

You're Welcome

Quality criteria for
making health services
young people friendly

You're Welcome quality criteria **self-assessment toolkit**

YWF11-19
Young People Friendly Health Services

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CONTENTS

Why is <i>You're Welcome</i> important?	5
How to use this toolkit	6
Contact information	9
1. Access	15
2. Publicity	21
3. Confidentiality and consent	25
4. The environment	30
5. Staff training, skills, attitudes and values	34
6. Joined-up working	38
7. Monitoring and evaluation, and involvement of young people	40
8. Health issues for young people	43
9. Sexual and reproductive health services	47
10. Child and adolescent mental health services (CAMHS) and facilities that offer targeted and specialist services for young people on psychological wellbeing and mental health.	53
Annex 1 – Summary of how young people have been involved in the <i>You're Welcome</i> process	59
Annex 2 - Resources	60

Introduction to You're Welcome

All young people are entitled to appropriate health services. It is important that NHS and independent (private and voluntary) sector services take young people's needs into account. This includes NHS and independent, primary, community, specialist and acute services, as well as services that are subcontracted to provide health services to young people. It is also important to ensure seamless service delivery to young people, through effectively joined up services across health, local authority, community and voluntary and private sectors. The *You're Welcome* (YW) quality criteria set out principles to support health service providers to improve their services and be more young people friendly.

This toolkit is designed to highlight the *You're Welcome* quality criteria and enable service commissioners and providers to assess whether services meet the criteria and are delivering young people friendly services. Although the *You're Welcome* quality criteria are non-mandatory, as described in the next section, they provide important guidance to support local delivery based on good practice. Commissioners in particular may wish to include them as evidence that services are meeting young people's needs¹.

The quality criteria cover ten areas, each with sub-criteria²:

1. Access	7. Monitoring and evaluation, and involvement of young people
2. Publicity	8. Health issues for young people
3. Confidentiality and consent	9. Sexual and reproductive health services (SRH)
4. Environment	10. Child and adolescent mental health services (CAMHS) - targeted and specialist services for young people on psychological wellbeing and mental health
5. Staff training, skills, attitudes and values	
6. Joined-up working	

The *You're Welcome* quality criteria are based on examples of effective practice working with young people aged under 20³, and are designed to be applied to all health services – both young people specific and generic – covering general and acute health problems, chronic and long-term disease management (such as specialist care for asthma and diabetes) and health promotion. The current *You're Welcome* rollout materials suit general practice, pharmacies, sexual health services, abortion service providers, school- and college-based services and universal, targeted and specialist children and adolescent mental health services (CAMHS). Whilst all health services can assess themselves against the *You're Welcome* criteria, they are not yet fully tested and tailored for every sector, for example, to the acute sector. Ensuring services meet the *You're Welcome* quality criteria is the responsibility of all those working with young people.

¹ Details on the DH world class commissioning programme may be found at www.dh.gov.uk/en/Managingyourorganisation/Commissioning/Worldclasscommissioning/

² Numbering in this toolkit does not entirely reflect that of *You're Welcome* quality criteria (2007) as changes have been made as a result of findings from testing in 30 PCT areas.

³ The age range includes young people aged 11-19. However, the guidelines also aim to ensure services with a wider remit – such as chlamydia screening for young people up to 25 – are young people friendly.

Why is You're Welcome important?

The *You're Welcome* quality criteria aim to improve acceptability, accessibility and quality of services for young people and therefore choice. *You're Welcome* has been included in the NHS Operating Framework for 2009/2010. and highlighted in DH/DCSF *Healthy lives, brighter futures*, the government strategy for children and young people's health. The *You're Welcome* quality criteria support the implementation of Standard 4 and 9 of the *National Service Framework for Children, Young People and Maternity Services*ⁱ and build on the Royal College of General Practitioners' initiative *Getting it Right for Teenagers in Your Practice*ⁱⁱ, which has been supported by the Department for Children, Schools and Families' (DCSF) Teenage Pregnancy Unit (TPU) and the Department of Health (DH). In addition, *You're Welcome* quality criteria correspond to a number of public service agreements (PSAs)⁴.

These – and other guidelines and resources highlighted in this toolkit – provide guidance and advice on provision of services that meet the needs of clients and patients under the age of 20. They include statutory requirements (such as the Disability Discrimination Act 2005) as well as good practice guidelines.

In addition to providing guidance to individual services to help them meet the needs of their patients and clients, *You're Welcome* aims to help local areas achieve their priorities as identified in local strategic partnerships' (LSPs) local area agreements (LAAs) and primary care trusts' (PCTs) and Children's Trusts' local development plans. *You're Welcome* can contribute to a number of objectives in the national indicator set⁵ for LSPs and "Vital Signs"⁶ for PCTs that may be local priorities. Some of these include:

	National Indicator Set	Vital signs
Effectiveness of CAMHS services	NI 51	x
Services for disabled children	NI 54	x
Obesity	NI 55 / NI 56	x
Emotional and behavioural health of looked after children	NI 58	
Young people's participation in positive activities	NI 110	
Prevalence of chlamydia	NI 113	x
Substance misuse by young people	NI 115	
Under 18 conception rate	NI 112	x
Smoking	NI 123	x
Self reported experience of patients and users		x

The *You're Welcome* quality criteria set out principles to help health services (including non-NHS providers) become young people friendly. They cover areas to be considered by commissioners and health services. Content is based on examples of effective practice.

⁴ Details of PSAs that *You're Welcome* aims to contribute to achieving will be included in briefings that will be made available on the DH website

⁵ A set of 198 indicators for local strategic partnerships to use in identifying priorities for their local area agreements

⁶ Vital Signs are indicators in the Operating Framework [see references] for PCTs to develop local operational plans to deliver against national priorities. They include, guidance on how to select - or create - local priorities.

How to use this toolkit

The toolkit has been designed to consolidate information in one space, so that services can see what to do to be young people friendly, meaning that they are appropriate to the needs of young people – as detailed in the *You're Welcome* quality criteria. The toolkit will help services rate their level of achievement in relation to the *You're Welcome* quality criteria. It provides space for recording evidence and an action plan for reviewing, maintaining or improving the level of service.

This toolkit is for individual service settings. It is not appropriate to fill in a single form, for example, for a number of branches of a service, as the provision may be very different in each location (due to differences in environment, staffing and resources).

The ten sections each include the following elements:

- **You're Welcome quality criteria section:** The first line of each section identifies individual *You're Welcome* criteria – accessibility, joined-up working, environment, etc.
- **Criteria:** This section lists the 'sub-criteria' for each of the *You're Welcome* criteria.
- **Notes:** These aim to clarify or elaborate on the criteria.
- **Examples of evidence:** Included here are some examples of the types of evidence that may be helpful in showing that a service meets *You're Welcome* criteria. (This is a non-exhaustive list and services are likely to have a range of other examples). Examples can demonstrate compliance or lack of compliance, such as only having leaflets that are 'young people-unfriendly' and no other resources to address the gap.

Note: Only examples of available evidence (rather than descriptions of processes or services provided) must be noted as part of this process (e.g. make a note of publicity materials, access ramps, staff appraisal systems in place).

- **Ratings: Starting out / Getting there / Meets You're Welcome:** The following describes the different levels of service delivery that form the self-assessment. It is important to note that the bullet point descriptions are general suggestions designed to help services think about the level of provision to aim for and cannot fully describe all situations.

The scoring range is as follows:

- **Starting out - Score 1 point:** Arrangements are either not in place to meet the criteria or current arrangements are limited. There is no plan to improve the area or there is a plan that is not being acted upon.
- **Getting there - Score 2 points:** Some arrangements are in place and the service is on the way to achieving the criteria. If arrangements are not in place, there is a robust, active plan to achieve the criteria.
- **Meets You're Welcome (Meets YW) - Score 3 points:** Systematic arrangements are in place that meet the criteria. While not all criteria can be 'fully met' at all times, overall, the service is working at that level of provision.

Each criterion will have a rating, to be summarised for each section, and a total in the overall summary sheet.

Scores: Individual sub-criteria scores are as described above. A specific scoring system for each section is listed below the summary grid.

Services may wish to assess themselves in relation to the broad understanding of the categories.

- Award each of the individual criteria a score between 1 and 3
- At the end of each section there is a scoring range (e.g. 7-11 starting out; 12-19 getting there; 20-21 meets YW)
- Add up your score for all the criteria in that section. Identify where you fit in the scoring range. This will tell you your overall rating for this section.
- Write the overall score and overall rating in the summary score box at the end of each section and on the overall summary sheet, where all section scores will be displayed together.

An electronic version that automatically adds up scores and turns them into ratings is in development.

Exclusions and variations

- **Exclusions:** Organisations can exclude themselves from criteria that reasonably do not apply to them, noting in the evidence and summary sections why there is an exclusion. A full 'meets YW' rating and score is applied in these cases. An example of an exclusion might be in relation to '8.3-8.5 – transition', where services with a clientele covering all ages would not have to provide transition to adult services.
- **Variations:** If the service provides an appropriate variation of what is described in *You're Welcome*, very briefly describe what is being done and why it is an appropriate variation. Assess the level to which it is being achieved in relation to *You're Welcome* (in line with ratings, above) and rate the service accordingly. An example of a variation might be a service that provides outreach to young people not attending school, suggesting a variation for '1-2 hours'.

Action

Each section includes a space for 'action to be undertaken' to achieve *You're Welcome* or to maintain *You're Welcome* status.

Steps for self assessment

1. **Get acquainted:** Read through the criteria to get a sense of *You're Welcome* overall.
2. **The right group and a collaborative approach:** Get the right people to fill in the self-assessment. It would be helpful to include service managers as well as those who deliver the service. For example, in a primary care practice, this may be led by the practice manager and other key staff including a GP, a nurse and reception staff, with the scores and action plan agreed at a practice meeting. It is helpful to have staff at different levels in the organisation. It is important that the service managers or directors agree the final overall rating. It is also important that one person does not complete the self-assessment alone. Determining the rating in a meeting of the service team would be a helpful approach, so there is an agreed understanding across the organisation. You may wish to engage young people at this stage but external QA assurance processes will include young people.

3. **Copies of the toolkit:** The grids are designed for A4 paper, but some may want to photocopy or print them on A3 paper for individual or group sessions completing the self-assessment. Flipcharts may work better in workshops and with notes transferred to the electronic form afterwards.
4. **Fill in sections:** Fill in each section and the sub-criteria within those sections. Once all the sub-criteria have been assessed, fill in the section summary.
5. **Overall summary:** Once all the individual section summaries have been completed, fill in the overall summary sheet (p 6), including a summary action plan. The electronic version will automatically transfer summaries from individual sections to the summary sheet. The summary sheet will be a useful tool, for example, for a quality assurance overview.
6. **Action:** It will be important to include a brief (20-25 words) action plan, including who is responsible and by when the action will be done. Once the action plan has been agreed, it can be acted upon.

Support, quality assurance and award of *You're Welcome*

A programme of support is available to help services achieve the *You're Welcome* quality criteria. This will include access to training, resources and a website platform.

Quality assurance will be undertaken to verify the self-assessment. For details, see the Department of Health website. *You're Welcome* status will be awarded by the Department of Health to services that have been through the approved quality assurance process. A programme to devolve quality assurance to PCTs (who will make awards on behalf of DH) is taking place. Details of the quality assurance process, logos and other materials will be released on the website.

Please note: For services that complete other assessments it would be helpful to ensure responses are aligned where appropriate.

