

Annual Report 2022-23

Glasgow City
**Youth Health
Service**



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1.0 Foreword

This is the first full year of YHS delivery across all nine venues, post expansion programme. Despite the Pandemic, the expansion was completed ahead of schedule. COVID-19 and its variants, specifically Omicron, continued to have an impact on service delivery, referrals, available appointments and attendance by young people. Across the year, guidance issued by NHS Greater Glasgow & Clyde (NHSGGC) and the Glasgow City Health & Social Care Partnership (GCHSCP) was relaxed in terms of service delivery as the impact of the vaccination programme affected prevalence in the population as a whole.

There have been a total of 1895 referrals to the service this year in comparison with 1837 last year, with the highest referral figure of 612 in Q4, the highest quarterly referral rate for the YHS to date.

The total number of young people attending the service this year was 1224, an increase of 15% from last year's 1066. Of these, 797 were new: this was slightly reduced from the previous year's total of 827. There were a total number of 4790 visits to the service (a young person may visit the service once, on multiple occasions and may see multiple staff within one visit). This was an increase of approximately 12% on the total visits for last year (4276).

As with previous reports, most of the referrals received continued to be from our GP colleagues, young people or their families, and from CAMHS. Referrals from Social Work increased this year, as did the internal cross referral between service elements within the YHS model.

The service continues to offer a blended approach to appointments, with both face to face and virtual/telephone. However young people are - in the main - opting for face-to-face, and as a result we have reduced the number of virtual appointments. The virtual appointments do have value for those less able to access the service- in person, particularly in terms of geography.

The key presenting issues are largely synonymous with previous years and the most frequent reasons indicated at referral were low mood, anxiety, anger, self-harm and behaviour problems. The issue of self-esteem has increased significantly in the latter quarters and self-harm continues to be a prominent referring reason. Of these most frequent issues, anger has almost doubled in the year. There was also an increase in certain issues that can be associated with social challenges stemming from neurodiversity (behaviour problems, interpersonal and cognitive issues). The distress identified at later consultations is often associated with prior trauma, bullying, living/welfare, bereavement and loss or sleeping problems. Demand for wraparound support increases in line with complexity and vulnerability of the young people presenting.

The Young Person's CORE (YP-CORE) is a ten item measure used to assess improvement in counselling outcomes. The complexity of the presentations is visible in the CORE scores at initial presentation with over 50% having CORE scores of > 20, synonymous with moderate to severe distress. Core score improvement is monitored across the delivery of the counselling intervention.

This year, the average improvement is 5.4, an increase of 10% on last year's average (an improvement of 6.0 confers therapeutic benefit).

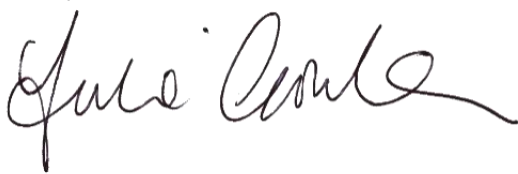
Despite the challenges of the pandemic and the service expansion, the YHS embraced the opportunity to embed service developments initiated in previous years, including the 2 year Pilot with A&E Departments across the city (the pilot's report can be accessed directly via the YHS). The Multiple risk programme, now in its second year of delivery, continues to offer bespoke 1:1 sessions to address patterns of individual risk. Outreach has been introduced to complement this model of delivery. The existing Weight Management programme, Weigh To Go (WTG) has been embedded in the YHS delivery model in Glasgow to improve access and the Employability element of the service is currently exploring future funding opportunities.

In addition to consolidating existing initiatives, a number of new developments were also progressed, some supported by additional investment from a range of sources including the Scottish Government. Developments include a tiered menu of Mental Health & Wellbeing support, additional service delivery evenings to manage demand, a Modern Apprentice opportunity within the service, introduction of a Youth Worker role within all 9 services, the introduction of a "preferred name" policy within the service and a migration from the current clinical record system EMIS PCS to a single shared record across the Board area – EMIS Web.

Further financial resource was made available by the Scottish Government facilitating additional appointments for Counselling, Multiple Risk and the YHS Nurse. These were delivered in the evening to assist with protracted waiting lists. The additional finance is currently being utilised to test a menu of mental health & wellbeing support including Listening Ear, Single Session and online Wellbeing sessions.

A significant advance has been made in terms of the digital engagement agenda, most importantly the approval of an Instagram account for the service. Further Communications activity is visible in Section 9.

Service aspirations for the next year include volunteering, extending parent support and achieving LGBT Gold Charter status.

A handwritten signature in black ink, appearing to read 'Julie Gordon', with a stylized, flowing script.

Julie Gordon

Youth Health Service Manager

2.0 YHS Values and Mission Statement

The service adheres to a set of values and our mission statement. These are reiterated below, and are at the heart of all we do:

We will work in such a way that builds and maintains trust with young people

We will treat everyone fairly and with respect

We will listen without judgement

Our mission statement articulates our purpose, our long-term goals and the way we will work to achieve these:

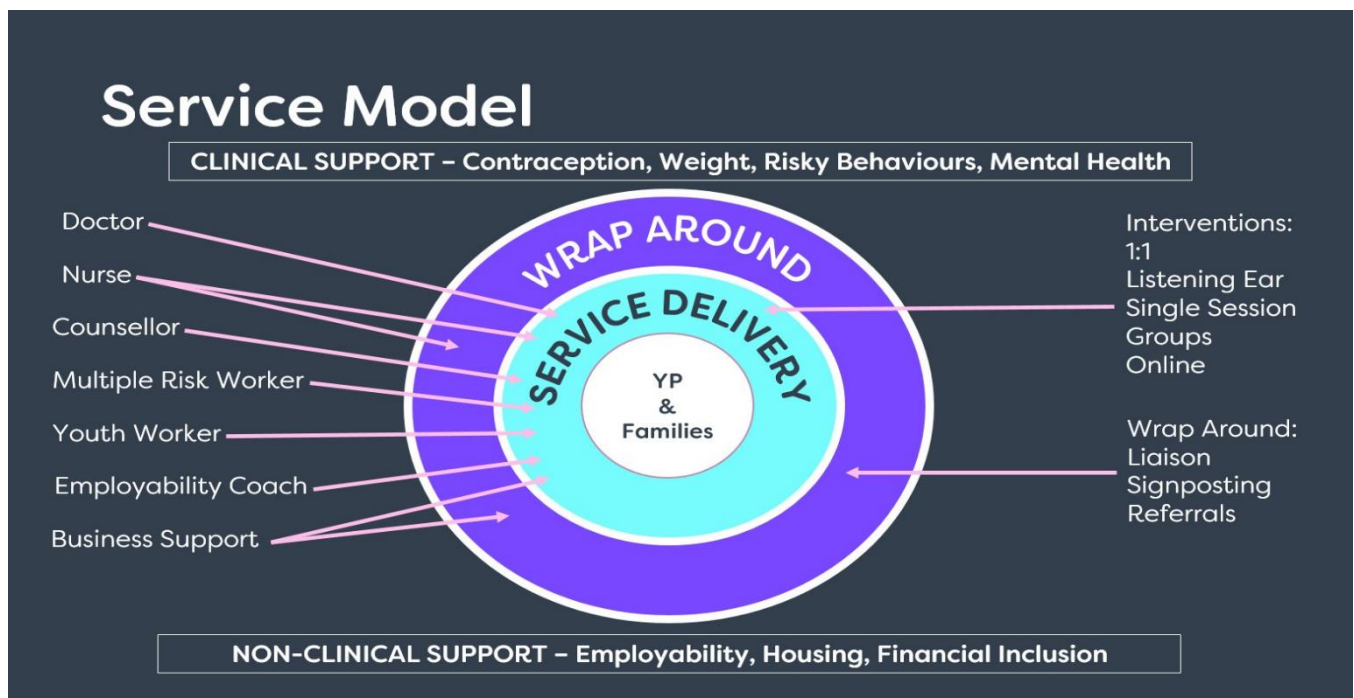
"To improve the health and wellbeing of young people in Glasgow City with a focus on early intervention and prevention. To work with young people, their families and partner agencies to provide flexible, holistic support using a youth friendly model, and to help young people achieve their potential."

3.0 The YHS Model

The Youth Health Service is a holistic early intervention and prevention service for young people aged 12-19 years (extending up to 26 years for care experienced/vulnerable young people). It operates from Monday to Thursday, 6.00pm to 9.30pm, in nine venues across the city. The service is open to all young people with a particular focus on those in greatest need. It offers both clinical and social support. Young people have access to 1:1 appointments provided by a multi-disciplinary team (MDT) of statutory and commissioned partners.

Support is available from YHS GPs and Nurses, Counsellors, Multiple Risk and Youth Workers and our Employability Coach. This is complemented by wraparound support outwith service delivery which is provided by the nursing team. This involves liaising with other organisations / services (e.g. schools, social work), including onward referral where appropriate (e.g. Child and Adolescent Mental Health (CAMHS), financial inclusion, housing). This is an integral part of the service, and forms a substantial component of the work required to deliver positive outcomes for young people.

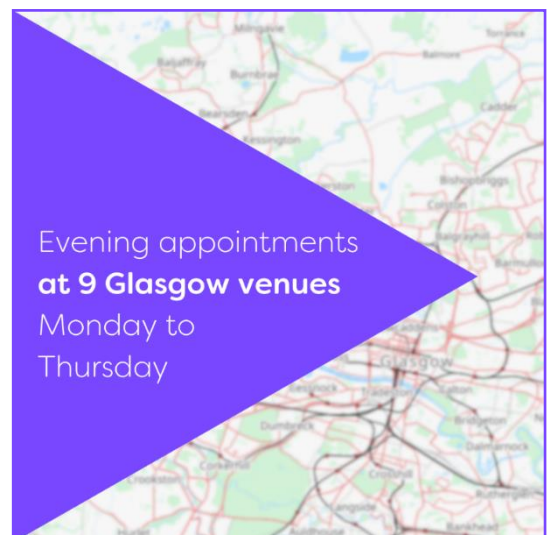
An integral part of the wraparound support is the engagement with parents and/or carers, on the basis that this is a key element of the care package built around the young person. Consequently, nursing staff may facilitate support for parents who are struggling, or liaise with other organisations to alleviate pressures on the family caused by wider non-clinical issues.



4.0 COVID-19 Recovery/Response

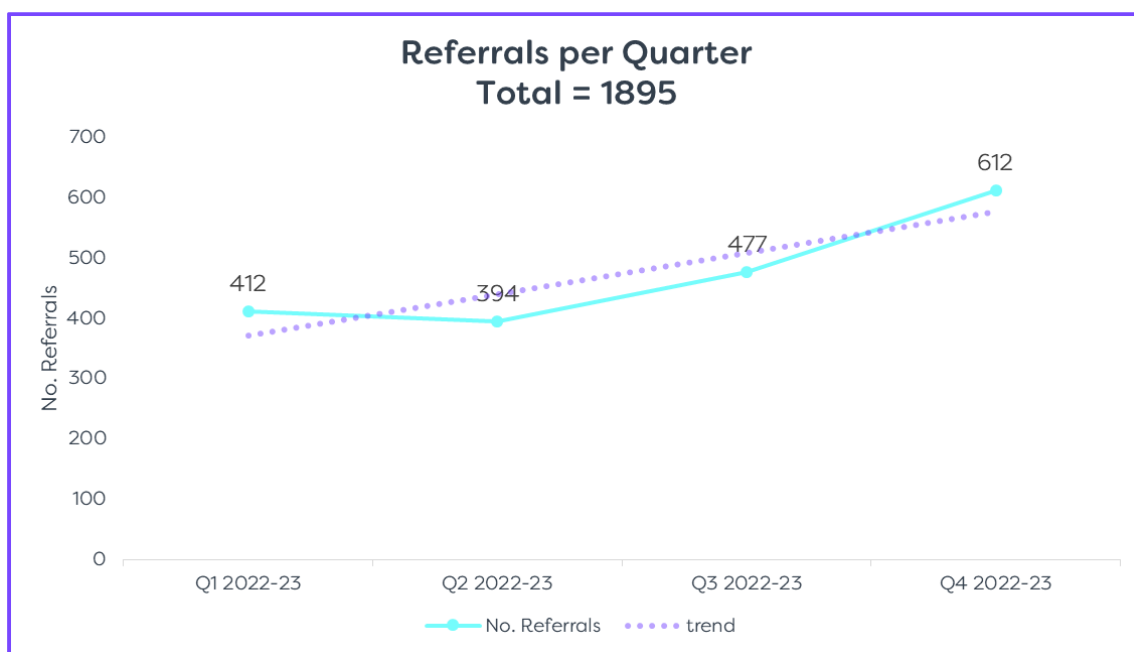
In the first quarter of the year, multiple staff absences resulted from the ongoing COVID-19 situation (associated with the Omicron variant). The staffing impact also potentially impacted upon young people and their families, and their ability to attend appointments, as well as on referrers and consequently the number of referrals to the service. The first half of the year indeed saw significantly less referrals than the second half (see Section 5), by which time the COVID-19 situation had abated, somewhat. The numbers of young people opting for virtual appointments was observed to diminish as the year progressed.

