging; and,

- increased trust.

Benefits for adult volunteer

- giving back;
- new career;
- skill sharing;
- challenge;
- respect; and,
- life experience;

What can volunteers do at low risk/no risk to the OSS?

The responses given by the participants were as follows:

- Cleaning;
- room set up;
- resources;
- promote services;
- posters and flyers;
- input to services; and,
- ratios / extra pairs of eyes.

What are some of the risks/drawbacks of using volunteers?

The responses given by the participants were as follows:

- variability in skills, experience, capacity;
- training needed;
- welfare risks;
- supervision required;
- commitment;
- motivation to volunteer;
- quality of services; and
- boundaries.

4.4.11 Discussion and points for consideration

DEVELOPMENT

The precise stage of development of any OSS, and indeed the bespoke range of services that each offers, is perhaps better understood by considering three key factors:

- **Young people-led** - This is arguably the most influential issue in the development of the OSSs. Whilst there are broad similarities in the needs of the young people presenting at each of the OSSs, the young people attending each OSS have their own, *individual* needs, priorities and aspirations. The OSS model is committed to listening to these needs, priorities and aspirations and responding to them promptly and very specifically. Consequently, the *particular* way in which any OSS develops, is, and can only be, that OSS's response to a particular group of young people, with particular set of needs and priorities at that particular time. Furthermore, where a OSS 'starts' and how its operational context changes, also impact on its development.
- **Initial starting point** - When a OSS 'started', for example, with an outreach model and then moved to a model involving fixed premises, this created a fresh set of challenges and opportunities for it that particular OSS team. It took time and effort to get the new model mobilised.

- **Management and culture** - Similarly, being housed within one organisation (with a particular culture and management style) and transferring, somewhat swiftly, to a new organisation were these parameters are experienced as different, again, temporarily disrupted the services of one OSS and slowed down their development and delivery whilst the OSS staff team were reappointed etc. None of the other OSS experienced this form of service disruption.

It is clear from the feedback that the fundamental goals, the broad principles of working, the ethos and the culture of each OSS were the same. However, given all of the above, there were, and always will be, inherent variations in the *detail* of what each OSS offers. It is the former which protects the integrity for the model, and the latter which makes it useful, relevant and effective at local level.

Point for consideration: Development

The 8 OSSs have developed much in the same fashion with similar developmental milestones regardless of their location. FASA may have been an exception with its emphasis on outreach, but, in its new Extern incarnation, the model seems to have moved closer to the other seven OSSs. Where OSSs do differ, it is largely on matters of emphasis, due to the varying local prevalence of issues, the age of the young people attending and their preferences for different activities. The model is, therefore, both consistent in terms of its values and approach, and flexible in terms of meeting local need.

GAPS

This evaluation posed the question “what gaps in service do the OSS fill...” Those interviewed for this evaluation, whether they be the OSS leaders, their partners or the PHA local leads, all agree that the OSSs have developed a unique place in the environment of service provision.

That unique place is not to supplant other service providers. Instead the OSSs complement existing provision by providing information, linkage to other services and low-level interventions. They do not seek to meet specialist mental health needs or a specific housing need or a defined educational need. They do not displace other services, but they support young people to identify their issues, they build their confidence to engage with existing services and they enhance young people’s experience of engagement. To be clear, many of the young people who attend the OSSs and who subsequently are signposted for specialist help would not ever get that help without the existence of the OSS and the support of OSS staff. The main factors that make OSSs unique are:

- **Holistic support:** The OSS offer a more holistic “wraparound” support than any other single service. They offer a range of advice and signposting from one single trusted source.
- **Enabling small steps:** OSSs enable young people to take a series of small steps towards the services that they need to help them with their issues. The young people who attend the OSSs are mostly not able to take the “one giant step” up to the intimidating door of a formal agency. This may be because they do not know of the existence of the particular agency, or they may think they will be stigmatised if they approach the agency, or they may not have the confidence to make the approach. The OSS can build their confidence, one step at a time, deal with the issue of stigma, one step at a time, help with the young person's approach-avoidance dilemmas one step at a time, until they get a more confident and informed young person to the door of the agency or support organisation.
- **Stopping low level problems from escalating:** Many of the young people do not need to be signposted or referred for all their needs. Issues that are at a lower level can be dealt with within the OSS environment through, for example, visiting speakers, the C Card scheme, or OSS one-to-ones. These OSS interventions deal with issues that are just

emerging or are still at a low level. The service gap being addressed is stopping low level problems from escalating to the point where a more formal intervention is required by an outside agency.

- **Taking time to build relationships and trust:** OSSs work purposefully with their client group, taking time to build up relationships and trust, very much in the community development tradition. This results in the young people being enabled and empowered both to express their needs and to be willingly directed to a source of help
- **Enabling transfer of trust to other agencies:** The trust that is built up through this approach has life beyond the OSS. That trust seems to be transferable to organisations to which the young people are signposted. The mechanism seems to be "I trust you, the OSS. You trust this organisation to which you are signposting me, therefore I will place my trust in your trust". The time invested in building trust in the OSS pays off, therefore, way beyond the boundary of the OSS itself and benefits all the agencies with which the OSSs work.

Point for consideration: Gaps

The place of the OSSs in the framework of service provision needs to be viewed not simply by the types of service that it dispenses but in terms of its unique contribution to bringing young people and services together. In that sense, the term "Shop" does not adequately describe how this contribution works. Shops are places where people go to acquire a product or service. OSSs are places of discovery, where personal journeys begin, where possibilities and opportunities become revealed and where young people grow and develop. If the shop title fits at all then it is more analogous to that of a personal shopper, helping, supporting and advising, than it is to a straightforward process of transaction.

FURTHER GAPS THAT COULD BE FILLED

In filling the holistic, supported, purposeful and enabling gap set out above, the OSSs already cover a wide range of issues with a diverse set of young people. The issues identified, below, by interviewees are not so much gaps as areas where existing OSS work may have to be intensified to meet emerging need in particular locations. Many of them fall under the general heading of sexual health.

- **Areas of work for further expansion:**
 - More support with **family planning**;
 - More OSSs wishing to take on the **C Card** scheme;
 - More support with **sexual health** issues;
 - More support on **gender identity**.

There are particular groups of young people to whom the OSSs may wish to reach out, depending on the relevance and need within their own area.

- **Groups to which OSS might reach out further:**
 - LGBT
 - Refugees
 - Travellers
 - Young people with disabilities
 - Detached young people⁵
 - Young people in care.

⁵ This term was used to mean young people who do not attend existing provision and who, instead, congregate in public places AND young people who are currently socially excluded

▪ **Geographic areas lacking provision:**

There are certain geographic areas where OSS provision does not reach. These include areas where outreach is being developed, particularly in rural areas, and also swathes of Northern Ireland where further OSSs could be considered.

- More outreach is needed, particularly in rural communities;
- Where local transport is poor, especially in the evenings, more outreach is also needed in the immediate hinterlands of existing OSSs;
- There is a gap in OSS provision in Tyrone, particularly around the Omagh area.

Point for consideration: Further Gaps

As OSSs develop and refine their services, they will need to be alert to changes in local need. They appear already to be aware of this and the further development of outreach appears to be a priority in certain areas.

Careful consideration will be required, however, before the OSSs expand further to meet perceived gaps. There are limitations in staff time and other resources that will need to be considered as well as the potential impact of expansion upon the existing level of service.

ENGAGEMENT

OSSs typically engage with a wide variety of entities, both formally and informally. Most exist in “small world” localities where agencies are used to networking and engaging with each other. The OSSs have worked hard to become part of these locality networks. The main formal networks with which they are engaged include:

- OSS Regional Network;
- Family Support Hubs;
- Drug and Alcohol Coordination Teams;
- PHA Locality Groups;
- Police and Community Safety Partnerships (PCSPs).

The “small world” scenario also helps with informal networking and the OSS leaders appear to have high profiles amongst their local networks, being active at local events and visible in local communities.

Each OSS Co-ordinator cited entities that he/she considered would be fruitful for the OSS to engage with further. Overall, this amounted to:

- organisations involved in detached⁶ youth work;
- organisations that can support the development of specific programs at the OSS (for example music programs, youth leadership programmes);
- local primary schools;
- local secondary schools;
- the education authority;
- training organisations in the local area;
- uniformed groups e.g. Scouts, Boys Brigade etc.
- groups supporting young people with special educational needs.
- Traveller's groups
- Men's Action Network.

⁶ Detached work involves contact with young people in the places they choose to congregate. Any resulting future contact may involve staying in such places but is negotiated between the workers and the young people. It is distinguished from outreach work which has the specific aim of encouraging young people to make use of existing provision.

Some OSS coordinators made the point that expanding networking is important, but finding the right balance between networking and doing the work with young people is challenging.

Some partner interviewees did not differentiate the OSS from the wider organisation in which it is embedded and some did not fully appreciate the OSS function within the parent organisation.

Points for consideration: Engagement

There appears to be some room for expansion in networking. In so doing OSSs need to be mindful of maintaining their focus on what they currently deliver. The OSS is a young people led service. It would be self-defeating to engage with a wide range of new partners if that resulted in services or activities which are not what the young people want.

Partner organisations, sometimes have difficulty in distinguishing the One Stop Shop brand. Take Newry and Derry as examples. Newry OSS is known as YASIP and sits within the Magnet Centre. Derry is known as Our Space and sits within Dove House. Other One Stop Shops have their own names, for example, "The Loft" in Banbridge or "The FIND Centre in Enniskillen. But the concept or name of One Stop Shop does not appear to have a high profile and both partners and potential partners often have difficulty in distinguishing them from their parent organisations or the other names by which they are known. This lack of differentiation applies not only to the OSS brand but to its unique functions.

OUTCOMES

Whilst there is no clinical evidence of better outcomes there is substantial anecdotal evidence and opinion that young people who are signposted from OSS to services fare better than young people who have not benefitted from the OSS system. The OSS equips young people in a number of ways to better engage with services.

- **Greater confidence and resilience:** It gives young people the confidence to engage and the resilience to continue or try another engagement if things don't work out.
- **More appropriate behavior when engaging:** OSS enables young people to engage with services using appropriate behaviour and language.
- **Transfer of trust:** The trust that is built up through with OSS staff seems to be transferable to organisations to which the young people are signposted. The mechanism seems to be "I trust you, the OSS. You trust this organisation to which you are signposting me, therefore I will place my trust in your trust".
- **Ongoing support to stay engaged:** Young people typically continue to attend the OSS whilst they are engaging with another service provider. This allows OSS staff to check on progress and encourage continuation.

Points for consideration: Outcomes

The time invested by OSS staff in creating confidence, enabling appropriate behaviours and building trust OSS pays off way beyond the boundary of the OSS itself. It increases the probability of successful outcomes for young people. It also benefits the agencies to which the young people are signposted by improving the chances of good outcomes.

The better outcomes that young people appear to achieve is one of the major benefits of OSS and deserves to be demonstrated through a more rigorous scientific approach. PHA may wish to consider specific research on outcomes, specifically comparing young people who have been through the OSS system with young people who have not.

5. Survey of Potential Partner Organisations

5.1 Overview

This section of the report presents the findings from a survey of potential partner organisations for the existing One Stop Shops. The survey received a total of 47 responses of which 37 are based on telephone interviews and 10 are based on responses to an online survey [see survey questionnaire in Appendices]. Note that for the telephone survey, OSSs provided a sample of up to 10 organisations they felt may be potential partners. The online survey is based on responses to a wider survey which included schools, further education colleges and other organisations with the potential to collaborate with the OSSs. A list of the organisations who took part in the survey is included in the Appendices.

5.2 Survey Aim and Topics Covered

The aim of the survey was to assess awareness and knowledge of the One Stop Shop service and to explore the potential for collaboration with partner organisations. The survey focused on:

- Awareness of the OSS service;
- Awareness that the OSS service is provided by specific provider organisations across Northern Ireland;
- Perceived gaps in service that local OSSs help address;
- Views on the uniqueness of the OSS service;
- Understanding of the services provided by local OSSs;
- Reputation of local OSSs;
- Support for the OSS service;
- Perception of the key health needs of children and young people aged 11-25 in the areas serviced by the OSSs;
- Changing health service needs of children and young people;
- Effectiveness of the OSSs in promoting service locally;
- Interest in exploring the potential for working in partnership with OSSs;
- Likelihood of potential organisations referring clients to OSSs;
- Perceived barriers or limitations of the OSS concept; and,
- Opportunities for engagement with other organisations, including awareness of formal and informal networks that OSSs could tie in with.

5.3 Sample Profile

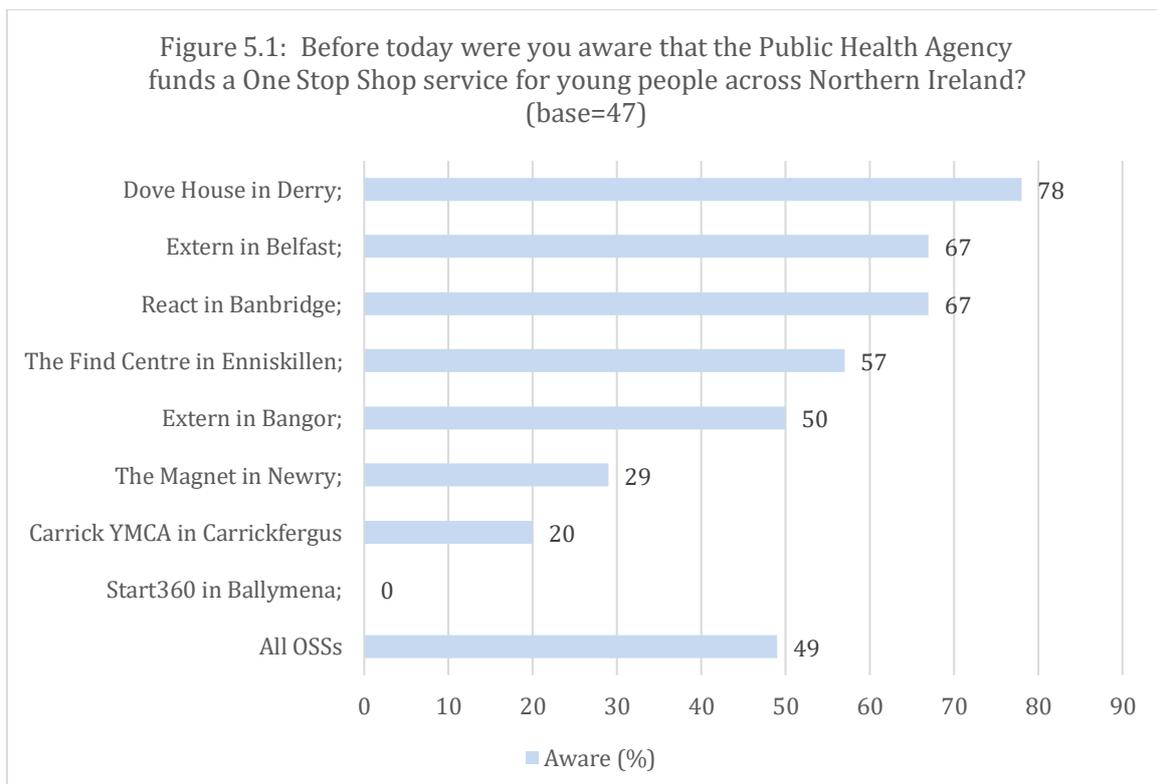
Table 5.1 presents a breakdown of the One Stop Shops that each potential partner was associated with (i.e. selected by specific OSSs or the OSS they were geographically closest to in the online survey).

	%	n
The Find Centre in Enniskillen;	15	7
The Magnet in Newry;	15	7
Dove House in Derry;	19	9
Start360 in Ballymena;	9	4
React in Banbridge;	6	3
Extern in Bangor;	13	6
Extern in Belfast;	13	6
Carrick YMCA in Carrickfergus	11	5

5.4 Awareness that PHA funds a One Stop Shop Service for Young People

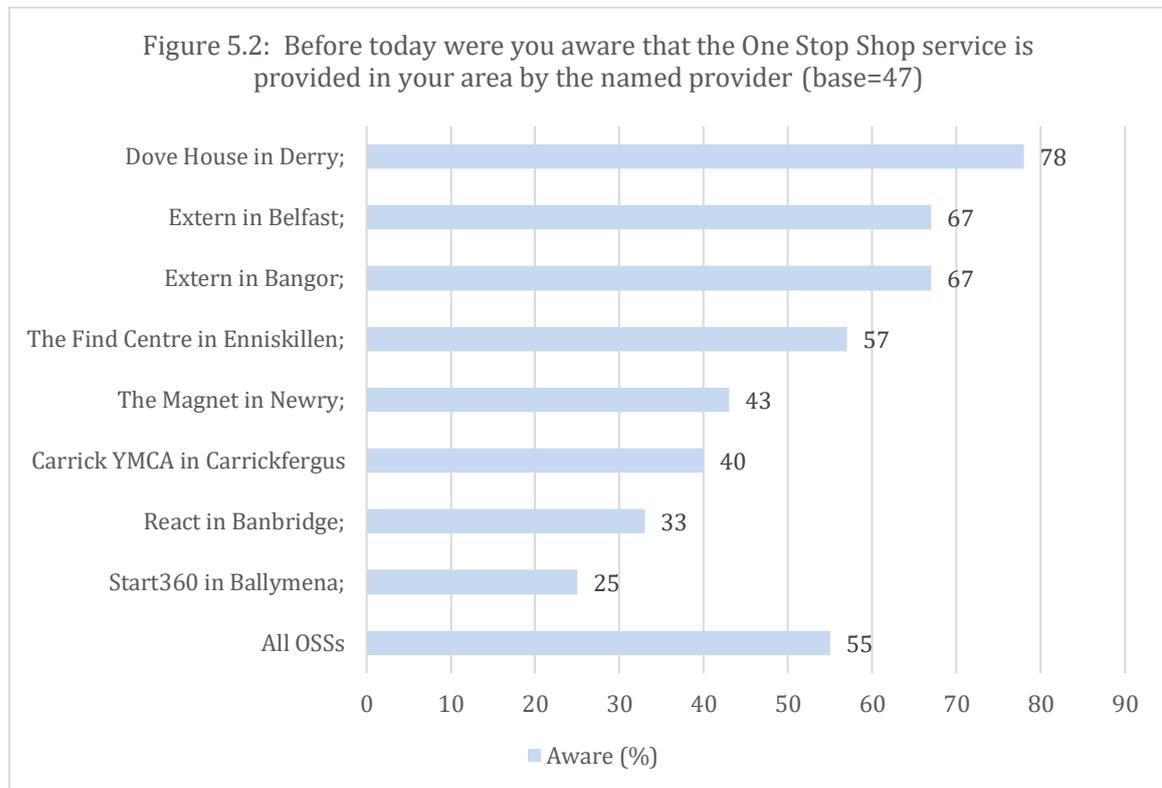
Just under half (49%) of potential partners said they were aware that the Public Health Agency (PHA) funds a OSS service for young people in Northern Ireland.

There was some variation by OSS, with potential partners of Dove House most likely to be aware that PHA fund the OSS service. Conversely, none of the potential partners of Start 360 in Ballymena were aware that PHA funds the service.



5.5 Awareness of Organisations Providing OSS Service in Local Areas

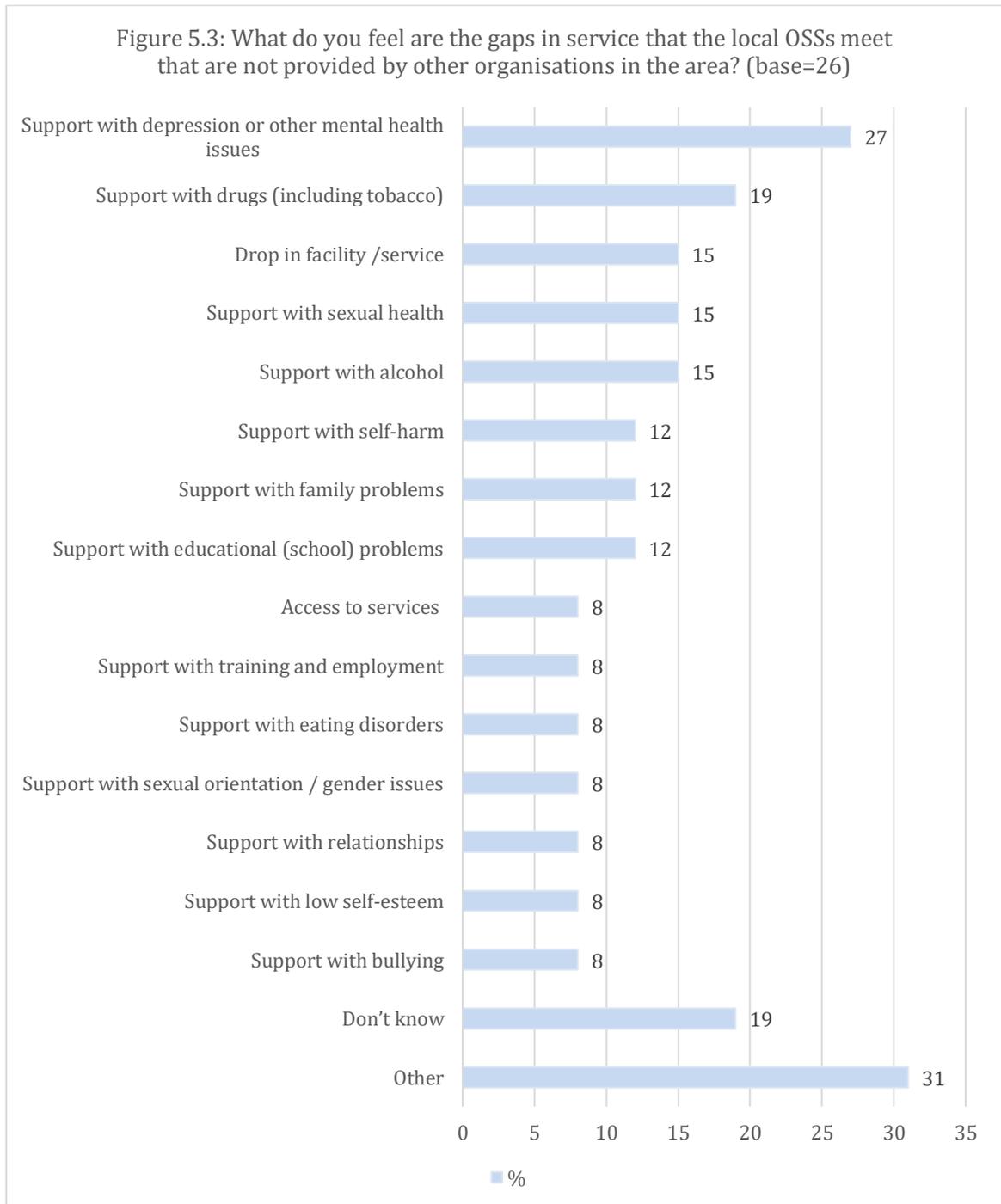
Slightly more than half (55%) of potential partner organisations were aware that the OSS service is provided by the designated provider in their local area. Again, there was some variation in awareness, with potential partners of Dove House more likely to be aware that Dove House provides the service in their local area. Conversely, potential partners of Start 360 in Ballymena were least likely to be aware that Start 360 provides the service in their local area (25%).



5.6 Perceived Gaps in Service that OSSs meet and not provided by other organisations

Potential partners were asked to say what they believe to be the gaps in service that specific OSSs meet that are not provided by other organisations in the local area.

Figure 5.3 shows that approximately a quarter (27%) of those potential partners aware of their local OSS provider (n=26) identified support with depression or other mental health services as a gap in service. Nineteen percent cited support with drugs, with 31% citing other gaps in service⁷.



⁷ Included: all the above (n=1); all the above for travellers (n=1); parent's programmes (n=1); collaboration with other services in the area (n=1); all services in the one place (n=1); family drug use impacting on children (n=1); young people held under the mental health act (n=1); services not being able to cope with demand and needing resourced (n=1); informal nature of care (n=1).

Table 5.2 presents an overview of perceived gaps in service identified by potential partners in the areas serviced by each of the OSSs (note that figures are based on numbers rather than percentages).

	Find (n=4)	Magnet (n=3)	Dove (n=7)	S360 (n=1)	React (n=1)	Ex Bfs (n=4)	Ex Ban (n=4)	Carrick YMCA (n=2)
Alcohol	1		1				1	1
Bullying			1					1
Depression / mental health	1	1	2			1	1	1
Drugs (including tobacco)			1			2	1	1
Educational (school) problems	1		1					1
Family problems			1				1	1
Low self-esteem			1					1
Relationships			1					1
Self-harm			1				1	1
Sexual health	1	2	1					1
Sexual orient. / gender issues		1	1					1
Eating disorders	1	1	1					1
Training and employment			1					1
Other	2 ⁸	2 ⁹	3 ¹⁰		1 ¹¹	3 ¹²	2 ¹³	1 ¹⁴
Don't know			2	1	1		1	

⁸ All of above for travellers (n=1); drop in facility (n=1)

⁹ young people held under the mental health act (n=1); services not being able to cope with demand and needing resourced (n=1).