Who is the *You're Welcome* toolkit designed for?

Any service is welcome to use the toolkit as a general guide as to whether they are young people friendly. However, the toolkit is mainly intended for services that have a significant health component, such as:

- primary care
- school- and college-based health services⁷
- abortion service providers
- sexual and reproductive health services
- drug and alcohol services
- projects for young people that include wider health support in addition to non-clinical health programmes (e.g. distributing condoms).

You're Welcome is *not* primarily designed for services and organisations that do not provide health services, such as a youth service that distributes condoms but does not do other sexual health or wider health. In this example, a scheme such as the National Youth Agency (NYA) *Good Practice Guidelines for Healthy Youth Work* that work alongside the NYA Quality Mark are more appropriate. Both complement the principles set out in *You're Welcome*.

⁷ An exemplar health service in schools offers, in line with local health needs assessment, culturally sensitive, non-judgemental, confidential services with an emphasis on emotional health and managing a range of conditions and issues such as asthma, diabetes, smoking cessation, obesity, contraception and sexual health, drugs and alcohol, sports injuries, vaccinations and immunisations, general health, as well as health promotion. While a service does not have to undertake all of these to achieve 'meets YW' it provides a helpful reference point.

Filling in sections:

Services	Complete sections
All services	1 to 8
Services that provide sexual and reproductive health services (including non-specialist sexual health services, such as within primary care)	1 to 9
Services that provide targeted or specialist child and adolescent mental health services ⁸ (CAMHS), but which do not provide any sexual health services	1 to 8 and 10
Services that deliver all the above services, for example, primary care	1 to 10

Services that have a valid reason for not completing a section can score themselves a '3' (in paper copy) or 'YW' in electronic version. Any such exclusions or variations can be noted in the evidence and summary, with the reason for the exclusion or variation. Any questions about exclusions or variations may be directed to the regional lead for *You're Welcome*. Details about implementation support outside the regional arrangements (such as Royal College led programmes), are available on the Department of Health website.

Contact information

Support and information is available to PCTs and services through *You're Welcome* regional leads. Contact details can be found through the Department of Health website.

⁸ Services that promote psychological wellbeing and mental health or which respond to and meet the mental health needs of children and young people.



You're Welcome

Criteria scoring

You're Welcome criteria

Examples of what could be used as evidence of compliance – or lack of compliance.

Notes: additional information to clarify criteria or lack of compliance.

5 Criteria scoring Note: services to fill in **aqua** sections.

Criteria 1.7 Disabled access

This service is provided in accordance with the Disability Discrimination Act (DDA) 2005. The service is easily accessible by people with any form of physical disability or sensory impairment. Disability support aids are fully functional and freely available to assist service users.

Notes: *This includes learning disabilities. Disability Discrimination Act 2005: see annex 2*

Examples of evidence: Publicity materials (print or other media) on disabled access, staff training records, communication and mobility aids are fully functional, availability advertised in building and all staff are trained to use.

Starting out (1)	Getting there (2)	Meets <i>You're Welcome</i> (3)	Rating	Score	Action / by when / by whom
<ul style="list-style-type: none"> The service is not provided in accordance with the DDA, there are limited support aids available but some attempts have been made to enhance access for young people with disabilities. 	<ul style="list-style-type: none"> A range of efforts have been made to ensure services are accessible to young people with disabilities, some disability support aids are available but service does not fully comply with DDA. 	<ul style="list-style-type: none"> The service is delivered in accordance with the DDA. Disability support aids are fully functional and freely available. The service has systematic arrangements in place for identifying and addressing changes to provision that may be required so that it is more responsive to the needs of disabled people. 	Evidence		

Levels: Starting out, Getting there; Meets YW: with rough guidelines for levels for working towards YW quality accreditation

For services to fill in:
Put your score here...
• Starting out: 1
• Getting there: 2
• Meets YW: 3

Evidence: please include tangible pieces of evidence (e.g. publicity leaflet and DVD) rather than a description of what you do to comply.

Action: what you need to do to work towards YW, by when, and who will do it. It covers action to help achieve or maintain YW. Up to 25 words.

For services to fill in: Assess your rating – Starting out, Getting there/Meets YW - and fill in here. For rating levels, see the end of each criterion.

Accessibility		Summary comments:	Summary action:
Total section rating			
Section score			

For services to fill in: Section summary:

- Scoring has been tailored for each section. Add up points for each of the criteria in each section and note the total score.
- Set the rating for the section.
- Once you have figured out total score, rating and summary comments and action points, fill these in and copy to the overall summary sheet.

Toolkit: Overall summary sheet

Date of assessment	
Service name	
Brief description of service <i>(up to 50 words)</i>	
Local PCT	
Key contact / role	
Contact details	
Assessors	
Self-assessment process <i>(e.g. group workshop, individual, young people involved)</i>	

Criteria	Rating	Score	Summary comments <i>(incl. explanation of exclusions/ variations)</i>	Action <i>(summary overview actions)</i>
1. Access				
2. Publicity				
3. Confidentiality and consent				
4. Environment				
5. Staff training, skills, attitudes and values				
6. Joined-up working				
7. Monitoring and evaluation, and involvement of young people				
8. Health issues for young people				
9. Sexual and reproductive health services				
10. Child and adolescent mental health services				
OVERALL ASSESSMENT				

Scoring and rating

Note: Manual scoring only applies to the paper copy of the toolkit. The electronic version automatically adds the score and produces a rating.

This scoresheet is mainly for use in group exercises. In order to achieve an overall rating of 'Meets You're Welcome', roughly 95% of sub-criteria will need to have achieved a rating of 'Meets YW'.

Section	Number of Sub-criteria	Starting out	Getting there	Meets YW	Essential for overall rating of Meets YW
1	8	8 - 10	11 - 22	23 - 24	1.4, 1.5, 1.7
2	4	4 - 5	6 - 10	11 - 12	
3	4	4 - 5	6 - 10	11 - 12	3.1, 3.2, 3.3
4	3	3 - 4	5 - 7	8 - 9	4.1
5	3	3 - 4	5 - 7	8 - 9	
6	2	2	3 - 4	5 - 6	
7	3	3 - 4	5 - 7	8 - 9	7.2
8	3	3 - 4	5 - 7	8 - 9	
9	6	6 - 8	9 - 16	17 - 18	
10	6	6 - 8	9 - 16	17 - 18	
Total	42				

	Fill in sections	Starting out	Getting there	Meets <i>You're Welcome</i>
All services	1 – 8 Total: 30 sub-criteria	Total score between 30 and 44	Total score between 45 and 86	Total score between 87 and 90
Services that provide sexual and reproductive health services (including non-specialist sexual health services, e.g. in primary care)	1 – 9 Total: 36 sub-criteria	Total score between 36 and 52	Total score between 53 and 103	Total score between 104 and 108

Services that provide targeted or specialist child and adolescent mental health services⁹ (CAMHS), but not sexual health services	1 – 8 / 10 Total: 36 sub-criteria	Total score between 36 and 52	Total score between 53 and 103	Total score between 104 and 108
Services that deliver all described services (e.g. primary care)	1 – 10 Total: 42 sub-criteria	Total score between 42 and 61	Total score between 62 and 120	Total score between 121 and 126
Comments		This is the bottom 15% of the rating scale	A score of at least 'Getting there' on the following is essential before an overall rating of 'Getting there' can be achieved: 1.4 Access: access to abortion 1.5 Access: making appointments and attending consultations 1.7 Access: disabled access 3 Confidentiality and consent: 3.1 Written policy 3.2 Training 3.3 Display 4.1 Environment: safe and suitable 7.2 Monitoring and evaluation, and involvement of young people: client views	95% of all sub-criteria achieve 'Meets YW' and no 'Starting out' ratings. A score of 'Meets YW' on the following is essential before an overall rating of 'Meets YW' can be achieved. 1.4 Access: access to abortion 1.5 Access: making appointments and attending consultations 1.7 Access: disabled access 3 Confidentiality and consent: 3.1 Written policy 3.2 Training 3.3 Display 4.1 Environment: safe and suitable 7.2 Monitoring and evaluation, and involvement of young people: client views

Note: Exclusions and variations - if there is a valid reason why any criteria do not apply to your service, please note the sub-criterion – either as an exclusion or a variation - providing a reason why it does not apply and score these as a 'Meets YW'. It is not possible to make an exclusion for any of the above essential points. It is possible to do a variation for 1.6 or 3.3, for example in the case of outreach services.

⁹ Services that promote psychological wellbeing and mental health or which respond to and meet the mental health needs of children and young people
 quality criteria for **making health services young people friendly**

1. Access

This section outlines how to ensure services are accessible to young people. This section links with section 2 – publicity. References to information focus only on access.

Name/role of person completing section:

Date:

Criteria 1.1 Location:					
<ul style="list-style-type: none"> Where there is a choice about service location, the service is accessible to young people by public transport. 					
<p>Notes: Most established services do not have a choice about location. This item aims to ensure that within constraints, young people have the best possible access. Publicity can be print, electronic, media.</p>					
<p>Examples of evidence: Publicity materials – print or other media, evidence of publicity, building layout, feedback from young people</p>					
Starting out (1)	Getting there (2)	Meets You're Welcome (3)	Rating	Score	Action / by when / by whom
<ul style="list-style-type: none"> Service is not easily accessible by public transport; there is limited or no outreach. There is limited information on how to access services. 	<ul style="list-style-type: none"> The service is accessible to young people by public transport or through outreach, but there is limited information for young people on how to access the service. 	<ul style="list-style-type: none"> Service is easily accessible to young people by public transport or outreach. Services located so that young people are comfortable accessing them. 			
			Evidence		

Criteria 1.2 Hours:					
<ul style="list-style-type: none"> Young people can use the service outside school or college hours, or the service is provided on, or very close to, a school or college site 					
<p>Examples of evidence: Publicity materials – print or other media/evidence of publicity; feedback from young people.</p>					
Starting out (1)	Getting there (2)	Meets You're Welcome (3)	Rating	Score	Action / by when / by whom
<ul style="list-style-type: none"> There is no access outside school hours. 	<ul style="list-style-type: none"> The service is limited in late afternoons/evenings or weekends. 	<ul style="list-style-type: none"> The service is accessible to young people outside school/ college hours and/or an outreach service is provided on or near the schools or college. Arrangements are in place if there is a temporary closure. 			
			Evidence		

Criteria 1.3 Referral:						
<ul style="list-style-type: none"> In non-specialist services there are opportunities for self-referral and clear lines of referral to specialist services as required. 						
<p>Notes: This question is for all services that could reasonably be expected to accept self referral – such as genitourinary medicine (GUM) or CAMHS tier one. Self referral could include telephone, drop-in or text if available in service. It is important for young people to be aware of care pathways.</p>						
<p>Examples of evidence: Referral protocols, feedback from young people</p>						
Starting out (1)	Getting there (2)	Meets <i>You're Welcome</i> (3)	Rating	Score	Action / by when / by whom	
<ul style="list-style-type: none"> There are no/limited opportunities for self-referral. Staff are not aware of referral procedures and clear lines of referral are not always in place. 	<ul style="list-style-type: none"> There are opportunities for self-referral and lines of referral, but arrangements are not always effective (e.g. not all staff aware of arrangements). 	<ul style="list-style-type: none"> There are opportunities for self-referral/clear lines of referral to specialist services as required. Staff are aware of procedures. 	<table border="1"> <tr> <td>Evidence</td> </tr> </table>	Evidence		
Evidence						

Criteria 1.4 Access To Abortion

- Where any member of staff is ethically opposed to abortion, relevant professional guidance for those with conscientious objections is applied.
- Arrangements are in place to enable young women with unplanned pregnancies to be seen immediately by another practitioner known not to have objections, to enable impartial discussion of options.