It remained vital to adhere to restrictions around venues relating to COVID-19 and PPE usage and this even continued into the summer. With further relaxing of COVID-19 rules in the autumn, venue risk assessments were adjusted, and this facilitated positive developments at the venues - with Youth Workers able to re-introduce games in the waiting areas as an aid to engagement with young people. Handheld devices were re-introduced with the purpose of signposting or to encourage participation in consultations.



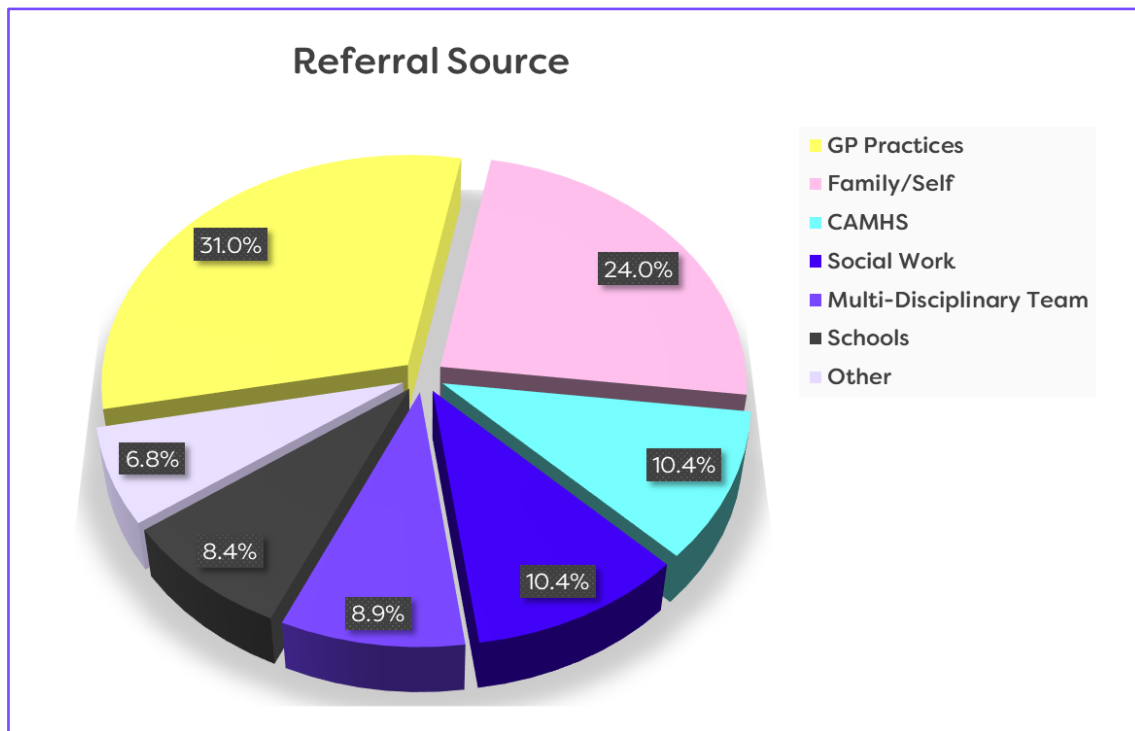
5.0 Referrals

There have been a total of 1895 referrals to the service this year in comparison with 1837 last year. The graph below demonstrates an upward trend across 2022-23, with the highest referral figure of 612 in Q4 - and the highest quarterly referral rate for the YHS to-date. The fluctuating demand across the year may be linked to the impact of COVID-19 and its variants, particularly at the start of the year. This affected referrers and potentially created a backlog of referrals later in the year.



Most of the referrals received continued to be from our GP colleagues, young people or their families, and from CAMHS. Referral sources this year (see chart below), saw an upward trend in those referred via Social Work (Children & Families) to 198 (from 173 in the previous year). Referrals from CAMHS increased this year to 198 (in comparison to 180 in the previous year). Different service elements will have differing concentrations of referral sources e.g. Multiple Risk referrals from Social Work (higher than for other elements).

In analysing referral data we observed that the amount of internal cross-referrals, i.e. from one component of the YHS to another, remained high, particularly associated with Multiple Risk. This continues to confirm the aspirations of the holistic service model and the benefits it confers in managing complex presentations, and ultimately the support around the young person. The ongoing demand has brought continuing pressure upon waiting lists for service components, especially Counselling and Multiple Risk.



The most frequent reasons indicated at referral were low mood, anxiety, anger, self-harm and behaviour problems. This is generally a continuation of the most common reasons during last year, and is due, in part, to a general rise in mental health concerns for adolescents - exacerbated during the recent pandemic. Of these most frequent issues, anger has almost doubled in the year. There was also an increase in certain issues that can be associated with social challenges stemming from neurodiversity (behaviour problems, interpersonal and cognitive issues).

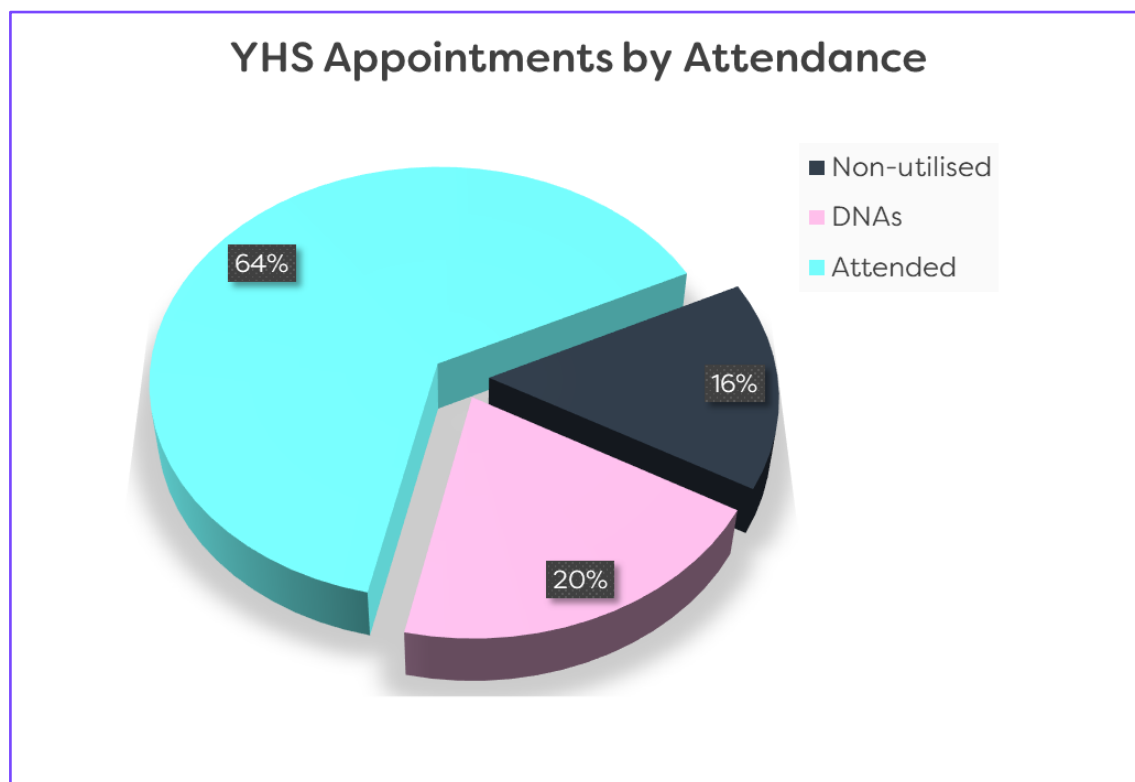
Although the majority of presentations do typically cite mental health as the principal presenting issue, the cause of distress is often more complex, such as prior trauma, bullying, living/welfare issues, bereavement/loss, or sleeping difficulties, and is more clearly identified in subsequent consultations - once a relationship has been forged with the young person.

A continuing challenge for the service moving forward, is to ensure that young people are aware the service is holistic and offers a breadth of support. The risk currently is that referrers and/or young people may believe the service focuses on mental health rather than wider health issues such as risky behaviours, sexual health or a healthy weight.

6.0 Service Delivery

6.1 Appointments

Approximately 27% more appointments were offered across 2022-23: 11285 compared to 8849 in 2021-22. In 2022-23, 1846 were not attended “DNA”/Missed and 1402 were non-utilised (i.e. appointments that were available but cancelled or unallocated). Non-utilised applies to appointments that are affected by patient cancellation, staff special/sick leave and when other cover is not available.



The increase in available appointments this year is a direct result of additional investment and as a consequence, service developments and supporting commissioned partners to meet contractual requirements. For example, the additional investment facilitated additional appointments over a six month period October - March. An additional evening per week at two venues (Maryhill and Gorbals) – offered appointments with a YHS Nurse, 2 Multiple Risk workers and 1-3 Counsellors depending on accommodation capacity and availability of counsellors. It's also worth noting the introduction of WTG delivered in Glasgow via YHS venues, has contributed to the increase in total appointments.

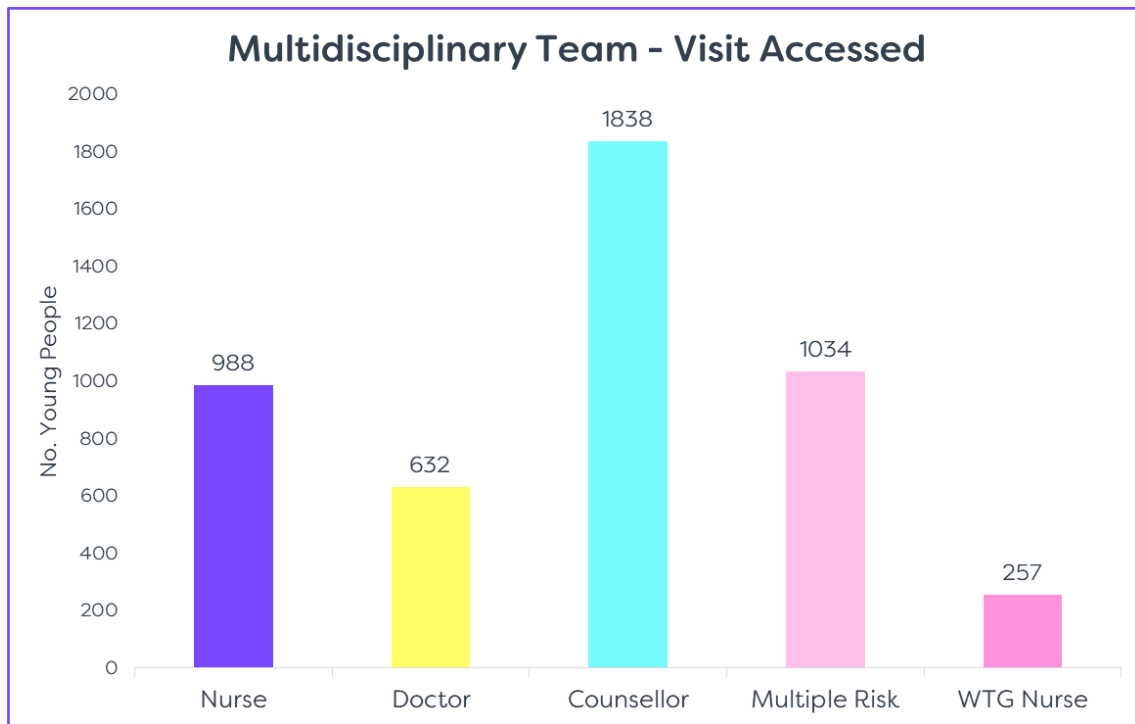
In regard to appointment trends, the proportion of attended appointments remained roughly static (64% in comparison to 66% in 2021-22). On a positive note, non-utilised appointments reduced from 17% to 16% however DNA/Missed appointments increased by 3% in comparison to last year. The slight reduction in non-utilised appointments could likely, in part, be linked to the lessening disruption from COVID-19 as the year progressed.