¹⁰ collaboration with other services in the area (n=1); drop in facility (n=2)

¹¹ Informal nature of care (n=1)

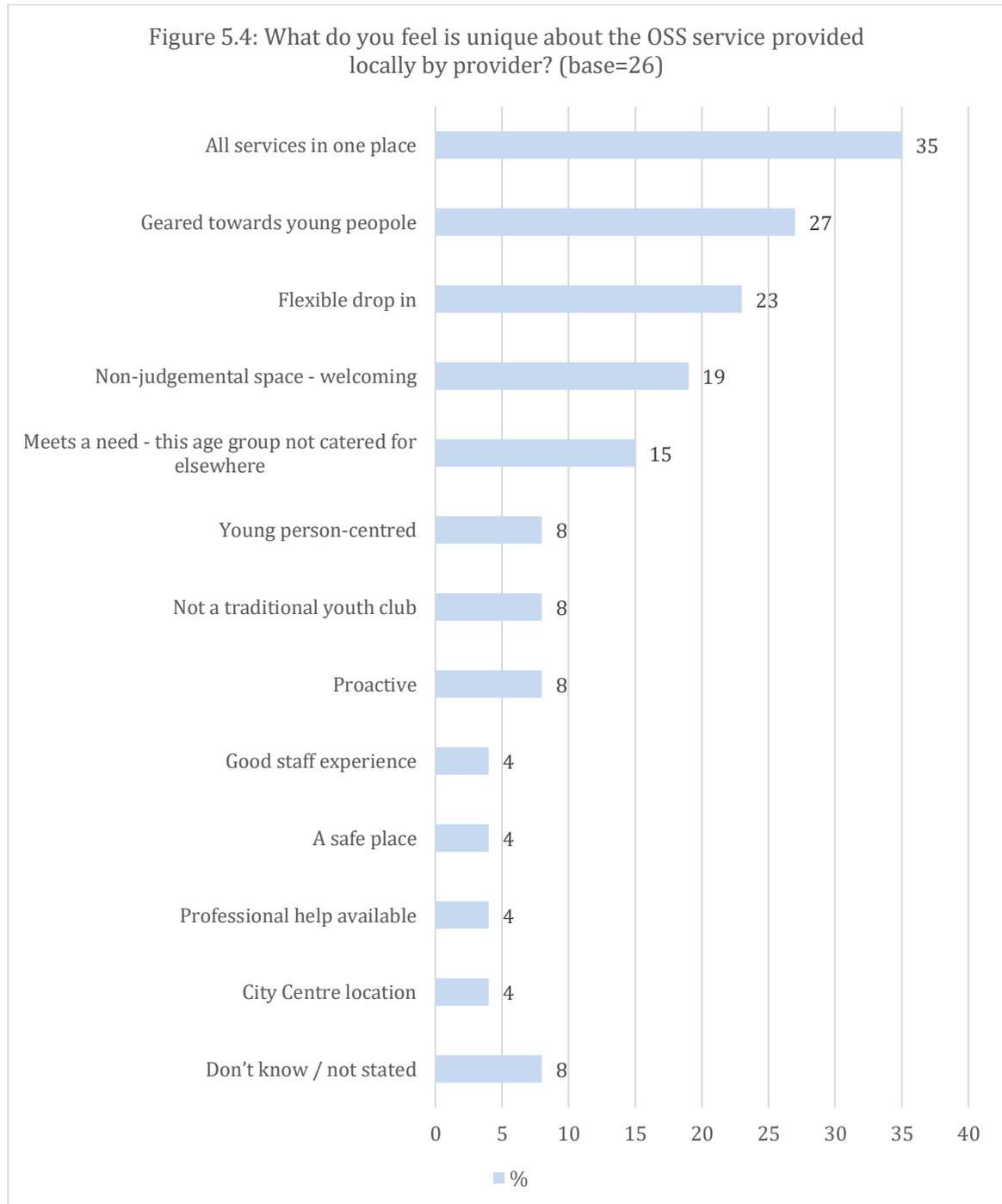
¹² All of the above (n=1); parent's programmes (n=1); family drug use impacting on children (n=1);

¹³ all services in the one place (n=1); access to services (n=1)

¹⁴ access to services (n=1)

5.7 Uniqueness of the OSS Service

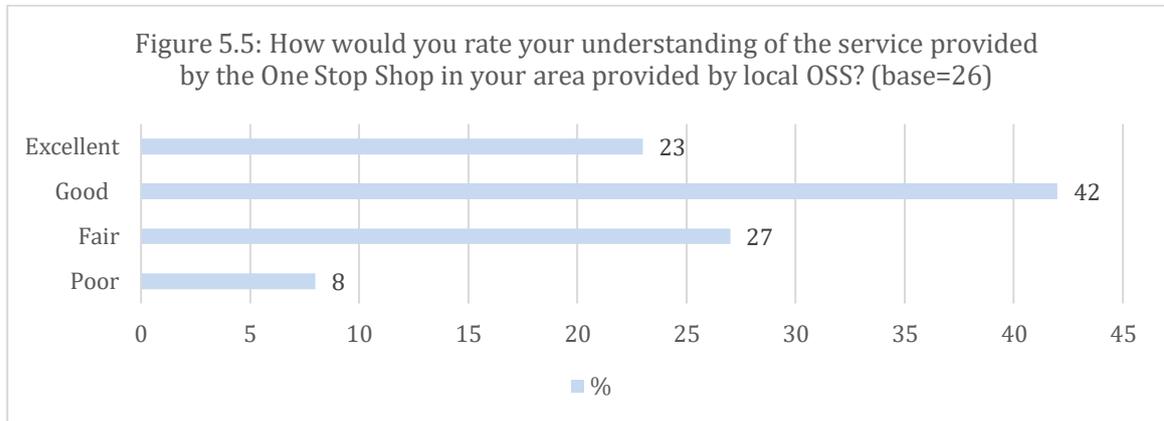
Those aware to their local OSS provider (n=26) were asked to say what they feel is unique about the OSS service provided locally. Among this group, 35% said that the service is unique because all services are in the one place, with 27% saying the service is geared towards young people and 23% mentioning the flexible drop-in nature of the service.



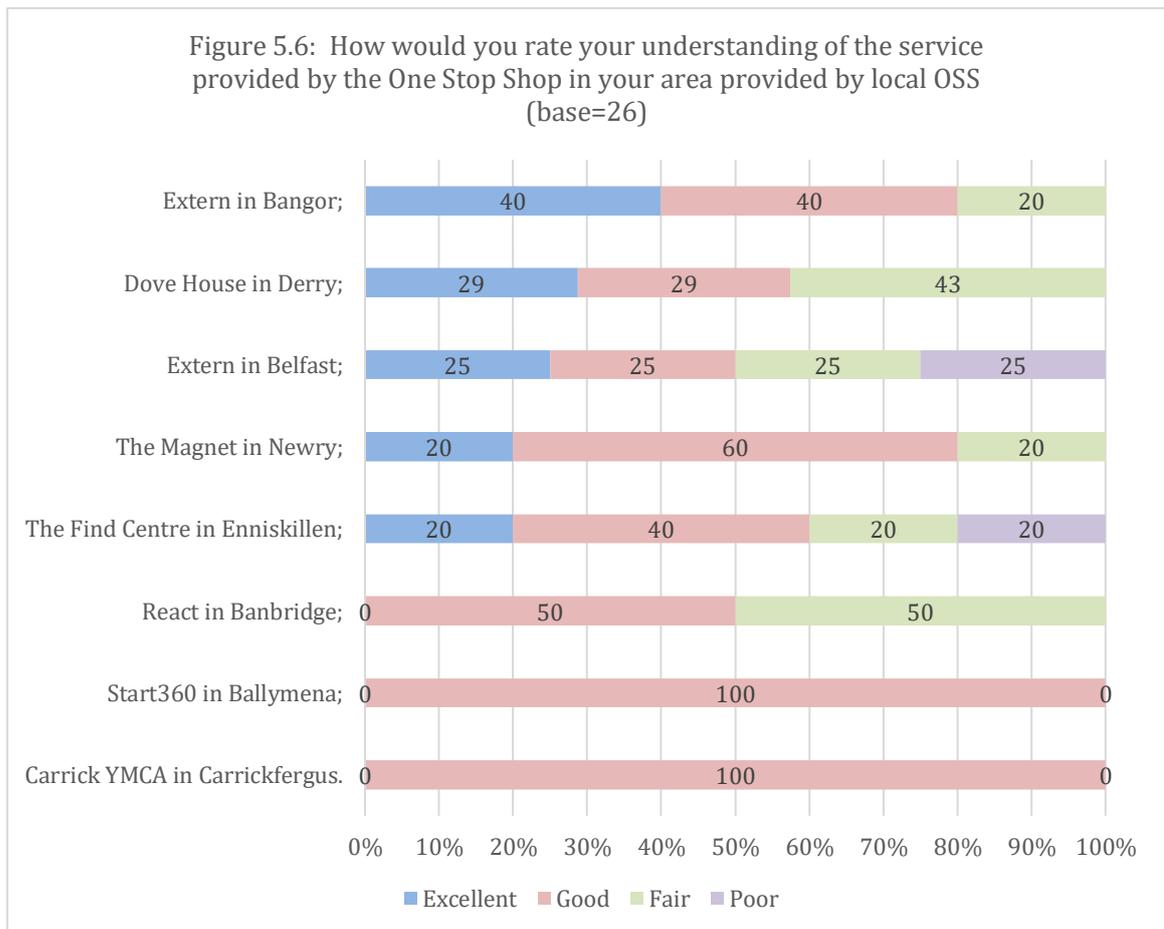
5.8 Understanding of the Service Provided by Local OSS

Potential partners aware of the local OSS (n=26) were asked to rate their understanding of the service provided.

Among this group, 65% rated their understanding of the service provided as either 'excellent' (23%) or 'good' (42%), with 35% rating their understanding 'fair' and 8% as 'poor'.

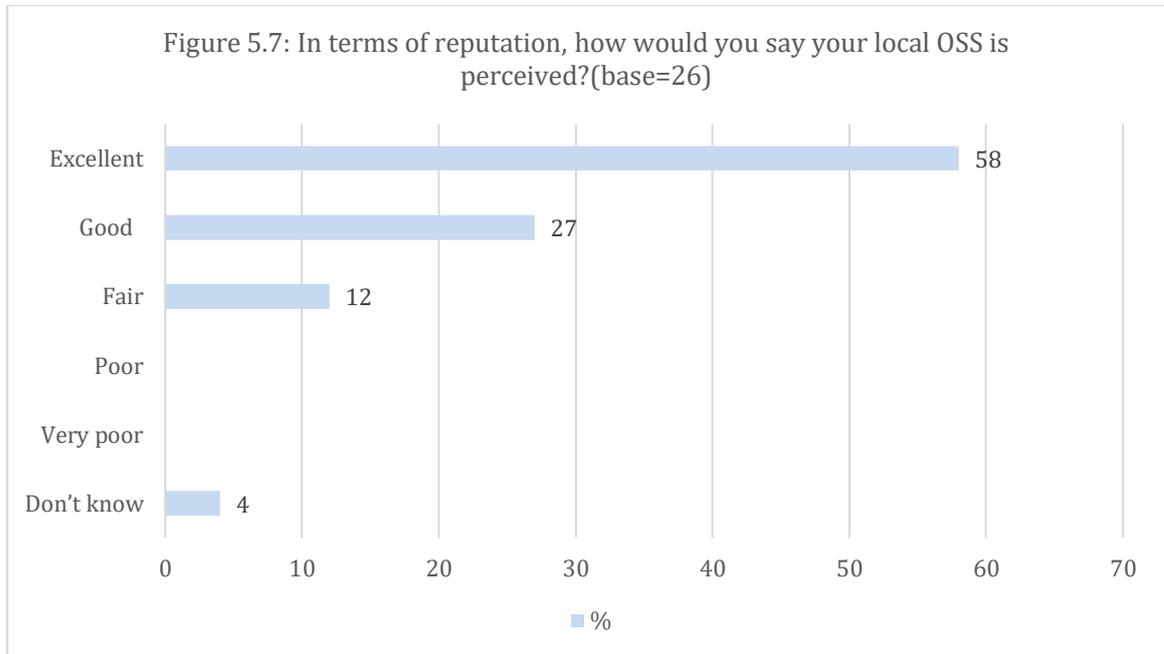


Analysis by location found that all potential partners of Start 360 and Carrick YMCA rated their understanding as either 'excellent' or 'good', whereas potential partners of Extern (50%) [Belfast] and React (50%) [Banbridge] were less likely to rate their understanding as either 'excellent' or 'good'.

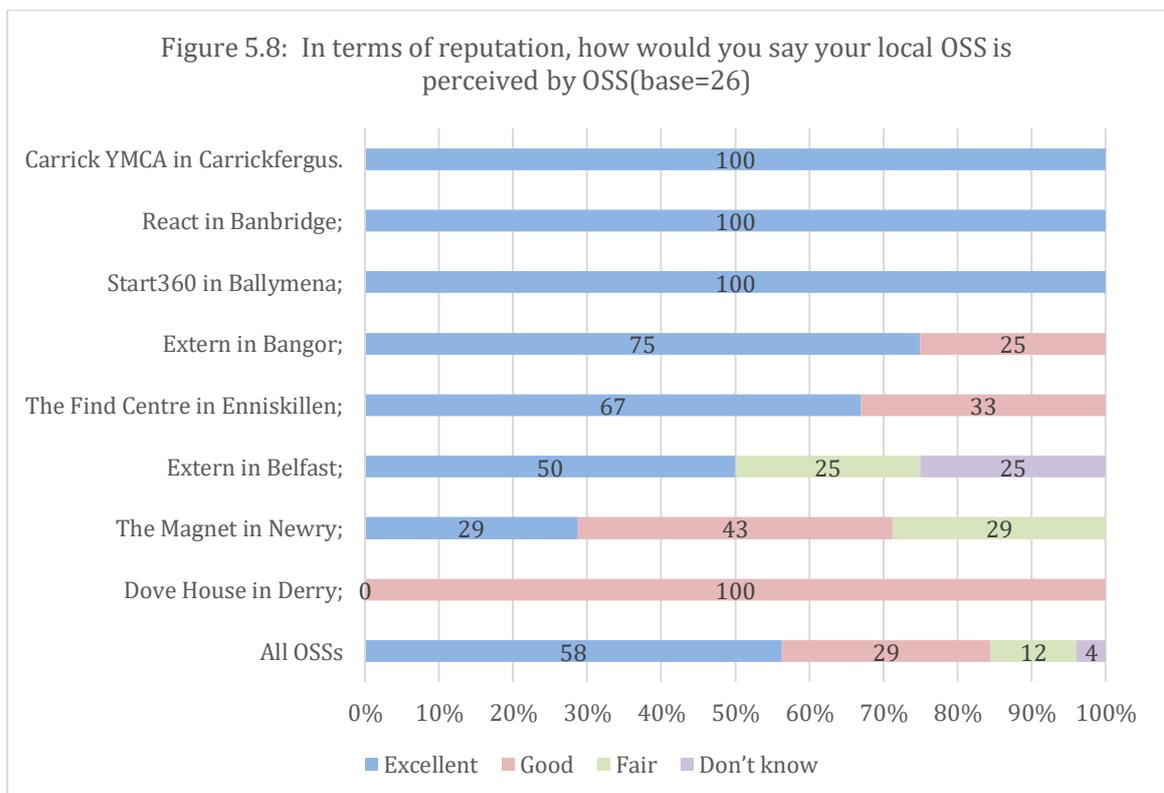


5.9 Reputation of Local OSSs

Potential partners were asked to say how their local OSS is perceived in terms of reputation. Again, among those aware of their local OSS provider, 85% rated the reputation of their local OSS as either 'excellent' (58%) or 'good' (27%), with 12% rating it as 'fair'. Four percent answered, 'don't know'.



Analysis by location found that all potential partners (aware of their local OSS) of Start 360, Carrick YMCA and React rated the reputation of their local OSS as excellent, with relatively lower ratings recorded for the other OSSs.

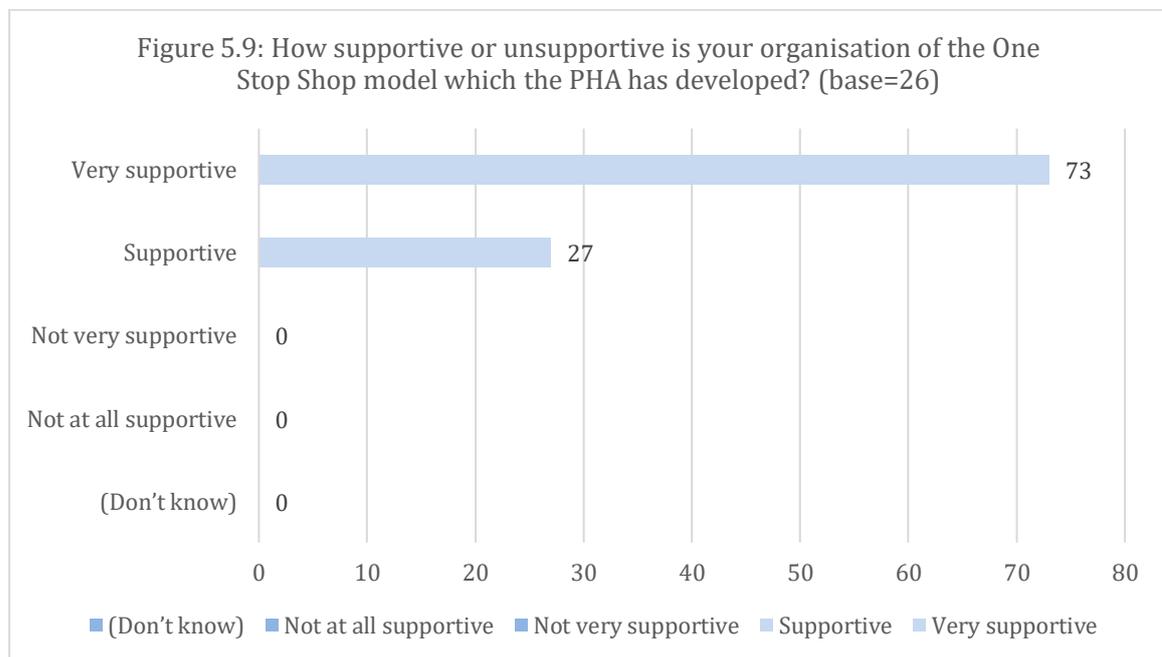


5.10 Support for OSS Model Developed by PHA

Potential partners aware of their local OSS provider were provided with the following information and asked if they were supportive or unsupportive of the OSS model developed by PHA:

“A One Stop Shop Service provides a youth friendly, holistic health and well-being service. These services are hubs where young people have opportunities to socialise in an alcohol and drug-free environment. Young people can also get advice and support on a range of issues from relevant services both on-site and off-site with the support of staff of the One Stop Shop and input from a range of specialist agencies. There are currently eight One Stop Shops across Northern Ireland”.

Given the above, all potential partners said they were either ‘very supportive’ (73%) or ‘supportive’ (27%) of the OSS model.



5.10.1 Reasons for being Supportive of the OSS Model Developed by PHA

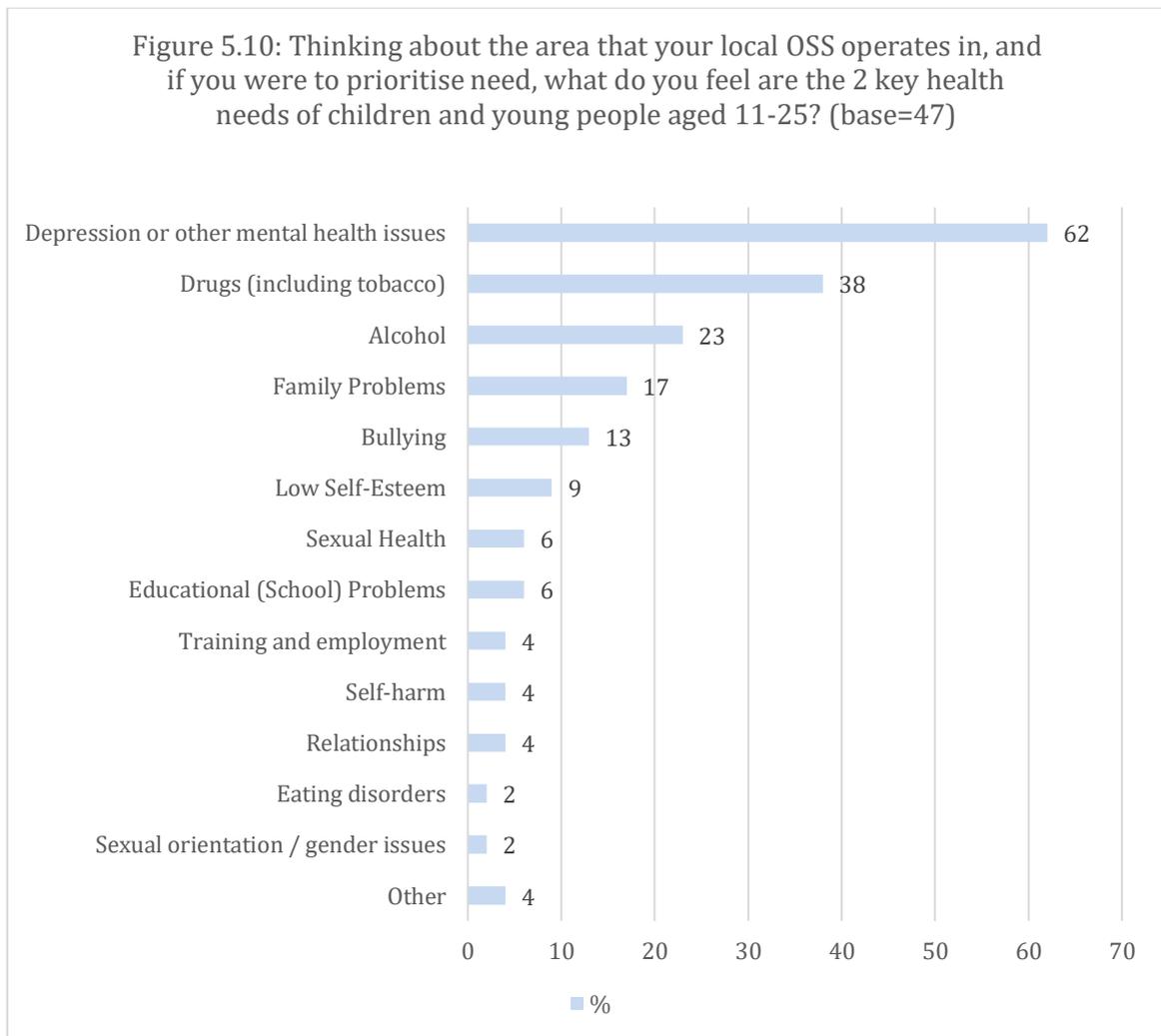
Potential partners were invited to say why they are supportive of the OSS model developed by PHA. Table 5.3 presents an overview of responses and shows that 21% were supportive because they work together and are supportive of each other, with the same number saying they are keen for more collaboration.

	%	n
They/we work together and are supportive of each other	21.3	10
Keen for more collaboration	21.3	10
Happy to signpost people on	19.1	9
Meets a need - this age group not well catered for	14.9	7
Young people's problems are complex, multi-faceted	8.5	4
A safe space	6.4	3
Help and support available	4.3	2
Flexible drop in	4.3	2
Good to know that OSS is there	2.1	1
All services in one place - gets things done	2.1	1
OSS could facilitate access to young people	2.1	1
Community based	2.1	1
Good staff expertise	2.1	1
Access to resources and information	2.1	1
OSS could facilitate access to young people	2.1	1
No one turned away	2.1	1
They attend stakeholder events together	2.1	1
Distance an issue for young people based in rural areas	2.1	1
Don't know	12.8	6

5.11 Key Health Needs of Children and Young People aged 11-25 in Area Serviced by OSS

Potential partners were asked to think about the area their local OSS operates in and to prioritise need in terms of what they believe to be the two key health needs of children and young people aged 11-25.

Among all potential providers, 62% cited depression or other mental health issues, with 38% citing drugs, 23% alcohol, 17% family problems and 13% bullying. Sexual orientation / gender issues and eating disorders were cited by relatively fewer potential partners (2% respectively). Four percent of potential partners identified 'other' health needs¹⁵.



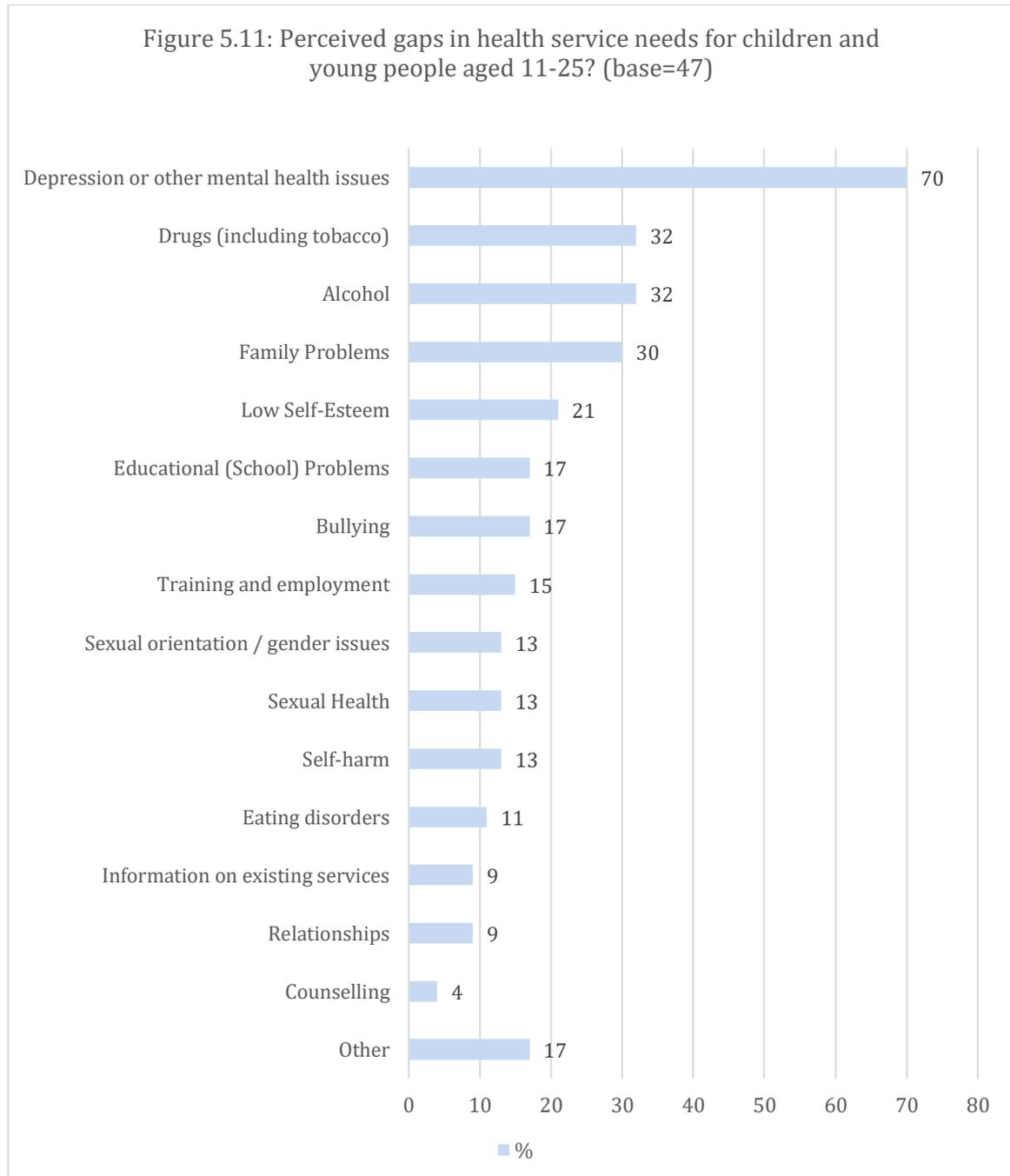
¹⁵ Included: connecting with young people (n=1); welcoming and open space (n=1).

Table 5.4 presents an overview of the two key health needs identified by potential partners in their respective areas and shows that health needs around depression and mental health are consistent across most of the OSSs.

	Find (n=7)	Magnet (n=7)	Dove (n=9)	S360 (n=4)	React (n=3)	Ex Bfs (n=6)	Ex Ban (n=6)	Carrick YMCA (n=5)
Alcohol	1	1	4	1	1	1	1	1
Bullying	3	1	1	-	1	-		
Depression / mental health	4	5	5	2	-	5	5	3
Drugs (including tobacco)	1	4	2	1	1	3	4	2
Educ. (School) Problems	-	-	1	1			-	1
Family Problems	3	1	-	-	1	1	1	1
Low Self-Esteem	-		-	1	2			1
Relationships	-	1	-	-		1		
Self-harm	-		1	1				
Sexual Health	-	1	1				1	
Sex. orient. / gender	1							
Eating disorders	-			1				
Training and employment	-		1			1		
Other	1		2					1

5.12 Perceived Gaps in Service for 11-25 year olds in Area Serviced by OSS

When asked if there were gaps in service for 11-25 year olds in the local OSS areas, 70% of potential partners identified depression or other mental health services, with 32% citing drugs, and the same number (32%) alcohol. Seventeen percent cited other gaps in service¹⁶.



¹⁶ Included: autism spectrum disorder (n=1); housing (n=1); behavioural issues at home or school (n=1); peer influence / exploitation (n=2); hopelessness (n=1); online safety (n=1); paramilitaries (n=1); and, sexual exploitation (n=1).

Table 5.5 presents an overview of perceived gaps in service for 11-25 year olds in their local OSS areas (note that these figures are numbers and not percentages). Again, health service needs around depression and mental health is consistent across most OSS areas.