Notes: *Relevant staff include reception staff who need to be aware of protocols and refer young women to practitioners known not to have objections to abortion. These arrangements are explicitly publicised to young people through the service information and visible posters. Pathways are developed that include signposting to abortion services.*

- To achieve an overall rating of *You're Welcome*, a rating/score of 'meets YW' must be achieved with this criterion.

Examples of evidence: Protocols, publicity information

Starting out (1)	Getting there (2)	Meets <i>You're Welcome</i> (3)	Rating	Score	Action / by when / by whom
<ul style="list-style-type: none"> • The service does not have arrangements for young people to be seen by another practitioner if the one they are seeing is opposed to abortion. 	<ul style="list-style-type: none"> • The service is aware and takes appropriate action if a member of staff is ethically opposed to abortion. • Young women with an unplanned pregnancy are seen by a practitioner who is not opposed to abortion to enable an impartial discussion of options. • There are not any formal protocols in place to ensure this happens. 	<ul style="list-style-type: none"> • The service has protocols to ensure relevant guidance is applied to any member of staff who is ethically opposed to abortion. • Protocols ensure young women with unplanned pregnancies are seen immediately by a practitioner known not to have objections, to enable impartial discussion of options and referral for abortion care if appropriate. • All staff including receptionists are aware of protocols and apply them when making appointments. 	<p>Evidence</p>		

Criteria 1.5

When making appointments and attending consultations young people may:

- request where they are seen
- request who they are seen by
- attend at least one consultation on their own without the involvement of a parent or carer
- attend with the support of a friend

Notes: *Young people under 16 should be able to make an appointment for themselves without their parent's or carer's consent. These issues are important in specialist services where the involvement of a parent or carer is desirable for treatment. A responsive approach to young people's needs is applied unless there are overriding serious risks relating to factors such as known staff safety or child protection issues. Fraser or Gillick competence¹⁰ are assessed during an appointment with a service provider **not** at the point of making one.*

- To achieve an overall rating of *You're Welcome*, a rating/score of 'meets YW' must be achieved with this criterion.

Examples of evidence: Service information and publicity materials – print or other media; views of young people

Starting out (1)	Getting there (2)	Meets <i>You're Welcome</i> (3)	Rating	Score	Action / by when / by whom						
<ul style="list-style-type: none"> • There are no, or very limited, opportunities for young people to: <ul style="list-style-type: none"> ○ request where they are seen ○ request who they are seen by ○ attend at least one consultation on their own without the involvement of a parent or carer ○ attend with the support of a friend 	<ul style="list-style-type: none"> • There are opportunities for some young people (e.g. over 16s) but not the wider age range to: <ul style="list-style-type: none"> ○ request where they are seen ○ request who they are seen by ○ attend at least one consultation on their own without the involvement of a parent or carer ○ attend with the support of a friend 	<ul style="list-style-type: none"> • There are opportunities for young people to: <ul style="list-style-type: none"> ○ request where they are seen ○ request who they are seen by ○ attend at least one consultation on their own without the involvement of a parent or carer ○ attend with the support of a friend. 	<table border="1"> <tr> <td style="width: 50px; height: 20px;"></td> <td style="width: 50px; height: 20px;"></td> </tr> <tr> <td colspan="2" style="background-color: #4a4a4a; color: white; text-align: center;">Evidence</td> </tr> <tr> <td style="height: 100px;"></td> <td style="height: 100px;"></td> </tr> </table>			Evidence					
Evidence											

¹⁰ **Fraser or Gillick competency:** The term arises from the case of Gillick v West Norfolk and Wisbech Area Health Authority in 1986. The House of Lords reviewed the issue of consent with regard to young people under the age of 16, and ruled that they could give valid consent to medical treatment as long as they have sufficient understanding and intelligence to appreciate fully what is proposed, and are capable of expressing their own wishes. Lord Scarman identified the principle that parental rights yield to the young person's rights to make their own decision when they reach a sufficient understanding and intelligence to be capable of making up their own minds on such matters. The terms Fraser or Gillick competency are used to consider the ability of children and young people under the age of 16 to give informed consent. This principle has been extended beyond consent to medical treatment and has been used in subsequent legislation (e.g. Children Act 1989). Note: The Fraser/Gillick competence is critical across all competency areas. The GMC publication 2008. Consent: patients and doctors making decisions together. provides helpful overview for clinicians. The most recent changes to the law on consent to treatment are in the 2007 amendments to the 1983 Mental Health Act and the Mental Capacity Act 2005. These pieces of legislation provide a comprehensive framework for decision making on behalf of young people and adults aged 16 and over. The Acts apply to England and Wales. Further advice on best practice regarding consent and capacity for under 16 year olds can be found in the Mental Health Act Code of Practice.

Criteria 1.6 Female/male staff:					
<ul style="list-style-type: none"> • Requests to be seen will be arranged if possible 					
Notes: <i>Where there is no possibility of choice, a chaperone may be appropriate</i>					
Examples of evidence: Publicity materials – print or other media, staff lists					
Starting out (1)	Getting there (2)	Meets <i>You're Welcome</i> (3)	Rating	Score	Action / by when / by whom
<ul style="list-style-type: none"> • Young people do not have a choice of gender of staff member they see and requests are not considered. 	<ul style="list-style-type: none"> • Young people do not always have a choice of gender of staff seen, but arrangements are made for referral/temps. 	<ul style="list-style-type: none"> • Young people have a choice of gender of staff member seen or referral arrangements are made to ensure. 			
			Evidence		

Criteria 1.7 Disabled access					
This service is provided in accordance with the Disability Discrimination Act (DDA) 2005. The service is easily accessible by people with any form of physical disability or sensory impairment. Disability support aids are fully functional and freely available to assist service users.					
Notes: <i>This includes learning disabilities. Disability Discrimination Act 2005: see annex 2</i>					
Examples of evidence: Publicity materials (print or other media) on disabled access, staff training records, communication and mobility aids are fully functional, availability advertised in building and all staff are trained to use.					
Starting out (1)	Getting there (2)	Meets <i>You're Welcome</i> (3)	Rating	Score	Action / by when / by whom
<ul style="list-style-type: none"> • The service is not provided in accordance with the DDA, there are limited support aids available but some attempts have been made to enhance access for young people with disabilities. 	<ul style="list-style-type: none"> • A range of efforts have been made to ensure services are accessible to young people with disabilities, some disability support aids are available but service does not fully comply with DDA. 	<ul style="list-style-type: none"> • The service is delivered in accordance with the DDA. • Disability support aids are fully functional and freely available. • The service has systematic arrangements in place for identifying and addressing changes to provision that may be required so that it is more responsive to the needs of disabled people. 			
			Evidence		

Criteria 1.8 Marginalised young people:

Services are provided to marginalised young people. If specialist services are required, young people are referred. These may include:

- unaccompanied asylum-seekers who are minors
- looked-after children and care leavers
- teenagers living in neighbourhoods where there are high levels of teenage pregnancy and evidence of health inequalities
- young people from black and minority ethnic communities
- young people with any form of disability and/or sensory impairment
- lesbian, gay, bisexual and transgendered young people
- teenage parents.

Notes: *All services are equally open and welcoming to girls and boys / young men and women.*

Examples of evidence: statistical monitoring; evaluation and young people's feedback

Starting out (1)	Getting there (2)	Meets <i>You're Welcome</i> (3)	Rating	Score	Action / by when / by whom
<ul style="list-style-type: none"> • Some young people are excluded from services. 	<ul style="list-style-type: none"> • Services are provided to some marginalised young people. 	<ul style="list-style-type: none"> • Services are provided to marginalised young people. • If specialist services are required, young people are referred. 	Evidence		

Access		Summary comments:	Summary action:
Total section rating			
Section score			

Section score, rating, comments and action to go to overall summary sheet.

Scores:

Scores: 8-10: Starting out

11-22: Getting there

23-24: Meets YW

2. Publicity

Ensuring young people are aware of the services that are available to them, as well as the extent of confidentiality, are central aspects of access. This section looks at effective publicity to enhance access. There is some overlap with section 1 in terms of information about access, but this section focuses on publicity and information about the whole service.

It is good practice to test the content and style of resource materials with the client group, which may vary depending on the service. It may be helpful to test with a range of young people/parents to ensure messages are clear and accessible. Confidentiality is a key issue. PCTs and Children's Trusts have an important role to play here. For example, it will be helpful for PCTs/Children's Trusts to co-ordinate and/or produce leaflets or prototype publicity materials (print, electronic or media) for local services. It is important to provide resources for young people with a range of literacy levels. *Note: 2.1, 2.2 and 2.3 are scored as one sub-criterion.*

Name/role of person completing section:

Date:

Criteria 2.1 Content:	
<p>The service provides leaflets for young people explaining:</p> <ul style="list-style-type: none"> • what the service offers • how to access the service • what will happen when they access the service • how the service is linked to other services <p>The content and style of the leaflets is appropriate for young people.</p>	<ul style="list-style-type: none"> • how to access other services and get appropriate onward referral • how to make suggestions or complaints about the service • who else has access to any information that the young person shares with the service • circumstances under which information will be disclosed
<p>Notes: <i>It is good practice to ensure young people have had input into the development of the publicity materials (either through the service or as part of development of resources by other sources)</i></p>	
<p>Examples of evidence: Publicity/publicity materials – print or other media, views of young people</p>	
Criteria 2.2 Disabilities	
<ul style="list-style-type: none"> • Service publicity material is available in forms that can be easily understood by young people with learning disabilities. • The service will provide information for people with physical disabilities or sensory impairments in an appropriate format. This is in accordance with the Disability Discrimination Act 2005. 	
<p>Notes: <i>Disability Discrimination Act 2005: see annex 2</i></p>	
<p>Examples of evidence: Publicity/publicity materials - print or other media; views of young people with learning or physical disability/sensory impairment.</p>	
Criteria 2.3 Community Languages:	
<ul style="list-style-type: none"> • Service publicity material is available in languages that are used by the local community of young people 	
<p>Notes: <i>Whether there is a requirement for resources in community languages should be based on local needs assessment. The language of choice may be English. Information (e.g. a multi-language poster) about Language Line may be helpful. PCTs have an important leading role to play here in terms of needs assessment and provision of resources as appropriate.</i></p>	

Examples of evidence: Publicity/publicity materials – print or other media, views of young people whose first language is not English.

Starting out (1)	Getting there (2)	Meets <i>You're Welcome</i> (3)	Rating	Score	Action / by when / by whom
<ul style="list-style-type: none"> The service does not have leaflet/publicity materials specifically for young people, or if it does, it has very limited information. Content and style are not appropriate for young people. Disability: Publicity materials are not available for young people with learning or physical disabilities or sensory impairment. Languages Even where there is demonstrated need for resources in community languages, these are provided only in English. 	<ul style="list-style-type: none"> There are leaflets/publicity materials for young people with all of the information described above, but copies are not always available. Content/style appropriate for some young people (e.g. 11 year olds) but not the wider age range. Disability: Some publicity materials are available for young people with learning or physical disabilities or sensory impairment, but they are not in accordance with the DDA 2005. Languages: Where there is a need, some resources are produced for young people in community languages, but this is inconsistent and not based on need. 	<ul style="list-style-type: none"> The service provides leaflets/publicity materials for young people with information as described above. Leaflets/publicity materials are available. The content and style of leaflets/publicity materials are appropriate for the 11-19 age range or there is more than one leaflet / publicity item available. Disability: Service publicity material... <ul style="list-style-type: none"> can be made available in forms that can be easily understood by young people with learning disabilities can be provided in appropriate formats for young people with physical disabilities/ sensory impairments. Languages: Where there is a need, service publicity material is available in languages used by local young people or arrangements are in place with the PCT to ensure availability. There is information about language support services for health appointments. 	<p>Evidence</p>		

Criteria 2.4 Confidentiality/access:

Service publicity material makes clear:

- Young people’s entitlement to a confidential service, including any limitations to confidentiality with regard to child protection.
- There are also opportunities for young people to attend a consultation on their own.