The total number of young people attending the service this year was 1224, an increase of 15% from last year's 1066. Of these, 797 were new: this was slightly reduced from the previous year's total of 827. This could be as a result of increasing complexity and vulnerability of service users, and the need to offer more support. There were a total number of 4790 visits to the service (a young person may visit the service once, on multiple occasions and may see multiple staff within one visit). This was an increase of approximately 12% on last year's total of 4276. Furthermore, when compared to last year, there were more face-to-face visits, the proportion increasing to 93% (below, left). The phone/virtual proportion was 7% - of these, the young people – predominantly elected to talk via phone rather than choose the video option (below, right).



In conclusion, while some young people may benefit from telephone or video consultations due to their individual circumstances, the data suggests young people are, in the main, opting for face-to-face consultations. This influenced the service offer. The year's total consultations ("visits") by Professional accessed are shown in the chart (below). When compared to our previous report, numbers are mostly in line to last year, except for Multiple Risk which increased by 79% to 1034 (from 578 in 21-22).

As mentioned above, we included Weigh To Go Nurse visits in this year's chart (when these took place in YHS venues). However, we omit the small number of visits for the Employability component from the chart, as it is arranged ad hoc and directly in consultation between young person and Coach. There are relatively fewer appointments compared to other aspects of the service and on that basis no comparison has been included.



6.2 Presenting Issues

6.2.1 Complexity

The multidisciplinary team identify the primary and contributing secondary reasons for support, and the 10 most frequent issues this year are tabulated (below) for each. Depression and anxiety dominate, but often belie other significant topics affecting the young person.

Observing the generally high frequency of both anger and family/interpersonal issues, in the Primary and Secondary tables below, we can conclude they were key factors affecting young people in the past year. It is also worth noting that Sleep, although it is not in the Primary table, it has increased to 8th most cited from last year's 10th rank, in Secondary Issues. Education (which can refer to a wide range of experiences e.g. attendance, bullying, as well as anxiety), this year, features in the top ten Primary issues, whereas it did not last year. Self-esteem as a Secondary issue has also increased markedly, from 5th most cited, to 3rd most cited this year. Possibly indicating a rising neurodiversity trend, ADHD/Autism is now included in the ten most-cited Secondary issues table, whereas Suicidal Thoughts decreased slightly among Secondary issues this year, and is no longer in the top 10 issues.

Consultation Issue	Primary
Anxiety / Stress	1444
Depression / Low Mood	434
Anger Management	271
Family / Interpersonal	153
Behavioural Problems	141
Self-Harm	136
Education	131
Self-Esteem	130
ADHD / Autism	99
Suicidal Thoughts	93

Consultation Issue	Secondary
Anxiety / Stress	2017
Depression / Low Mood	1319
Self-Esteem	1215
Family / Interpersonal	1138
Anger Management	1081
Education	959
Self-Harm	669
Sleep	630
ADHD / Autism	567
Behavioural Problems	566

6.2.2 Mental Health Focus

The Young Person's CORE (YP-CORE) is a ten item measure¹. This is a session by session monitoring tool used by Counsellors, covering anxiety, depression, trauma, physical problems, functioning and risk to self. Clinical benefit is usually conferred where an improvement of 6.0 in the clinical score has been achieved.

In 2022-23, 53% of young people had a presenting CORE Score > 20, a slight decrease of 4% from last year's proportion, but remains very high: a score of > 20 is indicative of moderate to severe mental health issues, rather than the mild to moderate we would anticipate in an early intervention service. Mean average improvement is given in the following table:

Average Starting CORE	Average End CORE	Average CORE improvement
19.3	13.9	5.4

The Average Starting Core slightly decreased from last year's figure (20.0), while the Average CORE improvement therefore increased by over 10% from last year's mean average (4.9).

Please note: the average improvement can be "skewed" depending on the number of young people who complete counselling as the numbers above do not include young people who have disengaged but who might have had an improvement in their CORE score. Young people with more complex issues could experience an increase in their score as their issues are explored. They may require more than the four sessions and there is a possibility that complexity has an impact on achieving clinical benefit.

The range of starting CORE Scores in 2022-23 are given in the table (below):

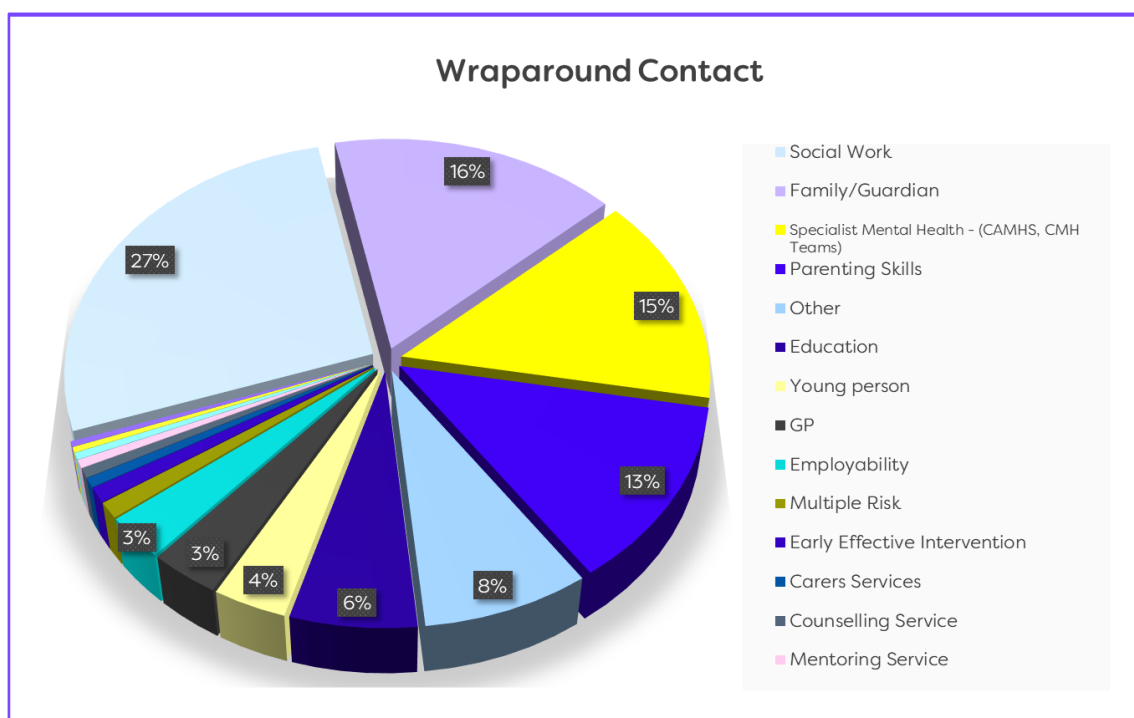
¹ Clinical Outcomes in Routine Evaluation (CORE) <https://www.coresystemtrust.org.uk/>

Starting CORE Score	Proportion of 1:1 Counselling Clients
0 - 9	11.5%
10 - 19	35.8%
20 or more	52.7%

Once again this year, over 50% of referrals have a starting CORE score of greater than 20, reflecting complexity and vulnerability.

7.0 Wraparound Support

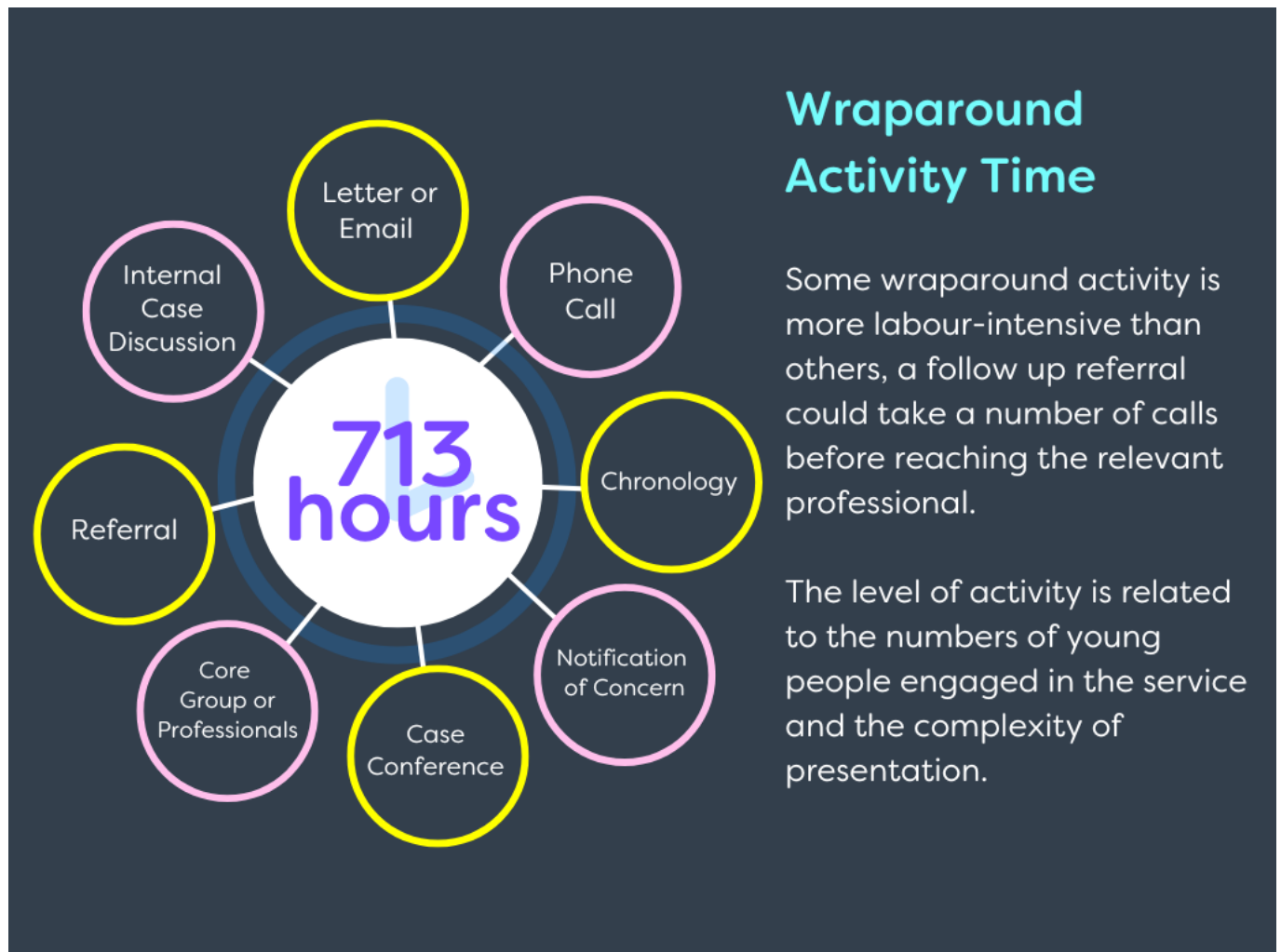
Of the young people who engaged with the service during the year, many require wraparound support outwith evening service delivery. Wraparound includes liaising with other professionals, contacting and supporting parents, signposting and onward referrals. It also includes attending meetings to agree a plan for a young person across professional boundaries. This might be to address a range of issues such as self-esteem, family/interpersonal issues, self-harm, risky behaviours, bereavement and loss and trauma. A persistent theme in 2022-23 has been the high level of complexity in referrals to YHS.