Table 5.5: Thinking about the area served by your local OSS, do you feel there are any gaps in health provision for 11-25 year old's generally? (base=47)								
	Find (n=7)	Magnet (n=7)	Dove (n=9)	S360 (n=4)	React (n=3)	Ex Bfs (n=6)	Ex Ban (n=6)	Carrick YMCA (n=5)
Alcohol	4	2	4		1	1	2	1
Bullying	3	1	1		1	1	1	
Depression / mental health	6	5	6	3		5	5	3
Drugs (including tobacco)	3	2	3	1	1	1	3	1
Educ. (School) Problems		1	2	1			2	2
Family Problems	3	0	4	0	1	2	2	2
Low Self-Esteem	1	1	1	1	0	2	2	2
Relationships	1	0	1	0	0	0	2	0
Self-harm	0	0	0	1	2	2	1	0
Sexual Health	0	1	0	0	1	0	4	0
Sex. Orient. / gender issues	2	1	1	0	0	0	2	0
Eating disorders	0	0	1	1	1	1	0	2
Training and employment	1	1	2	0	0	1	1	1
Other	3	2	1	1	1	2	2	2

5.13 Perceived Changes to Health Service Need for 11-25 Year Olds

Seven out of 10 (70%) potential partners believe that health service need is changing for young people aged 11-25 in the area serviced by their local OSS.

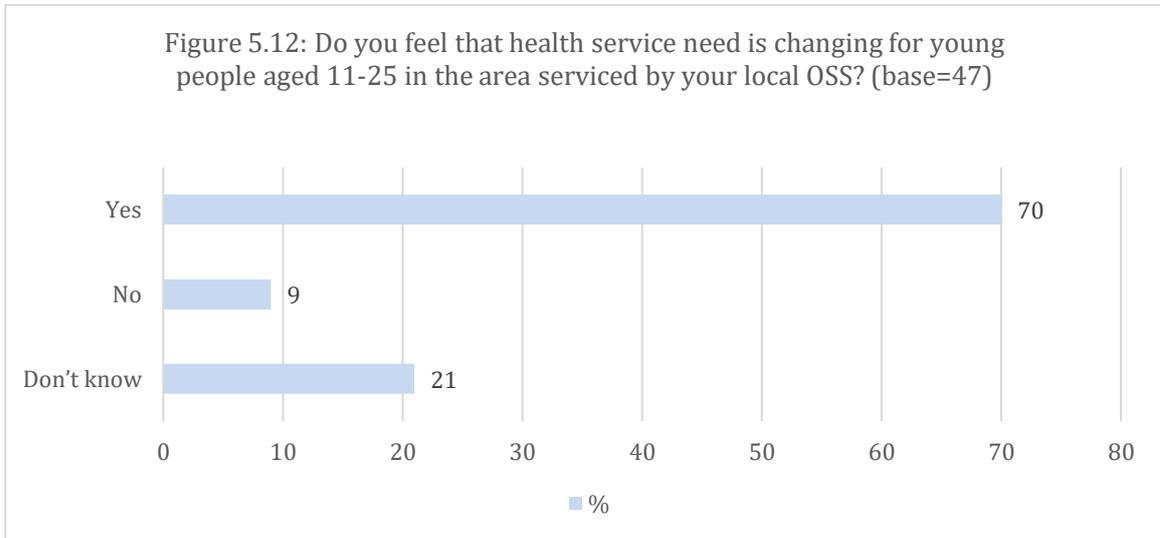
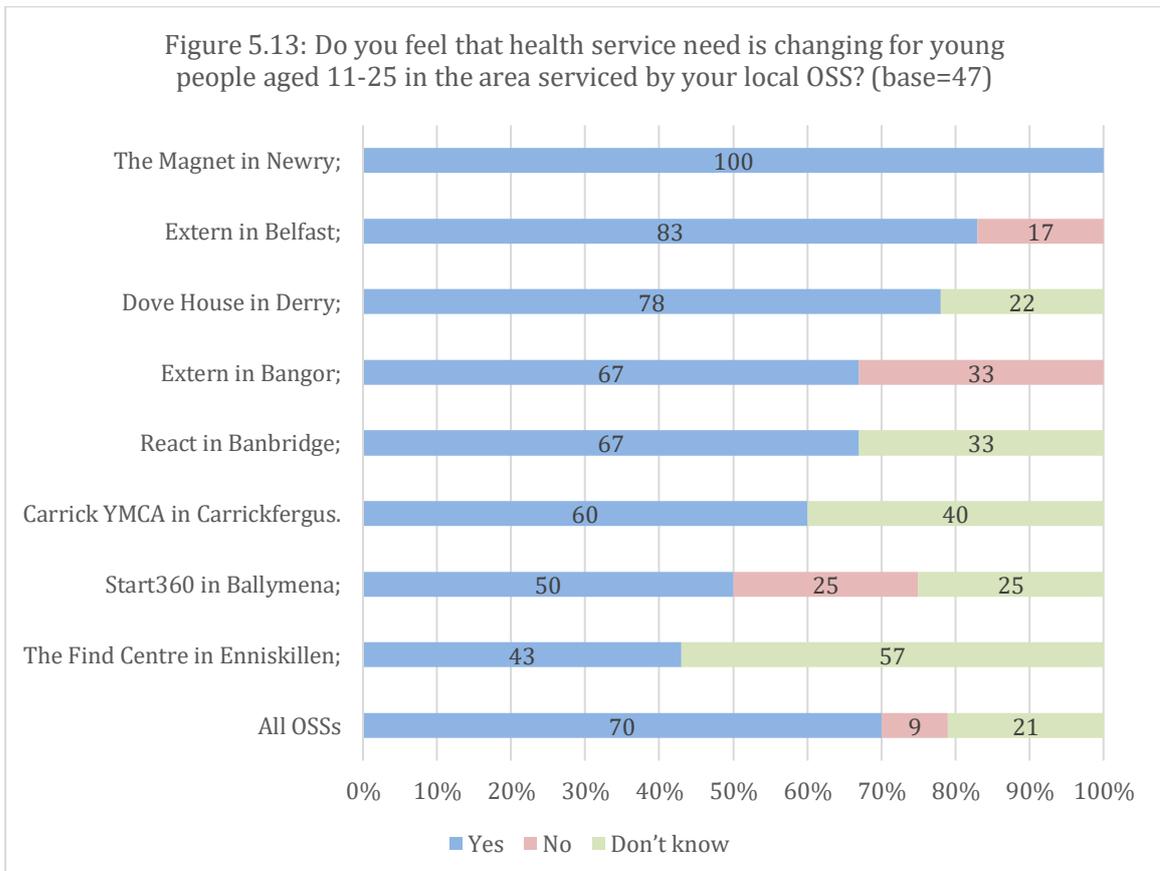


Figure 5.13 presents an overview of views on the changing health service needs of children and young people aged 11-25. All potential partners of the Magnet Centre said service needs are changing compared with potential partners of the Find Centre who were least likely to say that health service needs of 11-25 year olds are changing (43%).



5.13.1 Suggestions on How Health Service Needs of 11-25 Year Olds are Changing

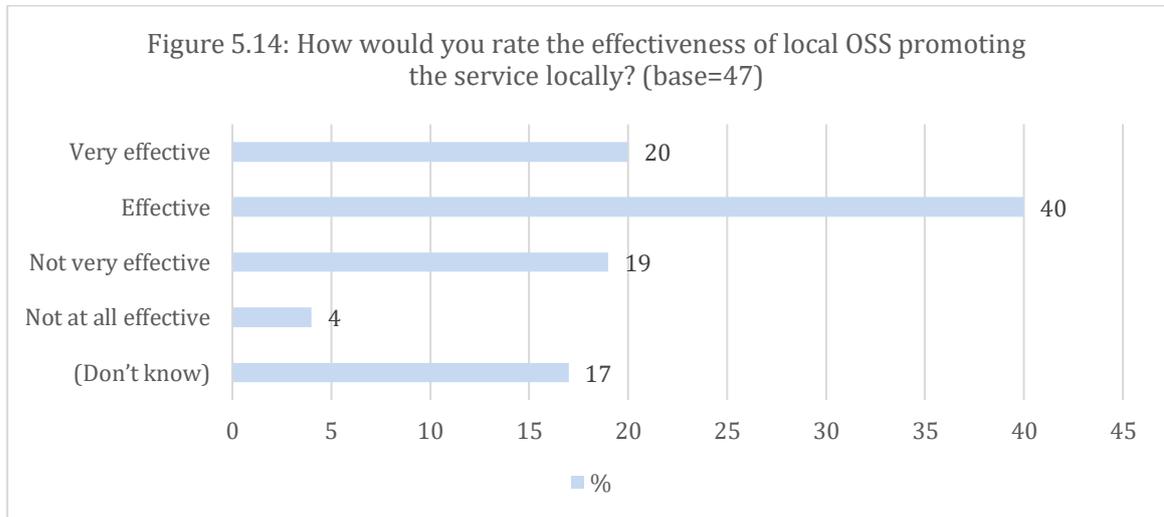
Potential partners (70%, n=33) who believed that the health service needs of 11-25 year olds are changing in the areas serviced by the OSSs were asked to say briefly how service need is changing.

The most common service needs identified related to social media (39%), mental health issues (39%) and drug issues (33%).

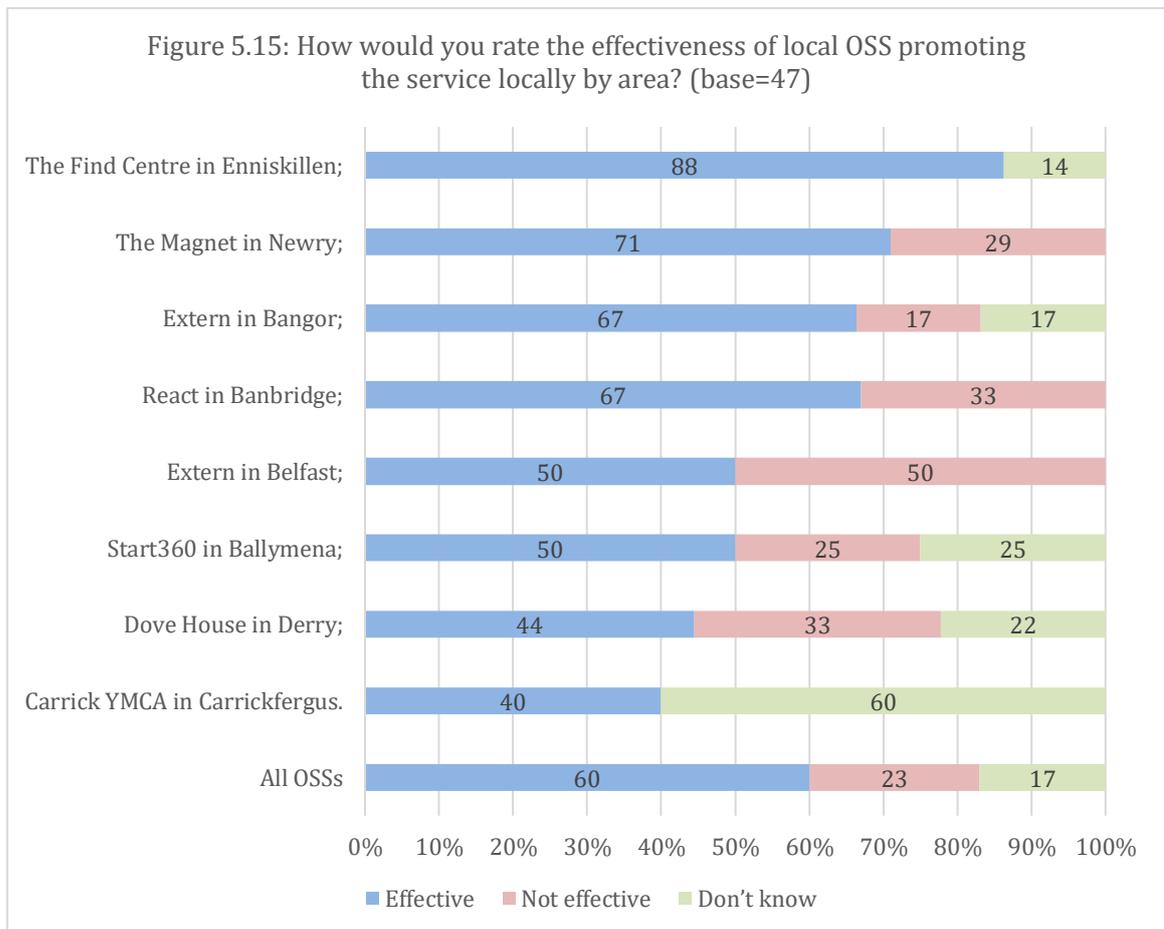
	%	n
Social media pressure	39.4	13
Mental health issues	36.4	12
Drug issues	33.3	11
Self-harm	12.1	4
Difficult to access services	12.1	4
Bullying	12.1	4
Alcohol issues	12.1	4
Sexual behaviours, sexual health issues	6.1	2
Services can't cope with demand - need resourced	6.1	2
Educational pressures, issues	6.1	2
Anti-social behaviour	6.1	2
Low self-esteem	6.1	2
Loneliness / isolation	6.1	2
Peer pressure	3.0	1
Child sex exploitation	3.0	1
Depression	3.0	1
More support now being offered	3.0	1
More user inclusivity	3.0	1
More of a voice from children now	3.0	1
Young people are more open now	3.0	1
Employment issues	3.0	1
Meets a need - this age group not well catered for	3.0	1
Perception that people in white coats are the establishment	3.0	1
Eating disorders	3.0	1
Financial worries	3.0	1
Abuse	3.0	1
Cyber crime	3.0	1
The future	3.0	1

5.14 Effectiveness of OSS Promoting Service Locally

Six out of ten (60%) potential providers rated their local OSS as either 'effective' (20%) or 'very effective' (40%) at promoting the OSS locally. Twenty three percent rated local promotion as either 'not very effective' (19%) or 'not at all effective' (4%), with 17% unsure.



In terms of perceived effectiveness of promoting the OSS service locally, the highest level of effectiveness was recorded by potential partners of the Find Centre (88%) with the lowest recorded by potential partners of Carrick YMCA (40%).



5.15 Actions to Promote OSS Service Locally

Potential partners made suggestions on promoting the OSS locally, with involvement with school and colleges (21%) the most common suggestion followed by social media (19%), networking meetings (19%) and open events / roadshows / workshops (19%).

	%	n
Involvement with schools, colleges	21.3	10
Social media	19.1	9
Networking meetings, raise awareness among other professionals	19.1	9
Have open events, roadshows, workshops	19.1	9
Flyers / posters / leaflets	14.9	7
Local press, papers	9.0	4
Increase visibility, more promotion, increase awareness	8.5	4
Local media	6.4	3
GP surgeries, health centres, A&E	6.4	3
Contact organisations, provide bulletins	6.4	3
Radio advertising	4.3	2
Have open events, roadshows, workshops	4.3	2
Contact all youth centre managers in the area	2.1	1
Family intervention hub	2.1	1
Local transport provision	2.1	1
Have forums	2.1	1
Parish / church groups	2.1	1
Develop referral pathways	2.1	1
Sporting organisations	2.1	1
Encourage young people to spread the word	2.1	1
No comment	10.6	5

5.16 Models of Service Delivery

Potential partners were advised that the OSS providers can operate different models of delivery i.e. a static onsite service provided in a building or centre, a mobile outreach service such as a bus or an outreach service whereby the OSS goes out to schools and community centres etc. Given this information, potential partners were then asked which of these models they believed to be most effective in the area serviced by their OSS.

Figure 5.16 shows that a majority (72%) of potential partners favoured a combination of static onsite provision, mobile outreach and outreach through partners such as schools, family centres etc.

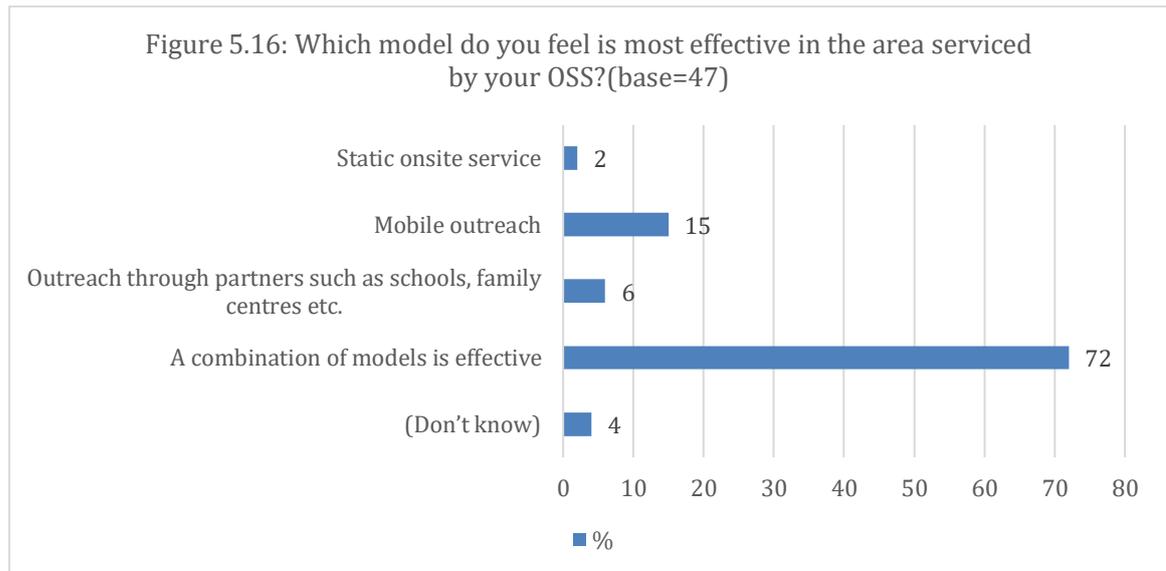
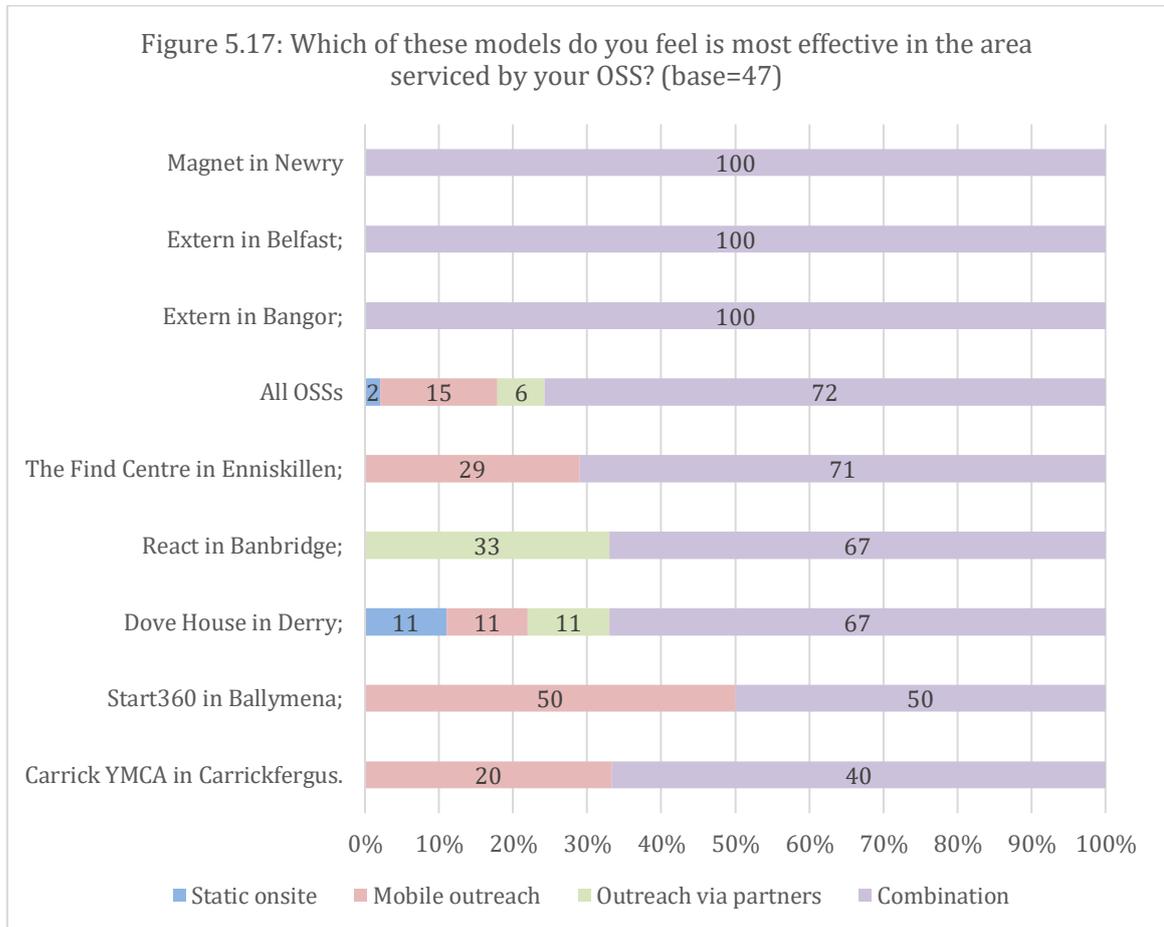


Figure 5.17 presents an overview of preferences of model delivery by potential partners in the different areas and shows that all potential partners in the area serviced by the Magnet Centre, and both Extern organisations, favoured a combination of static and outreach, whereas a combination model was least likely to be favoured by potential partners of Carrick YMCA (40%).



Potential partners were asked to comment on the different models and these responses have been coded and presented under different delivery models in Table 5.8.

Table 5.8: Why do you say that preferred model is most effective (base=30)		
	%	n
Static onsite service		
Important for young people to be able to access a centre	3.3	1
Mobile Outreach		
Go to where the young people are	20.0	6
To not be seen as a static organisation	3.3	1
To not be associated with one section of community or society	3.3	1
Young people want to stay in their own areas	3.3	1
Young people would not come if they were just invited	3.3	1
Takes into account those who can't travel	3.3	1
Outreach through partners such as schools, family centres etc.		
Can reach more people through outreach	3.3	1
The approach would help reduce duplication	3.3	1
Young people prefer to stay locally – and more likely to attend somewhere close to them	3.3	1
Prefer closer working ties between agencies	3.3	1
A combination of models		
Important for them to know help is available	3.3	1
Go to where the young people are	23.3	7
Takes into account those who can't travel	3.3	1
Can reach more people through outreach	6.7	2
The approach would help reduce duplication	3.3	1
Ensure closer working ties between agencies reaching out for and supporting this age group	6.7	2
Static model - know it is there	30.0	10
Important to reach out to schools, colleges	43.0	13
Need several approaches to target need	33.3	10
To cover rural and urban	13.4	4
Mobile unit not necessary in urban area	3.3	1
Outreach to educate and raise awareness	6.7	2
Static service is limited	3.3	1
Important to reach out to community groups	6.7	2
A static site just replicates other services	3.3	1
There is a stigma attached to a bus	3.3	1
Outreach could reach those who work	3.3	1
Get young people used to group work	3.3	1
Drop in at a static site is also important	3.3	1
Static site has not stigma	3.3	1

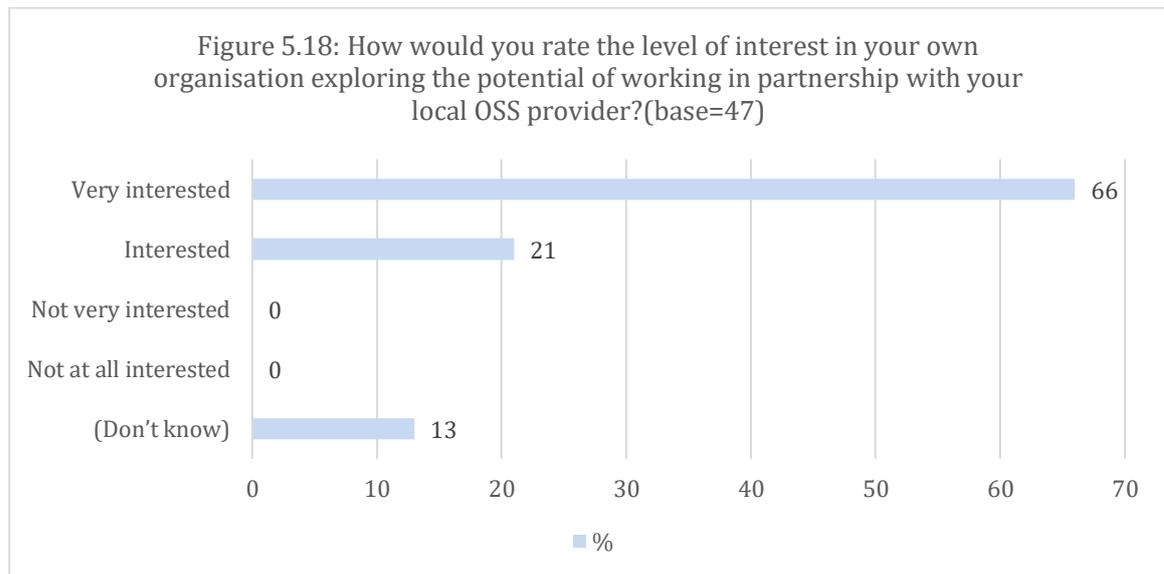
5.17 Interest Among Potential Partners in Exploring the Potential for Working with OSSs

Potential partners were presented with the following information:

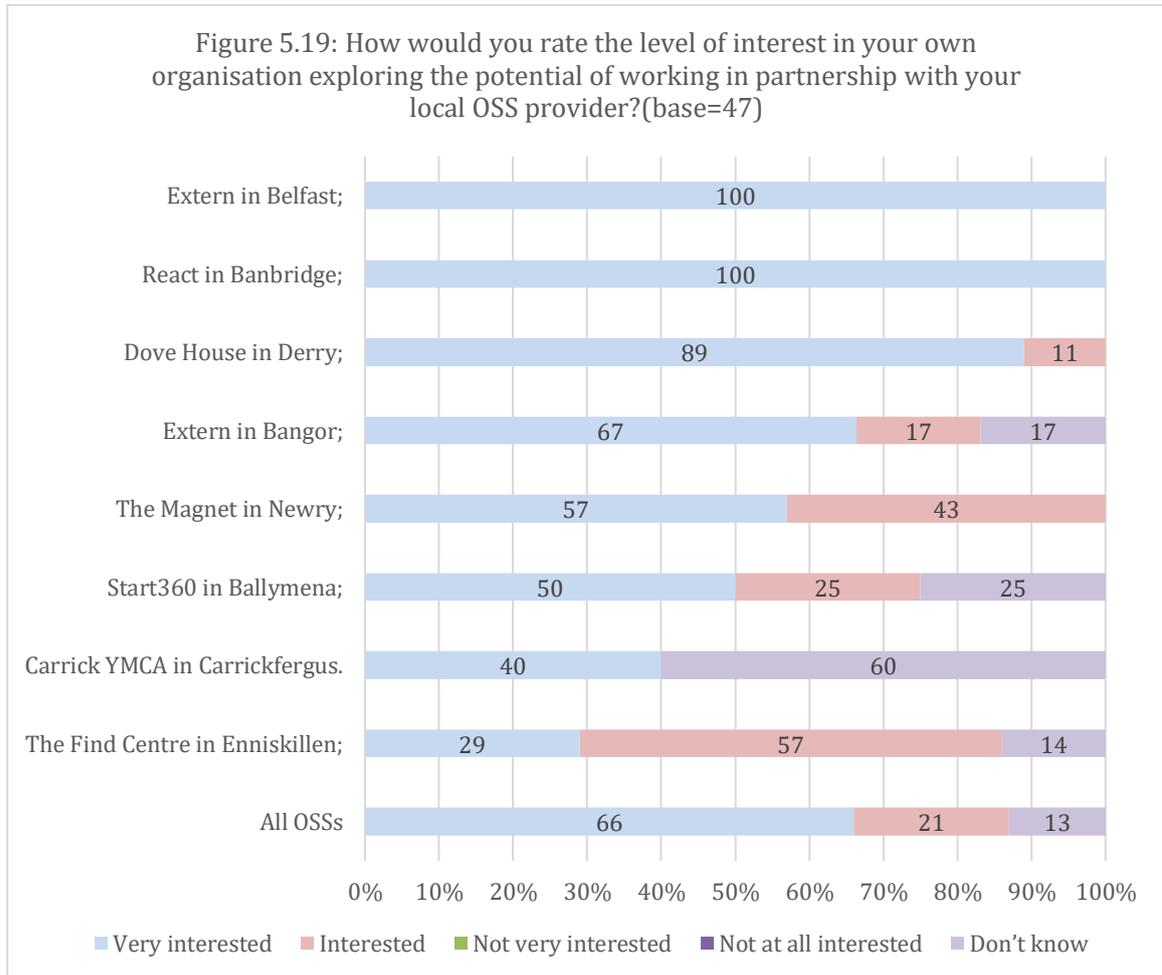
“A key element of the OSS model is supporting young people by signposting them to organisations and agencies that can address their health and social wellbeing needs. Much of the model's success has been through working in partnership with different organisations for the benefit of young people.”