Examples of evidence: Evidence of publicity /publicity materials – print or other media; views of young people

Starting out (1)	Getting there (2)	Meets <i>You're Welcome</i> (3)	Rating	Score	Action / by when / by whom			
<ul style="list-style-type: none"> • Confidentiality is not addressed in practice materials or it does not clearly state young people’s entitlement or limitations to confidentiality. • Opportunities to attend a consultation on their own are not addressed. 	<ul style="list-style-type: none"> • Confidentiality is addressed in service publicity materials but neglects to describe all elements: entitlement, limitations and opportunities to attend on their own. 	<ul style="list-style-type: none"> • Service publicity material makes clear: <ul style="list-style-type: none"> ○ young people’s entitlement to a confidential service, including any limitations (e.g. child protection). ○ there are opportunities for young people to attend a consultation on their own. 	<table border="1"> <tr> <td style="background-color: #800000; color: white;">Evidence</td> </tr> <tr> <td> </td> </tr> </table>	Evidence		<table border="1"> <tr> <td> </td> </tr> </table>		
Evidence								

Criteria 2.5 Accuracy/timeliness:

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

Notes: *Information provided by the service is updated at least annually or to reflect significant change of service details.*

Examples of evidence: Evidence of publicity /publicity materials – print or other media; views of young people

Starting out (1)	Getting there (2)	Meets <i>You're Welcome</i> (3)	Rating	Score	Action / by when / by whom			
<ul style="list-style-type: none"> • There is no regularly updated information for young people (e.g. it is more than 2 years old) and it is not fully accurate about key service details. 	<ul style="list-style-type: none"> • Information is updated every second year but is not entirely accurate. 	<ul style="list-style-type: none"> • All information provided by the service is accurate and is updated annually or to reflect significant service change. • Mechanisms are in place to ensure information is accurate. 	<table border="1"> <tr> <td style="background-color: #800000; color: white;">Evidence</td> </tr> <tr> <td> </td> </tr> </table>	Evidence		<table border="1"> <tr> <td> </td> </tr> </table>		
Evidence								

Criteria 2.6 Additional information:

- The service provides information about other local services for young people, in accordance with the *National Service Framework for Children, Young People and Maternity Services*

Notes: Information is made available for young people

Examples of evidence: Evidence of publicity /publicity materials either about other local services or from other local services; views of young people.

Starting out (1)	Getting there (2)	Meets <i>You're Welcome</i> (3)	Rating	Score	Action / by when / by whom		
<ul style="list-style-type: none"> The service provides no information on other local services for young people. 	<ul style="list-style-type: none"> The service provides information on other local services for young people and sometimes makes it available to young people, and if appropriate, to their parents/carers. 	<ul style="list-style-type: none"> The service provides up-to-date information on other local services for young people in line with the NSF and systematically makes it available to young people, and if appropriate, to their parents/carers. 	<table border="1"> <tr> <td>Evidence</td> </tr> <tr> <td> </td> </tr> </table>	Evidence			
Evidence							

Publicity		Summary comments:	Summary action:
Total section rating			
Section score			

Section score, rating, comments and action to go to overall summary sheet.

Scores: 4-5 Starting out

6-10: Getting there

11-12: Meets YW

3. Confidentiality and consent

Clear policies on confidentiality and consent are implemented by staff and known to service users, making a considerable contribution to building young people's trust in services and service providers. See 1.5 for Fraser competency.

Name/role of person completing section:

Date:

The following question is aimed at health services which use alternative buildings in addition to their main location. This may include providing a service to a young person with a disability who can't gain access to the main building or using another building in case of a disaster such as flooding.

Criteria 3.1 Written policy

- There is a written policy on confidentiality and consent to treatment and the policy is consistent with current Department of Health guidanceⁱⁱⁱ.
- The policy includes a clear protocol for the management of child protection concerns and possible breaches of confidentiality.
- All staff (both clinical and non-clinical) are familiar with the service's confidentiality policy.
- Regular audits of consent and confidentiality are undertaken.

Notes: See annex 1 for details. Guidance at time of publication (2009) is:

- Royal College of General Practitioners. Brook. 2006. Confidentiality and Young People toolkit.
- DH. 2004. Seeking Consent: Working with Children.
- DH. 2004. Best practice guidance for doctors and other health staff on the provision of advice and treatment of young people under 16 on contraception, sexual and reproductive health.
- HM Government. 2006. Working together to safeguard children.
- General Medical Council. 2007. 0-18: guidelines for all doctors.
- General Medical Council. 2008. Consent: patients and doctors making decisions together.

Audits – or review – of confidentiality and consent protocols to be undertaken at least annually. See page 14 for notes on Fraser competency.

- To achieve an overall rating of *You're Welcome*, a rating/score of 'meets YW' must be achieved with this criterion.

Examples of evidence: written policy; staff training records; audit/review records

Starting out (1)	Getting there (2)	Meets <i>You're Welcome</i> (3)	Rating	Score	Action / by when / by whom					
<ul style="list-style-type: none"> • There are no confidentiality and consent procedures/ protocols in place. • If these are in place, staff are not familiar with them. • Fraser competence is understood by some appropriate staff and assessment is not a part of practice. 	<ul style="list-style-type: none"> • There are confidentiality and consent procedures and protocols in place and staff are familiar with these. • These are not regularly audited or acted upon. • Fraser competence is understood by some appropriate staff and assessment is a routine part of practice. 	<ul style="list-style-type: none"> • There are written confidentiality and consent policy / protocols in line with DH guidance and specifically mentioning young people. • Staff are aware of protocols • There are (at least) annual audits of confidentiality and consent procedures; necessary action is undertaken. • Fraser competence is understood by appropriate staff and assessment is a routine part of practice. 	<table border="1"> <tr> <td data-bbox="1503 300 1637 331"></td> </tr> <tr> <td data-bbox="1503 331 1637 703">Evidence</td> </tr> </table>		Evidence	<table border="1"> <tr> <td data-bbox="1637 300 1798 331"></td> </tr> <tr> <td data-bbox="1637 331 1798 703"></td> </tr> </table>			<table border="1"> <tr> <td data-bbox="1798 300 2150 703"></td> </tr> </table>	
Evidence										

Criteria 3.2 Training:

- Members of staff receive inter-disciplinary training on the issues of confidentiality and consent and issues pertaining to seeing young people on their own.
- Inter-disciplinary training is undertaken with local Safeguarding Children Boards (formerly Local Area Child Protection Committees) to ensure that approaches to child protection are in line with *Working Together to Safeguard Children (WTtSC)*^{iv}.

Notes: *The aim of this training is to reach a shared understanding of young people's entitlement to confidentiality, and the practical applications of this in situations where different staff are working together to safeguard vulnerable children and young people. It is important that training is according to local WTtSC arrangements. The PCT and Children's Trust may have an important role to play here in co-ordinating / providing advice on training.*

To achieve an overall rating of *You're Welcome*, a rating/score of 'Meets YW' must be achieved with this criterion.

Examples of evidence: confidentiality policy; shared protocols; staff training records

Starting out (1)	Getting there (2)	Meets <i>You're Welcome</i> (3)	Rating	Score	Action / by when / by whom
<ul style="list-style-type: none"> • Limited or no training is provided to staff on confidentiality / consent related issues. • There are no shared protocols in place to follow for working with other staff, or these exist and are not followed. 	<ul style="list-style-type: none"> • Some staff have received interdisciplinary training on confidentiality/consent/seeing young people on their own. • Protocols are in place, but they are not shared protocols. • Training is in line with <i>WTtSC</i>, but is not delivered through the Safeguarding Children Board. 	<ul style="list-style-type: none"> • All appropriate staff receive interdisciplinary training on confidentiality/consent/seeing young people on their own. • Inter-disciplinary training is undertaken with local Safeguarding Children Boards. • Approaches are in line with <i>WTtSC</i>. 	<p>Evidence</p>		

Criteria 3.3 Display:

- Confidentiality, competence and consent policies are made explicit to young people and parents or carers and information that explains this is freely available.
- The information makes clear young people's entitlement to confidentiality and any limitations to confidentiality with regard to child protection.

Notes: *This section refers to information on confidentiality that is available. It is helpful to test information to ensure it is clear and accessible to young people. Posters may also be displayed in waiting rooms and every consultation room and space.*

To achieve an overall rating of *You're Welcome*, a rating/score of 'Meets YW' must be achieved with this criterion.

Examples of evidence: Information sharing protocols, information displayed, reports of mechanisms such as mystery shopper

Starting out (1)	Getting there (2)	Meets <i>You're Welcome</i> (3)	Rating	Score	Action / by when / by whom		
<ul style="list-style-type: none"> • Confidentiality, competence and consent policies are made not made explicit to young people and parents or carers. • There is no, or poorly displayed, information on confidentiality, competence and consent, a young person's right to confidentiality, and possible limitations. 	<ul style="list-style-type: none"> • Confidentiality, competence and consent policies are made not made explicit to young people and parents or carers. • There is some information on display, but it doesn't cover all of confidentiality, competence and consent, a young person's right to confidentiality, and possible limitations. 	<ul style="list-style-type: none"> • Confidentiality, competence and consent policies are made explicit to young people and parents or carers. • Information is freely available making clear: <ul style="list-style-type: none"> ○ a young person's right to confidentiality ○ any limitations on confidentiality with regard to child protection. 	<table border="1"> <tr> <td data-bbox="1346 580 1637 644">Evidence</td> </tr> <tr> <td data-bbox="1346 644 1637 1102"> </td> </tr> </table>	Evidence			
Evidence							

Criteria 3.4 Parents and carers:

- All staff routinely explain the confidentiality policy to young people and to their parents or carers to enable them to understand young people's rights to confidentiality
- The service routinely explains to young people that they have the opportunity to attend a consultation without the involvement of a parent or carer.

Notes: *This section refers to verbal explanations and support on confidentiality. Parents are only involved with the young person's consent.*

To achieve an overall rating of *You're Welcome*, a rating/score of 'meets YW' must be achieved with this criterion.

Examples of evidence: Staff guidelines, information resources

Starting out (1)	Getting there (2)	Meets <i>You're Welcome</i> (3)	Rating	Score	Action / by when / by whom
<ul style="list-style-type: none"> • The service does not inform young people and their parents/carers about the service's confidentiality policy and a young person's right to attend a consultation without parents/carers. 	<ul style="list-style-type: none"> • Staff tell young people and their parents/carers about the service's confidentiality policy and a young person's right to attend a consultation without parents/carers, but there is no protocol in place to ensure this happens. 	<ul style="list-style-type: none"> • The following take place/are checked to ensure they happen. • All appropriate staff routinely explain the confidentiality policy to young people/ their parents or carers to enable them to understand young people's rights to confidentiality. • Young people are informed of the opportunity of attending without a parent/carer. 	Evidence		

Confidentiality & consent:		Summary comments:	Summary action:
Section rating			
Section score			

Section score, rating, comments and action to go to overall summary sheet.