This year, there was a significant change in the proportions for number of Wraparound Contacts, namely that Social Work contact increased from 14% to 27%. There continued to be a significant level of contact with either Family/Guardian or Young Person themselves (20%), although this was significantly less as a proportion than the previous two years. Specialist Mental Health teams increased from 10% last year to 15% in 2022-23, as did Parenting Skills supports (increase from 8% last year to 13% in 2022-23). As can be seen in the chart, the wide range of parties liaised with continued during this year, and the “Other” external category includes wraparound work with Glasgow Association for Mental Health (GAMH, including the Compassionate Distress Response Service), Glasgow City Council Homelessness Services, Moira Anderson Foundation (who support victims of Childhood Sexual Abuse), the Rosey Project (a sexual violence prevention and support service), Differabled (supporting parents and carers of children with additional support needs), as well as several others.

The graphic (below) shows key wraparound activities and the total time allocated by YHS Nurses to complete these. These can range from phone calls to liaise with teachers or to escalate Child or Vulnerable Adult concerns, to reports for solicitors and attendance at professionals' meetings. We have added the category "Notification of Concern" this year (a formal process raising a possible Child Protection concern for a young person).

The total time of 713 hours was a small increase of 5% over last year's total. There were 226 external referrals this year, this was a slight decrease of 8% on the previous year's total.



The word cloud (below) illustrates the broad range of issues the team provided support with, during wraparound work in 2022-23. Word/term sizes are weighted according to frequency of occurrence for that topic. It is evident that mental health remains a dominant theme.

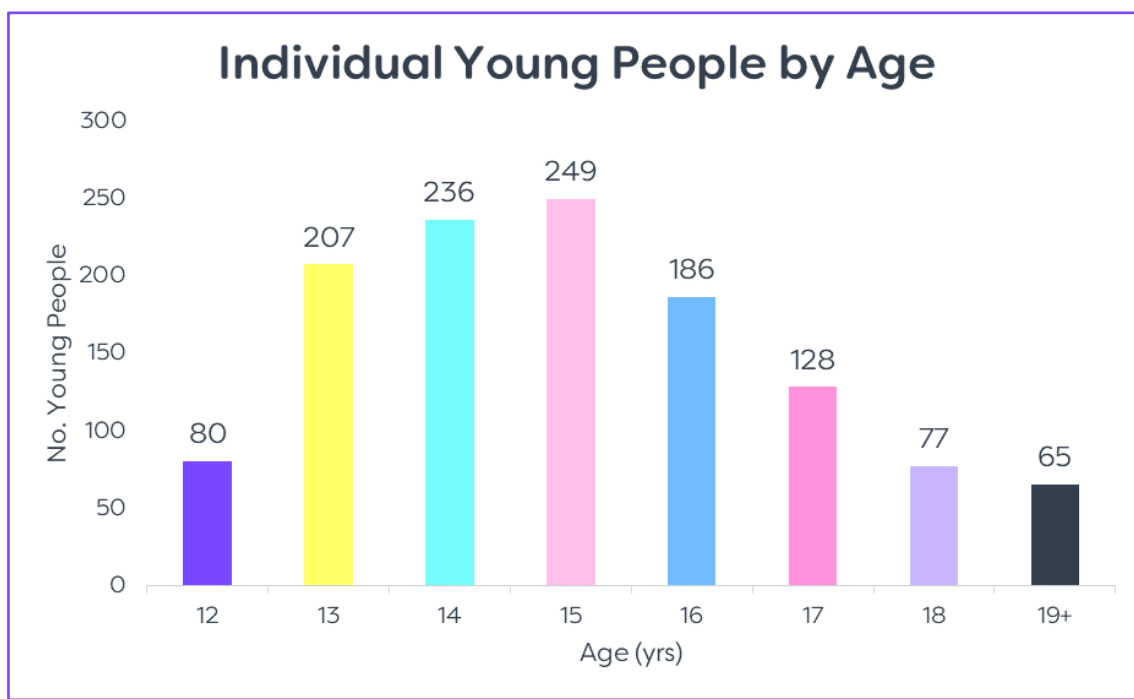
Aside from familiar themes (Anxiety and Depression), when comparing to 2021-22, there has been a marked increase in wraparound work associated with Self-Esteem, Behaviour Problems, Employability, Substance Misuse, Child Protection and Offending Behaviours. These latter themes likely also reflect the referrals for Employability and Multiple Risk, and the associated support required for these individuals. Gender Identity, PTSD/Trauma/Witness of Violence, Social Media Bullying, and Bereavement all slightly decreased as compared to last year's figures.



8.0 Service User Profile

8.1 Age

The age profile of the young people that attended the service was generally in line with the previous year, with over two-thirds (of those who had at least one appointment) being aged between 13 and 16 years inclusive.

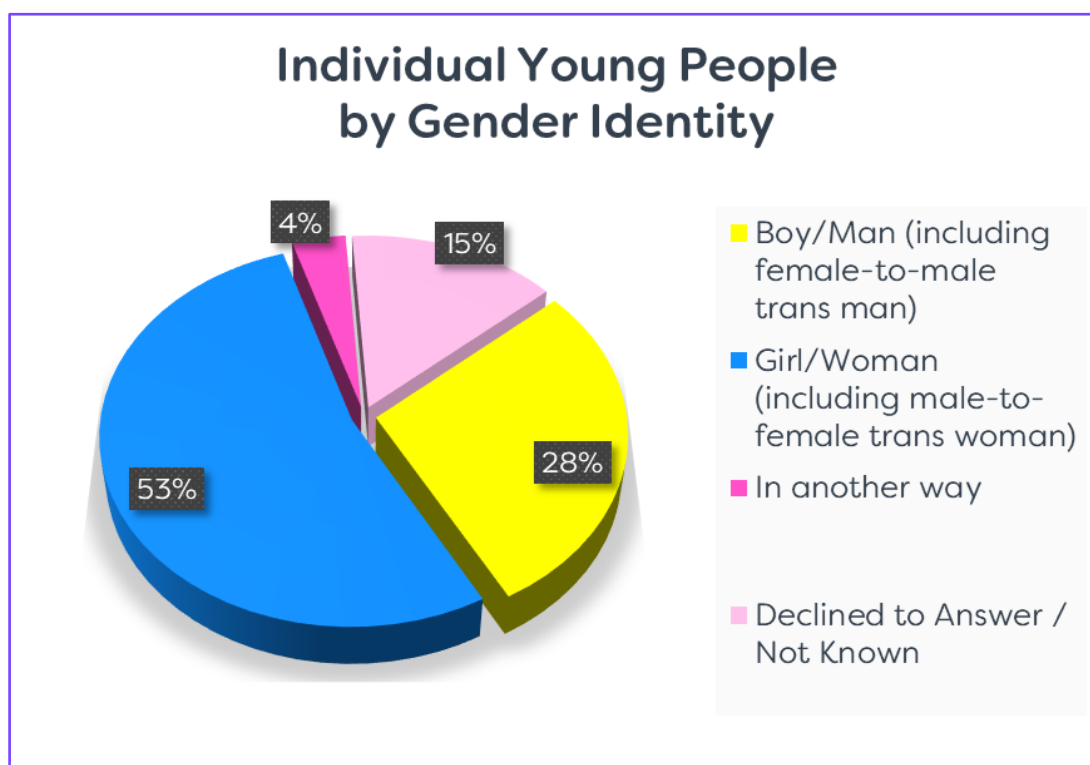


Nonetheless, it is worth noting there was an increased proportion of 13 year olds (16.9% this year; up 2.5%) and 15 year olds (20.3% this year; up 1.2%), whilst those aged 17 or 18 years both reduced (by 1.9% and 2.0%, respectively, this year).

Young people 19 years and over remained approximately constant as a proportion, as compared to last year; these individuals may belong to the category where support is made available up to age 26, for example (if Care experienced), or they may have engaged in the service before their 20th birthday but have yet to complete their YHS journey.

8.2 Gender Identity

Young people are asked to identify their gender identity upon registration with the service. In 2022-23, 53% identified themselves as female, 28% identified themselves as male and 4% identified their gender in “another way” – this latter amount was a very slight decrease upon the previous year (which was 5%). The proportion of young people for whom gender identity was not known or declined to answer was 15%. This was an increase from last year’s figure (3%) and was partly affected by a change in in-person registration process in recording this question during the period of relaxing restrictions owing to COVID-19.

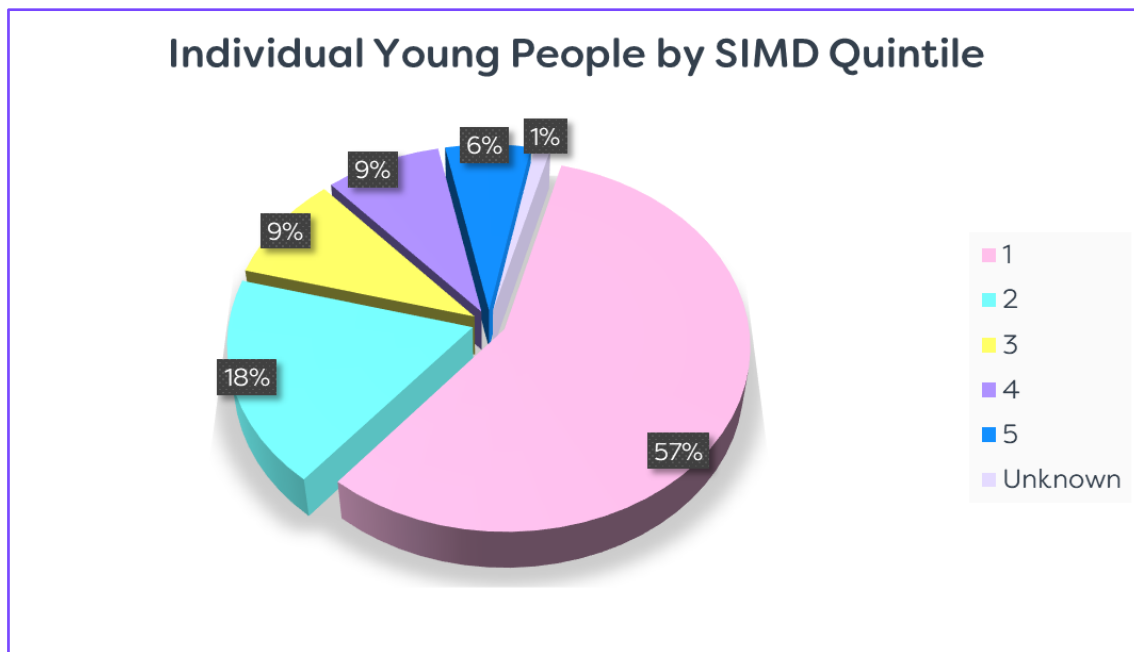


The YHS continue to promote access for all. We know from recent research² that LGBT+ young people experience greater health and social inequalities than others. In recognition of this, the YHS is proud to be working toward the LGBT Youth Scotland Gold Charter Award to further ensure LGBT+ young people feel welcome and safe to explore their issues, building on their Bronze status. The YHS offers young people the opportunity to highlight their preferred pronoun and name whilst within the service.