Given this information, potential partners were then asked to rate the level of interest in their own organisation in exploring the potential of working in partnership with their local OSS.

Among all partner agencies, 87% said they were either 'very interested' (66%) or 'interested' (21%) in exploring the potential of partnership working with their local OSS provider. Thirteen percent answered, 'don't know'.



Analysis by location shows all potential partners of Extern in Belfast and React in Banbridge were 'very interested' in exploring the potential for partnership working, with the highest level of uncertainty reported by potential partners of Carrick YMCA (60% answered 'don't know').

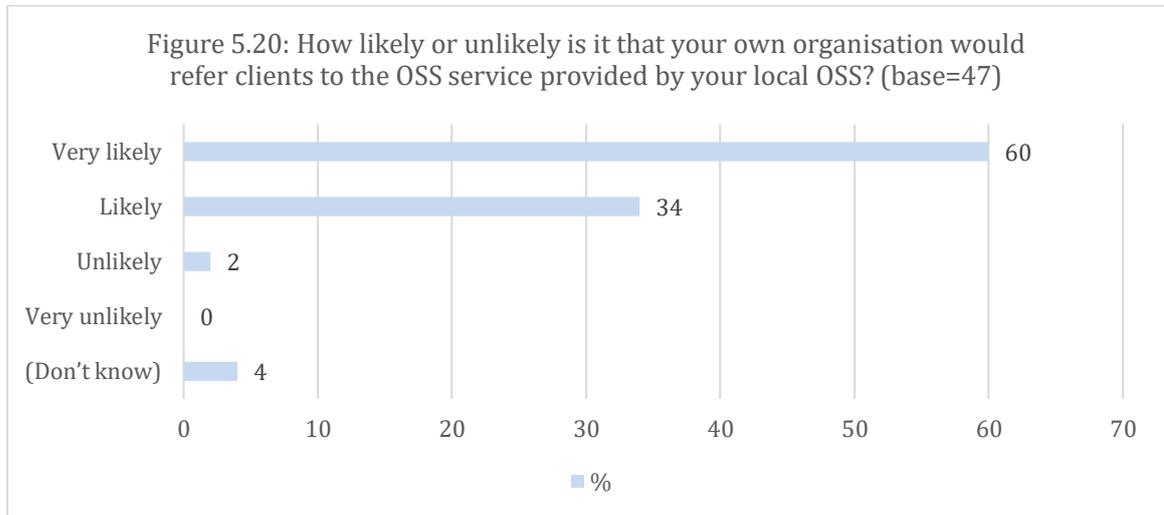


Some potential partners made additional comments:

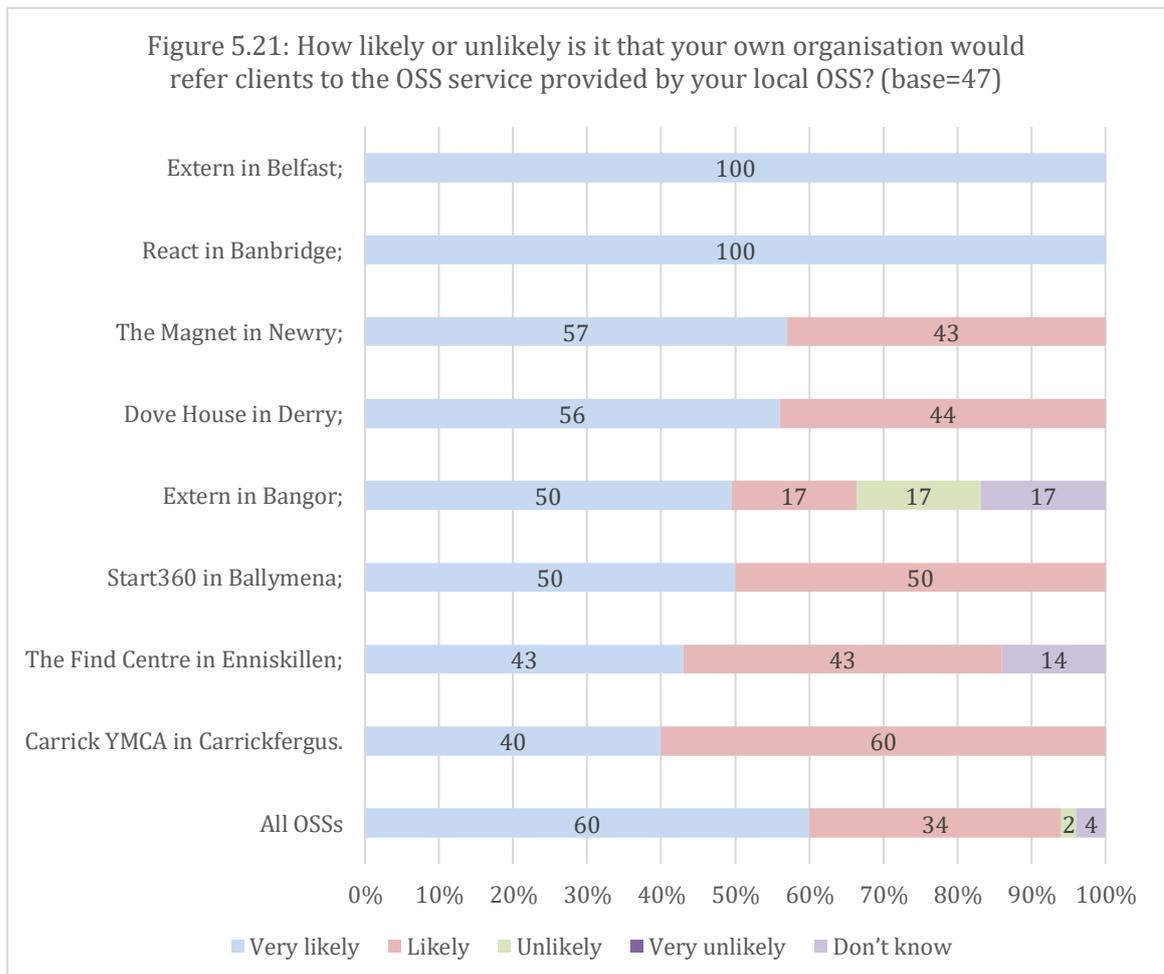
- 'Counselling service we provide is for over 18s and we could signpost to OSS' [Find Centre]
- 'Very interested in reaching out to all young people – benefit to both organisations through signposting' [React]
- 'We have a lot of families we can't provide services for and we would refer on for support services those that are age appropriate' [Find Centre]
- 'We know they are reputable – young person-centred and young person led' [Magnet]

5.18 Likelihood of Referring Clients to the OSS Service

Overall, 94% of potential partners said they would be either 'very likely' (60%) or 'likely' (34%) to refer clients to the OSS service provided in their local area. Two percent said they would be 'unlikely', with 4% unsure.

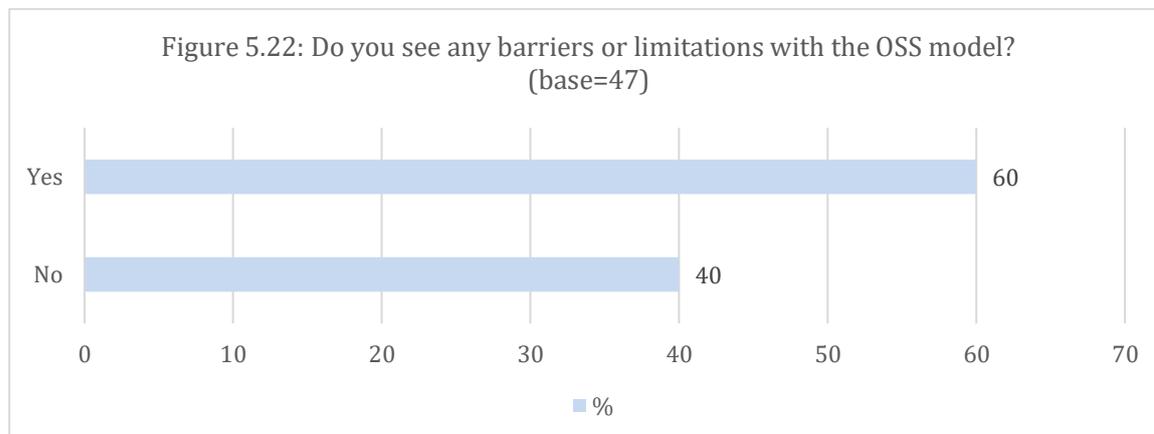


Analysis by area shows that all potential partners of Extern in Belfast, and React, said they would be 'very likely' to refer clients to the OSS service, compared with 67% of potential partners of Extern in Bangor who said they would be either 'very likely' or 'likely' to refer clients.



5.19 Barriers or Limitations of the OSS Model

Forty percent (40%) of potential partners said they could see barriers or limitations with the OSS model.



Among the barriers and limitations listed by potential partners, the most common were lack of awareness (22%), transport (17%), funding issues (11%), location (11%) and a requirement for more outreach (11%).

	%	n
Lack of awareness	22.2	4
Transport	16.7	3
Funding issues	11.1	2
Location in the city - only one community will attend	11.1	2
More outreach needed	11.1	2
Capacity	5.6	1
Need to support more through the referral stage	5.6	1
Not sure what is available for the older age group (aged 19+)	5.6	1
Jack of all trades - masters of none	5.6	1
It is impossible for one organisation to signpost for all ne missing?	5.6	1
Difficult to get young people from OSS to attend	5.6	1
Prioritisation of certain areas over others	5.6	1

5.20 Willingness to be Contacted by OSSs to Explore Potential for Partnership Working

More than nine out of ten (92%) potential partners indicated that they would be willing to be contacted by their local OSS to explore opportunities for partnership working moving forward [note that the details of potential partners willing to be contacted will be based to each respective OSS].

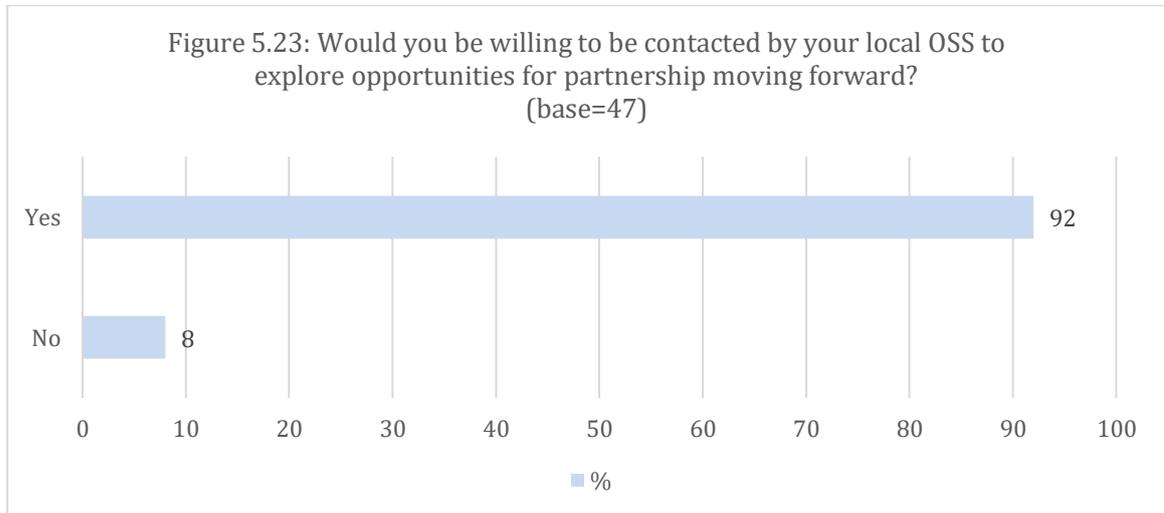
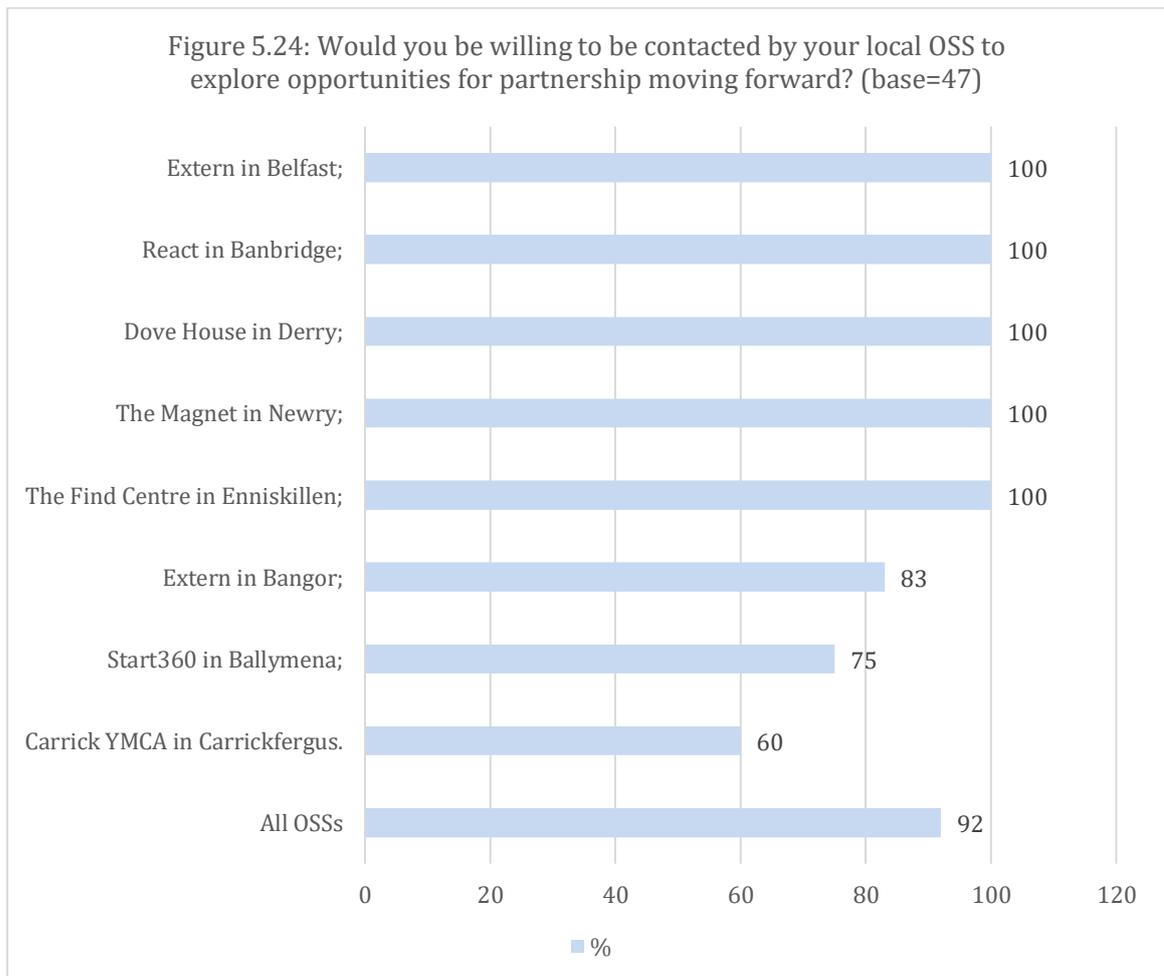


Figure 5.24 presents an overview of willingness to be contacted by area.



5.21 Engaging with Other Locally Based Organisations

More than three quarters (77%) of potential partners said there are organisations whom local OSS's should be engaging with locally.

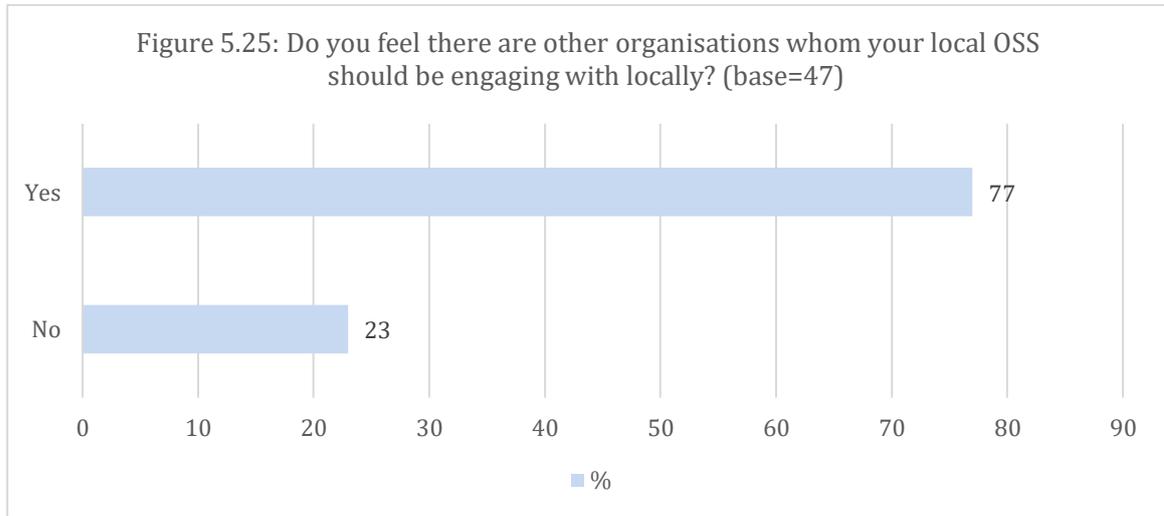
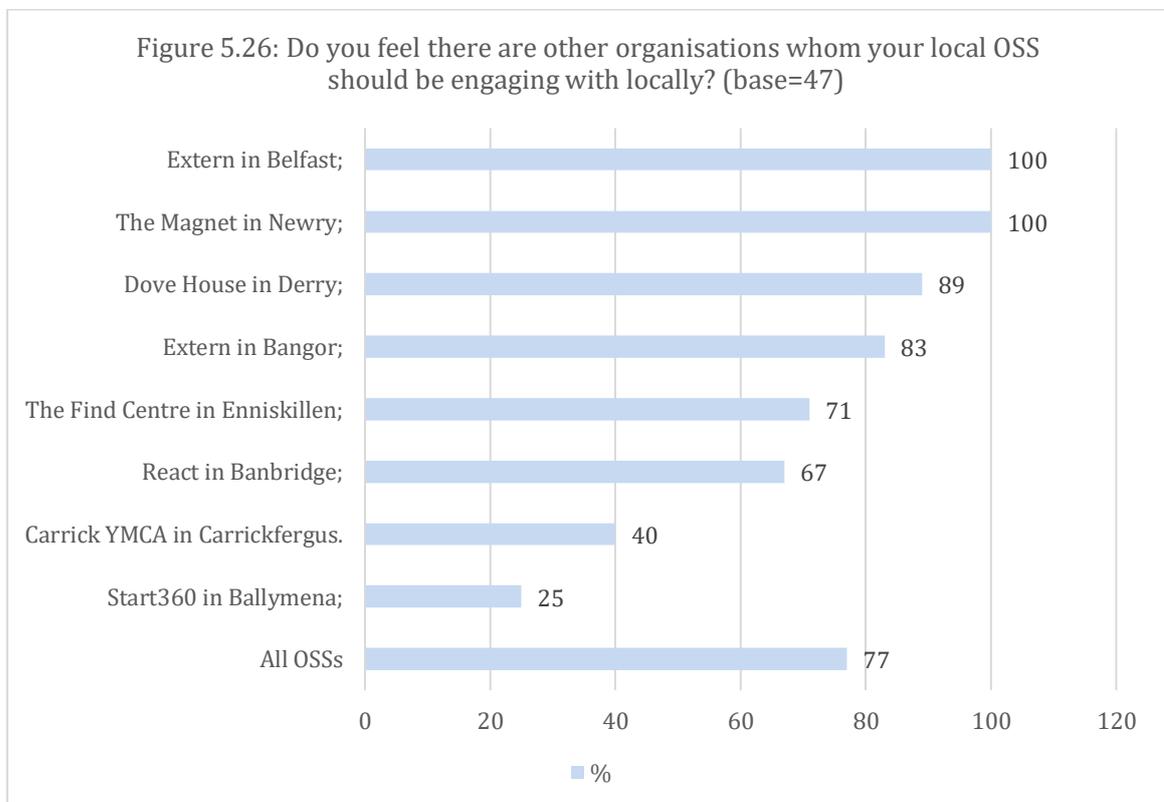


Figure 5.26 shows that all potential partners of Extern in Belfast and the Magnet in Newry said there are organisations they should be engaging with locally, whereas potential partners of Start 360 were least (25%) likely to say there are potential partners that Start 360 should be engaging with locally [note that potential partners identified a number of organisations that local OSSs should be engaging with and the details of these organisations will be passed on to each OSS].



5.22 Awareness of Formal and Informal Networks for Local OSSs

Just over half (51%) of potential partners were aware of formal and informal networks that local OSSs could be using to improve their effectiveness locally. Figure 5.27 shows that potential partners of the Find Centre (71%) were most likely to be aware of local formal and informal networks, whereas potential partners of Start 360 were least likely to say they were aware of formal and informal networks that might be effective for the work of the OSSs [note that potential partners identified a number of formal and informal networks (Table 5.10) that local OSSs which they believe may be effective for the work of the OSSs, with these networks passed onto individual OSSs.

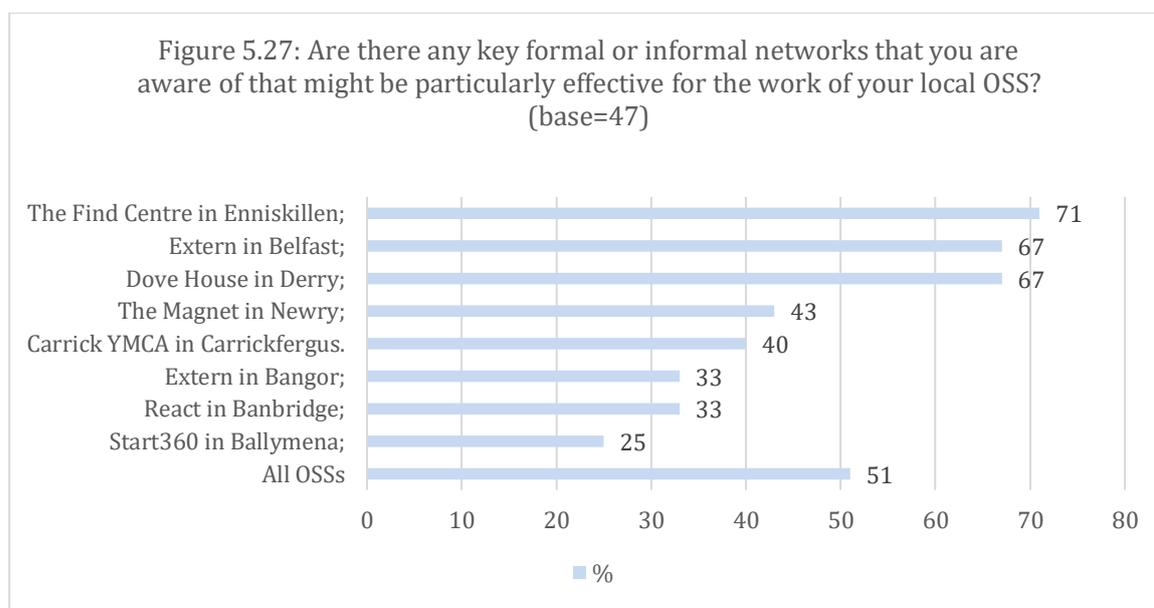


Table 5.10: List of formal and informal networks cited by potential partners
Alcohol and Addiction Networking Events
Alcohol and Drug Alliance. Belfast Suicide Alliance. Mental Health Forums. All Churches
Collin and Divis Area Youth Strategy Group
Dept. Of Justice.
Drug and Alcohol Forum. Homeless Forum. Ascertainment
Family Intervention Hub
Family Support Hub
Fermanagh Youth Forum
Foyle Action and Drugs Forum
Local Policing Partnerships
Locality Planning Group
NEET Strategy Forum. NEET Youth Forum. Girl Guides and Scouts
Neighbourhood Renewal
Ni Youth Forum
North West Community Network. Council. Foyle Women's Network
Rural Community Network. Confederation of Community Groups. Council and Local Forums
Schools, Youth Justice, PSNI
Strabane Family Support Hub
The Family First Hub Practitioner's Network
Traveller Action Group
OSS Should Do a Mapping Exercise In Fermanagh To See What Services Are Out There

5.23 Further Comments

Potential partners were invited to list any further comments relating to their local OSS service provider or the overall OSS concept. The most common responses related to a positive view of the OSS concept.

Table 5.11: Further comments (base=38)		
	%	n
Great service	15.8	6
Good idea	23.7	9
Happy to engage with them	2.6	1
Helpful staff / expertise	7.9	3
No further comment	39.5	15
Would like to find out more about what sort of partnership could be made	5.3	2
Would welcome further collaboration	2.6	1
Not aware of name OSS - knew it as DIVERT	2.6	1
Not aware of the organisation at all	2.6	1
Sustainability and funding should be continuous to allow for planning	2.6	1
Make it as inclusive as possible	5.3	2
Just wish there was more of it available	2.6	1
If possible would be good for OSS to train youth staff in youth clubs as kids very challenging	2.6	1
Speeds referrals	2.6	1
Marketing your product obviously needed	2.6	1
Paramilitaries do not like to see young people gravitate to OSSs	2.6	1
Need more outreach	2.6	1
Very flexible in approach and non-judgemental	2.6	1
Welcoming to young people	5.3	2
Big step; up for a young person to access a OSS	2.6	1
Need to sort out access for rural population	2.6	1

6. Review of Monitoring Data

This section of the report presents a review of project monitoring data supplied by each of the OSSs.

6.1 User Profile

Table 6.1 presents a profile of the overall numbers of young people using each of the OSS by quarter. Based on the monitoring returns, it is estimated that 54,077 young people aged 11-25 have used the OSS service in Northern Ireland between 1 April 2014 and 30 September 2017. On average 751 young people aged 11-25 used the OSS service on a quarterly basis in this period, with the Start360 (1441) recording the highest average quarterly usage and the Magnet centre the lowest (153).