Scores: 4-5: Starting out 6-10: Getting there 11-12: Meets YW

4. The environment

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

Name/role of person completing section:

Date:

The following question is aimed at health services which use alternative buildings in addition to their main location. This may include providing a service to a young person with a disability who can't gain access to the main building or using another building in case of a disaster such as flooding.

Criteria 4.1 Safe and suitable:

- Care is delivered in a safe, suitable and young people friendly environment.
- Young people are not asked, in public, any potentially sensitive questions that might be overheard in the reception or waiting area.

Notes: The following are helpful guides to safe and secure provision:

- *Staying Safe* (DCSF, 2008)
- *Common Core of Skills and Knowledge for the Children's Workforce* (DCSF) www.everychildmatters.gov.uk/deliveringservices/commoncore/
- *Safeguarding Children and Young People: Roles and Competences for Health Care Staff* (Intercollegiate Document) April 2006 (Royal College of Paediatrics and Child Health, supported by DH) www.rcm.org.uk/info/docs/safeguarding_children.pdf
- *DH. 2004. Best practice guidance for doctors and other health staff on the provision of advice and treatment of young people under 16 on contraception, sexual and reproductive health*
- *HM Government. 2006. Working together to Safeguard Children*
- *General Medical Council. 2007. 0-18: guidelines for all doctors*
- *General Medical Council. 2008. Consent: patients and doctors making decisions together*

All appropriate staff working or volunteering as part of the service have cleared Criminal Records Bureau (CRB) checks and have undertaken child protection training.

A safe environment includes psychological and physical safety.

It may be helpful to have a line on the floor at reception behind which a queue forms to enhance privacy.

To achieve an overall rating of *You're Welcome*, a rating/score of 'meets YW' must be achieved with this criterion.

Examples of evidence: Staff training, reports of mechanisms such as mystery shopper, publicity materials, young people's views, patient survey.

Starting out (1)	Getting there (2)	Meets <i>You're Welcome</i> (3)	Rating	Score	Action / by when / by whom
<ul style="list-style-type: none"> Standard guidelines on safety are not adhered to, including CRB checks, with some key staff not CRB checked. Staff, including reception staff, are not trained to ensure privacy and confidentiality for young people. There are no consistent arrangements in place to obtain sensitive information from young people away from the reception area/ waiting room. 	<ul style="list-style-type: none"> Attempts are made to create a safe environment: <ul style="list-style-type: none"> Standard guidelines on safety are adhered to, including CRB checks, and all appropriate staff are CRB checked prior to working in the service. Staff, including receptionists are trained in confidentiality and are sensitive to young people's needs, but are not always sensitive to young people's privacy and confidentiality needs. 	<ul style="list-style-type: none"> Systematic arrangements are in place for care to be delivered in a safe environment where: <ul style="list-style-type: none"> Standard guidelines on safety are adhered to, including CRB checks, with all appropriate staff CRB checked prior to working in the service All appropriate staff, including receptionists, are trained in confidentiality. Arrangements are in place to protect young people's privacy and confidentiality. 	<p>Evidence</p>		

Criteria 4.2 Young people friendly/informative environment:

- The waiting areas are young people friendly, comfortable and welcoming.
- There is appropriate reading material for young people. This information is checked and 'refreshed' regularly to ensure that it is kept up-to-date.

Notes: *Specific young people reading material could include resources and links aimed at young people (e.g. health issues, www.ruthinking.co.uk, www.nhs.uk/teenlifecheck/ etc), locally produced teen magazines or other publicity materials. There could be a young people's notice board and information rack in waiting areas. It is important to take into account that young people have a range of literacy levels.*

Examples of evidence: Publicity materials, reading materials, staff training, reports from mechanisms such as mystery shopper.

Starting out (1)	Getting there (2)	Meets <i>You're Welcome</i> (3)	Rating	Score	Action / by when / by whom
<ul style="list-style-type: none"> • Limited or no attempt is made to make the waiting area young people friendly. • There are no reading materials aimed at young people and little consideration has gone into the layout and comfort of the waiting area. 	<ul style="list-style-type: none"> • Some attempts have been made to make the waiting area young people friendly and welcoming to young people. • Attention has been given to layout and appropriate reading materials are available for young people, although these are not kept up-to-date. • Publicity materials are not used to promote the service environment as welcoming to young people. 	<ul style="list-style-type: none"> • Waiting areas are young people friendly, clean, comfortable and welcoming. • There is publicity on display and reading materials for young people that are checked and refreshed every couple of months to ensure they are up-to-date. 	<p>Evidence</p>		

Criteria 4.3 Ongoing, effective communication					
All staff routinely explain who they are, and what they/ the service can and cannot do to help young people.					
Notes: Staff make appropriate written materials available during discussions.					
Examples of evidence: Views of young people, service information materials					
Starting out (1)	Getting there (2)	Meets You're Welcome (3)	Rating	Score	Action / by when / by whom
<ul style="list-style-type: none"> Staff generally (though not always) explain who they are. 	<ul style="list-style-type: none"> Staff routinely explain who they are. Staff sometimes explain what they and the service can and cannot do for young people. 	<ul style="list-style-type: none"> Staff routinely explain who they are. Staff routinely explain what they and the service can and cannot do for young people. 			
			Evidence		

Environment		Summary comments:	Summary action:
Section rating			
Section score			

Section score, rating, comments and action to go to overall summary sheet.

Scores: 3-4: Starting out

5-7: Getting there

8-9: Meets YW

5. Staff training, skills, attitudes and values

Trained staff committed to delivering young people friendly services will ensure the *You're Welcome* criteria – and the needs of young people – are met. The PCT and Children's Trust may have an important role to play here in co-ordinating / providing advice on training. See also 4.1 – Criminal Records Bureau (CRB) checks – as part of the preparation of staff to deliver services.

Name/role of person completing section:

Date:

Criteria 5.1 Communication skills:

All staff who are likely to come into contact with young people receive basic training on:

- communicating easily with young people
- promoting attitudes and values that are young people friendly
- meeting standards established in the current *NHS Knowledge and Skills Framework*^Y
- working to current Department of Health guidance on confidentiality and consent and seeing young people on their own.

Notes: Guidance current at time of publication (2007) is DH (2005). *NHS Knowledge and Skills Framework. Core Dimension 1: Communication. PCTs, Children's Trusts and professional organisations have a key role to play in co-ordinating training.*

Examples of evidence: Staff training records, training guides, reports of mechanisms such as mystery shopper, young people's views.

Starting out (1)	Getting there (2)	Meets <i>You're Welcome</i> (3)	Rating	Score	Action / by when / by whom
<ul style="list-style-type: none"> • Staff have not had any training to assist them to communicate effectively with young people. 	<ul style="list-style-type: none"> • Some appropriate staff including some reception staff (but not all who come in contact with young people) have received basic training on: <ul style="list-style-type: none"> ○ communicating easily with young people ○ promoting young people friendly attitudes/values ○ meeting standards established in the current <i>NHS Knowledge and Skills Framework</i> ○ working to current DH guidance on confidentiality and consent and seeing young people on their own. 	<ul style="list-style-type: none"> • All appropriate staff who come in contact with young people, including reception staff, have received basic training on: <ul style="list-style-type: none"> ○ communicating easily with young people ○ promoting young people friendly attitudes/values ○ meeting standards established in the current <i>NHS Knowledge and Skills Framework</i>. ○ working to current DH guidance on confidentiality and consent and seeing young people on their own. 	Evidence		

Criteria 5.2 Health issues skills:

Appropriate staff members receive training and relevant appraisal to ensure that they are competent to:

- discuss necessary and relevant health issues with young people
- make appropriate referrals when necessary
- manage difficult consultations

Notes: A DH adolescent health e-learning programme is available via RCPCH website (see Annex 2).

Examples of evidence: Staff training records, training guides, appraisal records

Starting out (1)	Getting there (2)	Meets <i>You're Welcome</i> (3)	Rating	Score	Action / by when / by whom	
<ul style="list-style-type: none"> • No, or very few appropriate, staff have received training to ensure they are competent to: <ul style="list-style-type: none"> ○ discuss necessary/ relevant health issues ○ make appropriate referrals ○ manage difficult consultations • There is no appraisal to ensure staff are competent in this area. 	<ul style="list-style-type: none"> • Some appropriate staff have received training and have appraisals to ensure they are competent to: <ul style="list-style-type: none"> ○ discuss necessary and relevant health issues ○ make appropriate referrals ○ manage difficult consultations • Appraisal does not regularly deal with this area. 	<ul style="list-style-type: none"> • All appropriate staff have received training and have regular appraisals to ensure they are competent to: <ul style="list-style-type: none"> ○ discuss necessary and relevant health issues with young people ○ make appropriate referrals when necessary ○ manage difficult consultations • This area is dealt with as a part of regular appraisal. 	<table border="1"> <tr> <td style="background-color: #c6e0b4;">Evidence</td> </tr> </table>	Evidence		
Evidence						

Criteria 5.3 Supervision and support:

Appropriate supervision and support are offered to staff who provide one-to-one support to young people.

Notes: *Supervision can contribute to assessing whether staff are supporting achievement of YW and the principles of YW are part of the individual's ethos.*

Examples of evidence: Service protocols, supervision records

Starting out (1)	Getting there (2)	Meets <i>You're Welcome</i> (3)	Rating	Score	Action / by when / by whom
<ul style="list-style-type: none"> Staff providing one-to-one support for young people do not receive supervision/ support that takes their role in relation to young people into account. 	<ul style="list-style-type: none"> Senior managers offer ad hoc supervision to staff providing one-to-one support to young people, but formal measures are not in place for staff to access this support / supervision and ensure it occurs. 	<ul style="list-style-type: none"> Measures are in place to ensure staff providing one-to-one support to young people receive supervision and support. E.g. team meetings, supervisors' open door policy, one-to-one sessions, and regular appraisals that take into account their role in relation to young people. 	Evidence		

Training Section rating Section score		Summary comments:	Summary action:
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Section score, rating, comments and action to go to overall summary sheet.

Scores: 3-4: Starting out

5-6: Getting there

8-9: Meets YW

6. Joined-up working

Health services need to link effectively with local authority and voluntary and community services to provide joined up services that meet the needs of young people. This section looks at some of the ways to ensure effective delivery.

Name/role of person completing section:

Date:

Criteria 6.1 Additional services and referrals

- Where possible, other relevant services for young people are co-located within the service.
- Where this is not the case, the service provides information about other local services for young people.
- All staff are familiar with local service provision and arrangements for referral.

Notes: *This could include sexual health, contraceptive services, youth support services, and possibly children's care services, particularly Leaving Care teams.*

Examples of evidence: Signposting/publicity materials, referral protocols

Starting out (1)	Getting there (2)	Meets <i>You're Welcome</i> (3)	Rating	Score	Action / by when / by whom		
<ul style="list-style-type: none"> • No other services for young people are co-located in the service. • The service provides limited information about other local services. 	<ul style="list-style-type: none"> • Services for young people are co-located within the service. • If this is not possible, the service provides information about other local services. • Staff are aware of services, but no referral arrangements are in place. 	<ul style="list-style-type: none"> • Wherever possible, other services for young people are co-located within the service. • If this is not possible, the service provides information about other local services. • All appropriate staff are familiar with local service provision; arrangements are in place for referral. 	<table border="1"> <tr> <td style="background-color: #2e8b57; color: white;">Evidence</td> </tr> <tr> <td> </td> </tr> </table>	Evidence			
Evidence							

Criteria 6.2 Information to other service providers

Information about the service is provided to other relevant organisations and to key professionals working with young people.