² See <https://www.stor.scot.nhs.uk/handle/11289/580332>

8.3 Scottish Index of Multiple Deprivation (SIMD) Status

Of those using the service this past year, 75% were from the most deprived communities in Scotland (i.e. SIMD quintile bands 1 and 2 combined), this is an increase upon the proportion from the previous year (71%). A more detailed breakdown can be seen in the chart below. These figures confirm the YHS continues to reach those young people in greatest need.



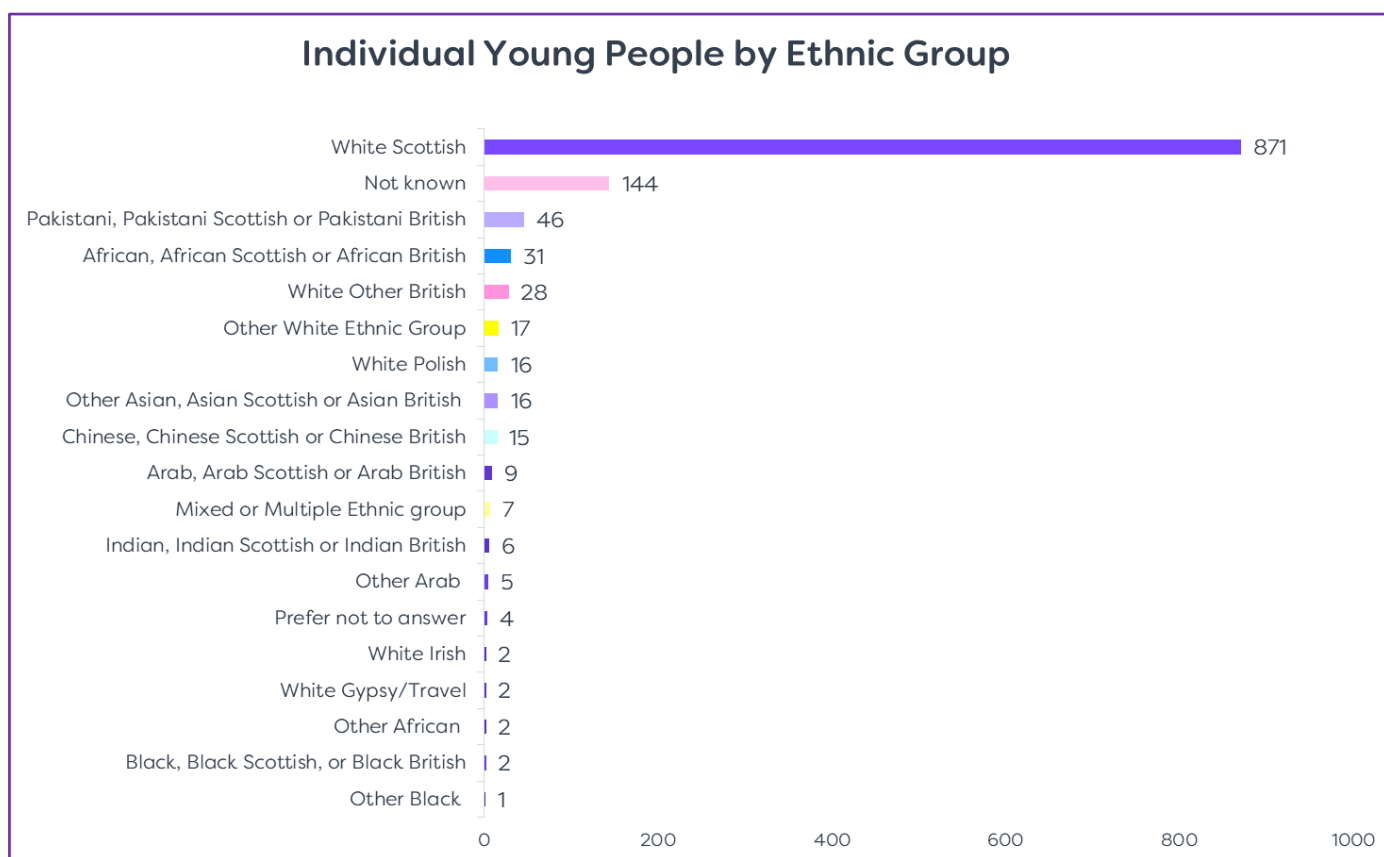
(SIMD³ is a tool to identify areas of deprivation in Scotland, adopts measures beyond income, and considers different categories of deprivation including health, access to services and housing. Areas can be classified into “quintiles” from SIMD 1-5 which ranges from 1, being the most deprived, up to 5, being the least deprived.)

³ <https://www.gov.scot/collections/scottish-index-of-multiple-deprivation-2020>

8.4 Ethnicity

A majority (71.2%) of young people who used the service identified as “White Scottish”, a decrease from last year’s proportion (76.2%). Of the ethnic groupings detailed below, a total of 12 groupings’ proportions have increased upon the previous year⁴. Notable increases included: “African, African Scottish/British” to 2.53% (up from 1.79% last year), “Chinese, Chinese Scottish/British” to 1.22% (up from 0.04% last year), “Other Asian, Asian Scottish/British” to 1.31% (up from 0.05% last year).

We note that the proportion of those with unknown ethnicity status this year rose to 12.1% (up from 8.9% last year) and this may reflect process changes which occurred for the capturing of paperwork early in the year.



⁴ We no longer use the category of “BAME” in our reporting, in line with the Scottish Government Race Equality Action Plan: <https://www.gov.scot/publications/race-equality-action-plan-final-report/>

8.5 Young Carers

Someone who is under 18 and looking after a family member is a young carer⁵. In the YHS this past year, there was a total of 49 young people who identified themselves as having caring responsibilities, an almost 50% increase on last year (33 was last year's total). This figure represents 4% of all young people seen by the service this year.

We undertook training this year to improve awareness of the Young Carers Statement & the Carer's allowance (>16's), to ensure young people receive the support they are entitled to.



⁵ See <https://www.mygov.scot/young-carer-support> for information

8.6 Geographical Data

8.6.1 Referral Data

The map on the following page shows the distribution of referrals by Glasgow neighbourhood. In broad terms, we continue to see higher numbers in areas with venues, including areas with new venues. Also, this year, there has been an increase in total number of Neighbourhoods in the higher bandings of referral amounts (e.g. for 51-100 referrals, there were 11 Neighbourhoods, as opposed to 9 last year in this banding).

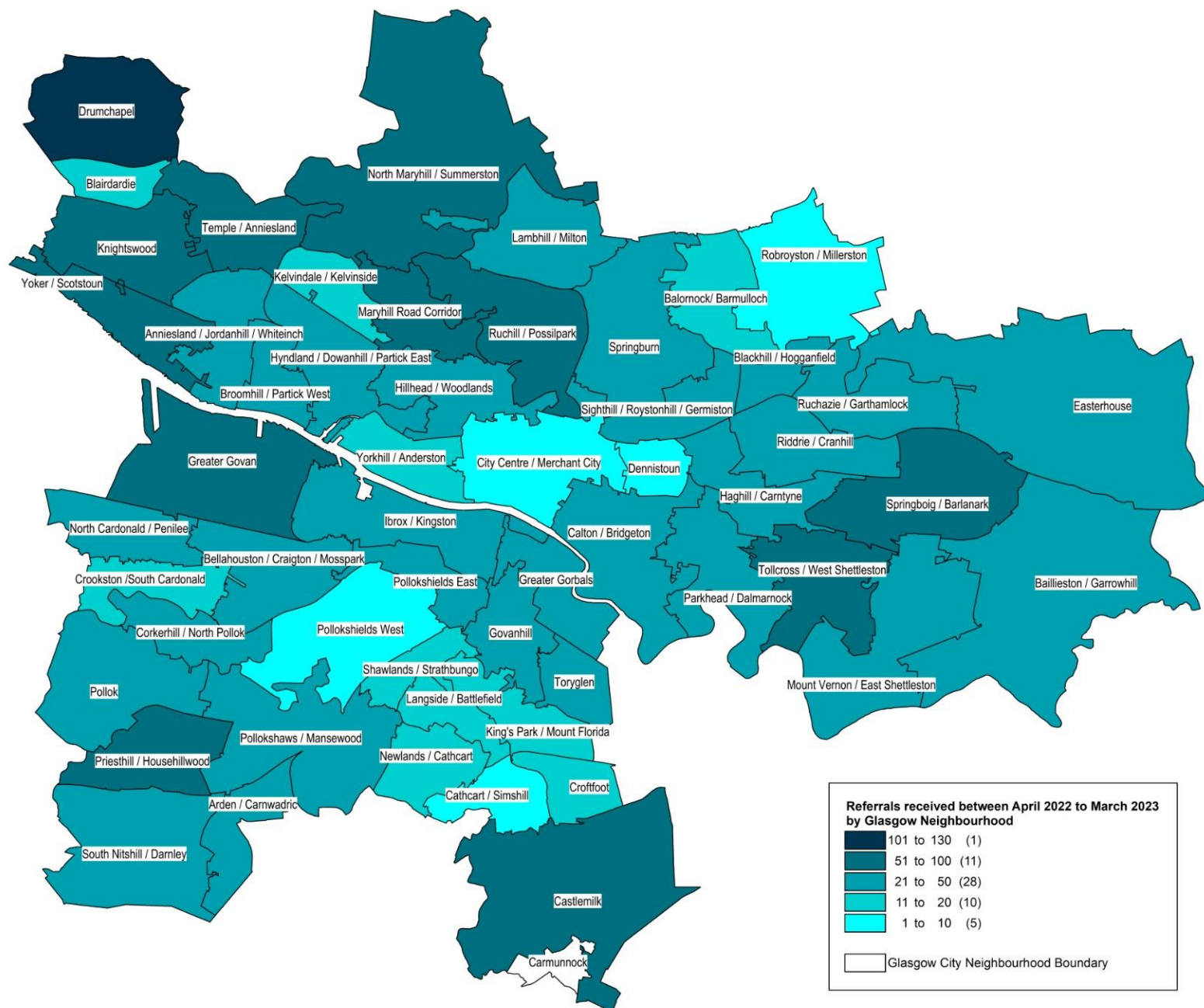
The North West locality has the most established YHS, and referrals continued to be high in neighbourhoods there, as might be expected. The highest referral amount this year, again was in Drumchapel, while other frequently referring areas also continued to do so this year (i.e. areas with 51-100), and Possilpark also featured in this banding for the first time. Distribution of referrals across the locality are relatively even, and more than has previously been the case.

The spread of referrals in the North East is similar to last year, in that the highest number of referrals received were from Tollcross and Springboig areas. The spread of referrals has extended further than last year, with the exception of City Centre, Robroyston and Dennistoun, which remained relatively low referrers.

In the South of the City, the referrals saw a more varied spread, and were less concentrated, which may be attributed to the locality geography, i.e. the area is greater and therefore concentrations of referrals may be less visible. There was a notable increase in numbers from Greater Govan and Priesthill, while we also observe from the map that Castlemilk continues to show significant concentration of referrals in absence of a Castlemilk YHS venue. The proportion of 12 to 17 year olds in Castlemilk is markedly above the Glasgow average⁶. We will continue to monitor this and if further investment becomes available, will consider how we can respond to this.