OSS	2014/15				2015/16				2016/17		All	Avg. per quarter
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2		
Carrick YMCA			321	222	564	267	235	372	474	520	2975	372
Dove House	837	543	613	764	1140	644	809	1566	1742	1633	10291	1029
Extern Bangor	448	364	485	305	884	1320	286	*	622	622	5028	559
Extern Belfast	285	502	380	449	1126	*	*	*	296	256	3294	471
Find	1188	828	1087	980	*	752	731	742	1251	1061	8620	958
Magnet	159	110	264	224	56	226	148	163	73	106	1529	153
React	871	920	859	828	919	859	881	*	913	878	7928	881
Start360	1500	1461	1958	1917	1719	1287	1157	1405	1130	878	14412	1441
All OSSs	5288	4728	5967	5689	6408	5355	4247	4248	6501	5954	54077	751

Table 6.2 presents a profile of the overall numbers of young people using each of the OSS by gender (note that some OSSs did not provide a gender or age breakdown of users*). Where data is available, it shows a greater proportion of males using the OSS (62% vs. 38%), with Dove House having the greatest proportion of males attending (72%) and Belfast the least (46%).

	Carrick	Dove	Extern BF	Extern BG	Find	Magnet	React	S360	All
Male (n)	1617	4986	1516	2788	*	*	*	8897	19804
Female (n)	1358	1930	1778	2240	*	*	*	4637	11943
Male (%)	54.4	72.1	46.0	55.4	*	*	*	65.7	62.4
Female (%)	45.6	27.9	54.0	44.6	*	*	*	34.3	37.6

Table 6.3 presents a profile of the overall numbers of young people using each of the OSS by age (note that some OSSs did not provide an age breakdown of users*). Also, please note that the age bands used by some OSSs is different from others making comparison problematic (e.g. some OSSs provided data by 11-14 year olds, 11-15 year olds, 16-18 year olds, 16-25 year olds etc. Also, please note that some OSSs did not provide data by any age group). Table 6.3 shows that, with the exception of the Ballymena OSS [e.g. 2% of 11-25 year olds], the other OSSs show a broad representation of age groups attending the OSS for social and recreational purposes.

	Carrick	Dove	Extern BF	Extern BG	Find	Magnet	React	S360
11-15 (n)	877				*	*	*	291
16-18 (n)	882				*	*	*	6664
19-25 (n)	1216				*	*	*	6579
11-15 (%)	29.5				*	*	*	2.2
16-18 (%)	29.6				*	*	*	49.2
19-25 (%)	40.9				*	*	*	48.6
11-17 (n)		4664						
16-25 ¹⁷ (n)		2252						
11-17 (%)		67.4						
16-25 ¹⁸ (%)		32.6						
11-14 (n)			1566	2147				
15-17 (n)			1144	1778				
18-25 (n)			584	1103				
11-14 (%)			47.5	42.7				
15-17 (%)			34.7	35.4				
18-25 (%)			17.7	21.9				

Table 6.4 presents an overview of data on number of young people attending events / programmes provided by each of the OSSs and shows that in the period 1 April 2014 and 30 September 2017 we estimate that 25001 young people participated in various OSS events and programmes. This equates to an average of 368 attending OSS related events and programmes per quarter. Extern in Bangor recorded the highest quarterly figure (52%) whereas the Magnet Centre in Newry the lowest (61).

OSS	2014/15				2015/16				2016/17		All	Avg. per quarter
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2		
Carrick YMCA			113	117	178	81	216	201	251	86	1243	155
Dove House	271	605	281	686	131	542	250	205	579	875	4425	443
Extern Bangor	169	269	160	141	1027	1320	286	*	62	764	4198	525
Extern Belfast	304	295	191	384	*	*	*	*	*	*	870	294
Find	89	775	99	40	*	330	121	32	744	128	2358	262
Magnet	53	12	47	98	15	194	47	23	79	46	614	61
React	665	602	606	606	568	636	192	204	168	665	4247	491
Start360	481	802	372	456	601	512	958	831	1064	*	6077	675
All OSSs	2032	3360	1869	2528	2520	3615	2070	1496	2947	2564	25001	368

¹⁷ Note that age bands for Dove House overlap 11-17 and 16-25

¹⁸ Note that age bands for Dove House overlap 11-17 and 16-25

Table 6.5 presents an overview of data on number of young people aged 11-25 that OSSs referred to sources of support within the community. Across all quarters the total figure is 6435, which equates to a quarterly average of 86 young people. React recorded the highest average quarterly referral rate (242) and Dove House the lowest (14).

Table 6.5: Refer young people aged 11-25 to sources of support within the community and support them in accessing these services (* data not available)

OSS	2014/15				2015/16				2016/17		All	Avg. per quarter
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2		
Carrick YMCA	119	55	111	48	52	96	41	76	*	*	598	75
Dove House	10	10	10	33	6	8	6	14	25	14	136	14
Extern Bangor	120	95	33	36	37	48	35	0	22	51	477	53
Extern Belfast	28	33	27	21	36	33	37	0	59	112	386	43
Find	125	83	149	144	*	108	134	159	96	53	1051	117
Magnet	24	9	15	17	24	11	18	14	26	15	173	17
React	206	186	214	206	245	223	293	321	319	206	2419	242
Start360	38	93	108	101	74	127	122	172	322	38	1195	120
All OSSs	670	564	667	606	474	654	686	756	869	489	6435	86

Table 6.6 presents an overview of referral data by gender and shows that (where data is available) with the exception of the Find Centre, a majority of referrals are male with Start360 in Ballymena having the highest proportion of males amongst referrals.

Table 6.6: Refer young people aged 11-25 to sources of support within the community and support them in accessing these services by gender (* data not available)

	Carrick	Dove	Extern BF	Extern BG	Find	Magnet	React	S360	All
Male (n)	377	*	229	271	489	*	172	816	2354
Female (n)	221	*	157	206	562	*	147	341	1634
Male (%)	63.1	*	59.3	56.8	46.5	*	53.9	70.5	59.0
Female (%)	36.9	*	40.7	43.2	53.4	*	46.1	29.5	41.0

Table 6.7 presents an overview of referral data by age and shows that (where data is available) that all age groups are represented among the referral population. However, Table 6.7 shows that most Start360 referrals are from an older group (19-25, 73%), whereas Carrick referrals appear to be more evenly spread across all age groups.

Table 6.7: Refer young people aged 11-25 to sources of support within the community and support them in accessing these services by age (* data not available)

	Carrick	Dove	Extern BF	Extern BG	Find	Magnet	React	S360
11-15 (n)	249	*			417	*	*	42
16-18 (n)	195	*			391	*	*	275
19-25 (n)	154	*			243	*	*	840
11-15 (%)	41.6	*			39.6	*	*	3.6
16-18 (%)	32.6	*			37.2	*	*	23.8
19-25 (%)	25.7	*			23.1	*	*	72.6
11-17 (n)								
16-25 ¹⁹ (n)								
11-17 (%)								
16-25 ²⁰ (%)								
11-14 (n)			43	128				
15-17 (n)			120	179				
18-25 (n)			223	170				
11-14 (%)			11.1	26.8				
15-17 (%)			31.1	37.5				
18-25 (%)			57.8	35.6				

¹⁹ Note that age bands for Dove House overlap 11-17 and 16-25

²⁰ Note that age bands for Dove House overlap 11-17 and 16-25

Table 6.8 presents an overview of data on the proportions of young people who engaged with the services referred to. Please note that this data was only available for some OSSs, with the available data showing that in most quarters the engagement levels were consistently high.

Table 6.8: Percentage of young people who engaged with the service they were referred to (overall base figure (n) quoted in cell) (* data not available)

OSS	2014/15				2015/16				2016/17	
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Carrick YMCA	*	*	92.4 (n=119)	67.3 (n=55)	73.0 (n=111)	66.7 (n=48)	73.1 (n=52)	96.9 (n=96)	90.2 (n=41)	96.1 (n=76)
Dove House	*	*	*	*	*	*	*	*	60.0 (n=25)	85.7 (n=14)
Extern Bangor	66.0 (n=50)	28.4 (n=95)	84.8 (n=33)	38.9 (n=36)	51.4 (n=37)	85.4 (n=48)	74.3 (n=35=)	*	58.3 (n=24)	78.4 (n=51)
Extern Belfast	53.6 (n=28)	54.8 (n=31)	41.0 (n=39)	66.7 (n=21)	*	69.4 (n=36)	66.7 (n=33)	64.9 (n=37)	66.7 (n=18)	64.0 (n=25)
Find	*	*	*	*	*	*	*	*	12.5 ²¹ (n=96)	100 (n=20)
Magnet	*	*	*	*	*	*	*	*	*	*
React	*	*	*	*	*	*	*	*	*	*
Start360	100.0 (n=28)	86.0 (n=93)	90.8 (n=109)	92.1 (n=101)	91.4 (n=81)	92.1 (n=127)	91.0 (n=122)	95.9 (n=172)	93.2 (n=322)	*

Table 6.9 presents an overview of data on the proportions of young people who felt they were referred to the appropriate service. Please note that this data was only available for some OSSs, with the available data showing that in most quarters a majority of young people indicated that the service they had been referred to was appropriate.

Table 6.9: Number of young people who felt they were referred to the appropriate service (overall base figure (n) quoted in cell) (* data not available)

OSS	2014/15				2015/16				2016/17	
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Carrick YMCA	*	*	100.0 (n=119)	12.7 (n=55)	100.0 (n=111)	45.8 (n=48)	73.1 (n=52)	87.5 (n=96)	89.2 (n=41)	96.1 (n=76)
Dove House	*	*	*	*	*	*	*	*	*	*
Extern Bangor	66.0 (n=50)	23.2 (n=95)	81.8 (n=33)	38.9 (n=36)	51.4 (n=37)	85.4 (n=48)	74.3 (n=35=)	*	75.0 (n=24)	74.5 (n=51)
Extern Belfast	53.6 (n=28)	45.2 (n=31)	41.0 (n=39)	66.7 (n=21)	*	69.4 (n=36)	66.7 (n=33)	64.9 (n=37)	66.7 (n=18)	64.0 (n=25)
Find	*	*	*	*	*	*	*	*	*	*
Magnet	*	*	*	*	*	*	*	*	*	*
React	*	*	*	*	*	*	*	*	*	*
Start360	*	*	*	*	*	*	*	*	*	*

²¹ 84 out of 96 cases listed as 'unknown'

Table 6.10 presents an overview of outreach activity by OSS. Please note that the available data is patchy and only available for two of the OSSs making comparative analysis problematic.

OSS	2014/15				2015/16				2016/17		All	Avg. per quarter
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2		
Carrick YMCA	*	*	*	*	*	*	*	*	*	*	*	*
Dove House	263	373	398	356	*	*	*	*	*	*	1390	348
Extern Bangor	*	*	*	*	*	*	*	*	*	*	*	*
Extern Belfast	*	*	*	*	*	*	*	*	*	*	*	*
Find	*	*	*	*	*	*	*	*	*	*	*	*
Magnet	77	75	75	167	0	184	50	65	26	51	770	86
React	*	*	*	*	*	*	*	*	*	*	*	*
Start360	*	*	*	*	*	*	*	*	*	*	*	*
All OSSs	340	448	473	523	0	184	50	65	26	51	2160	166

6.2 Progress towards Targets

We have reviewed a sample of monitoring data for each OSS and can confirm the following in line with PHA indicators:

- All OSSs are proceeding approximately according to plan;
- There have been no complaints;
- Financial information has been provided to PHA;
- Evaluation performance data supplied for Q4 215/16 (not applicable for Extern in Belfast and Bangor);
- All comply with quarterly monitoring return to PHA requirement;
- All OSSs are meeting their objectives / targets [in some cases partially].

	Carrick. YMCA	Dove House Derry	Extern Belfast	Extern Bangor	Find Enniskillen	Magnet Newry	Start360 Antrim	React Banbridge
Quarter	4	4	1&2	2	4	4	4	3
Year	15/16	15/16	16/17	16/17	15/16	15/16	15/16	15/16
Proceeding approximately according to plan	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes (AHEAD OF SCHEDULE)
Complaints	None	None	None	None	None	None	None	None
Financial information provided	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Evaluation of Performance (to be provided by each OSS at end of Q4)	Provided	Provided	n/a	n/a	Provided	Provided	Provided	Provided
Comply with quarterly monitoring returns to PHA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

No.	Objective / Target	
	CARRICKFERGUS YMCA	
1	1. Provide social and recreational space for young people 11-25	Yes
2	2. Provide support to young people 11-25 around personal health and wellbeing issues	Yes
3	3. Provide an information / advice drop-in service for young people 11-25	Yes
4	4. Refer young people 11-25 to sources of support and support access	Yes
5	5. Deliver social and recreational programmes for young people 11-25	Yes
6	6. Deliver educational programmes / events addressing health and soc wellbeing issues 11-25	Yes
7	7. Identify priority locations for detached / outreach work - responsive to local / emerging need	Yes
8	8. Deliver intensive family support element - pt family intervention worker target young /single parents	Yes
9	9. Utilise a collaborative young person-centred approach	Yes
10	10. Services available / accessible based on needs of young people - will include evenings and weekends	Yes
11	11. Service should explore and identify creative ways of engaging with vulnerable/detached young people in urban and/or rural areas as identified by the PHA within the East Antrim area.	Yes
12	12. Develop and maintain a communication plan annually to promote service to potential users/families.	Yes
13	13. Participate actively in a Regional Forum to develop a OSS regional brand, share resources and learning, ensure economies of scale and strive to ensure consistency of delivery of standards across the participating OSS's.	Yes
14	14. Support and attend NDACT's Voluntary & Community Sector Network sharing and identifying best practice and information about services when appropriate	Yes

No.	DOVE HOUSE	
1	1. Adhere to the New Quality Standards for services promoting mental and emotional wellbeing and suicide prevention	Yes
2	2. Consultation and involvement in evaluation	Yes
3	3. Ensure service is equitable, accessible and appropriate	Yes
4	4. Plan and implement robust marketing campaign	Yes
5	5. All staff, in day to day work, to use Social Impact Tracker (SIT)	Yes
6	6. Establish links and clear pathways with local agencies providing specialist services	Yes
7	7. Provide diversional activities during contentious periods of the year	Yes
8	8. Facilitate peripatetic services within YPT throughout the year (target=80 sessions)	Yes (target exceeded)
9	9. Provide YTP drop-in service with youth café for 11-25 yr olds to connect in safe environment (target approx. 1200 for quarter - actual = 3012)	Yes (target exceeded)
10	10. Deliver various health and wellbeing programmes promoting 11-17 yr olds to be active (minimum 8 programmes with minimum of 8 = target = 64: achieved 14 programmes - 289 young people)	Yes (target exceeded)
11	11. Deliver 'keep her lit' programme (target = minimum of 15 programmes and minimum of 8 per programme - achieved 15 programmes)	Yes
12	12. Provide 'Advice and Signposting' service 'TAKE NOTICE' (target 180 young people: achieved 405)	Yes (target exceeded)
13	13. Provide one to one support or in a gp setting if identified as appropriate for young people (target 30 Young People: achieved 33)	Yes (target exceeded)
14	14. Provide a supported referral service promoting YP (young people) 11-25 to GIVE time to themselves and encourage them to reach their goals (target=30: achieved 34)	Yes (target exceeded)
15	15. Deliver music and Djing sessions to 11-17 yr olds (target weekly for 42 weeks: achieved 376 YP)	Yes
16	16. Promote positive change in behaviours via medium of Art (target=60 YP: achieved 74)	Yes (target exceeded)
17	17. Facilitate homework club 11-25 yr olds (target = 50 YP: achieved: 52)	Yes (target exceeded)
18	18. Provide entertainment at City Centre location in partnership with Pilots Row and Long Tower Extended Provision (target= 600 YP: achieved=1497)	Yes (target exceeded)
19	19. Identify needs of young fathers	Yes
20	20. Identify outcomes and outputs outlined in PHA contract and provide end of yr outcome focused evaluation report	Yes

No.	EXTERN BELFAST	
1	Provide information and advice via a drop-in service (target=480 pa: achieved 1013 to date)	Yes (target exceeded)
2	Provide social and recreational space / activities 11-25 yr olds (target=700: achieved 552 to date)	Yes (on target)
3	Provide targeted education and prevention services in partnership with relevant services (target=minimum of 15 gps; min 75 sessions; minimum 90 YP (achieved minimum of 26 gps; min 133 sessions; minimum 1962 YP)	Yes (on target)
4	Provide one to one advice and support to YP accessing service in partnership with relevant services (target=minimum of 720 brief interventions pa: achieved: 280)	Yes (may not meet target)
5	Provide family support in partnership with relevant services (target=minimum of 60 families: achieved 39 families)	Yes (on target)
6	Refer young people 11-25 to sources of support within community and support them accessing these services (target=minimum 11 YP per month or 132 pa: achieved: 43 to date)	Yes (may not meet target)
7	Develop and facilitate a OSS youth service users forum (target=8 to 10 YP meeting on a weekly or bi-weekly basis)	Yes (target exceeded)
8	Active participation in the OSS Network	Yes
9	Report staffing issues	Yes

No.	EXTERN BANGOR	
1	Provide social and recreational space / activities 11-25 yr olds (target=700: achieved 936 to date)	Yes (target exceeded)
2	Provide support to young people 11-25 around personal health and wellbeing issues (target=720 interventions: achieved=498)	Yes (on target)
3	Provide information and advice via a drop-in service (target=480 pa: achieved 605 to date)	Yes (target exceeded)
4	Refer young people 11-25 to sources of support within community and support them accessing these services (target=none set: achieved: 73 to date)	Yes
5	Deliver social and recreational events 11-25 yr olds (target=700 pa: achieved=826 to date)	Yes (target exceeded)
6	Deliver educational programmes / events - health and social wellbeing of 11-25 yr olds (target=75 sessions and minimum of 750 YP: achieved=63 sessions and 457 to date)	Yes (on target)
7	Provide family support in partnership with relevant services (target=minimum of 60 families: achieved 10 families to date / 128 sessions)	Yes (may not meet target)
8	Report staffing issues	yes

No.	FIND ENNISKILLEN	
1	1. Adhere to the New Quality Standards for services promoting mental and emotional wellbeing and suicide prevention	Yes
2	2.Consultation and involvement in evaluation	Yes
3	3. Ensure service is equitable, accessible and appropriate	Yes
4	Provide a social and recreational space 11-25 yr olds - centrally located - drug and alcohol free and access to support advice (target=10-12 events per quarter, 1000 drop ins pa; achieved 1050	Yes (target exceeded for total but no evidence of 10/12 events per quarter)
5	Establish links and clear pathways with local agencies providing specialist services (target=200 YP pa; achieved=159 in Q4)	Yes
6	Working in partnership with local organisations to facilitate and deliver a range of targeted services (target=6 programmes pa, minimum 96YP; 6 sessions per quarter: achieved=2 programmes in Q4 with 20 YP)	Yes (target exceeded)
7	Engage and provide outreach to children and YP in local area (3 days per wk to 90 YP per Quarter: achieved=evidence of outreach activity but no evidence of 90 YP per quarter)	Partially
8	Ensure staff vetted under child protection etc.	Yes
9	Appropriate management of volunteers working in the service	Yes
10	Use PHA OSS branding	Yes
11	Ensure compliance with OSS governing documents and aim and objectives of OSS and ensure financial integrity and solvency	Yes
12	Active participation in the OSS forum / network	Yes

No.	MAGNET NEWRY	
1	Provide an information / advice drop-in service for young people in 11-25 year age range target=25 YP per month - 290 pa Newry and 70 @ additional sites: achieved=294 in Newry and 299 in satellite areas)	Yes (target exceeded)
2	Accommodate peripatetic work by PHA funded youth treatment service and signpost YP to these services (target=3 per month or 36 pa: achieved=50 pa)	Yes (target exceeded)
3	Identify agencies providing specialist services in line with contract	Yes
4	Signpost YP to specialist services and where possible accommodate peripatetic work by these agencies (target=65 YP: achieved: 67)	Yes (target exceeded)
5	Provide targeted education and prevention services to YP and their families on issues specified in contract (target=8 gps of YP; minimum of 50 sessions; minimum of 60 YP / parents: achieved=18 gps of YP; minimum of 55 sessions; minimum of 307 YP / parents)	Yes (target exceeded)
6	Staff working in service should be qualified / experienced in youth work	Yes
7	Provide services during evenings and weekends	Yes
8	Explore ways of engaging with YP in additional areas identified by PHA and identify potential barriers in providing services to YP in these areas	Yes

No.	NGAGE ANTRIM	
1	Provide social and recreational space / activities 11-25 yr olds (target=minimum of 10 HUB drop in sessions per month: achieved=226)	Yes (target exceeded)
2	Provide support to young people 11-25 around personal health and wellbeing issues	Yes (target exceeded)
3	Provide information and advice via a drop-in service (target=facilitated access minimum of 20 YP per month; info and advice=minimum of 90 YP: 10 sessions pa to highlight public health campaigns: provide 20 health and wellbeing events pa)	Yes
4	Refer young people 11-25 to sources of support within community and support them accessing these services (target=minimum of 156 appointments pa: achieved: 495)	Yes (target exceeded)
5	Deliver social and recreational events 11-25 yr olds (target to be agreed)	Yes
6	Deliver educational programmes / events - health and social wellbeing of 11-25 yr olds (target=8 sessions per quarter; link 3 groups of minimum of 8 YP to PHA funded training / opportunities pa:	Yes
7	Identify priority locations for detached / outreach work	Yes
8	Provide parental support (target=20 parenting programmes pa: achieved=24)	Yes (target exceeded)
9	Utilise a collaborative young person-centred approach to encourage youth to gain self-worth and see the value in community engagement/participation.	Yes
10	Services are available and accessible based on the needs of young people which will include evenings and weekends	Yes
11	Staff / volunteers working in service suitably qualified	
12	The service should explore and identify creative ways of engaging with vulnerable/detached young people in urban and/or rural areas as identified by the PHA within the East Antrim area.	Yes
13	Develop and maintain a communication plan annually to promote service to potential users/families.	Yes
14	Participate actively in a Regional Forum to develop a OSS regional brand, share resources and learning, ensure economies of scale and strive to ensure consistency of delivery of standards across the participating OSS's.	Yes
15	Support and attend NDACT's Voluntary & Community Sector Network sharing and identifying best practice and information about services when appropriate	Yes
16	Set up C-Card scheme (target 150 YP to access service) (achieved=23)	No
17	Provision of additional sessional hours (target=1000 YP per quarter)	Yes
18	Provision of additional programme tutors and creative projects supporting OSS objectives	Yes
19	Provision of additional residential experience	Yes
20	Provision of additional music programmes	Yes (on target)
21	Provision of an additional garden and grow project	Yes (on target)
22	Provision of cooking equipment	Yes (on target)

Appendices

Appendix A - Full 2012 literature review and 2017 addendum

Introduction and Terminology

This literature review was originally compiled in 2012.

These findings are based on a comprehensive desk search of reports and studies examining the provision of 'One Stop Services' provided to children and young people within both the UK and further afield taking in an international perspective. Information was examined concerning the UK, Europe, Australia and New Zealand, the United States and Canada.

The desk research involved a comprehensive examination of the range of publications and data produced by national and local government departments, agencies and academic institutions and private third sector organisations involved in working with young people. Resources reviewed included specialist journals, newspaper articles, academic reports and statistical data sets from relevant websites, databases and information portals.

Terminology: What defines a 'One Stop Shop'

*"Almost three in every four young adults recognise a need for help in at least one area of life and want greater support....The generalist / multi-discipline / 'one stop shop' approach.....is highly relevant for young people who might not be sure what the problem is."*²² **nfpSynergy**

Various definitions have arisen during the course of the desk evaluation of services that could be termed as a 'one stop shop'. The consensus is that these services can be provided in a physical centre, as a 'virtual' service through a mix of online, text and phone services or through a combination of both as an integrated service.

Whilst the term 'one stop shop' has been adopted by the PHA, it should be borne in mind that other organisations have made use of a wide range of descriptors which have been identified during the course of the research. These include:

- Collaborative Integration
- Community Health / Social Services
- Drop in Centre / Centre
- Integrated (Health) Care Services
- One Stop Shop
- Youth (Information) Centre / Centre
- School Health Services
- Student Health Services
- Social Care (Services)
- Well-Being Services
- Youth Friendly Health Services

There have been numerous examples of intervention projects which involve sending healthcare or training professionals into schools and colleges, and in some cases offering School-Home Support, to provide advice, support and training²³. Whilst these services obviously will help with the key objectives cited within the one stop shop remit, their modus operandi differ and therefore have not been examined within this project.

What characterises a 'one stop shop' service varies to a degree, but for the most part they tend to include the following aspects:

- A range of interventions delivered 'under one roof' - these can be provided by multi-disciplinary teams providing 'wrap-around' support, as:

²²Help-seeking behaviour in young adults, Garvey,B., Madden, M., Violi, C., Vitali, C., Spigelman, A. and Tracey, G., nfpSynergy, 2009.

²³Getting back on track. Helping young people not in education, employment or training in England, New Philanthropy Capital, 2009.

- all members of trained staff on premises;
 - different specialist staff on-site, who will provide a particular skill / service;
 - a number of different organisations who collectively provide services on the one set of premises.
- Services are young person-centred with efforts made to remove any associations or stigma from the issues young people may be experiencing;
 - Open to a wide age range – anywhere between 10 to 25 years of age;
 - Based in centralised, easy to reach locations;
 - Holistic approach, meeting multiple and complex needs rather than focusing on one aspect of mental, sexual or physical health;
 - Services offered can include: counselling and other psychological therapies, advice work, health clinics, community education, skills development and personal support;
 - In the case of young homeless people or those suffering from some form of abuse, centres will offer routes to safe-house accommodation (specifically geared towards young people);
 - Flexible access routes, including through open door / self-referral;
 - 'drop-in' sessions;
 - Free, independent and confidential (many young people feel less threatened if allowed anonymity).

A number of key characteristics needed for successful One Stop Shops / Drop-In services for young people, are cited by various agencies. We have used key quotes to illustrate their views.

"One of the reasons that YIACS services are so effective is that they are popular with and easily accessed by young people. There is clear evidence from young people that they value and benefit from: universal and targeted services that are specifically designed to meet young people's needs; voluntary participation in services through self-referral; responsiveness and availability, including shorter waiting lists for therapy; informal, non-stigmatising settings that facilitate access; a respect for confidentiality that is hard to provide in a statutory or mainstream setting; and strong relationships of trust with non-judgemental staff." **Youth Access (YIACS)**

*"Characteristics of successful projects - good projects are those that provide one-to-one support; involve fun, challenging activities; provide a reliable source of support; help young people work towards defined goals; and cultivate good relationships with families and schools."*²⁴ **New Philanthropy Capital.**

"There is a need to develop and offer quality/meaningful services to young people, and there has to be commitment to, and support for, this aspiration from the outset from all funders, policy-makers and front-line workers. Young people will use services if they are accessible, friendly, welcoming and offer clear messages about confidentiality. Working outside the mainstream need not mean losing professional identity. Integration works best when there are shared values and mutual respect.

24 Getting back on track. Helping young people not in education, employment or training in England, New Philanthropy Capital, 2009.

Different agencies bring different expectations and approaches to partnership working, so it can take a long time to build mutual appreciation. There has to be ownership by everyone involved, including young people, to develop positive integration. Use of diverse, creative and flexible approaches to working with young people and the skills of the multidisciplinary team have been key features of success. The best judges of what is needed and how good a service is are young people themselves – ongoing consultation is crucial.” **The Corner, Dundee.**

*“[young people wanted] services to practice holistically and offer a diverse range of support to meet young people’s mental health, emotional well-being and practical needs.”*²⁵ **Mental Health Foundation.**

“You’re Welcome quality criteria are designed to improve the quality of adolescent health care, recognising that the needs of young people are distinct and different from those of children and adults. The criteria are based on examples of effective practice working with young people aged under 20 and are designed to be applied to all health services. These include: accessibility; publicity; confidentiality and consent; the environment; staff training, skills, attitudes and values; monitoring and evaluation and involving young people; joined-up working; health issues for adolescents; sexual health and reproductive health services; and CAMHS.” **The UK Department of Health.**

Models of Provision

According to WHO (World Health Organisation)²⁶, following a recent international assessment of national health service provision for adolescent health (cited as ages 10 – 19), in most countries, health services are provided to the general population (including adolescents) by hospitals and clinics run by the government, by NGOs and by individuals and organisations in the private sector. A range of barriers hinder the use of health services by adolescents. To respond to this, in many countries, NGOs are involved in providing health services that are intended to specifically respond to the needs of adolescents, and to be 'friendly' to them. These initiatives are often small in scale and limited in duration. With some notable exceptions, they are of uncertain quality.