Notes: 'Key professionals' include the range of service providers who work with young people. Information is regularly updated (e.g. annually, or as services changes occur).

Examples of evidence: Mailing lists, meeting minutes, protocols

Starting out (1)	Getting there (2)	Meets <i>You're Welcome</i> (3)	Rating	Score	Action / by when / by whom
<ul style="list-style-type: none"> Information about the service is not shared with other services or key health staff. 	<ul style="list-style-type: none"> Information about the service is provided to other relevant organisations and key staff working with young people. 	<ul style="list-style-type: none"> Accurate information about the service is systematically provided to other relevant organisations and key staff working with young people. 			
			Evidence		

Joined up working		Summary comments:	Summary action:
Section rating			
Section score			

Section score, rating, comments and action to go to overall summary sheet.

Scores: 2: Starting out

3-4: Getting there

5-6: Meets YW

7. Monitoring and evaluation, and involvement of young people

In order to be sure that the service is young people friendly, it will be important to monitor service provision and to involve young people in that assessment in a number of ways. Routine monitoring by age, sex, and ethnicity can help services collect information about service use to identify gaps, plan services effectively and manage performance.

Name/role of person completing section:

Date:

Criteria 7.1 Involvement of young people in planning:

- Young people are formally consulted in relation to current services and relevant new developments, and they are included in patient satisfaction surveys.
- Processes are in place to ensure that information gathered from young people is included in survey results and considered in service development plans.

Notes: *PCTs, Children's Trusts and local authorities have an important role to play here in co-ordinating young people's involvement across areas in line with Hear by Right. A range of approaches can be taken, including surveys, focus groups, client questionnaires, discussions in schools, etc. Appropriate links are made with local youth support service staff who are supporting the participation of young people. It may be helpful to make use of local youth parliaments, patient and public involvement forums and school councils. See website for examples of approaches to involvement.*

Examples of evidence: Consultation reports/action plans.

Starting out (1)	Getting there (2)	Meets <i>You're Welcome</i> (3)	Rating	Score	Action / by when / by whom
<ul style="list-style-type: none"> • The service does little or no consulting with young people about service provision. 	<ul style="list-style-type: none"> • The service regularly consults with young people in relation to current service provision and any new developments, and they are included in patient satisfaction surveys. • Processes are in place to ensure that information collected from young people is included in survey results and considered in development plans. • There are no systems in place to feed back to the young people and obtain participation from young people in developments. 	<ul style="list-style-type: none"> • The service systematically consults with young people in relation to current service provision and any new developments, and they are included in patient satisfaction surveys. • Processes are in place to ensure that information collected from young people (e.g. through consultation/ involvement work by other service staff) is included in survey results and considered in development plans. • As appropriate, young people are made aware of consultation outcomes and invited to participate in developments. 			
			Evidence		

Criteria 7.2 Client views:

- The service invites all clients to give their opinions of the service offered and whether it met their needs; these are reviewed and acted on as appropriate.

Notes: *This may include suggestions or comments box with pen and paper in the waiting area and online feedback. It is important that procedures are clear and openly displayed. It is helpful to have a young people friendly complaints procedure.*

- To achieve an overall rating of *You're Welcome*, a rating/score of 'Meets YW' must be achieved with this criterion.

Examples of evidence: Policy for collecting and responding to client feedback, relevant examples, complaints procedure publicity

Starting out (1)	Getting there (2)	Meets <i>You're Welcome</i> (3)	Rating	Score	Action / by when / by whom		
<ul style="list-style-type: none"> • The service does not have any mechanisms in place to allow clients to give their opinions on the service offered and whether it meets their needs. 	<ul style="list-style-type: none"> • The service has some mechanisms in place to allow clients to give their opinions of the service offered and whether it meets their needs (e.g. suggestion box). • Comments are not regularly reviewed or acted upon where appropriate. 	<ul style="list-style-type: none"> • The service has systematic arrangements for clients – and prospective clients – to give their opinions of the service offered and whether it meets their needs (e.g. suggestion box, online feedback). • Comments are regularly reviewed and acted upon as appropriate. 	<table border="1"> <tr> <td data-bbox="1344 502 1635 534"></td> </tr> <tr> <td data-bbox="1344 534 1635 845">Evidence</td> </tr> </table>		Evidence		
Evidence							

Criteria 7.3 Young people's involvement in monitoring:

- Young people are involved in monitoring the service against the *You're Welcome* quality criteria.

Notes: This includes annual or ad hoc surveys where some or all of *You're Welcome* is included. Where available, the service is part of monitoring and evaluation schemes, including mystery shopping, window shopping, patient panel, etc . It is important that the service has actively sought feedback from young people and can demonstrate that it regularly provides information about comments and has made changes as a result of the feedback, in line with young people's suggestions, where appropriate. All appropriate staff need to know about and understand procedures.

Examples of evidence: Survey reports, mystery shopper reports, reports of young people's patient panels.

Starting out (1)	Getting there (2)	Meets <i>You're Welcome</i> (3)	Rating	Score	Action / by when / by whom
<ul style="list-style-type: none"> • Young people are not involved in monitoring the service against the <i>You're Welcome</i> quality criteria. 	<ul style="list-style-type: none"> • There is some involvement of young people in monitoring the service against the <i>You're Welcome</i> quality criteria. 	<ul style="list-style-type: none"> • Young people systematically involved in monitoring the service against the <i>You're Welcome</i> quality criteria, for example, using mystery shopper or young people's patient panels. 	Evidence		

Monitoring & evaluation:		Summary comments:	Summary action:
Section rating			
Section score			

Section score, rating, comments and action to go to overall summary sheet.

Scores: 3-4: Starting out 5-7: Getting there 8-9: Meets *You're Welcome*

8. Health issues for young people

This section outlines a number of key health issues of importance to young people to ensure the service takes an integrated, effective approach to addressing key health issues. It is important that all health issue related activities are informed by evidence on effectiveness. NICE guidance will be of particular importance.

Name/role of person completing section:

Date:

Criteria 8.1 Health promotion services:

- Health promotion is regularly brought up in consultation and a programme is in place for a range of issues, including:
 - smoking cessation
 - healthy eating and weight management
 - alcohol misuse
 - substance misuse
 - mental health and psychological wellbeing concerns
 - sexual and reproductive health
- The service also provides leaflets on common health concerns (such as smoking cessation, contraception and sexual health, drugs and alcohol) and information on local specialist services, relevant national websites and helplines.
- Parents and carers are provided with relevant information about health issues that concern young people generally and are supported to encourage discussion with their children.

Notes: For parents, Speakeasy and Parentline Plus (see annex 2) are useful resources.

Examples of Evidence: Support materials, publicity materials

Starting out (1)	Getting there (2)	Meets <i>You're Welcome</i> (3)	Rating	Score	Action / by when / by whom
• The service does not provide	• The service provides - as	• The service systematically takes all			
			Evidence		

<p>any information or provides limited information on wider health topics affecting young people, other than those associated with the service.</p> <ul style="list-style-type: none"> • There is little or no information for parents 	<p>appropriate – a limited range of information on common health concerns experienced by young people (e.g. smoking, contraception and sexual health, drugs and alcohol).</p> <ul style="list-style-type: none"> • The service provides some information on local specialist services and relevant national websites/helplines. • The service has limited information for parents. 	<p>appropriate opportunities to deliver key health promotion messages of concern to young people, which may encompass topics not directly related to the delivered service, including:</p> <ul style="list-style-type: none"> ○ smoking cessation ○ healthy eating & weight management ○ alcohol misuse ○ substance misuse ○ mental health and psychological wellbeing ○ sexual/reproductive health ○ the service provides information on common health concerns, information on local specialist services, relevant national websites and helplines. <ul style="list-style-type: none"> • Parents/carers are provided with relevant information about health issues that concern young people generally and are supported to discuss these with their children. 		
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Criteria 8.2 Emotional wellbeing and mental health support:

- Psychological wellbeing and mental health support is available to young people on-site.
- A clear referral pathway is identified for young people with identified psychological wellbeing and mental health concerns. The pathway includes specialist CAMHS (child and adolescent mental health services) input where appropriate.

Notes: ‘Emotional or psychological support’ to be provided by a designated person trained in ‘counselling skills’ if not a qualified counsellor. “Choosing what’s best for you” is an example of a helpful resource for young people. See also section 10 for further emotional wellbeing and mental health support.

Examples of evidence: Referral pathways, evidence of publicity / publicity materials

Starting out (1)	Getting there (2)	Meets <i>You're Welcome</i> (3)	Rating	Score	Action / by when / by whom
<ul style="list-style-type: none"> • Emotional wellbeing and 	<ul style="list-style-type: none"> • Emotional wellbeing and 	<ul style="list-style-type: none"> • Emotional wellbeing and 	Evidence		

<p>mental health support is not available on site.</p> <ul style="list-style-type: none"> • There are no referral pathways in place to other agencies providing these services, or to CAMHS, for young people with emotional wellbeing and mental health concerns. 	<p>mental health support is not available on site, but there are clear pathways in place to refer to other agencies providing these services.</p> <ul style="list-style-type: none"> • A clear referral pathway is identified for young people with identified emotional wellbeing and mental health concerns. 	<p>mental health support is available to young people on site.</p> <ul style="list-style-type: none"> • A clear referral pathway is identified for young people with identified psychological wellbeing and mental health concerns. • The pathway includes specialised CAMHS input where appropriate. 		
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Transition to adult services. Note: Services that cater to all ages, (where a transfer of care due to age is not required) can exclude themselves from this section, giving a 'Meets *You're Welcome*' rating.

Criteria 8.3 Transition to adult services

- The service has a clear procedure to prepare young people for the transition from services designed for children and young people to adult services.
- Specific attention is given to the needs of young people with a chronic, long-term condition.

Notes: *In most mainstream NHS services, the transition is most likely to take place between the ages of 16 and 18 years^{vi} This section does not apply to services provided across all age ranges. The DH and DCSF "Transition: moving on well" good practice guide advocates putting young people at the centre of transition planning. Those providing services for all age ranges can exclude themselves from these criteria. If scoring, score full points (3); if rating: apply You're Welcome.*

Examples of evidence: Procedures, meeting minutes

Criteria 8.4 Training for transition to adult services

- Appropriate staff members are trained to help young people and their parents or carers, with the transition to adult services from the age of 12 onwards.

Note: *Training could form part of the induction for appropriate staff and can be refreshed as needed.*

Examples of evidence: Staff training records, induction policies

Criteria 8.5 Information on transition to adult services

- The service provides publicity material specifically outlining the transition to adult services.
- This material is attractive to young people and is presented in a way that is young people friendly.

Notes: *It is helpful to ensure young people have contributed to the development of materials to ensure they are young people friendly*

Examples of evidence: Information materials, young people's involvement – evidence of participation and involvement

9. Sexual and reproductive health services

In addition to the criteria listed above, the following criteria apply to any type of sexual and reproductive health services, provided either in a specialist (e.g. genitourinary medicine – GUM, contraceptive services) or a more generic setting, such as general practice. It is important that all sexual health related work is informed by evidence of effectiveness. NICE guidance will be of particular importance, as will guidance from the Medical Foundation on AIDS and Sexual Health (MEDFASH) and the British Association for Sexual Health and HIV (BASHH) on sexual health and HIV. This will be filled in by all organisations providing sexual health services for young people.