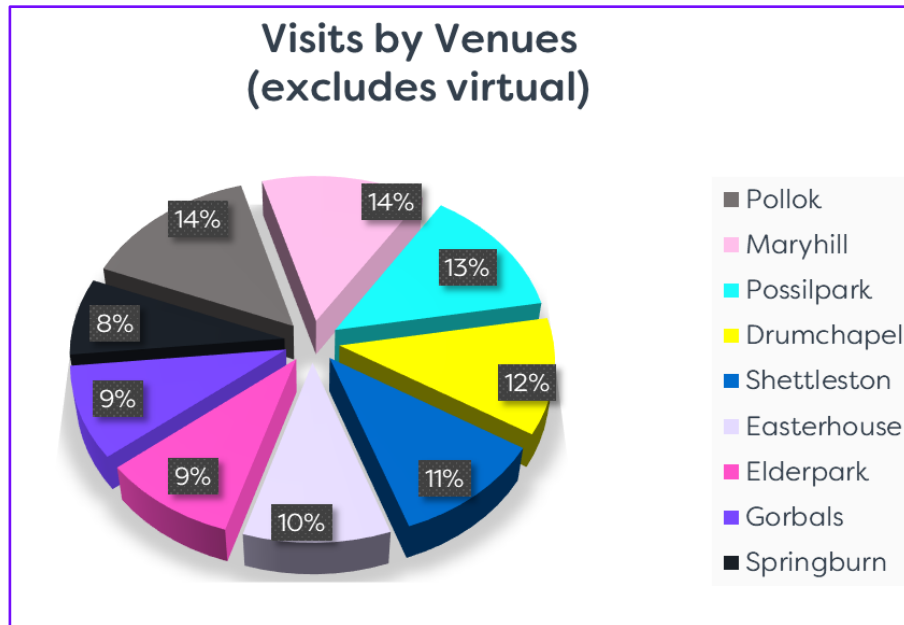
⁶ Full profile is available at:

https://www.understandingglasgow.com/profiles/children_and_young_peoples_profiles/2_south_sector/53_castlemilk



8.6.2 Service Delivery – Venues

This report is the first in which all YHS venues were operational throughout the full year - following the service's expansion from three to nine venues. All venues are, as standard, open for a single evening each week, and the spread among the different venues' delivery was reasonably evenly distributed by proportion of attended appointments (a "Visit").



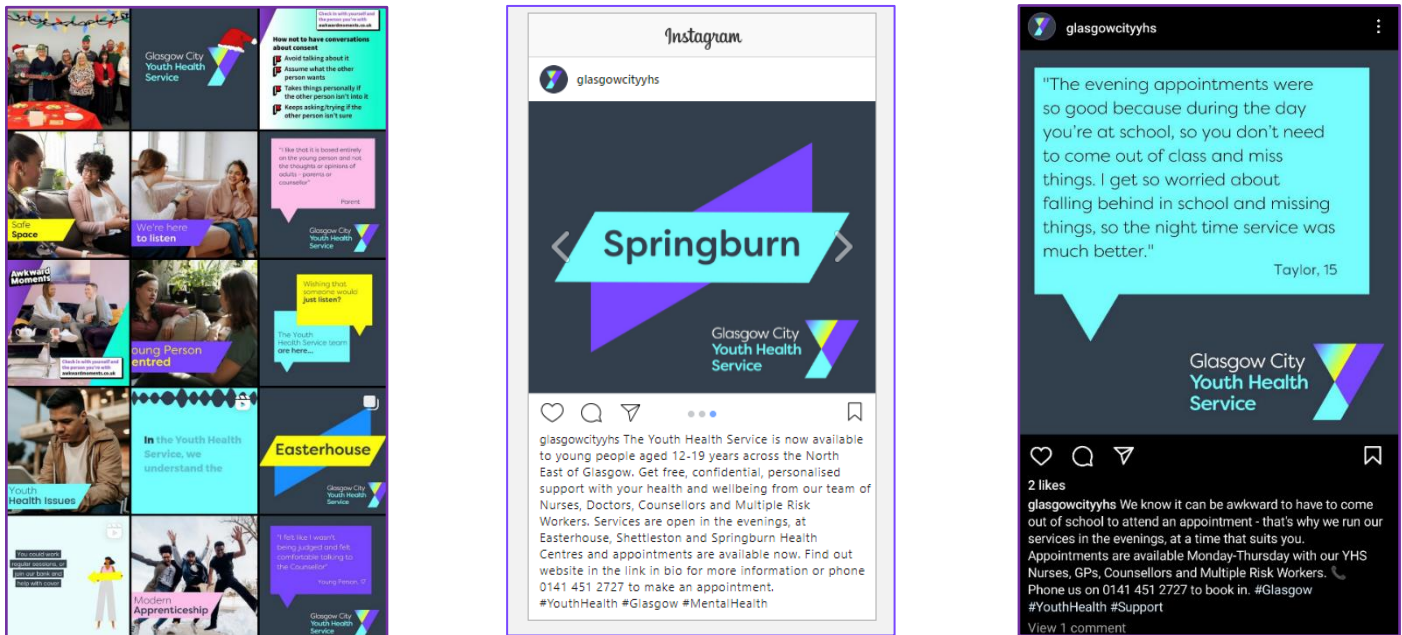
Overall, venues did not differ too considerably in proportion of usage and have all been well attended⁷. Venues ranged from 8% of all total visits (the least busy) to 14% (the busiest) and spread narrowed from last year (6% to 16%). A significant difference has been Pollok, which had the most visits this year (please note an additional Multiple Risk Worker was introduced to Pollok to address demand for Multiple risk). The share of visits at Drumchapel has decreased from 16% to 12%, whilst Gorbals also decreased from 13% to 9%. Easterhouse, Elderpark and Springburn all increased in their proportion.

Omitted in the chart are attended appointments for "additional" evenings (via supplementary funding), which took place at Maryhill and Gorbals for six months in the year, in Q3 and Q4. This was additional counselling, Multiple Risk and nursing appointments, delivered in response to waiting times. This may also have impacted on the usual Gorbals attendance on Thursday evenings. Also omitted in the chart are virtual appointments, whether video or telephone; these were offered each week and at a frequency of several evenings per week.

⁷ Please note: venue data is affected by a range of factors, for example, the availability of rooms at each: some venues can accommodate up to three counsellors, others not – e.g. Gorbals was less able to respond with space constraints historically in this venue. Also fluctuations in staff availability occur, e.g. in Drumchapel counselling staff numbers varied in the year.

9.0 Communications

To further our existing online communications strategy, in August 2022 we launched a new YHS Instagram account⁸, which is now established alongside our Facebook page⁹ and YHS website¹⁰. By the end of March 2023 this has continued to act as a means to reach younger audiences, and for campaigns via paid posts and the account had grown to 42 Followers. This will serve as a baseline for our ongoing progress and reporting. The regularly published content has continued to grow reach and engagement. This audience is a far younger average age than Facebook, which is reflected in tone and language used – some example screenshots are given below:



Three Key Performance Indicators (KPIs) help measure our communications on social media:

1. Increase audience of YHS on social media channels by 20% over 12 months
2. Increase engagement with posts relating to specific campaigns, achieving a minimum of 20 engagements with each post
3. Improve click-through rate from social media channels to GCYHS webpages by 20% over 12 months

⁸ <https://instagram.com/glasgowcityyhs>

⁹ <https://www.facebook.com/GlasgowCityYHS>

¹⁰ <https://www.nhs.uk/scot/hospitals-services/services-a-to-z/glasgow-city-youth-health-service>

The graph (right) addresses KPI 1 and shows a significant increase in audience for the YHS Facebook Page from April 2022 to March 2023. The number of Facebook users who Like the Page increased by 12% and the number of Facebook users who “Follow the Page” increased by 36%¹¹.

KPI 2 refers to increasing engagement with posts on our social media channels. Engagement refers to any interactions to content that were shared and lets us measure the amount of interest and conversation a piece of content generates.

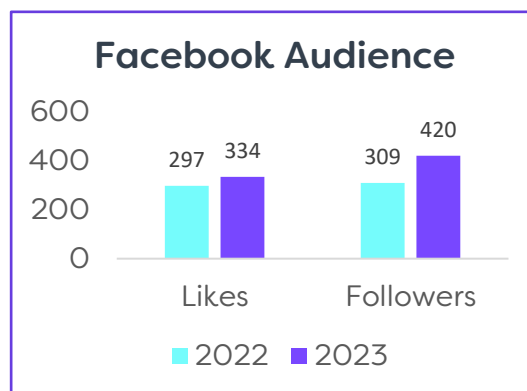
A key campaign ran from September to November and highlighted the holistic nature of support the YHS provides, so as to counter any impression it was solely for mental health, and to ensure young people were aware they can present at the service with other health and wellbeing issues.



For the paid posts on Instagram, young people targeted were aged 13-21, living in Glasgow City, while on Facebook, content targeted parents/carers/family members and referring professionals, aged from 18-65+.

The messages were carefully thought through, and were created with the help of the Mental Health Improvement Team, with images created to make the posts visually interesting. Topics included were Sexual Health, Mental Health, Alcohol and Drugs, Risky Behaviour and Healthy Weight.

KPI 2 aims at 20 engagements as a minimum, per post. Taken as the average from both platforms, this was achieved, although Facebook on its own achieved an average of 18



Glasgow City Youth Health Service
 Sponsored ·

Glasgow City Youth Health Service is here to support young people aged 12-19 years with their health and wellbeing. We want young people to know that they're not alone and that we all feel low, worried or stressed sometimes. We can provide a listening ear and a safe space so they can talk about how they've been feeling. We will look at strategies and support to help young people cope and if things still aren't getting better, we will find the right service to help.

Find out more or make an appointment:
 0141 451 2727
[nhs.uk/GlasgowCityYHS](https://nhs.uk/locations/glasgow-city-youth-health-service)

there was support for me if I needed it, I felt heard and that I wasn't alone in how I was thinking or feeling

Young Person, 16

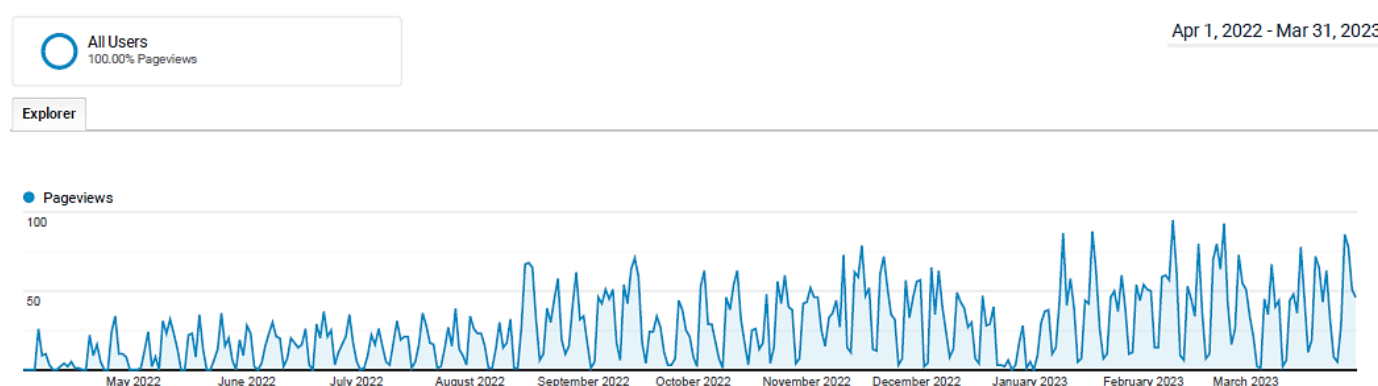
[nhs.uk/GlasgowCityYHS](https://nhs.uk/locations/glasgow-city-youth-health-service)
 0141 451 2727

¹¹ Please note: there is a subtle difference in “Liking” and “Following” and the two are independent. It might be that someone has chosen to follow a Facebook Page and get the posts because they want the content, but for whatever reason they do not want their name associated publicly with the Page.

interactions per post. The YHS as a topic is a sensitive one, however, and thus such public interactions may make people reluctant to “Share” or “Like” etc. However, Instagram had much higher engagement at an average 136 interactions, which was very positive.