During the course of this evaluation, a wide range of child and young people’s health and well-being focused services have been identified, that could be termed as 'one stop shops' or 'integrated services'. Range and depth of information on each of these varies, as there are few reports that provide an 'overview' from government sources or international oversight organisations such as the WHO or European Commission (EU). The majority of these 'one stop shop' services are provided by third sector organisations (although some of them are supported by national and local government). As such, the variety and quality of data on how these centres operate, the areas that they address and the methods that they use to connect with young people is often qualitative in nature or retrospective (with very little being collated as quantitative, longitudinal data). Most data have been gathered directly from each organisation's own promotional literature and websites or from independently commissioned reports.

It has become apparent that these are for the most part these organisations operate, either in a loose affiliation under an umbrella group such as YIACS, or more often than not, as standalone projects with a heavy focus on localised needs. Some receive funding from government sources, whilst others are entirely reliant on funding from charitable sources.

25 ListenUp! Person-centred approaches to help young people experiencing mental health and emotional problems, Garcia, I., Vasiliou, C. and Penketh, K., Mental Health Foundation, UK, 2007.

26 Strengthening the health sector response to adolescent health and development, WHO, 2010.

Provision of Services

The following general findings have been drawn out in an attempt to draw clear conclusions from the more detailed descriptions of one stop services examined in Section 3.

Availability of Services

After evaluating the wide range of one stop shop / drop-in centres it is evident that most offer comprehensive services to young people through *both* health service referrals and self referrals.

These centres endeavour to provide a comprehensive range of services under one roof, addressing mental, physical and sexual health, using a wide range of counselling and therapeutic techniques, whilst also pro-actively encouraging young people to help themselves by becoming involved in training sessions and interactive workshops with other young people.

Services are not limited to a traditional '9 – 5' set of hours, but instead endeavour to make services available from early morning through to mid-evening, whilst also providing access during weekend periods. Summer holiday periods are also taken into consideration and during these times, more resources and staff tend to be provided to help with increased demand.

Promotion of Services

A variety of approaches are used in order to engage with young people:

- word of mouth;
- social networking (such as Bebo and Facebook pages and Internet sites);
- website presence;
- direct inputs to young people through schools and youth provision;
- street work;
- leaflets and posters in a range of settings (including mainstream health services);
- raising awareness among local youth organisations through local networks and partnerships;
- use of marketing materials such as rulers, pens and mouse mats

Marketing can be seen as time consuming and requires to be carried out in innovative ways because young people do not always respond to leaflets or posters. The important role of schools in raising awareness of youth health services among large numbers of young people has been identified by many stakeholders, including young people. Indeed, the direct involvement of young people in the creation of marketing materials and the marketing process is seen as empowering and more likely to encourage young people to come forward and use the services offered²⁷.

Another important approach to marketing is local youth providers raising awareness among young people who attend their services e.g. local youth activity centres. Additionally, some youth workers have accompanied young people to youth health drop-in services on their first visit.²⁸

Minimum Accepted Baseline of Service Provision

In the majority of cases, one stop shops aim to provide a comprehensive set of services and do not limit the range of services on offer to young people, citing the need to provide a holistic approach. It is rare for any of these services to limit their remit on one area.

27 Youth friendly health policies and services in the European Region, WHO, 2010.

28 Youth friendly health policies and services in the European Region, WHO, 2010.

None of the services evaluated have limited young people to health or welfare service referrals, and actively encourage young people to step forward and refer themselves for help.

In cases where very specialised help is required, sometimes a centre can not immediately provide a young person with help – in these cases, the centre will refer the young person to a specialist advisor or alternative service provider who can specifically address their needs. This is particularly the case for young people who are homeless or have suffered some form of abuse.

Effectiveness of Services & Key Performance Indicators

According to the WHO²⁹, a lack of accurate and up-to-date data on the health of adolescents hinders well informed policy and programme formulation. In many countries, government data on adolescent health is gathered in research studies, national or sub-national surveys, and in established health information systems (HIS). However, the results and analyses are not routinely available and consequently do not inform policy and programme development.

Other sectors (such as education and youth) and civil society bodies (such as faith-based institutions) may be involved in providing health information and education, in building life skills, in empowering adolescents and in mobilising communities to respond to the needs of their adolescents³⁰. With notable exceptions:

- these activities are frequently not evidence-based; or
- no efforts are made to assess the impacts of such activities; or
- activities are not carried out in collaboration with those of the health sector.

Both nationally and internationally, the one area where evidence is now becoming more available to assess whether approaches to helping young people is working, are amongst third sector one stop shop / drop-in centres. These organisations are now beginning to systematically collect data on what they achieve, both in terms of qualitative and quantitative data.

There are many different approaches to evaluation, and they can vary widely in quality. A common source of information is questionnaires that give feedback on activities or indicate changes in young people's circumstances or lifestyle. When collected systematically, 'user feedback' is a useful indication of what participants think of activities, and whether they believe they have benefited from them. Workshops conducted with young people are another popular method of gaining insight.

Almost all organisations collect basic data on what happens to young people immediately after they finish a programme, such as whether they re-enter education, find a job, or enrol in another programme.

Main Approaches to Assessment of Effectiveness

There is an increasing trend towards using a symbiotic feedback system with young people – many organisations are now using feedback sessions with young people to gauge how well fitted their service provisions are to young people's needs. These tend to take the form of feedback once a counselling session is over, feedback once a young person decides to stop making use of the services, or workshop sessions. Longer term tracking research is less common, although Fairbridge is piloting a new long term programme financed by the UK Department for Children, Schools and Families.

29 Strengthening the health sector response to adolescent health and development, WHO, 2010.

30 Strengthening the health sector response to adolescent health and development, WHO, 2010.

The Junction, based in Edinburgh, undertake a consultation with young people twice a year. The 'Voice Your Choice' event allows young people the chance to give direct feedback on what they think of the centre's services. If service provisions are not working or some aspect is missing from the services provided, then young people can inform the team. Through pre- and post-counselling intervention assessments young people have reported developing healthier coping strategies and increased self-belief. Evaluations demonstrated an increased understanding of stress and management techniques.

Many UK YIACS centres have begun using CORE, a nationally validated outcome measure common in many psychological therapy settings, to measure clients' feelings in four areas: well-being, problems, functioning and risk. This is done at assessment, first session, mid therapy and last session so that client and counsellor can together track 'distance travelled'. The results can be compared to national averages.

Working with the University of Leeds, the Mental Health Foundation and young people themselves, The Market Place has developed its own self-evaluation tool called *How do you rate your life at the moment?* to measure progress in young people between the start and completion of a course of one-to-one support.

Fairbridge has begun to track young people to find out what happens to them for two years after they leave the programme. In addition to the data that they gather on all young people while they are on the programme, Fairbridge has received money from the Department for Children, Schools and Families to enhance their existing evaluation processes by developing a long-term tracking model to systematically track, record and evaluate data on a selected cohort of Fairbridge young people after they have exited our programme.

The aim of this system will be to evidence long term impact and monitor the sustainability of the positive outcomes young people achieve using a system that is externally validated. The Long- Term Tracking Model also aims to produce more qualitative information on Fairbridge and is being led by Fairbridge Training, the external training division of Fairbridge.

Main Challenges in Assessing Effectiveness

Key factors identified as challenges to assessing effectiveness of the services provided include:

- Difficulties in long term tracking of young people – in terms of limited resources to collate and track data, as well as young people's willingness / availability to provide feedback after a certain time.³¹
- The 'anonymity' / trust factor – many young people who have experienced initial problems with 'traditional' support services express distrust in authority figures particularly any attempts to gather personal information about themselves. Many support centres state that they have to build up a strong level of trust over a period of time in order for young people to open up and invest in the organisation in terms of feedback and personal evaluation.³²
- Increasing complexity - there is evidence that young people are presenting with more complex and severe mental health and emotional well-being problems than in the past.³³
- Service capacity limiting manpower and resources to undertake assessments - more than three-quarters of services in the UK recently described their capacity to meet demand as either 'under strain' or 'at breaking point'. Many services are attempting to meet increased demand with reduced capacity.³⁴

31 Youth friendly health policies and services in the European Region, WHO, 2010.

32 Youth friendly health policies and services in the European Region, WHO, 2010.

33 Under the Strain, Youth Access, 2010

34 Under the Strain, Youth Access, 2010

- Service sustainability due to lack of funding - almost half of all services in the UK experienced funding cuts in 2009. Most services have worries about their immediate and longer term future and a quarter see themselves 'at real risk' in the next 12 months.³⁵

National and International 'One Stop Shop' Profiles

In an attempt to create a comparative picture both nationally (within the UK) and internationally, the following sections examine OSSs by regions: the UK, Europe, Australia and New Zealand, and the US and Canada. The scoping of this evaluation has its limitations in respect of time constraints, and availability and quality of information presented by governments, agencies and various third sector organisations. This analysis therefore, has focused on key examples of that have been identified as 'high profile' or suggested as examples of best practice by peer organisations.

UK

In the UK, services that have an age-specific, dedicated service for young adults are not universally available. In 2003, the Commission for Health Improvement reported that at least 26 Trusts in the did not have agreed and established written arrangements to ensure transition of care for service users between child and adolescent mental health services (CAMHS) and adult mental health services (AMHS). This is reflected in the inconsistencies between different services. Whilst some end their support when the young person reaches 16 years old others do so at 18 or 19 years old. In some areas, AMHS can start up to three years after CAMHS has withdrawn support, meaning that vulnerable young people can disappear entirely from statutory services. As the age of 16 is also the cut-off age for other statutory services such as compulsory education and care, this gap can easily leave vulnerable young people with a severe lack of adult support in their lives³⁶.

In Wales, the Healthcare Inspectorate Wales and the Wales Audit Office have been reviewing child and adolescent mental health services in response to concerns over progress on the "development of comprehensive and equitable CAMHS across Wales" as set out in the CAMHS strategy Everybody's Business (Welsh Assembly, 2001). The review includes looking at current service provision, planning and commissioning, and collecting information on the experiences of children and young people as well as their carers on accessing and using services.

In Scotland, The Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care was published in 2005 and is a multi-agency framework aimed at supporting an integrated approach to the planning and delivery of services. The delivery plan for services, Delivering Mental Health outlines a commitment to implement this framework by 2015 and states children and young people are a priority. Within these frameworks, targets were set for the allocation of a named mental health link person in every school and basic mental health training for all those looking after children and young people in care.

Walk the Talk³⁷ is a national initiative funded by NHS Health Scotland that was launched to help health professionals caring for young people to develop services that are more youth-friendly. Walk the Talk was first set up in 1999, when the Scottish Government established 12 research projects across Scotland to identify health inequalities affecting young people and any gaps in service provision. Concerns raised by young people included little access to youth-focused services, lack of information designed for young people, lack of consultation with young people, and fears about patient confidentiality. Since then, Walk the Talk has

35 Under the Strain, Youth Access, 2010

36 ListenUp! Person-centred approaches to help young people experiencing mental health and emotional problems, Garcia, I., Vasiliou, C. and Penketh, K., Mental Health Foundation, UK, 2007.

37 <http://www.walk-the-talk.org.uk/why-walk-the-talk/index.aspx>

been delivering training to practitioners and has produced resources and guidelines that are designed to support the development of health services that are relevant to young people.

Original research was conducted by nfpSynergy in 2007 among a nationally representative sample of 11-25 year olds which provided insight into some key areas related to help-seeking³⁸.

- The majority of young adults are willing to consult an advice service for help: across almost all areas of life, young adults report that they are likely to consult support agencies for help.
- Young adults are more likely to seek help about drugs, alcohol and sexual health from an advice service than from their families. More young adults would talk to an external source about sensitive issues than would talk to their parents or siblings.
- Young adults are more likely to use more traditional means of contact to communicate their problems. The proliferation of new technology has almost reached saturation point amongst this age group. Despite this, a large proportion of young adults prefer more 'old fashioned' means of communication, such as face-to-face or the telephone, with 68% of young adults saying they would talk about their problems face-to-face and 55% would be willing to talk about them by telephone.

We will now look at individual services that have been identified as providing either physical, or virtual, one stop service support four children and young people within the UK.

Connexions

Connexions is a careers, counselling and advice service for young people aged 13 - 19, which was created by the UK Government in 2000 following the provision of the Learning and Skills Act.

Connexions provides a comprehensive, mixed method service, offering large amounts of information via a website, with online, telephone, text and email support, plus local, walk-in centres where young people can receive advice and support face to face.

In the light of their experience of providing services to young people, YouthNet flagged up Connexions as being a service for being inclusive, offering flexible support and decentralised children's trusts responding to local needs. The national brand was cited as very expensive but nevertheless well established.

The power of Connexions is twofold. Firstly, it adopts a multi-channel approach: potential users have a wide choice of media through which to access the services and support they need. This has the advantage of catering to as many types of individual as possible. A help-seeker is not excluded because they face a barrier to a particular way of accessing support. Secondly, once the individual has made contact, the Connexions adviser makes an effort to focus on the help-seeker at hand, and not just categorise and refer them based solely on their age.

This model of help-seeking in practice ensures all individuals are provided with support that is relevant to them, rather than being inappropriately labelled a 'child' or an 'adult', or even slipping between the two and not receiving any support at all.

Local Connexions Services work with schools to offer each pupil access to a 'personal adviser' and also support curriculum and staff development in careers work. Connexions have services in 47 areas, which are funded by local authorities. It blends in-house provision of services with services commissioned from external agencies. These are predominantly for-

³⁸Youth Engagement Monitor, nfpSynergy, UK, October 2007.

profit companies, such as Prospects or VT Careers, but also from charitable and non-profit organisations, such as the local Education Business Partnership.

Connexions also run a popular central advice line and website called Connexions Direct, which is available for young people requiring immediate advice. The primary emphasis of Connexions is to help the most vulnerable young people, reflected in its target to reduce the number of young people who are NEET. Connexions does not focus wholly on careers advice, but aims to provide integrated advice and access to personal development opportunities in other areas including finance, housing and sexual health.

Fairbridge

Fairbridge supports young people between the ages of 13 and 24 who are already NEET or at very high risk of dropping out of school. It provides one-to-one personal support, education in basic skills and challenging activities in 14 centres across the UK. All young people have some sort of complex need, from substance abuse to low self-esteem, and most young people are dealing with more than one issue.

Fairbridge describes itself as a 'first step' organisation. It works with young people who other organisations find difficult to engage. Young people are given one-to-one support to develop their confidence and motivation, and prepare them for education or employment.

This tailored support is combined with a wide range of challenging courses and projects, such as making music and rock climbing, aimed at developing young people's skills. Devised by Fairbridge Development Tutors, courses are designed to deliver a range of key personal and social skills, including: community and recreation, employability, independent living, and learning skills.

Fairbridge tracks young people for two years after they leave the programme. Overall, 51% go on to find employment, or participate in further education or training. For others, progress is in other areas: much of Fairbridge's initial work with young people is simply about building commitment, routine and stabilising young people's chaotic lifestyles. These outcomes are more difficult to articulate.

Get Connected

Get Connected is a charity organisation based in London. was set up in 1999 by a partnership between the Suzy Lamplugh Trust and the British Transport Police. It support and finds young people (under the age of 25) help by providing a free, confidential support and signposting service and working with others to ensure that appropriate help is available. They provide the helpline service via telephone, email and web-chat. They also provide a comprehensive support website with a large directory of information on key issues to engage with young people and direct them to the key are of interest they are seeking help with. The organisation estimates it receives 13,000 contacts per year.

According to a recent online survey conducted by the organisation³⁹, they found that:

- More than four out of five young people recently had a problem they couldn't find help with
- Fear that friends or family will find out is most likely to stop young people reaching the help they need
- Trust in services is low amongst young people and prevents them from asking for help

39 What's Up! Report, Get Connected, 2006.

The key aim of the organisation is to empower the young person to make their own decision about the help they need; whether it's counselling, mediation or physical based service such as finding supportive accommodation.

Initially launched as a telephone helpline, an email service was brought online in 2003, aiming to make ourselves more accessible to boys and young men, and also young people with speaking or hearing impairments. The email service works on the same lines as the phone service, with Helpline Workers exploring the young person's situation, providing emotional support and explaining the options.

One-to-one help via live web-chat was launched three years ago and is currently available every evening throughout the week, with the aim to eventually extend it to full helpline opening hours (1pm-11pm every day). Web-chat currently represents 5% of contact to the organisation.

MEIC

In May 2010, a new National Advocacy and Advice virtual one stop shop was launched, utilising text / online chat or phone-lines for children and young people up to the age of 25 in Wales.

'Meic' is free and bilingual, providing children and young people the opportunity to find help on issues important to them. Advisers will either provide them with information, let them know where they can get further help or transfer them to an independent professional advocate. The new service is designed to support children and young people and act as a signpost for when they need information and advice, but most importantly, to help them get access to someone, an advocate, who can then help them get others to listen to what they have to say.

These advocates are trained to help children and young people find ways of being involved and being heard on any decision that affects them. They may deal with specific issues because the child or young person is not happy with the current situation and feel that they want help and support to start, stop or change something.

Meic also works with, and complements, other advice services and helplines, such as ChildLine, which have a prominent safeguarding role.

Children and young people up to the age of 25 can get in touch with Meic by free phone, free text or instant messaging seven days a week. Initially, Meic will run for eight hours a day (12-8pm) before becoming a 24 hour service.

Youth Access

Youth Access represents a network of 200 young people's information, advice, counselling and support services (YIACS) nationwide. YIACS provide services to thousands of young people across the country every day, a million every year. In 2005, the Social Exclusion Unit, in a report on the support needs of disadvantaged young adults with complex lives⁴⁰, concluded that there was a need for more holistic, multi-disciplinary services targeting this age group. The report, in identifying 'under one roof' provision as a key delivery model, profiled Youth Access and as many as seven YIACS as good practice examples. The network is well organised and shows that a consistent and organised approach to networking and supporting local one stop shops both at national and local levels is achievable.

YIACS services vary according to local need, but share the following features:

40 Transitions: Young adults with complex needs: A Social Exclusion Unit final report, Cabinet Office, Office of the Deputy Prime Minister, 2005; Garvey et al op. cit.

- A range of interventions delivered 'under one roof'
- Young person-centred Open to a wide age range, e.g. 13 to 25
- Holistic approach, meeting multiple and complex needs
- Multi-disciplinary teams, providing wrap-around support
- Flexible access routes, including through open door
- 'drop-in' sessions
- Free, independent and confidential

Through interventions such as counselling and other psychological therapies, advice work, health clinics, community education and personal support, YIACS offer a combination of early intervention, prevention and crisis intervention for young people.

Open to all young people, YIACS offer a universal access point to targeted and specialist services, supporting young people on a diverse range of issues that are frequently inter-related: social welfare issues e.g. benefits, housing, debt, employment mental and emotional health issues e.g. depression, low self-esteem, self-harm, family problems and stress wider personal and health issues e.g. relationships, sexual health, drugs and alcohol, healthy eating practical issues e.g. careers, money management, independent living skills.

As well as often having a life-changing impact on individual service users, YIACS make an essential contribution to a number of policy agendas, from tackling homelessness and improving health and well-being, to re-engaging NEETs and reducing youth crime.

YIACS have undertaken numerous research projects to evaluate the effectiveness of their services and have detailed some of the reasons for their effectiveness⁴¹.

- Large numbers of statutory cases get no further than initial assessment.
- Many referrals to YIACS by CAMHS and AMHS are young people who have not met statutory thresholds, but nevertheless have complex needs.
- YIACS successfully engage disadvantaged young people who dislike the stigma of statutory services.
- Waiting lists in YIACS are shorter, meaning young people can get earlier, more timely treatment.
- YIACS are far more effective at keeping young people engaged with the service due to their strong relationships with clients.
- YIACS have much lower rates of 'DNAs' (did not attend) than statutory services.
- YIACS have much higher rates of male service users than in statutory services.

Young people's views show they value YIACS' approach, the skills of staff and the range of help available. Young people rarely if ever find this package of help in a single statutory sector setting and many fail either to engage or be engaged by statutory services.⁴²

Examples of individual YIACS one stop shops have been detailed within the final Best Practice section to highlight key achievements and examples of, and reasons for, successful interaction with young people.

Europe

The European Commission recently launched the new Youth Health Initiative: 'Be Healthy, Be Yourself'⁴³. This initiative emphasises discussion and involvement of young people in tackling the health issues that affect them and invites young people to be active partners in the Commission's work on health. In 2010 the Commission focused on raising awareness of youth health and well-being issues; it recognises that although many of the governments within the European Union may address basic health needs of young people within policies and

41 Easing the Strain Briefing Notes, Youth Access / YIACS, Dec 2010.

42 A proven early intervention model: the evidence for the effectiveness of Youth Information Advice Counselling and Support services, Youth Access / YIACS, 2010.

43 http://ec.europa.eu/health-eu/youth/index_en.htm

legislation, there is still a long way to go before these are implemented practically in the form of drop-in services / centres where a variety of well-being needs can be addressed in one location.

The World Health Organisation Regional Office for Europe published a report on youth-friendly health policies and services in the European Region in 2010. This publication presents experiences of how health systems in Member States of the WHO European Region respond to the challenge of meeting the health and developmental needs of young people. The main aim is to facilitate experience-sharing and stimulate actions in countries⁴⁴.

The first part presents a summary of the proceedings of the meeting on youth-friendly health policies and services, which brought together representatives from 35 Member States of the European Region, representatives of the European Youth Forum (EYF) and young people, which was held in Edinburgh, United Kingdom (Scotland), September 2009, with suggestions to inform decision-makers' actions on creating and developing youth-friendly health policies and services in their own countries and internationally.

Candace Currie of the Child and Adolescent Health Research Unit, University of Edinburgh, who is the Health Behaviour in School-aged Children (HBSC) study international coordinator, reported on the health and socio-cultural issues affecting adolescents in the European Region. Citing the WHO report, 'Snapshot of the health of young people in Europe', an overview of systematic data (mainly derived from the HBSC study) on health and health inequalities among 11–25-year-olds, it was stated that there is very poor availability of data on children outside the education mainstream and young people under the age of 11 and over 16 years, and that disaggregated data is difficult to locate. It was recommended that policy-makers and services within Europe must ensure they address the needs of all young people, not just those in the mainstream, and called for the development of new research methodologies and networks to facilitate the collection of health data on non-mainstream young people.

The European Youth Forum reported on a European survey they had conducted of 62 member organisations, including 20 national youth councils. The aim of the survey was to bring young people's voices into the meeting. Survey results included the following⁴⁵.

- Just over 68% had youth-friendly health services (YFHS) in their country, of which 65% were considered “available” or “very available” and 72.7% were either “satisfactory” or “very satisfactory”;
- The key characteristics of YFHS were identified as: confidentiality; availability; location; staff knowledge of adolescent and youth issues; price; and friendliness of staff;
- Only 31.7% of countries reported that youth organizations and young people were consulted in the development of health policy
- 72% believed YFHS were either “not sufficiently” or “poorly” publicised in their countries;
- 90% believed that using the Internet, social networking and other new media would contribute to enhancing the health of young people;
- The main health areas in which young people require specialist health services were identified as: sexual & reproductive health (SRH); drugs, alcohol and other addictions; and mental health;
- Just under 85% had SRH education in their country, although over half believed it was

44 Youth friendly health policies and services in the European Region, WHO, 2010.

45 Youth friendly health policies and services in the European Region, WHO, 2010.

either "limited" or "not sufficient"; 82.4% was delivered through the formal education system;

- The biggest obstacles to effective SRH education included prejudices and taboos and lack of confidentiality; suggested solutions included integrating SRH into youth policy and starting sexual education earlier.

Despite these high-profile initiatives to highlight the need for integrated health and well-being services targeted specifically to and for young people (aged between 10 – 25) there is still remarkably little evidence for the provision of such 'one stop shop' services operating within mainland Europe. Many countries still operate a health and welfare system wherein children and young people's needs are addressed within 'traditional' state run health and social services requiring referrals from the local GP or clinic, and do not allow CYPs to self-refer.

The WHO in their recent report, Youth friendly health policies and services in the European Region, provide some insight into approaches undertaken in countries within Europe. Again, it is re-emphasised that most European countries still operate a very traditional approach to healthcare and social welfare systems, and young people's problems are dealt within this system. Two case profiles of countries which specifically have adopted the 'one stop' approach outside of the UK are Portugal and Sweden.

Portugal

Municipalities have specific health services for young people that run alongside local health centres, youth centres and independent facilities. Regional administrations of health include health centres with specific youth-friendly services: some of these services offer a simple extra facility for youth (such as reproductive health consultations and free access to contraceptives), but others are far more sophisticated and include several specific facilities e.g. immediate access to consultations and an integrated health approach from a multidisciplinary team.⁴⁶

Despite the prevalence of mental and behavioural disorders, it is estimated that between 15% and 20% of child and adolescent mental health services are still unsatisfactory, with a low frequency of preventive programmes, limited responses to vulnerable groups and low participation among families and service users.

Two case studies of 'one stop' style centres were detailed, as well as a newly created virtual 'youth portal' designed to provide information to young people with questions about health and sexuality.

Aparece (Step in), is based on an extension of a local health centre (Lapa), and is a free adolescent primary health care service for all young people aged 11–24 years living in the Lisbon area. A multidisciplinary team (doctors, psychologists, nutritionists) work in the service and address youth health issues in a holistic way, focusing on health topics such as sexual health, substance use, nutrition and lifestyles and integrating all relevant actors (family, peers, teachers). "Aparece" works in conjunction with schools, health centres, hospitals, NGOs, universities, student units and family and juvenile court remedial and rehabilitation institutes.

Espaço S (Area S), is an extension of a local health municipality (Cascais). Espaço S is a free primary health care adolescent health service for all young people aged 11–24 years living in Cascais area. A multidisciplinary team (doctors, psychologists, nutritionists) work in the service and address youth health issues in a holistic way, focusing on health topics such as sexual health, substance use, nutrition and lifestyles and integrating all relevant actors (family, peers, teachers). It works in conjunction with schools, health centres, hospitals and NGOs, and the municipality of Cascais has other adolescent-friendly sport, leisure, culture and education initiatives that work with the service.

46 Youth friendly health policies and services in the European Region, WHO, 2010.

The Portuguese Youth Institute provides a virtual online youth portal (juventude.gov.pt) on health and sexuality where doubts and questions about health and sexuality can be raised in an anonymous and confidential way with a professional team of advisers. It is not necessary for the young person to give any contact details.

Sweden

Sweden has a long tradition of successful strategies to maintain and improve the health of young people through the use of traditional public health measures such as developing health-promoting laws and policies, imposing legal age limits for alcohol and tobacco use and maintaining high prices, controlling illegal substance use through supporting prevailing cultural beliefs and providing education and healthy lifestyle information through schools and youth health centres.⁴⁷

Youth-friendly health services are offered at the youth health centres / clinics. Most regions have youth clinics and access is easy and free of charge for those under 20. They specialise in sexual health and psychiatric care and are staffed by a range of professionals including, midwives, therapists and social workers. Young women and men can turn to them for advice and services regarding birth control prescriptions, pregnancy and STD tests.