Name/role of person completing section:

Date:

Criteria 9.1 Service provision:

A range of sexual health services is offered, including:

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

Notes: *Opportunistic means the service is offered as part of a range of services attended by young people. Pathways are developed that include signposting to services where forms of contraception that cannot be provided on-site may be accessed. Pathways are developed that include signposting to abortion services.*

Examples of evidence: Service publicity materials; views of young people					
Starting out (1)	Getting there (2)	Meets <i>You're Welcome</i> (3)	Rating	Score	Action / by when / by whom
<ul style="list-style-type: none"> Limited sexual health services are provided, but there isn't a full range and there is no signposting/referral to other providers. 	<ul style="list-style-type: none"> Some sexual health services are provided and young people are signposted/referred to alternative providers for various services. 	<p>A full range of sexual health services is offered to young people, including:</p> <ul style="list-style-type: none"> Opportunistic chlamydia screening/treatment of young men/women, with referral pathways for partner notification. Accurate information about the full range of contraception including reversible and long-term acting methods of contraception. Free condoms (with information/guidance on correct use). Emergency hormonal contraception. Free, confidential pregnancy testing; opportunity to obtain accurate, unbiased information about pregnancy options and non-directive support. Referral for NHS funded abortion services. Referral for antenatal care. 			
			Evidence		

Criteria 9.2 Seamless provision

- STI (sexually transmitted infections) testing and treatment are offered.
- Where STI services are not available 'in-house', there are clear, integrated care pathways for seamless referral to other services or clinicians.

Notes: *For non specialist services, links are in place with GUM services for support such as contact tracing.*

Examples of evidence: GUM service outline, care pathways

Starting out (1)	Getting there (2)	Meets <i>You're Welcome</i> (3)	Rating	Score	Action / by when / by whom			
<ul style="list-style-type: none"> • STI testing and treatment are not offered. • There are no protocols for referrals to alternative services/ clinicians. 	<ul style="list-style-type: none"> • STI testing and treatment are not offered. • Where STI services are not available 'in house', referral is made to other services or clinicians, but there are no formal care pathways developed to ensure a seamless referral. 	<ul style="list-style-type: none"> • STI testing and treatment are offered or there are clear, integrated care pathways for seamless referral to other services or clinicians where required. 	<table border="1"> <tr> <td>Evidence</td> </tr> <tr> <td> </td> </tr> </table>	Evidence		<table border="1"> <tr> <td> </td> </tr> </table>		
Evidence								

Criteria 9.3 Supporting informed decision-making about sexual behaviour

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

Notes: *It may be helpful to provide staff with training – e.g. delay training to support this work*

Examples of evidence: Service procedures/ guidance, staff training

Starting out (1)	Getting there (2)	Meets <i>You're Welcome</i> (3)	Rating	Score	Action / by when / by whom			
<ul style="list-style-type: none"> • Limited or no attempt is made to offer advice to young people to develop their ability to make safe, informed choices. • No related training is provided for staff. 	<ul style="list-style-type: none"> • Staff offer advice and information to young people to help develop their ability to make safe, informed choices. • This may not include help to develop confidence and skills to delay early sex and resist peer pressure. 	<ul style="list-style-type: none"> • Staff routinely offer information and advice to young people to help develop their ability to make safe, informed choices. • This includes advice to help young people develop confidence and skills to delay early sex and resist peer pressure. 	<table border="1"> <tr> <td>Evidence</td> </tr> <tr> <td> </td> </tr> </table>	Evidence		<table border="1"> <tr> <td> </td> </tr> </table>		
Evidence								

Criteria 9.4 Information resources on sexual and reproductive health

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

Notes: *It may be helpful if young people are involved in the selection of information. Pathways into other sexual and reproductive health providers are signposted.*

Examples of evidence: Materials, young people's involvement – evidence of participation and involvement

Starting out (1)	Getting there (2)	Meets <i>You're Welcome</i> (3)	Rating	Score	Action / by when / by whom						
<ul style="list-style-type: none"> • The service either does not offer or offers limited information on a range of sexual health issues, including contraception, STIs, relationships, use of condoms and sexuality. • It is not made clear in materials that prescriptions for contraception are free. 	<ul style="list-style-type: none"> • The service offers information on a number of sexual health issues. • It is made clear in all materials that prescriptions for contraception are free. 	<ul style="list-style-type: none"> • The service offers age appropriate and young people friendly information on a range of sexual health issues, including contraception, STIs, relationships, use of condoms and sexuality. • It is made clear in all materials that prescriptions for contraception are free. 	<table border="1"> <tr> <td data-bbox="1346 504 1637 536"></td> <td data-bbox="1637 504 1756 536"></td> </tr> <tr> <td colspan="2" data-bbox="1346 536 1756 568">Evidence</td> </tr> <tr> <td colspan="2" data-bbox="1346 568 1756 813"></td> </tr> </table>			Evidence					
Evidence											

Criteria 9.5 Staff skills / responsiveness

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

- able to talk to young people about sex, including delaying sex
- knowledgeable about the full range of contraceptive options, safer sex and sexually transmitted infections
- clear about what they can and cannot do to help young people
- clear about who they are able to help
- able to recognise and respond to different sexual health needs such as those relating to gender, sexual orientation, ethnicity and age
- able to recognise and facilitate informed consent

Examples of evidence: Young people's views, staff training records

Starting out (1)	Getting there (2)	Meets <i>You're Welcome</i> (3)	Rating	Score	Action / by when / by whom
<ul style="list-style-type: none"> • Limited or no staff have received training on issues relating to providing responsive support on sexual health. 	<ul style="list-style-type: none"> • Some appropriate staff have received training and appraisal to ensure that they are: <ul style="list-style-type: none"> ○ able to talk to young people about sex, including delaying sex ○ knowledgeable about the full range of contraceptive options, safer sex and sexually transmitted infections ○ clear about what they can and cannot do to help young people ○ clear about who they are able to help ○ able to recognise and respond to different sexual health needs such as those relating to gender, sexual orientation, ethnicity and age ○ able to recognise and facilitate informed consent 	<ul style="list-style-type: none"> • All appropriate staff receive training and appraisal to ensure that they are: <ul style="list-style-type: none"> ○ able to talk to young people about sex, including delaying sex ○ knowledgeable about the full range of contraceptive options, safer sex and sexually transmitted infections ○ clear about what they can and cannot do to help young people ○ clear about who they are able to help ○ able to recognise and respond to different sexual health needs such as those relating to gender, sexual orientation, ethnicity and age ○ able to recognise and facilitate informed consent. 	<p style="text-align: center;">Evidence</p>		

Criteria 9.6 Access to contraception:

- The service will see young people who are not ordinarily registered with them, for sexual health advice and contraception including emergency contraception.

Examples of evidence: Publicity materials

Starting out (1)	Getting there (2)	Meets <i>You're Welcome</i> (3)	Rating	Score	Action / by when / by whom
<ul style="list-style-type: none"> The service will not see young people not registered with them for sexual health advice or contraception, even in the event of an emergency. Young people are not signposted to other local services. 	<ul style="list-style-type: none"> The service has no systematic approach to seeing young people not registered with them for sexual health advice and contraception, including emergency contraception, but will see young people sometimes. For routine appointments, the service will signpost the young people to other local services. 	<ul style="list-style-type: none"> The service has systems in place to see young people who are not registered with them for sexual health advice including emergency contraception. 	Evidence		

Sexual/reproductive health Section rating Section score		Summary comments:	Summary action:
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Section score, rating, comments and action to go to overall summary sheet.

Scores: 6-8: Starting out 9 -16: Getting there 17-18: Meets *You're Welcome*

10. Child and adolescent mental health services (CAMHS) and facilities that offer targeted and specialist services for young people on psychological wellbeing and mental health.

This covers targeted services (such as counselling) and specialist services (such as multidisciplinary teams or inpatient services). See section 1.5 for notes on Fraser competency, mental capacity act. All interventions need to be based on evidence of effectiveness. NICE guidance will be of particular importance.

Name/role of person completing section:

Date:

Criteria 10.1 Information resources on mental health services

- Young people, their parents and carers, are offered appropriate information and advice to help them make safe, informed choices. The information explains the roles of professionals they might encounter in mental health services.

Examples of evidence: Service information materials, views of young people.

Starting out (1)	Getting there (2)	Meets <i>You're Welcome</i> (3)	Rating	Score	Action / by when / by whom
<ul style="list-style-type: none"> The service does not always provide young people, their parents and carers with advice to help informed decision making. Information materials are not provided. 	<ul style="list-style-type: none"> The service provides young people, their parents and carers with: <ul style="list-style-type: none"> advice to help informed decision making information materials to help informed decision making. The information and advice does not include explanation of the roles of staff they might encounter in mental health services. 	<ul style="list-style-type: none"> The service provides young people, their parents and carers with: <ul style="list-style-type: none"> advice to help informed decision making information materials to help informed decision making. The information and advice includes explanation of the roles of staff they might encounter in mental health services. 	Evidence		

Criteria 10.2 Skilled support for informed decision-making

- All staff routinely discuss choices with young people.
- Young people and their families are offered information and advice to facilitate their involvement in decisions about what their psychological wellbeing and mental health support needs are and treatment options. Discussions take place at the beginning of and throughout therapeutic contact.

Notes: *Focussing on young people's choices allows them to feel listened to, reduces their sense of powerlessness and improves their engagement with health services. Discussions can seek to elicit the young person's wishes and feelings about what would be useful to them.*

Examples of evidence: Views of young people, service information materials

Starting out (1)	Getting there (2)	Meets <i>You're Welcome</i> (3)	Rating	Score	Action / by when / by whom		
<ul style="list-style-type: none"> • Some, but not all, appropriate staff discuss choices with young people. • Young people and their families are not offered information and advice to facilitate informed decision making. • Discussions take place on an ad-hoc basis. 	<ul style="list-style-type: none"> • All appropriate staff routinely discuss choices with young people. • Young people and their families are offered information and advice to facilitate informed decision making. • Discussions take place on an ad-hoc basis. 	<ul style="list-style-type: none"> • All appropriate staff routinely discuss choices with young people. • Young people and their families are offered information and advice to facilitate informed decision making. • Discussions take place at the beginning and throughout therapeutic contact. 	<table border="1"> <tr> <td data-bbox="1344 539 1637 571"></td> </tr> <tr> <td data-bbox="1344 571 1637 911">Evidence</td> </tr> </table>		Evidence		
Evidence							

Criteria 10.3 Staff skills / responsiveness

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

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

Notes: *For example, young men and young women tend to respond differently to recommendations for some kind of talking therapy.*

Examples of evidence: Young people's views, staff training records

Starting out (1)	Getting there (2)	Meets <i>You're Welcome</i> (3)	Rating	Score	Action / by when / by whom		
Limited or no staff have received training on issues relating to providing responsive support.	Some appropriate staff have received training and appraisal to ensure that they are: <ul style="list-style-type: none"> ○ able to talk to young people about mental health issues ○ knowledgeable about a range of support and treatment options ○ clear about what they can and cannot do to help young people ○ clear about who they are able to help ○ able to recognise and respond to different therapeutic needs such as those relating to gender, sexual orientation, ethnicity and age ○ able to recognise and facilitate informed consent 	All appropriate staff receive training and appraisal to ensure that they are: <ul style="list-style-type: none"> ○ able to talk to young people about mental health issues ○ knowledgeable about a range of support and treatment options ○ clear about what they can and cannot do to help young people ○ clear about who they are able to help ○ able to recognise and respond to different therapeutic needs such as those relating to gender, sexual orientation, ethnicity and age ○ able to recognise and facilitate informed consent 	<table border="1"> <tr> <td data-bbox="1388 624 1641 654"></td> </tr> <tr> <td data-bbox="1388 654 1641 1292">Evidence</td> </tr> </table>		Evidence		
Evidence							

Criteria 10.4 Consent

- Even in cases where the overriding serious risks lead to compulsory treatment, young people should always be offered appropriate information and advice to make treatment choices based on informed consent.
- Services are flexible about involving other people in the assessment and treatment process, particularly at first contact.