The campaign was successful in terms of reaching the target audience on both platforms. The vast majority of Instagram views were by young people aged 13-17 years (between 70% and 91% per post) and the majority of Facebook views were by users aged 18-44 years, including roughly 19,000 users aged 45-54 years, suggesting it reached the broader target audience of parents, carers and referring professionals.

For the remaining KPI, KPI 3: “Improve click-through rate from social media channels to GCYHS web pages by 20% over 12 months”, it has not proven possible to acquire this data from social media channel sources. Instead, as a next best option, we decided to examine all traffic data for YHS web pages (a subsection of the main NHSGGC website), (graph, below). The graph indicates unique daily page views by users of the website.



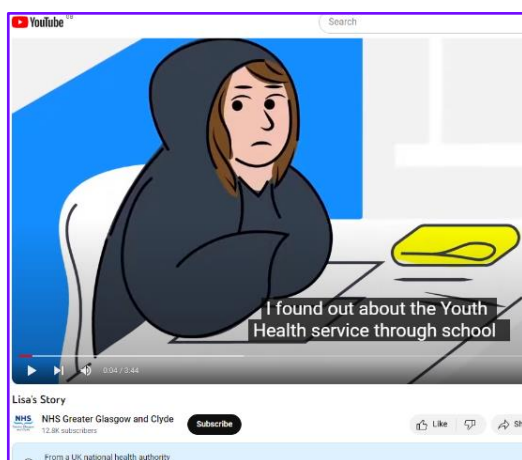
A steady upward trend is observed from April 2022 until year end, which approaches frequent peaks of almost 100 daily page views. There was a decreased amount at Christmas/New Year period but that was likely a seasonal effect, as the clinics close temporarily in that period. The top three pages visited were the “home” page, the “contact us” page and the “find out more” page.

We hope to build on this key aspect in communications progress and we aim to observe a continued increase in audience for our website in the coming year.



In the summer, we published documents reporting on our annual Service Questionnaire responses. These informed the production of two informative FAQ leaflets (pictured above) to be distributed in YHS venues in early 2023-24.

Throughout the year we supplemented our online presence with video shorts and stories (via a playlist on the NHSGGC YouTube channel) to further provide accessible and engaging information about the service to our audience¹².



Communications Work 2022-23

April-May 22

Collated responses for previous year's (21-22) service questionnaire; report published Summer 2022

June 22

Work began on Communications Plan to promote varied support the service offers

July-September 22

Ad Campaign on FB/Instagram to highlight the holistic supports of YHS (beyond Mental Health)

Case studies for NHSGGC YouTube

New short video on Pilot produced for A&E Staff

August 22

Instagram account launched

October 22-January 23

Targeted promotion of Springburn YHS: collaborated with NE Health Improvement, GPs/Primary Care, Social Work, Schools, Police, 3rd Sector, and accompanied social media campaign.

December 22

Curated list of websites for YHS venue tablets rolled out

January 23

Change of Name/Pronouns process distributed to venues

Following analysis of data at specific YHS venues - which indicated the filling of Nurse and GP appointments could be further maximised - targeted work was undertaken in the autumn/winter to promote the Springburn Youth Health Service. Social media posts helped with promotion. Extensive collaboration took place with local partners, that focused on NHSGGC Health

¹² Please see [Youth Health Service - NHS Greater Glasgow and Clyde - YouTube](#)

Improvement and Primary Care colleagues (including GPs, Practice Managers and Link Workers) and secondary education in the area (St Roch's, All Saints, Springburn, Eastbank, St Andrew's, Whitehill and Lochend), via their Pastoral Care, Campus Police and Developing the Young Workforce staff. Conversations took place with Glasgow City Council (GCC) staff (e.g. Glasgow Virtual School, Springburn Neighbourhood Liaison, Social Work and Towards Better Futures), as well as Police Scotland and NE Community Policing. Third sector partners included Royston Youth Action¹³, St Paul's Youth Forum¹⁴, FARE Scotland¹⁵, Brunswick¹⁶, PEEK Project¹⁷, YoMo¹⁸ and Connect¹⁹.

For the various YHS venues, a need was identified to have a set of curated online resources for young people and parents to access through tablet devices, which a member of staff/Youth Workers could signpost them to, if relevant. This was rolled out during the winter months.

¹³ <http://roystonyouthaction.co.uk>

¹⁴ <https://www.stpaulsyouthforum.co.uk>

¹⁵ <https://www.fare-scotland.org>

¹⁶ <https://brunswickcentre.org>

¹⁷ <https://www.peekproject.org.uk>

¹⁸ <https://www.yomo-online.co.uk>

¹⁹ <https://www.connect-ct.org.uk>

10.0 A Young Person's Journey

The case study graphic below illustrates a young person's journey from their point of referral to YHS, in this case Multiple Risk. It details their journey from presenting issues to intervention(s), along with any outcomes for the young person.

* Name has been changed to respect confidentiality



10.1 Feedback

The YHS adopts a welcoming and listening approach to those in contact with the service. We regularly and actively seek feedback from YP, parents and professionals in order to help us improve the service. This is done by conducting an annual survey of people who engage with the service and recording and acting upon feedback received at other times.

“They are very approachable and offer a relaxed environment to support young people...
The range of supports are vast and much needed.”

Professional

"Felt my daughter came out of the sessions a lot more positive and happy."

Parent/Carer

“I like that the staff listen to you and not judge what you have to say to them”

Young Person, 14

11.0 Developments

The YHS recognises the importance of responding to the emerging needs of young people and the need for continual improvement. As such, we have continued to embrace opportunities over the past year, working in partnership with other statutory and third sector organisations, to enhance the support available for young people in Glasgow City.

11.1 A&E Intoxicated Young Person's Pilot

The A&E Pilot, a collaboration between the YHS, Acute Addiction services, Glasgow City Accident & Emergency (A&E) / Minor Injury Unit's (MIU), Alcohol and Drugs Recovery Services (ADRS) and Social Work. The pilot was funded by Glasgow City Alcohol and Drug Partnership.

The overall aim of the pilot was to intervene early on, to improve health outcomes for 12-18 year olds, presenting at a Glasgow MIU or A&E department intoxicated by alcohol or drugs. Significant numbers exist in this category and do present every year, with many having complex social care and mental health issues and/or vulnerability and may often not meet the criteria for Child Protection processes on presentation or ongoing support. The A&E Pilot Project was seen as an opportunity to work with such young people through esteem building; improved relationships and teaching how to risk assess as an opportunity to change the trajectory of their lives through a bespoke 1:1 (YHS) Multiple Risk programme. The YHS Counselling component has also been a key intervention for young people supported via the pilot.

The pilot concluded on 31st March 2023. It has proved challenging to implement amidst a pandemic and the resulting well-documented and unprecedented pressures upon A&E, in particular.

In-person training was delivered this year to both A&E and MIU clinicians at the three Glasgow City departments jointly by the YHS Nurse for the Pilot, in partnership with the Child Protection Practice Development Nurse. Awareness-raising was done via a bite-size video produced and distributed to busy A&E staff groups and via briefings to acute about the pilot in daily huddles. A leaflet about alcohol for targeted use during interventions with those at risk of alcohol harms was distributed to the ADRS teams and A&E departments in Glasgow City.



The referral pathway yielded low numbers by comparison to projected numbers for the pilot (which was approximately 100 annually). Our analysis showed that pandemic impact on A&E, reduced primary care service delivery and limited face-to-face interactions to support the pathway have all

contributed to the limited referral numbers, despite the enthusiasm for the pathway by all stakeholders. The full report is available directly from the YHS.

11.2 Multiple Risk Programme

The YHS Multiple Risk programme, delivered by commissioned organisation Includem, is now in its second year and is embedded within all of the nine YHS venues. The programme continues to offer bespoke 1:1 support within YHS venues for up to 12 weeks, and is centred on addressing the specific risk-taking behaviour needs of the young person. Outreach support - either in person or by telephone – complements this, to encourage attendance at the service or as a “step down” approach post intervention. Where necessary, parental support can also be offered to navigate this often difficult phase.

Throughout 2022-23, in response to additional investment, there was an increase in Multiple Risk workers from 10 workers across 9 YHS venues to 14 workers across 11 YHS venues for a 6 month period (October to March). As part of a wider offer to address waiting times, 2 additional Multiple Risk workers were allocated to Maryhill and Gorbals Health Centres, on additional evening delivery.

In total, 228 referrals were received from sources, such as: internally from YHS, Social Work, education, GP Practices, family and third sector organisations. A total 181 young people were supported, 57 have completed the programme, and others remain engaged in support at the time of reporting. The remainder of young people referred are awaiting support, withdrew from the service or did not meet the criteria for support, (i.e. resident outwith Glasgow City or requiring more intensive support).



Multiple Risk

Personalised programme for young people experiencing 2 or more risk behaviours

Substance use, gambling, school engagement, gaming, etc.

One to one support for up to 12 weeks

Early intervention to improve outcomes

Goal setting, improving resilience, identifying supportive relationships

 nhs.uk/ggc/scot/GlasgowCityYHS

 **0141 451 2727**

The graphic has a dark blue background. On the left, there is a large, stylized number '7' composed of several overlapping triangles in shades of blue, green, and yellow. The text is white and yellow.