The present health problems are high use of alcohol, increasing rates of STIs, especially of Chlamydia, and a high abortion rate among females up to the age of 20. Mental health problems have increased during the last decade and are causing concern. Various stress-related problems, such as headaches, depression and eating disorders, have increased, particularly among young women. Traditional medical services, prevention and health promotion strategies do not seem currently to have the answers to these challenges and young people appear to turn to the youth centres in order to gain help.

Canada & USA

In Canada and the United States, youth in the transition age are considered to be an under-served sector of the population. Public policies for this age group are often inconsistent: youth-related legislation tends to be highly specialised according to sector e.g. education, employment, justice, and health, and youth programs often have different age parameters.

The care available to youth with mental illnesses in Canada and the United States is often perceived as complex, difficult to access, and ill-suited to the needs in this age group. The mental health care system is modelled on paediatric and adult health care models, despite the fact that mental health follows a different pattern of peak onset and burden of disease. Adolescent mental health is typically embedded within child-oriented service settings and is curtailed in the mid to late teens while adult mental health services focus on late-stage disease in mid-life. Youth are at a transitional time in their lives (both socially and biologically), and evidence shows that they are too old for child mental health services, yet too young to be effectively treated in adult systems of care.⁴⁸

Canada

While most provinces do not have mental health programs specifically targeted to youth, two provinces have published frameworks for action targeting young people in the transition age: The Alberta 10-year strategy supports a common and integrated approach to optimising the mental health of children and youth up to age 24. It is aligned with the provincial mental health plan and other strategic provincial initiatives. Quebec also has a mental health action plan (2005-2010) that includes specific actions targeted to youth, including the transition years, up to age 25.

47 Youth friendly health policies and services in the European Region, WHO, 2010.

48 Healthy Transitions to Adulthood, Policy Research Initiative, Canada, November 2009.

Although the Government recently launched a Healthy Canadians one stop shop site, the site offers minimal information targeted at the adolescent age range. The national health board, Health Canada also offers a one stop shop site⁴⁹ which does have a sub section targeted at young adults, but again, information offered is limited and presented in a complex and unintuitive format – a large directory of titles which could easily confuse and deter a young person looking for help and advice.

There appear to be an extensive range of 'Youth Clinics' within Canada which offer free health services to young people on a drop-in basis. A general scan of Canadian official health and government sites offer very little information, so it would appear that each Youth Clinic is an independently run operation, set up by third sector parties.

As an example, the SHINE Youth Clinic based in Edmonton, is a student-run health clinic providing a variety of free services to Edmonton's under-served youth. The clinic is managed and staffed by University of Alberta Healthcare students representing 8 disciplines; Medicine, Dentistry, Nursing, Pharmacy, Social Work, Nutrition, Counselling Psychology and Physiotherapy.

Supervised by licensed healthcare professionals, student volunteers play a crucial role in providing care to patients in need while gaining practical experience. The clinic's dedicated volunteers and interdisciplinary approach ensure each patient receives comprehensive care spanning their physical, emotional, social and economic needs. Volunteers and health practitioners are proud to operate under the principles of harm reduction and preventative medicine.

The SHINE Youth Clinic aims to offer a relaxed and friendly atmosphere to Edmonton's youth. The clinic operates on Saturdays from 2-6pm out of the Boyle McCauley Health Centre.⁵⁰

USA

Due to the size and legislative nature of the US, youth oriented health and well-being initiatives differ significantly from state to state. The variety of initiatives is also extensive and cannot be detailed here in any way that could prove truly representative. The health system is privatised and effectively funded by healthcare insurance. Three key examples of relevant organisations are cited as examples of best practice in providing integrated support for young people.

The Adolescent Health Working Group (AWHG), San Francisco, was originally founded in 1996 in collaboration with numerous youth, adolescent health providers, and organisations to ensure the health of Medicaid-enrolled adolescents during San Francisco's transition to Medicaid managed care. The Adolescent Health Working Group (AWHG) is a coalition of committed youth, adults, and representatives of public and private agencies whose mission is to significantly advance the health and well-being of youth and young adults in San Francisco and nationally.

A core function of the AHWG is to convene stakeholders and coordinate linkages across systems to improve information sharing, networking, and referrals for youth services. AHWG events and trainings include the annual Adolescent Provider Gathering, along with semi-annual forums on emerging adolescent health issues.

The organisation provides a detailed and lengthy section for young people to gain information on a variety of health and well-being issues, including sexual, mental and physical health issues and can, effectively be described as a 'virtual' one stop shop. It also operates

49 <http://www.hc-sc.gc.ca/hl-vs/iyh-vsv/young-jeunes-eng.php>

50 <http://www.shineclinic.ca/about>

as a contact point for young people (as well as parents and carers) wishing to connect with smaller, more localised initiatives.

The Door, New York, has a mission of assisting at-risk youth. It was founded in 1971 by the International Centre for Integrative Studies, as a non-profit organisation affiliated with the United Nations. The group wanted to address problems with drug abuse, violence, teen pregnancy, sexually transmitted diseases and the rising high school drop-out rate. The program opened in January 1972 with a volunteer staff in a donated building on 12th St. The Door moved to its current location in 1989 and has continued to grow ever since, with 85 full-time staff members and a steady stream of volunteers.⁵¹

Each year The Door serves more than 11,000 young people from all over New York City, aged 12-21, with a wide range of services including health care, GED and English language classes, tutoring and homework help, college preparation and computer classes, career development and training, counselling, job placement, legal services, arts, daily meals, sports and recreational activities all under one roof. Integration is seen as the cornerstone of their programming, focusing on increased staff collaboration and "wraparound" services which in their words, "lead to stronger springboards and more tightly woven safety nets".⁵²

Students entering The Door do not pass through metal detectors. This is intentional, to "establish a sense of community," said Diana Morales, executive director of The Door. Instead, they pass by a series of signs with mantras about respect and attending community meetings. One sign reads: "This is a neutral zone. I will keep our space free of all gang activity."⁵³

About three-fourths of The Door's \$8 million annual budget comes from government grants and contracts, including its partnership with the city's Department of Education. The rest comes from donations and rent from Unity High School and a non-profit organisation, which are also located in the building.

The average age of Door clients is 18, nearly half are African-American, 62% are female and 58% come from New York City's most impoverished neighbourhoods. There is also a large Hispanic population and growing numbers of young Chinese immigrants, gays and lesbians. The Door reports that 13% of its population is or has been in foster care, 27% dropped out of high school and 8% are homeless or living with friends.

For those who attend faithfully and reach their goals, many of The Door's career programs provide incentives, including free Metro Cards, stipends and job placement opportunities.

The SAMHSA program, Systems of Care, is a co-ordinated network of community-based services and supports that is organised to meet the challenges of children and youth with serious mental health needs and their families. It was established to help parents and caregivers address the mental health needs of their children and youth (up to age 17) while managing the demands of day-to-day living. Adequately meeting these needs requires multiple strategies and agencies. Types of services may range from care co-ordination (case/care management), to child care to community-based, inpatient psychiatric care and overall family support.

Since its inception, Systems of Care has helped thousands of children and adolescents with serious behavioural, emotional, and mental health needs make improvements in almost all aspects of their lives. One of the greatest accomplishments noted by Systems of Care has been making services and supports family driven and youth guided.

51 http://www.thevillager.com/villager_202/afterschoolprogramon.html

52 <http://www.door.org/about-door>

53 http://www.thevillager.com/villager_202/afterschoolprogramon.html

National evaluation data show that the program helps young people stay out of jail and cuts costs by keeping them out of institutions. Parents of youngsters going through Systems of Care are 20 % more employable. Since its inception, the number of families served by Systems of Care and the number of programs added to the network has grown. It also has garnered increasing support across all political parties.

"For over 20 years, there have been calls for better integrated, more comprehensive systems. Co-ordinated care is a way to rally services around children who need it." While this program has proven effective, in transition ages, sectors are less likely to know how to reach each other. "In child welfare and child health, programs are better co-ordinated, but for youth transitioning to adulthood, programs and services are very disparate."⁵⁴

Australia & New Zealand

Australia

The promotion of mental health and prevention of mental illness is a strategic and policy priority in Australia has ranked highly on the public policy agenda for over 15 years. Under the Mental Health Strategy, the Australian government and all state and territorial governments work together to achieve reform of mental health care in Australia. The private sector is also engaged in reform activity.

Youth Mental Health Services: Headspace. While overarching national policies were being created for the whole of the Australian population, targeted advocacy also led to a government investment in youth mental health in 2005-06, which in turn led to the creation of a mental health initiative for youth called Headspace. Headspace is Australia's National Youth Mental Health Foundation, involving a collaboration of ORYGEN Youth Health Research Centre, the University of Melbourne, the Brain and Mind Research Institute, the Australian General Practice Network, and the Australian Psychological Society. Its objective is to deliver improvements in the mental health, social well-being, and economic participation of young Australians aged 12-25.

Headspace has been described as 'best practice', because it is a multidisciplinary, one-stop shop offering primary care, psychiatric help, drug and alcohol, vocational, and other services.

Youth engagement issues are partially addressed by providing services in a youth-friendly environment, where young people are encouraged to be fully involved in their treatment, and services are available in an atmosphere that does not stigmatise mental health issues.

The youth-friendly culture at Headspace sites makes treatment for mental health issues more accessible to young people. Sites are located in 30 rural and urban areas and are accessible to approximately 20 percent of the population, with the intention of expanding services over the next decade.

In addition, there are also collaborative learning network and community awareness programs. Through the collaboration with Orygen Research and Orygen Youth Health Clinical Program, practice and research are constantly in dynamic interaction, informing each other on youth mental health issues.

Orygen Youth Health (OYH), works to ensure that young people in the transition to adulthood are able to access high-quality mental health, and drug and alcohol services provided in friendly, accessible environments.

Its three-pronged approach includes:

- clinical programs specialising in delivering early intervention services to young people with emerging mental disorders, including drug and alcohol issues;
- a research program open to patients using clinical programs that focuses on developing improved treatments and models of care for young people;
- training and communications, including resources, and consultation to support the translation of best practice treatment models for practitioners working with young people.

New Zealand

New Zealand has a high rate of poor outcomes in adolescence – among OECD countries, they have the highest rate of teenage suicide and perform badly (24/30) in measures of teenage risk-taking (including smoking, alcohol use and pregnancy). The long-term consequences of such activities to young people are particularly significant in terms of health, earning capacity and social integration. These consequences are reflected in significant emotional costs to families and individuals and in major costs for many components of government including social welfare, justice, education, police and corrections. They also create or reinforce cycles of intergenerational disadvantage. Ultimately, these factors affect between 10 and 20% of young people in New Zealand.⁵⁵

Aotearoa Adolescent Health Development

A number of community youth health organisations have been established in New Zealand over the past 15 years. These have been set up by health workers in response to a need for healthcare specifically targeted at New Zealand youth.

The population serviced by Youth One Stop Shops is aged predominantly between 10 and 25 years. This demographic traditionally seeks less mainstream care and youth often fall through gaps between child and adult services. Youth specific services have evolved in response to local demand as well as to opportunities for growth, supported by relationships with funders and other providers. As such each service has developed independently in its own setting. However as a group they are united by a common goal which is to promote access to healthcare and social services for youth. There are now at least fourteen such "Youth One Stop Shops" across the country which provide a range of accessible, youth-friendly health, social and other services in a holistic 'wraparound' manner at little or no cost to young people.

Each District Health Board is required to have a youth health plan as part of their responsibilities for the health of their catchment population. The Youth One Stop Shops all receive significant proportions of their funding directly from the District Health Boards or through Primary Health Organisations that are themselves funded by the DHBs. Additional funding is provided through a multitude of other sources, ranging from private donors and city councils to the Ministries of Social and Youth Development. The exact configuration of these funding streams, and the certainty and continuity of each stream, is different for each individual Youth One Stop Shop.

Youth One Stop Shops provide access to a range of services in youth-friendly settings, including health, social, education and/or employment services with the ability to refer to secondary or tertiary services as required.

Some Youth One Stop Shops offer outreach, mobile and satellite services and/or evening clinics to increase access opportunities for young people. The most common health services provided include general health/primary care, sexual and reproductive health, family

55 Improving the transition: reducing social and psychological morbidity during adolescence, Office of the Prime Minister's Science Advisory committee, New Zealand, July 2010.

planning and mental health services and alcohol and other drug services. Secondary services are provided by directly employed staff or by external providers working on-site.

Services are available at little or no cost to clients, are centrally located and provide a safe and welcoming environment. In some cases, transportation to assist access is provided. These services are designed to 'wrap around' the client to ensure their individual needs are addressed in a seamless and coordinated way. Consideration is given to the young person's needs in the wider context of their family and community/whanau, hapu and iwi.

Services are delivered in a manner that is non-judgemental, culturally appropriate and respectful to young people. This promotes trust and the perception of confidentiality and safety for youth. Services are holistic and strengths-based, focused on improving health and well-being and encourage long-term independence.

The demand for services exceeds capacity, especially for counselling and other mental health services, including alcohol and other drug services. Approximately 137,000 occasions of service were provided in the previous year.

All Youth One Stop Shops have established formal and informal links with many other organisations inside and outside the health and disability sector. These include PHOs, DHBs, Maori health providers, child and adolescent mental health services, women's health centres, sexual health clinics, family health centres, dental health services, various Ministries, Child Youth and Family, the NZ Police, local city councils, schools and groups such as the Alcohol Advisory Council, New Zealand Aotearoa Adolescent Health and Development, Family Planning and the YMCA, to name a few.

Best Practice

Values, Characteristics and Practices that comprise Best Practice

There is no one formula that constitutes 'best practice', but many of the examples that follow highlight practices and characteristics that have made them stand out amongst their peer organisations as examples of best practising one stop shop for young people. The following emerging themes provide guidance in practice and service issues.

- Services need to be young person-centred: designed to be non-intimidating and non-authoritative and friendly. Most successful examples have pro-actively involved young people in the setup of projects from the very start using feedback to design layout, name the organisation, and indicating what services they need.
- Open to a wide age range, e.g. 10 to 25 and as such be adaptable to differing needs and mind sets – especially as those who are youngest show least confidence in approaching organisations for help.
- Accessibility: Services should be made highly accessible: in terms of a centralised location or available by main transport routes and provide a wide range of opening times (early morning through to mid evening, and weekends).
- Services need to be promoted as free, independent and confidential. Many young people with personal problems have an issue with authority figures and fear redress if they are identified – reassurance of anonymity and privacy are highly important.
- Holistic approach, meeting multiple and complex needs: provide a wide range of interventions delivered under one roof, by a skilled multi-disciplinary team, providing 'wrap-around' support capable of dealing with layered, complex needs. Young people can have a number of problems and issues which are inter-related and need to be addressed as a whole e.g. depression, substance abuse, sexual health, debt etc. Traditional services tend to isolate these issues and as a result the young person

can become more alienated rather than feel as though they are making progress.

- Provide flexible access routes and 'drop-in' sessions: including through open door self-referrals – access to traditional support services can be limited by a need to have an official referral, or qualifying factors such as age, location, medical history and availability of funding. In these cases, self referrals allow young people to gain access to services they might otherwise be denied. Hard to reach groups tend to be vulnerable because they usually don't engage with any services and need to be approached in particular ways that might not be appropriate for other young people. For instance, teenagers experiencing poverty, substance dependency, sexual abuse, mental problems or be showing repeat offending behaviour.
- Effective evaluation: monitor progress in meeting young peoples' needs through organised and research methods. There is increasing evidence that one stop shops are using feedback from young people through interviews, group workshops, nationally validated outcome tools and the development of long term tracking of young client's outcomes.
- Promotion of services: Use youth friendly marketing techniques – services need to appear fun, entertaining and involving. For services addressing serious issues such as homelessness and abuse, centres need to show sensitivity and provide reassurance of privacy and safety. A wide variety of conduits should be used to access young people and make them aware of what services are available.

Specific Best Practice Case Studies of OSS

Many examples cited within the Best Practice section that follows, operate under the umbrella organisation of Youth Access (YIACS) and were not cited specifically within the UK section, as they are standalone, locally focused one stop shops. However, they are listed here as they have been referred to by their peers as good examples of best practice.

Mancroft Advice Project, Norwich - Delivery of comprehensive support

The Mancroft Advice Project (MAP) opened in 1991 and delivers a range of direct services to around 1,000 young people aged 11-25 in Norwich and the surrounding areas every month. MAP provides a space where young people can simply hang out with internet access, refreshments and telephone access to contact other services⁵⁶. Should they want to speak to someone at the project or have a need for professional support, young people have ready access to trained MAP staff and a range of specialist services, including:

- A counselling service, staffed by a team of highly qualified counsellors who can offer both emergency one off 'offloading sessions' and ongoing, weekly counselling according to a young person's needs
- An advice service providing expert help on rights-based issues, such as welfare benefits, housing and debt
- A housing team that provides specialist advocacy and support on housing and homelessness, including delivering outreach services in Connexions drop-in centres across Norfolk and undertaking homelessness prevention work
- Access to an in-house specialist debt advice service delivered by Norfolk Community Law Centre

56 A proven early intervention model: the evidence for the effectiveness of Youth Information Advice Counselling and Support services. Evidence Report, Youth Access (YIACS), 2009.

- A comprehensive sexual health service, including C-Cards, Chlamydia and gonorrhoea screening, pregnancy testing, pregnancy support and an accredited 12-week sex and relationships course An art therapy service
- Professional help around a wide variety of other issues, including drugs and alcohol, relationships and writing CVs
- Group-work with specific groups of young people needing support, including young fathers, young people with HIV and care leavers

The Zone, Plymouth: Provision of integrated physical (sexually related) and mental health services

The Zone is a service opened in 1990 to provide information, advice, support, counselling and other services to young people aged 13 - 25 in Plymouth and the surrounding area. The Zone's mission is to 'assist young people in living healthy, secure and satisfying lives, by enabling and supporting [them] in making informed choices.' The service started with an 'open door' counselling service (in partnership with Child and Adolescent Mental Health Services) and advice on sexual health matters. Today 'The Zone' employs 50 staff members and 50-80 volunteers and also offers support on accommodation, enduring mental health problems and more.

The name, 'The Zone', was chosen by young people and is an example of how language can be used to enable help-seeking rather than create barriers. The labelling is critical – this is not a 'sexual health clinic' or a 'mental health service'. Young people could visit The Zone to get condoms, a Chlamydia test, go on a personal development programme or ask for advice on their housing rights. As a result, young people are not labelled or stigmatised simply for going there.

If a young person enters The Zone they are welcomed as an individual to be supported. The Zone works on an empowerment model that focuses on each individual's strengths and weaknesses, rather than simply focusing on the problem(s) they are facing today. The Zone works to build trust through a person-centred approach; one that is tailored to each individual they meet. They are positive about young people and work to see the whole person rather than just the problem.

Although primarily working with highly vulnerable young people The Zone offers a range of touch points or ways for people to be introduced to the service and to gauge whether it is appropriate for them. This approach includes a personal development programme which offers a more 'casual' introduction to The Zone and a means of allowing young adults to engage on their own terms.

The Zone has been successful in much of its work. The organisation works with approximately 5,000 vulnerable young people in Plymouth at any one time. The Zone's Insight service, which works with young people with personality disorders (schizophrenia etc.), is working with as many young men as young women. Given the challenges of getting young men to engage with mental health services this represents a considerable achievement and this success has been attributed to their holistic, positive, empowerment-focused approach.

Streetwise, Newcastle - Addressing young people's health needs

Streetwise is an open access service used each year by over 6,500 young people aged between 11 and 25. It was set up in 1991 when two youth workers found that young homeless people in the centre of Newcastle were not accessing health services. The focus of the project was to move away from the medical model of service and provide an approachable, integrated service to the vulnerable young people who were being failed by the existing system.

Today, the focus of Streetwise's work lies within three key areas: mental health; sexual health; and drug and alcohol misuse. The highly respected mental health and counselling service offers counselling, both at Streetwise and within two local schools, and runs a self-harm group. The sexual health and contraception service is the busiest in Newcastle. In addition, Streetwise delivers an information and advice drop-in service offering support on housing, debt, benefits, drugs and alcohol, education, training and careers.

The majority of Streetwise's services are delivered from its city centre premises, but the project also has an extensive outreach programme working with schools, providing counselling and sessions on drug and alcohol misuse. Preventative work, such as smoking cessation and condom distribution schemes, is combined with counselling, advice and other crisis interventions, with the aim of offering a complete service that caters to all the needs of young people.

Referrals can be made by school staff, parents, GPs, social services and child and adolescent mental health services (CAMHS). Importantly, vulnerable young people can also refer themselves if they are seeking advice and support. Streetwise ensures that the service proactively targets young people from a range of backgrounds and has worked in partnerships with CAMHS and Social Services to provide outreach services to unaccompanied minors and young refugees in Newcastle.

Streetwise has been awarded the You're Welcome quality standard from the Department of Health for being a young person-friendly health service.

Castlegate, York - Using nationally validated outcome tools

Castlegate opened in 2007, teaming staff from York's Youth Enquiry Service with Connexions advisers in a building refurbished with funding from the Strategic Health Authority. Castlegate provides a comprehensive information, advice and counselling service to young adults aged 16-25.

Specialist services provided at Castlegate include: Speakeasy, a programme for young parents; group work on money management and self esteem issues; Your Future, a mentoring scheme; a legal advice service; and a sexual health service that provides easy access to Chlamydia screening.

Castlegate offered nearly 2,000 counselling sessions in 2009/10. It is well recognised that capturing good outcomes data with this client group is difficult. As in many YIACS, Castlegate's counsellors use CORE, a nationally validated outcome measure common in many psychological therapy settings, to measure clients' feelings in four areas: well-being, problems, functioning and risk. This is done at assessment, first session, mid therapy and last session so that client and counsellor can together track 'distance travelled'. The results can be compared to national averages.

Castlegate's data from 2009/10 indicates⁵⁷:

- 100% of clients were in the 'clinical population' and tended towards the more severe end of the spectrum;
- There was a 'reliable change' in all clients who completed CORE, with 90% achieving reliable improvement, compared to a national average of 71%;
- 74% of clients were below 'clinical cut off' (i.e. achieved recovery) after counselling, compared to a national average of 54% case study.

57 Data published in Castlegate, Annual Report, 2009/10.

The Market Place, Leeds - Measuring progress in young people's well-being

The Market Place is a well-established provider of counselling, information, youth work and personal support services to young people aged 13-25. It has both a national and local reputation for its innovative and holistic approach to the provision and delivery of early intervention and preventative support services to young people.

The centre has a wealth of experience and expertise in high quality service user involvement. A range of feedback, response and participation systems are used and aim to embed the voices and experiences of service users into organisational development.

Working with the University of Leeds, the Mental Health Foundation and young people themselves, The Market Place has developed its own self-evaluation tool called *How do you rate your life at the moment?* to measure progress in young people between the start and completion of a course of one-to-one support. Data from 2008 indicates that: Overall negative emotion measures reduced by more than 50% Young people describing themselves as 'angry' reduced from 55% to 20%.

Base 51, Nottingham – Holistic, Integrated Services

BASE 51 was founded as an innovative holistic health care project based in the City Centre of Nottingham, catering for young people aged between 12 - 25 years. The Centre opened in June 1993 as a drop-in centre offering a wide range of confidential support services and activities to meet the integrated health care needs of the young people living in Nottingham and surrounding areas.

BASE 51 takes a wide view of the health needs of young people and addresses the many aspects of a young person's life, which can affect their health and well-being. These can range from homelessness, difficulties in relationships, loss of statutory health care and low self-esteem, to mental health problems, drug abuse and suicide.

Target groups are young people, who for a variety of reasons, do not use existing services or find it difficult to access those services. Such groups of young people include, homeless young people, young people in or leaving care, young parents, young people with mental health problems, young offenders, unemployed, young people who misuse drugs and alcohol and young people who have experienced abuse.

The centre offers extensive services which include:

The Medical Service, which developed over recent years into a "Nurse Led" service, consisting of a Centre Nurse and a Health Information Advisor. This enables the Medical Service to offer a wide range of services and support to young people, ranging from sexual and physical health to crisis intervention for mental health issues and general health promotion. The Service is part of the holistic ethos of BASE 51 and works with the multi-disciplinary team to provide an integrated service to young people. Services include:

- Full range of primary care services;
- Pregnancy Testing / Emergency contraception;
- Contraception including the pill / patch / injectable contraception;
- Screening for Chlamydia / gonorrhoea / syphilis / HIV;
- Diagnosis / Treatment;
- Health Education and Promotion / Advice and Support;
- How to register with a GP

The Housing Support service has been particularly successful in offering housing advice and referrals to appropriate agencies, securing housing, help in claiming welfare benefits and practical assistance in accessing those resources that will enable them to remain in new accommodation

The Counselling service offers young people a safe and confidential space in which there is an opportunity to explore, identify and understand past and present experiences. The aim is to help young people discover new ways of coping and to feel and think better about themselves and their lives and promote greater well-being. Services include:

- Emotional support for young people;
- Drop-In Service (no appointment necessary);
- Weekly one-to-one counselling;
- Crisis intervention service;
- Support for a wide range of issues;
- Consultation to Parents/Carers / Professionals/Agencies.

The Under 18's Service provides specialist support for young people who are 12-19 years old through a range of services. Young people can self refer, or be referred by other agencies. These services include:

- Weekly individual sessions;
- Group work opportunities;
- Accreditation opportunities;
- Support for young people excluded, or at risk of exclusion from school;
- Support for young people who are running away from home, school or care;
- Support with emotional well-being and personal development;
- General information and advice;
- Email an under 18's worker - [click here to email an under 18's worker](#).

Families Workers provides support to young parents and families working in partnership with other statutory and non-statutory agencies focusing on the 5 aims of "The Every Child Matters" framework. The service also provides active support to young pregnant women / expectant fathers during and after their pregnancy, liaising with the centre nurse and outside agencies to ensure that they are well prepared for parenthood.

Rough Sleepers Support Workers provide services for young people who are homeless and sleeping rough. Young people can self refer, or be referred by other agencies. Key services provided include:

- General advice and information for young people who are homeless
- Showers; Laundry; Meals;
- Housing, benefits advice and information;
- Linked to the City Centre Street Outreach Team;
- Signposting to appropriate agencies.

[The Corner, Dundee – Engagement and inclusion](#)

Dundee is Scotland's fourth largest city. Out of the 976 most-deprived of Scotland's 6505 data zones, 53 are in the Dundee City Council area. Over a quarter (28.4%) of Dundee's population lives in these data zones. There is a high rate of unemployment and a third of localities have more than twice the national average unemployment rate. Dundee City also shows higher than national average rates of drug misuse, smoking, teenage pregnancy and pregnancy termination.

Following consultation with young people in Dundee in the early 1990s, the need was identified for health and information services that were exclusively designed for young people and which were informal and confidential. The Corner evolved from these consultations as a measured and considered response.

The Corner set out to offer a single-door, or one-stop-shop, health and information service to young people from across the city. Its overall aim is to develop comprehensive, integrated

and appropriate access to health and information services for young people in Dundee (11–25 years, with a specific focus on the 12–18 age group).

The long-term vision was that if young people were offered user-friendly, broad-based services, they would use and benefit from them and that this in turn would improve their health. Although the original concerns of the health board and council focused on teenage pregnancy rates and the heterosexual spread of HIV, The Corner adopted a positive approach that would offer one-to-one advice and crisis intervention. This approach would also establish a culture that empowered young people to make positive choices for themselves in sexual health and issues which impacted on their own emotional and mental well-being.

The Corner young people's health and information service is a working partnership involving Dundee City Council, the regional National Health Service (NHS) health board (NHS Tayside), the Scottish Government and young people. It provides a unique and integrated range of health and information services through its high-profile city centre drop-in facility and outreach work in local communities.