Notes: *Choices are made with informed consent from the young person as the primary client.*

Examples of evidence: Young people's views, service information materials

Starting out (1)	Getting there (2)	Meets <i>You're Welcome</i> (3)	Rating	Score	Action / by when / by whom		
<ul style="list-style-type: none"> • Limited or no attempt is made to provide information and advice to help young people make treatment choices based on informed consent, regardless of the level of risk presented by the individual. • The service generally involves other people in the assessment and treatment process regardless of young people's wishes or the level of risk presented by the individual. 	<ul style="list-style-type: none"> • The services offers information and advice to help young people make treatment choices based on informed consent. • The services occasionally offers flexibility about involving other people in the assessment and treatment process regardless of young people's wishes or level of risk presented to the individual. 	<ul style="list-style-type: none"> • The services offers information and advice to help young people make treatment choices based on informed consent. • The service makes routine attempts to provide flexibility about involving other people in the assessment and treatment process. 	<table border="1"> <tr> <td data-bbox="1344 459 1637 491"></td> </tr> <tr> <td data-bbox="1344 491 1637 922">Evidence</td> </tr> </table>		Evidence		
Evidence							

Criteria 10.5 Family involvement

• Young people are offered appropriate information and advice to help them understand what can be achieved without parental or family involvement wherever this is considered to be therapeutically beneficial. Refusal of consent to family involvement is accepted unless there is serious risk to the young person's welfare.

Notes: *However, it is important that every effort is made to encourage the young person to involve relevant family members as part of ongoing support.*

Examples of evidence: Views of family members/young people, consent forms

Starting out (1)	Getting there (2)	Meets <i>You're Welcome</i> (3)	Rating	Score	Action / by when / by whom		
<ul style="list-style-type: none"> Wherever family involvement is considered therapeutically beneficial, young people are rarely or never offered appropriate information and advice to help them understand what can be achieved without parental or family involvement. Refusal of consent to family involvement is never accepted regardless of risk to the young person's welfare. 	<ul style="list-style-type: none"> Wherever family involvement is considered therapeutically beneficial, young people are rarely or never offered appropriate information and advice to help them understand what can be achieved without parental or family involvement. Refusal of consent to family involvement is accepted unless there is serious risk to the young person's welfare. 	<ul style="list-style-type: none"> Wherever family involvement is considered therapeutically beneficial, young people are routinely offered appropriate information and advice to help them understand what can be achieved without parental or family involvement. Refusal of consent to family involvement is accepted unless there is serious risk to the young person's welfare. 	<table border="1"> <tr> <td data-bbox="1344 507 1637 539"></td> </tr> <tr> <td data-bbox="1344 539 1637 970">Evidence</td> </tr> </table>		Evidence		
Evidence							

Criteria 10.6 Degree of choice/ managing risk

- Even when assertive action is needed, there is some flexibility about what choices can be made available and which treatment the young person would like to receive.

Notes: *Flexibility may be possible even when the nature of a young person's mental health problem means that action has to be taken against the young person's will in order to safeguard their welfare. The legislative framework and best practice advice for treatment and admission of children and young people with severe mental health problems with or without capacity who may need to be treated without their consent is complex and is not universal across the UK. England and Wales share a legislative framework, which has been changed recently by the 2007 amendments to the 1983 Mental Health Act and by the Mental Capacity Act. Scotland and Northern Ireland have different legislation.*

Examples of evidence: Young people's views; service information materials

Starting out (1)	Getting there (2)	Meets <i>You're Welcome</i> (3)	Rating	Score	Action / by when / by whom
<ul style="list-style-type: none"> • There is no flexibility about which treatment the young person would like to receive. 	<ul style="list-style-type: none"> • Even when assertive action is needed, there is some flexibility about what choices can be made available and which treatment the young person would like to receive. 	<ul style="list-style-type: none"> • Even when assertive action is needed, there is some flexibility about what choices can be made available and which treatment the young person would like to receive. 	Evidence		

CAMHS/emotional health and wellbeing Section rating Section score		Summary comments:	Summary action:

Section score, rating, comments and action to go to overall summary sheet.

Scores: 6-8: Starting out

9-16: Getting there

17-18: Meets *You're Welcome*

Annex 1 – Summary of how young people have been involved in the You're Welcome process

Organisation:

Contact details (name, phone, email):

Period covered / date:

Please describe methods used to engage with young people:

Note: Use this form to summarise the findings from your chosen methods of engaging with young people. Tell us what issues young people have raised and any feedback on their experience of using the service. List the organisation's response to what young people have told you; actions you have taken as a result of this information; any changes achieved and how you have feedback to young people about their ideas and any changes achieved. Links to more information about involving young people in *You're Welcome* will be made available on the Department of Health website.

You're Welcome criteria	Issues raised by young people	Action taken / change achieved
1. Accessibility		
2. Publicity		
3. Confidentiality and consent		
4. Environment		
5. Staff training, skills, attitudes and values		
6. Joined-up working		
7. Monitoring and evaluation, and involvement of young people		
8. Health issues for young people		
9. Sexual and reproductive health services (SRH)		
10. Child and adolescent mental health services (CAMHS) - targeted and specialist services for young people on psychological wellbeing and mental health		
Any other issues		

Annex 2 - Resources

Author	Title	Website
	Parentline plus	www.parentlineplus.org.uk
Child and Adolescent Mental Health Services Evidence-Based Practice Unit. 2007	Choosing What's Best For You: What scientists have found helps children and young people who are sad, worried or troubled	www.annafreud.org/ebpu/
Department for Children, Schools and Families (DCSF) 2008	Common Core of Skills and Knowledge for the Children's Workforce	www.everychildmatters.gov.uk/deliveringservices/commoncore/
Department for Children, Schools and Families 2008	Staying Safe	http://publications.everychildmatters.gov.uk/default.aspx?PageFunction=productdetails&PageMode=publications&ProductId=DCSF-00151-2008&
Department of Health 2008	The operating framework for 2009/10 for the NHS in England	www.dh.gov.uk
Department of Health 2008	Operational plans 2008/09 - 2010/11	www.dh.gov.uk
Department of Health 2008	Children and young people in mind: The final report of the National CAMHS review	
Department of Health 2007, 2005,	<i>You're Welcome</i> quality criteria: making health services young people friendly.	www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_073586
Department of Health 2005	NHS Knowledge and Skills Framework. Core Dimension 1: Communication. PCTs and professional organisations have a key role to play in co-ordinating training.	www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4090843
Department of Health 2004	Best practice guidance for doctors and other health professionals on the provision of advice and treatment of young people under 16 on contraception, sexual and reproductive health	www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4086960
Department of Health 2004	National Service Framework for Children, Young People and Maternity Services	www.dh.gov.uk/en/Policyandguidance/Healthandsocialcaretopics/ChildrenServices/Childrenservicesinformation/DH_4089111
Department of Health 2004	Seeking Consent: Working with Children.	www.dh.gov.uk/assetRoot/04/06/72/04/04067204.pdf
Department of Health and Department for Children, Schools and Families 2009	Healthy lives, brighter futures - The strategy for children and young people's health	www.dh.gov.uk
Department of Health and Department for Children, Schools and Families 2008	Transition: moving on well	www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_083592
Fpa	Speakeasy	www.fpa.org.uk/community/speakeasy/
General Medical Council 2008	Consent: patients and doctors making decisions together	www.gmc-uk.org/news/articles/Consent_guidance.pdf
General Medical Council 2007	0-18 years guidance for all doctors	www.gmc-uk.org/guidance/ethical_guidance/children_guidance/27_28_lack_capacity.asp
HM Government 2006	Working together to Safeguard Children: A guide to inter-agency	www.everychildmatters.gov.uk/workingtogether/

	working to safeguard and promote the welfare of children	
The National Youth Agency 2008	Good practice guidelines for healthy youth work, supported by DH and DCSF	www.nya.org.uk/information/122161/goodpracticeguidelines/
National Institution for Health and Clinical Excellence (NICE) 2007	Staying Safe	http://publications.everychildmatters.gov.uk/default.aspx?PageFunction=productdetails&PageMode=publications&ProductId=DCSF-00151-2008&
Parliament 2005	Disability Discrimination Act 2005	www.direct.gov.uk/en/DisabledPeople/RightsAndObligations/DisabilityRights/DG_4001068
Royal College of General Practitioners. Department of Health 2006	Confidentiality and Young People toolkit. Being updated to reflect GMC guidance. Revision imminent.	www.rcgp.org.uk
Royal College of General Practitioners and Royal College of Nursing 2003	Getting it Right for Teenagers in Your Practice	www.dfes.gov.uk/teenagepregnancy/dsp_content.cfm?pageid=130
Royal College of Nursing 2004	Adolescent Transition Care – RCN Guidance for Nursing Staff	www.rcn.org.uk/_data/assets/pdf_file/0011/78617/002313.pdf
Royal College of Paediatrics and Child Health, Royal College of General Practitioners, Royal College of Nurses, E-Learning for Healthcare 2008	Adolescent Health Project	www.rcpch.ac.uk/education/adolescent-health-project
Royal College of Paediatrics and Child Health, The Royal College of Midwives, Royal College of Nurses, Royal College of General Practitioners, CPHVA 2006	Safeguarding Children and Young People: Roles and Competences for Health Care Staff Intercollegiate Document [supported by DH]	www.rcm.org.uk/info/docs/safeguarding_children.pdf

ⁱ Department of Health. 2004. *National Service Framework for Children, Young People and Maternity Services*.

http://www.dh.gov.uk/en/Policyandguidance/Healthandsocialcaretopics/ChildrenServices/Childrenservicesinformation/DH_4089111

ⁱⁱ Royal College of General Practitioners and Royal College of Nursing. 2002. *Getting it Right for Teenagers in Your Practice*. (Department of Health)

ⁱⁱⁱ Guidance at the time of publication (2009) is:

- Royal College of General Practitioners. Brook 2006. *Confidentiality and Young People toolkit* (as recommended in the *National Service Framework for Children, Young People and Maternity Services*. 2004).
- Department of Health 2004. *Seeking Consent: Working with Children*.
- Department of Health 2004. *Best practice guidance for doctors and other health professionals on the provision of advice and treatment of young people under 16 on contraception, sexual and reproductive health*. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4086960
- HM Government 2006. *Working together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children*.

^{iv} *Working Together to Safeguard Children*. www.everychildmatters.gov.uk/workingtogether/

^v The guidance current at time of publication (2009) is Department of Health. 2005. *NHS Knowledge and Skills Framework. Core Dimension 1: Communication*.

^{vi} Royal College of Nursing. 2004. *Adolescent Transition Care – RCN Guidance for Nursing Staff*.