The Corner has developed its practice based on the principles of the United Nations Convention on the Rights of the Child. The multi-agency partnership at The Corner is committed to ensuring that services are relevant and youth friendly, and that they are continually reviewed and refined. Young people have played, and continue to play, a major role in shaping, designing and influencing services and direction. One in three young people from the main target group (11–18 years) in Dundee have used the drop-in facility. Services are all free, informal and confidential.

The inter-professional staff team combines the disciplines of nursing, health promotion, health sciences, community development and youth work. The drop-in centre has developed its practice based on the principles of the United Nations Convention on the Rights of the Child, with the best interests of young people at the core. Services are all free, informal and confidential and include:

- a range of contraception and pregnancy testing services;
- information on a wide range of topics, including drugs, housing and training;
- one-to-one support, legal advice and employment services;
- access to computers and the Internet;
- events and interest-based opportunities focusing on a wide range of issues and needs, such as drama, multicultural and single-sex activities and mental health;
- outreach with young people ("Corner carry-out") in schools, colleges and community bases as well as detached work.

The service manager conducts the day-to-day running of centre, which includes recording service usage and monitoring target group usage and trends in issues raised during the drop-in and other activities.

Internal monitoring and evaluation is undertaken in a variety of ways, through:

- a web-based monitoring system which gathers statistical data on service users, specific feedback
- focusing on topics addressed during a consultation and comments about the service received,
- suggestions for change and time-limited, issue-based consultations;
- pre- and post-evaluations for preventative issue-based sessions or series of sessions;
- individual support for target-setting and interim and final reviews;
- feedback opportunities for external agencies;
- annual reports detailing progress.

External monitoring and evaluation is also undertaken in a variety of ways:

- as part of national inspection processes
- as part of accountability to funders
- through external evaluation reports undertaken by an independent evaluator.

The high number of young people accessing the services of "The Corner" provides an indication of its relevance to young people's lives. Since 1996 there have been 120,000 contacts, with 250 new contacts per month.

The Junction, Edinburgh – Evaluation of services through young people's feedback

Set up in 2005, the Leith-based centre provides health services, education and advice to young people aged 12-21 in a safe, friendly and confidential environment, reflecting the good practice guidelines outlined by Walk the Talk. The Junction is renowned for its confidential drop-in service. The centre offers youth-focused health services including:

- Advice, advocacy, support and referral to other agencies
- Age-appropriate counselling
- One-to-one support
- Peer education training and support
- Comprehensive sexual health services
- Alcohol Support and Education Service
- Outreach / Street Outreach
- Drop-ins: the Zone, the Chiller and the Clinical Service
- Services referral / self referral

The Junction's objectives are:

- Offer a safe, confidential, friendly space where information and support on health and well-being will be delivered within a responsive, holistic environment;
- Promote an approach that honours the diversity of young people and supports them in making informed choices;
- Provide premises, staff and opening times which reflect young people's desire for an accessible and confidential service;
- Develop a process which ensures young people's involvement in the development of the centre;
- Contribute to the body of knowledge relating to young people and their health needs by undertaking relevant research, evaluation and offering related training packages;
- Develop partnership working between local groups, voluntary and statutory agencies.

The Junction's services have been developed through close consultation with young people to find out their needs and preferences. All those who work at the centre believe in the importance of listening to young people.

"The action research project really looked at sexual health services, but young people said they didn't want purely a sexual health service. They didn't use the term "holistic", but they did talk about being treated as whole folk, and not being labelled by one particular thing, whether that is drugs, sex or mental health."

Within the drop-in, activities and conversations are focused around topics that young people raise. The centre is continually developing new games and resources to get young people thinking and talking, based on issues they've asked questions about or experiences they describe. Different topics become relevant at different times, so whether it's exam stress or

the facts about legal highs, young people find workers ready to support them. In 2010, the centre produced seven Infozines, each covering one or more topics raised by service users.

Twice a year the centre organises a 'Voice Your Choice' event, so that young people can give direct feedback on what they think of the Junction's services. If service provisions are not working or some aspect is missing from the services provided, then young people can inform the team. In 2010 young people were consulted on service provision over the summer holidays, and the opening hours were adjusted in response to feedback given. The result was a record number of drop-in visits in July. Following a recent 'Voice Your Choice' survey, 77% of young people who used their access services stated they were more likely to make safer sex choices

Through pre- and post-counselling intervention assessments young people have reported developing healthier coping strategies and increased self belief. Evaluations demonstrated an increased understanding of stress and management techniques.

Appendix B: Survey of Potential Partners (Questionnaire)



Survey

Potential Partners for OSSs

21 February 2017

Final



PREAMBLE

Good morning my name is XXXX from Social Market Research (SMR) and on behalf of the Public Health Agency (PHA) we are conducting an evaluation of the One Stop Shop initiative which focuses on the health and improvement needs of children and young people aged 11-25.

A key aspect of this current evaluation is to establish the contribution the OSS model makes to supporting the health and social needs of young people as well as to better understand the potential for local OSSs to work and collaborate with other agencies and organisations to help further support young people.

Your organisation has been identified as a potential partner of the [SUBSTITUTE NAME OF OSS] and the purpose of this short telephone survey is to assess awareness and knowledge of the [SUBSTITUTE NAME OF OSS] and to explore possible options for future collaboration. Any views you express will be treated as confidential and anonymous unless you agree for your views to be attributed.

Name of organisation	
Date of interview	
Time of interview	
Consent for comments to be attributed	

Survey of Potential Partner Organisations

The Public Health Agency funds One Stop Shop Services across Northern Ireland to cater for the health improvement needs of children and young people aged 11-25 years old. Within your area, your local OSS provider is provided by [SUBSTITUTE NAME OF OSS AS APPROPRIATE]:

- The Find Centre in Enniskillen;
- The Magnet in Newry;
- Dove House in Derry;
- Start360 in Ballymena;
- React in Banbridge;
- Extern in Bangor;
- Extern in Belfast;
- Carrick YMCA in Carrickfergus.

Q1. Before today were you aware that the Public Health Agency funds a One Stop Shop service for young people across Northern Ireland?

Yes	1
No	2

Q2. Before today were you aware that the One Stop Shop service is provided in your area by [SUBSTITUTE AS APPROPRIATE]

Yes	1	➔ Go to Q3
No	2	➔ Go to Q7

Q3. What do you feel are the gaps in service that the [SUBSTITUTE NAME OF OSS AS APPROPRIATE] meet that is not provided by other organisations in the area?

Support with alcohol	1
Support with bullying	2
Support with depression or other mental health issues	3
Support with drugs (including tobacco)	4
Support with educational (school) problems	5
Support with family problems	6
Support with low self-esteem	7
Support with relationships	8
Support with self-harm	9
Support with sexual health	10
Support with sexual orientation / gender issues	11
Support with eating disorders	12
Support with training and employment	13
Other (please specify)	14
Don't know	15

Q4. What do you feel is unique about the OSS service provided locally by [SUBSTITUTE AS APPROPRIATE]

--

Q5. How would you rate your understanding of the service provided by the One Stop Shop in your area provided by [SUBSTITUTE NAME OF OSS AS APPROPRIATE]?

Excellent	1
Good	2
Fair	3
Poor	4
Very poor	5

Q6. In terms of reputation, how would you say your local OSS provided by [SUBSTITUTE NAME OF OSS] is perceived?

Excellent	1
Good	2
Fair	3
Poor	4
Very poor	5
(Don't know)	6

Q7. A One Stop Shop Service provides a youth friendly, holistic health and well-being service. These services are hubs where young people have opportunities to socialise in an alcohol and drug-free environment. Young people can also get advice and support on a range of issues from relevant services both on-site and off-site with the support of staff of the One Stop Shop and input from a range of specialist agencies. There are currently eight One Stop Shops across Northern Ireland:

How supportive or unsupportive is your organisation of the One Stop Shop model which the PHA has developed?

Very supportive	1
Supportive	2
Not very supportive	3
Not at all supportive	4
(Don't know)	5

Q8. Why do you say that?

Q9. Thinking about the area that [SUBSTITUTE NAME OF OSS AS APPROPRIATE] operates in, and if you were to prioritise need, what do you feel are the 2 key health needs of children and young people aged 11-25?

Alcohol	1
Bullying	2
Depression or other mental health issues	3
Drugs (including tobacco)	4
Educational (School) Problems	5
Family Problems	6
Low Self-Esteem	7
Relationships	8
Self-harm	9
Sexual Health	10
Sexual orientation / gender issues	11
Eating disorders	12
Training and employment	13
Other (please specify)	14

Q10. Again, thinking about the area served by the [SUBSTITUTE NAME OF OSS AS APPROPRIATE], do you feel there are any gaps in health provision for 11-25 year olds generally?

Alcohol	1
Bullying	2
Depression or other mental health issues	3
Drugs (including tobacco)	4
Educational (School) Problems	5
Family Problems	6
Low Self-Esteem	7
Relationships	8
Self-harm	9
Sexual Health	10
Sexual orientation / gender issues	11
Eating disorders	12
Training and employment	13
Other (please specify)	14
No gaps in service	15

Q11. Do you feel that health service need is changing for young people aged 11-25 in the area serviced by the [SUBSTITUTE NAME OF OSS AS APPROPRIATE]?

Yes	1	→ Go to Q12
No	2	→ Go to Q13
Don't know	3	→ Go to Q13

Q12. Briefly how is service need changing?

--

Q13. How would you rate the effectiveness of [SUBSTITUTE NAME OF OSS AS APPROPRIATE] promoting the service locally?

Very effective	1
Effective	2
Not very effective	3
Not at all effective	4
(Don't know)	5

Q14. What do you feel [SUBSTITUTE NAME OF OSS AS APPROPRIATE] could be doing to further promote the OSS service locally?

Q15. The OSS providers can operate different models of delivery i.e. a static onsite service provided in a building or centre, a mobile outreach service such as a bus or an outreach service whereby the OSS goes out to schools and community centres etc. Which of these models do you feel is most effective in the area serviced by [SUBSTITUTE NAME OF OSS AS APPROPRIATE]?

Static onsite service	1
Mobile outreach	2
Outreach through partners such as schools, family centres etc.	3
A combination of models is effective (please explain)	4
(Don't know)	5

Q16. Why do you say that?

Q17. A key element of the OSS model is supporting young people by signposting them to organisations and agencies that can address their health and social wellbeing needs. Much of the models success has been through working in partnership with different organisations for the benefit of young people. How would you rate the level of interest in your own organisation exploring the potential of working in partnership with [SUBSTITUTE NAME OF OSS AS APPROPRIATE]?

Very interested	1	➔ Go to Q19
Interested	2	➔ Go to Q19
Not very interested	3	➔ Go to Q18
Not at all interested	4	➔ Go to Q18
(Don't know)	5	➔ Go to Q19

Q18. Why do you say that?

Q19. How likely or unlikely is it that your own organisation would refer clients to the OSS service provided by [SUBSTITUTE NAME OF OSS AS APPROPRIATE]?

Very likely	1
Likely	2
Unlikely	3
Very unlikely	4
(Don't know)	5

Q20. Do you see any barriers or limitations with the OSS model?

Yes	1	→ Go to Q21
No	2	→ Go to Q22

Q21. Briefly what do you feel is the main barrier or limitation?

Q22. Would you be willing to be contacted by [SUBSTITUTE NAME OF OSS] to explore opportunities for partnership moving forward?

Yes	1
No	2

Q23. Do you feel there are other organisations whom the [SUBSTITUTE NAME OF OSS AS APPROPRIATE] should be engaging with locally?

Yes	1	→ Go to Q24
No	2	→ Go to Q25

Q24. Please say which organisations you feel the [SUBSTITUTE NAME OF OSS AS APPROPRIATE] should be engaging with locally

Q25. Are there any key formal or informal networks that you are aware of that might be particularly effective for the work of [SUBSTITUTE NAME OF OSS]?

Yes	1	→ Go to Q26
No	2	→ Go to Q27

Q26. Please say which network(s) you feel may be useful?

Q27. Do you have any further comments on the OSS service provided by [SUBSTITUTE NAME OF OSS] or the overall OSS concept?

THANK AND CLOSE

Appendix C: Focus Group with One Stop Shop Managers

Summary of the Feedback from Workshop with One Stop Shops Managers

Date: 1st February 2017

Time: 10:30am Venue: Belfast OSS

Introduction

- The aims and objectives of the 2017 evaluation were outlined.
- The format of the focus group was explained.

Patterns and Differences across the OSS Network

Approx Proportions Overall

- Taking a straw poll of percentages OSS leaders were asked about the breakdown of their participants regarding gender. Males were overall predominant in OSS generally with higher proportions in Enniskillen 70%, Derry 75% and Ballymena 70% whilst females are in the majority in Banbridge and Bangor.
- Taking a straw poll regarding breakdown of % of age groups, OSS leaders were asked about the age range of their participants.
- Belfast shows the highest % of the younger age group being 40%, L'derry and Newry the highest of the middle age range being 50% and Ballymena with 60% of the oldest age group and 50% in both Enniskillen and Banbridge.

%	Enniskillen	Carrick	L'Derry	B'mena	Banbridge	Belfast	Bangor	Newry
Male	70	60	75	70	40	45	40	60
Female	30	40	25	30	60	55	60	40
Age								
11-14	20	30	20	10	10	40	30	10
15-17	30	30	50	30	40	40	40	50
18-25	50	40	30	60	50	20	30	40

Gender

- OSS leaders were then asked to reflect on the gender profile of their participants and what it is about their particular OSS that makes it attractive to them.
- Location of the OSS was considered to be an important factor.
- Music was an attractive offering for males in Derry - girls don't take part in the recreational aspect of OSS - they go for the social opportunity - girls don't take part in a lot of the group activities.
- Males often come on their own.
- It was noted in Banbridge that males would attend OSS on their own whilst females attend in groups and stay in their groups - females get support from each other
- Males use the staff more than girls.
- In Carrickfergus there are a lot of unemployed older males who have nothing to do. That comprised their older group.

Age

- The age profile at each OSS could be a function of lack of transport e.g. Banbridge has only 10% of 11 to 14 year olds attending which may be attributed to the rural area.
- Younger people may not be allowed into the town/city on their own e.g. Derry has a 20% attendance rate from the younger age group - have an older age group attending since OSS moved to the city centre - they had a younger age group when they were in the Bogside - they see a younger age group on Saturdays.
- Newry OSS is based in a young adult's centre so they get more of the older age range.
- Since moving from Shankill to the city centre, the Belfast OSS is getting more of a younger age group attending - it's a subtle but definite change but it is down to the environment, the venue and neutrality of the area.
- The variations across the OSS are down to issues around neutrality, safety and transport - all have an effect on the age groups attending.

Issues for Young People attending OSS

- Participants were asked to identify the most frequent issues that young people presented with at OSS.
- The most frequent issue emerging from the discussion and that young people present with across all of the OSS was some form of problem with Mental Health and Wellbeing.
- The least frequent issues were sexual health and welfare and legal issues.
- The issues however are complex - suicide, alcohol and drug abuse all flow into Mental Health and Wellbeing - all interlinked.
- It's normal for young people to present with multiple issues.
- Issues affecting mental health might reflect: social isolation, housing, unemployment, drug and alcohol abuse, family breakdown, relationship difficulties including family dynamics, poverty, bereavement, bullying (often associated with social media), anxiety, depression, sexual orientation.
- The above illustrates the complexity of the problems presented - there is an interdependence of issues.
- The issues presented might reflect a particular age group e.g. social media may be associated with a younger age group.
- Some young people lead chaotic lives and group activities do not suit them - they lack social skills and so may gravitate to offerings like music.

Gaps in Service

- Participants were asked about what made OSS unique and then to identify any gaps in service and how they might bridge those gaps.
- What makes OSS unique is that there is informality and a lack of stigma - young people can "come in and just be" and relax - no one hassles them.
- The recreational and social opportunities in OSS builds confidence.
- It's a very informal offering. It is Drop-In - no educational requirement to attend as there is in Youth Clubs - this is a big attraction for young people - no appointments are needed and on the spot help is available.
- The particular skills set of the staff and the way they interact with young people builds trust - approachable and good listening skills.
- As staff are not involved in educational requirements they have more time to spend with young people.
- Staff are able to give young people space which empowers them to make their own decisions.

- Anecdotal evidence suggests that staff see a definite improvement in the mental health of young people who attend OSS.
- PHA could help/enable joined up working relationships with other agencies to build up rapport and connections e.g. networking events would be helpful.
- Need a workshop specifically on networks to deal with the specific complex issues identified above.
- Young people need help/advice with sexual health issues. A sexual health nurse could perhaps call once a month at a specific day and time.
- Advice on maintaining physical health - malnutrition arising from prioritising drugs and alcohol to food.
- Food banks could be offered or food share - links to poverty.
- A new initiative of a food bank was set up in Newry - it's a new thing for young people turning up looking for food - definitely linked to growing poverty.
- Whilst young people visit the OSS they could get a C card, advice on drugs and alcohol and get a meal as well - come in for one thing that leads on to another.
- There are gaps in engagement with some agencies and groups - a need to look at all the agencies involved in mental health and well-being as above re: issues for young people attending OSS. However there are staffing and time resources limit how much time could be given over to that.
- There's a need to link into the Education authority and schools. However there are staffing issues around this.
- Agencies could be welcomed in to use the OSS space - encourage more inreach than outreach.
- Once an agency begins to use the OSS it's an opportunity to build up relationships.

Staffing issues

- Sometimes the age of staff is an issue. Those who have just graduated are very young and sometimes perceived to be too close in age to those using OSS.
- There is a feeling that staff are at capacity.
- There is a concern about sustainability.
- One OSS employs staff sessionally.
- It would be a good idea to have a bank of staff and or part-time staff and volunteers.
- It's was thought to be a good idea to have staff with some sort of qualification - doesn't matter whether it's in nursing, teaching or social work - they have to be able to deal with social issues.
- It's not always necessary to have qualified staff but it's necessary to have experienced staff.
- All staff need some kind of qualification in youth work.
- Staff need to have a knowledge of youth issues - need to be intuitive and approachable so that young people feel comfortable.
- Staff need clear and relevant training e.g. drug and alcohol training.
- Not sure if there were extended hours and had more staff that they would get more young people using the facilities - one wouldn't necessarily follow from the other.
- There should be a pilot on extended hours.
- Instead of extended hours, maybe need to make better use of time and staff by e.g. keep the centre open and have some outreach e.g. to schools.
- It's important to have more in depth supervision and support for staff.
- There is a need to look after staff wellbeing.

Appendix D: Discussion Schedule (Partner Organisations, OSSs Providers)



Topic Guide for face to face Interviews – OSS Leaders

One Stop Shops Evaluation



GAPS

QUESTION 1 identifying gaps in service: Initial development of service

- Q How has the OSS developed to meet the needs of the young people in the area?
1. What did you start off doing here in the OSS, what were your initial services/offerings?
 2. How did you decide that your initial service offerings were additional to what was already here in the area?
 3. How did you involve the young people in deciding what activities etc. are on offer?

Sum up question 1 for comparative analysis: Please give me 3 or 4 milestones that have been significant in the development of the OSS to where it is right now.

QUESTION 2 Identifying gaps in service: Ensuring that the OSS is filling a gap

- Q What are the gaps in service for young people that the OSS fills?
1. Describe the distinctive ways that this OSS meets the demands of young people i.e. that make the OSS different to any other service available in this area.
 2. How do you keep on top of what the young people want from the OSS?
 3. How do you make sure that, in responding to what young people want, that you retain the uniqueness of OSS and do not duplicate services.
 4. Are you likely to continue running an OSS here in the future
 5. (if so) What are your plans for developing the OSS in future
 6. What is your understanding of the key differences in OSS provision across NI?
 7. In your view, are such differences appropriate?

Sum up question 2 for comparative analysis:

What are the main gaps in service that the OSS fills that are distinctive from other services for young people in the locality?

What are the main ways that OSSs differ from each other across NI?

PATTERNS

QUESTION 3 Identifying patterns: Main issues that the OSS addresses

- Q What are the main issues that young people in this OSS need help and support with?
- Are there different needs amongst different demographics (age, gender etc.) coming to your OSS/in your area?
 - What kinds of social, recreational, and supports activities/offers are most sought after?
 - What kinds of social, recreational, and supports activities/offers are most beneficial to the young people?
 - Are there young people out there with needs that the OSS is not currently addressing, but could? (if so, what are they)

Sum up question 3 for comparative analysis: List the 4 main issues that young people in this OSS need help and support with.

Sum up question 3 for comparative analysis: List any needs that the OSS does not currently meet, but would like to in the future.

ENGAGEMENT

QUESTION 4 Formal engagement with other organisations

- Q What networks is the OSS formally engaged with where a representative of the OSS sits on particular group, for example, the family hub?
- Are there key formal networks that are particularly effective for the work of the OSS?

Sum up question 4 for comparative analysis: List the 3 main groups with which the OSS has a formal engagement.

QUESTION 5 Informal engagement with other organisations

- Q In what ways does the OSS engage informally with other agencies, for example through networking at particular events.
- Are there key informal networks that are particularly effective for the work of the OSS?

Sum up question 5 for comparative analysis: What would be the main ways in which you engage informally.

QUESTION 6 Expanding engagement

- Q What other networks or agencies do you think would be fruitful to reach out to either formally or informally?
1. Are there organisations that the OSS would like to engage with but have been unable to do so thus far?
 2. Are there types of individuals or types of issues that the OSS would/should like to have greater engagement with?
 3. What can the OSS do to expand its reach with potential partners?

Sum up question 6 for comparative analysis: What would be the main ways in which you could expand engagement.

ATTENDANCE AND OUTCOMES

QUESTION 7 Attendance and outcomes for young people signposted to other services

- Q Do you think that young people signposted into service from the OSS, fare any better than young people who are referred or signposted from other sources?
1. What kind of support do you give young people as they enter an episode of care with another service?
 2. What effect does this support, for example, accompanying a young person to a first appointment have upon attendance or outcomes?

Sum up question 7 for comparative analysis: Sum up the main ways in which young people signposted from OSS achieve better outcomes from other services.

QUESTION 8 Staffing arrangements

- Q Describe the mix of staff in the OSS in terms of employed and voluntary and what proportion would have formal qualifications for example in youth work.
1. Does the current mix described above work well for the OSS or (and in what way) would you like to change it?
 2. What limitations are there, if any, to the role(s) / function(s) that staff without formal qualifications can take on?

Sum up question 8 for comparative analysis: Sum up the current staff mix



Topic Guide for face to face Partner Interviews

One Stop Shops Evaluation



GAPS

QUESTION 1 identifying gaps in service: Initial development of service

Q How has the OSS developed to meet the needs of the young people in the area?

Sum up question 1 for comparative analysis: Are you aware of any particular milestones that have been significant in the development of the OSS to where it is right now.

Q 2 CHANGES IN VIEWS

QUESTION 2 Changed Views

1. How long have you been involved with OSS?
2. How many OSSs have you been involved with?
3. Have your views of OSS changed over time?
 - a. If so, in what way and why?
 - b. If not, what important aspects of your views / perceptions of the OSS have remained the same, and why?

Sum up question 2 for comparative analysis: If respondent has been involved with more than one OSS,

1. Have your views of the different OSSs changed over time? If so, in what way and why?
2. If not, what important aspects of your views / perceptions of the OSS have remained the same, and why?

QUESTION 3 Identifying gaps in service: Ensuring that the OSS is filling a gap

Q What are the gaps in service for young people that the OSS fills?

8. Describe the distinctive ways that the OSS meets the demands of young people i.e. that make the OSS different to any other service available in this area.

Sum up question 3 for comparative analysis:

What are the main gaps in service that the OSS fills that are distinctive from other services for young people in the locality?

PATTERNS

QUESTION 4 Identifying patterns: Main issues that the OSS addresses

Q What are the main issues that young people in the OSS need help and support with?

- Are there different needs amongst different demographics (age, gender etc.) going to the OSS/in your area?
- What kinds of social, recreational, and supports activities/offers are most sought after by young people going to the OSS?
- What kinds of social, recreational, and supports activities/offers are most beneficial to the young people?
- Are there young people out there with needs that the OSS is not currently addressing, but could? (if so, what are they)

Sum up question 4 for comparative analysis: List the main issues that young people in the OSS need help and support with.

Sum up question 4 for comparative analysis: List any needs that the OSS does not currently meet, but should do so in the future.

ENGAGEMENT

QUESTION 5 Formal engagement with other organisations

Q What networks are you aware of that the OSS has formally engaged with where a representative of the OSS sits on particular group, for example, the family hub?

- Are there key formal networks that are particularly effective for the work of the OSS?

Sum up question 5 for comparative analysis: What would be the main ways in which the OSS engages formally.

QUESTION 6 Informal engagement with other organisations

Q In what ways does the OSS engage informally with other agencies, for example through networking at particular events.

- Are there key informal networks that are particularly effective for the work of the OSS?

Sum up question 6 for comparative analysis: What would be the main ways in which the OSS engages informally.

QUESTION 7 Expanding engagement

- Q What other networks or agencies do you think would be fruitful for the OSS to reach out to either formally or informally?
4. Are there organisations that the OSS should engage with but have not done thus far?
 5. Are there types of individuals or types of issues that the OSS should have greater engagement with?
 6. What can the OSS do to expand its reach with potential partners?

Sum up question 7 for comparative analysis: What would be the main ways in which the OSS could expand engagement.

ATTENDANCE AND OUTCOMES

QUESTION 8 (for partners to which young people are referred or signposted only)

Attendance and outcomes for young people signposted to other services

- Q Do you think that young people signposted into your service from the OSS, fare any better than young people who are referred or signposted from other sources?
3. What kinds of support does the OSS give young people as they enter an episode of care with another service?
 4. What effect does this support, for example, accompanying a young person to a first appointment have upon attendance or outcomes?

Sum up question 8 for comparative analysis: Sum up the main ways in which young people signposted from OSS achieve better outcomes from other services.

Thank interviewee and close.



Topic Guide for Interviews with PHA local leads

One Stop Shops Evaluation



QUESTION 1 identifying gaps in service: Initial development of service

Q How has the OSS developed to meet the needs of the young people in the area?

Sum up question 1 for comparative analysis: Are you aware of any particular milestones that have been significant in the development of the OSS to where it is right now.

QUESTION 2 Changed Views

4. How long have you been involved with OSS?
5. How many OSSs have you been involved with?
6. Have your views of OSS changed over time?
 - c. If so, in what way and why?
 - d. If not, what important aspects of your views / perceptions of the OSS have remained the same, and why?

Sum up question 2 for comparative analysis: If respondent has been involved with more than one OSS,

3. Have your views of the different OSSs changed over time? If so, in what way and why?
4. If not, what important aspects of your views / perceptions of the OSS have remained the same, and why

QUESTION 3 Identifying gaps in service: Ensuring that the OSS is filling a gap

Q What are the gaps in service for young people that the OSS fills?

9. Describe the distinctive ways that the OSS meets the demands of young people i.e. that make the OSS different to any other service available in this area.

Sum up question 3 for comparative analysis:

What are the main gaps in service that the OSS fills that are distinctive from other services for young people in the locality?

QUESTION 4 Expanding engagement

- Q What other networks or agencies do you think would be fruitful for the OSS to reach out to either formally or informally?
7. Are there organisations that the OSS should engage with but have not done thus far?
 8. Are there types of individuals or types of issues that the OSS should have greater engagement with?
 9. What can the OSS do to expand its reach with potential partners?

Sum up question 4 for comparative analysis: What would be the main ways in which the OSS could expand engagement.

QUESTION 5 Staffing arrangements

- Q Does the current mix staffing work well for the OSS or would you like to change it (if so in what way)?
3. What limitations are there, if any, to the role(s) / function(s) that staff without formal qualifications can take on?

Sum up question 5 for comparative analysis: Sum up the pros and cons of the current staff mix