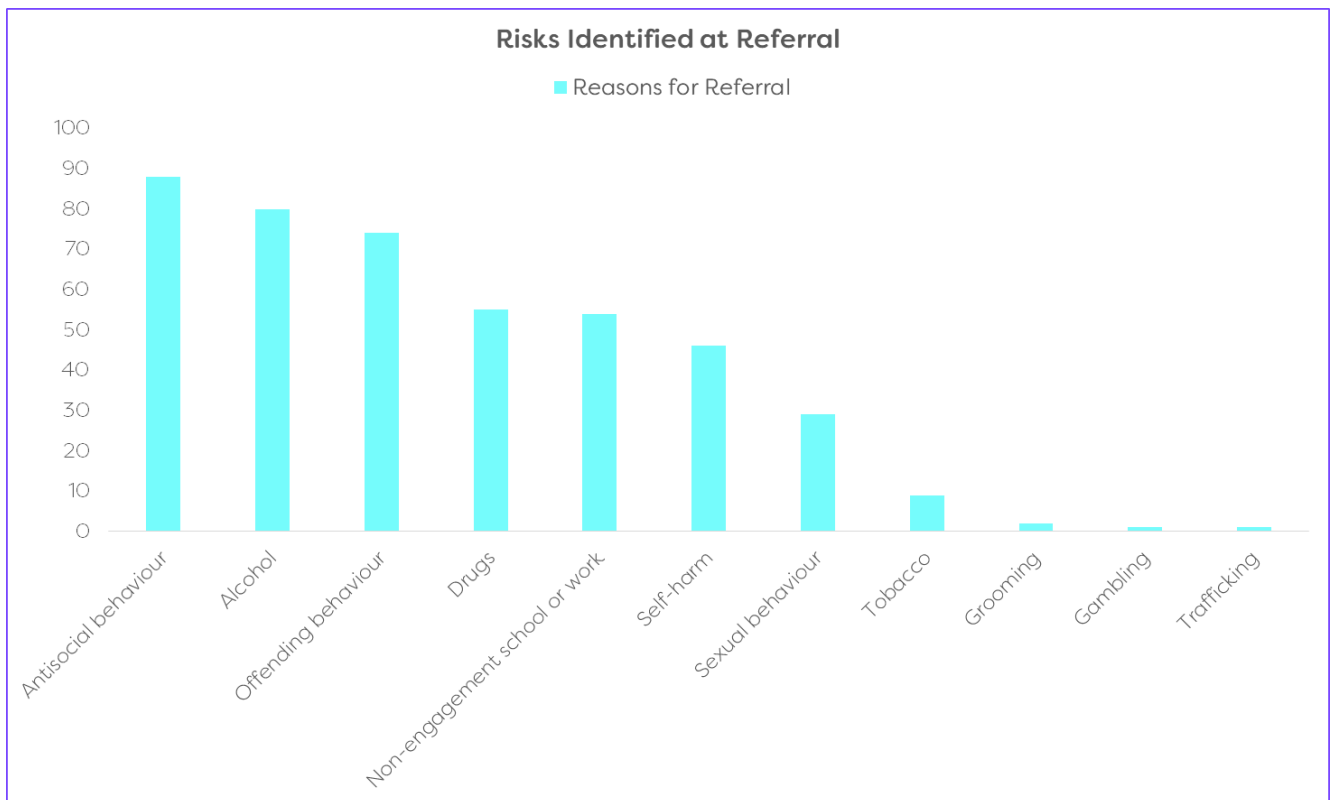
 **228** Referrals received

Young people supported  **181**

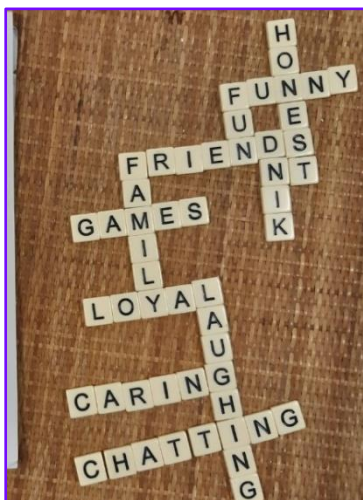
 **478** Hours in Outreach

The graphic has a dark blue background. It features three main statistics with corresponding icons: a yellow envelope for referrals, a group of blue and yellow people silhouettes for young people supported, and a clock with puzzle pieces for hours in outreach. The numbers are in large, bold, white font.

The most common reasons for referral are antisocial behaviour, alcohol and offending behaviour being cited. However, it is important to recognise that due to the complexity of referrals, young people often present with several risk-taking behaviours.



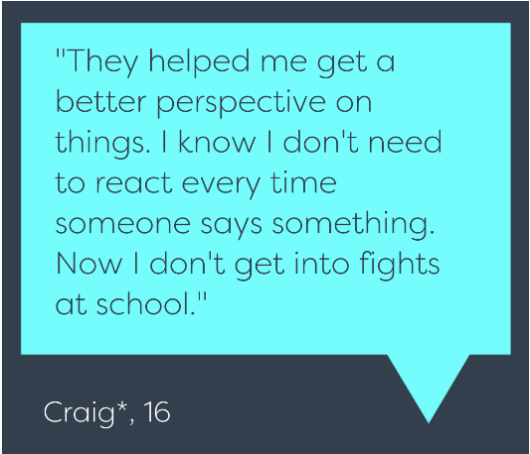
Within the YHS venue, intervention takes places in the form of Includem’s “A Better Life” toolkit, 13 specialist modules which provide a responsive foundation, focusing upon strengths, while tackling positive behaviour change - along with maximising health and well-being outcomes.



Includem have reviewed performance tools since commencing the YHS Multiple Risk programme in 2021. Specific outcomes for each young person are measured at both the beginning and end of

the programme using two assessment tools – *Well-being Webs*²⁰ and more recently, *I-statements*. A *Well-being Web* - uses the 8 SHANARRI²¹ indicators to guide discussion around a young person's potential (rather than difficulty). The *I-statements* are 9 positive statements Includedem developed in conjunction with young people to try and capture a more detailed measurement of change. It is important to recognise that scores can be lower at the end of the programme due to young people then having a better understanding of factors, such as what constitutes a healthy relationship.

Positive outcomes for young people recorded on completion of the programme include a decrease in antisocial behaviour, better engagement in education, decreased substance use, healthier relationships and improved family relationships. Parents have also provided positive verbal feedback in relation to improved family relationships and behaviour.



"They helped me get a better perspective on things. I know I don't need to react every time someone says something. Now I don't get into fights at school."

Craig*, 16

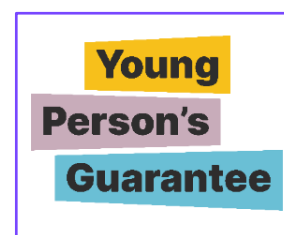
²⁰ Please see - <https://lx.iriss.org.uk/content/girfec-wellbeing-web>

²¹ Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included; see <https://www.gov.scot/publications/shanarri/>

11.3 Youth Employability

11.3.1 Employability Support

The YHS Employability Coach funded by the Scottish Government Young Person's Guarantee (YPG) commenced delivery and operations in July 2021 and this continued throughout the first half of 2022-23, working with young people at all stages of the employability pipeline. However, the post became vacant at the end of August 2022 and in absence of confirmed funding remained so, for the rest of the year. All opportunities are being explored to secure further funding to support this aspect of the service.



In-house employability support was provided for young people aged from 16 to 24 having additional barriers to employment such as neuro-diverse conditions, mental health difficulties or serious health conditions, and who experience a lack of access to meaningful opportunities. This needs-led approach provides support around building self-confidence, CV's, practical interview skills, travelling and meeting new people. The strength of the YPG programme, is its ability to provide nuanced support to those experiencing inequalities in employment opportunities.



This year significant partnership working was achieved which addressed employability barriers:

- Multi-sector employers supportive of neuro-diverse workforce (e.g. BeYonder, This is Milk)
- Access to volunteering opportunities (e.g. with Music Broth)
- Skills Development Scotland supported a young person facing health issues to maintain in post
- Glasgow City Council (especially Towards Better Futures programme) and Glasgow Life
- Helping several young people gain access to Higher Education via liaison with College and also educational adaptations around neurodiversity challenges

The Coach engaged young people at a suitable YHS venue or via outreach. The support applies to any stage(s) of the employability pipeline, ranging from barrier removal (e.g. proof of status), to in-work support. Much of the activity, so far, has been to support those recognised as furthest from the labour market. Neurodiversity is a particular issue and for some young people, additional support is required to sustain education or employment-seeking aspects, or manage associated anxiety around leaving their home, for example.

During the first two quarters, 17 referrals were received, in line with the rate of the previous year. 17 were supported by the Coach, and 9 were registered on to the official Monitoring System (Hanlon).

Outcomes achieved included employment, training placements, supported volunteering, re-engagement with school and/or college programmes as well as additional financial support for Further/Higher Education (e.g. bursary and proof of status for support).

11.3.2 Modern Apprentice Business Support Assistant

In partnership with NHSGGC Workforce Employability, as part of the strategy to develop the young workforce, the YHS successfully recruited and appointed a Modern Apprentice (MA) Business Support Assistant. As an MA, the process selected from applicants (aged between 16 and 29 years) in November 2022, with an appointed candidate commencing post in February 2023. The full-time, fixed-term, 24-month apprenticeship programme offers the post-holder a route to acquire skills while in salaried employment, in parallel with accreditation for a nationally-recognised, Level 2 Scottish Vocational Qualification (SVQ) in Business and Administration. The SVQ is comprised of a mix of core and optional units, each being an aspect of the job, and attainment is assessed in-work and evidence-based by a designated assessor. At the completion of the MA, a supported transition into permanent employment in the organisation is included for the apprentice.



11.4 Menu of Mental Health & Wellbeing Support (Tier1/2)

In response to the emerging rise of mental health concerns for young people, and to ameliorate waiting times for counselling, additional resource from the Scottish Government was utilised to develop a menu of Tier 1/2 Mental Health & Wellbeing interventions. Building on a previous delivery of “I heart” pilot programme, a further 4 groups were delivered. These are designed to promote innate resilience, provide strategies for managing issues such as addressing anxiety, low mood and anger issues, both immediate and longer term. The ambition, to promote self-management. While the sessions were positively evaluated by the young people who participated, recruiting to the programme was challenging with many young people declining the online opportunity.

A “test of change” tiered menu of Mental Health & Wellbeing support, offering a Listening Ear component, access to online Wellbeing Sessions and Single Session counselling was tentatively introduced in Q2. These complement the therapeutic 4-8 session model currently in operation. The ambition of the tiered approach is to ensure young people receive the right support at the right time. This is to reduce underutilised appointments, and reduce waiting times by improving access

to therapeutic counselling according to need. Overall, it is anticipated this should maximise benefit from available resource.

Additional investment from Scottish Government, also facilitated additional appointments in two YHS venues by increasing service delivery evenings in Gorbals and in Maryhill. Each extra evening included 2 Multiple Risk workers, 1 Nurse and between 1 to 3 Counsellors, depending on staffing availability.

11.5 Glasgow Life Youth Workers

Via a phased plan, in April 2022, Youth Workers were introduced to the multidisciplinary team across all YHS venues, following training and shadowing opportunities.



The main role of the Youth Worker has been to “meet and greet” the young person, to assist with the induction process and to signpost to relevant support locally and across the city. Over the course of the year, as their presence has been consolidated in venues, meetings took place to discuss the role’s scope, and identify training requirements of the Glasgow Life staff team.

Glasgow Life have now created a “core” team of staff for supporting the YHS with a bank of staff who are able to backfill any vacancies or leave. This group of staff also have access to shadowing and training opportunities, so they are able to respond within the YHS environment. With the relaxing of rules around COVID-19, games were re-introduced into the waiting areas, helping facilitate engagement with young people. Handheld devices are used to encourage young people to participate in appropriate consultations, to have their voice heard, and to facilitate self-management with Youth Workers directing young people to an agreed list of curated websites and apps. Finally, discussion has taken place with Glasgow Life, tasked with identifying a sustainable solution into the future, to secure this aspect of youth work within the service and across the city.

11.6 Transition to a new Clinical Records System and Database - EMIS Web

As part of a formal process with NHS GGC eHealth, to mitigate the risks identified with current systems, a solution has been implemented to update the existing, outmoded, database systems, to ensure performance scaling and integrity of service data, as well as afford an improved performance management reporting facility.

Weekly implementation meetings have taken place throughout this year for the Working Group to oversee transition to EMIS Web clinical record system. The transition will be a mix of system continuity and beneficial changes to working procedures from the existing system of EMIS PCS.

A key change is the move to use of NHSGGC Childrens' Services Shared Single Record , currently in use by a range of other professional groups/services e.g. Health Visiting, School nursing, CAMHS. This affords an opportunity to improve care and minimise risk.

Against a backdrop of normal uninterrupted service delivery, preparatory work for the change has included a set of Standard Operating Procedures, set out in early 2023 - to enable migration to the new system. This included extensive efforts to map YHS model components onto the new referral tracking and reporting system, as well as to ensure continuity in management of essential waiting lists.

A record migration work-plan was finalised in March 2023 and transfer of patient records has begun with additional hours supplementing this essential work with a comprehensive staff training plan established to take place in April/May 2023.

11.7 Progress toward LGBT Charter Gold Award

This year, in response to recent evidence on the health and wellbeing needs of the LGBT+ community, and also to ensure the YHS continues to be inclusive and meet the needs of LGBT+ young people, the team has made substantial progress towards attainment of the LGBT Youth Scotland Charter Gold Award (previously attaining Bronze Award).



The “YHS Champion” Group comprises of a cross-section of YHS staff, and has convened to steer this work’s action plan, which is aligned to timescales for the award completion. Initially, a baseline survey of the staff group around LGBT Awareness was undertaken and submitted to Charter Delivery. Throughout the year, evidence was compiled of relevant referrals and signposting for young people to LGBT organisations, e.g. wraparound work connected young people to LEAP Sports²² and LGBT Health and Wellbeing²³. Work began in August on a consultation to assess the needs of LGBT people who attend the Service. Staff LGBT Awareness e-learning training by LGBT Youth Scotland was completed in November, and the team met the Award target of at least 70% of staff being trained. A 90-minute Live Workshop with a staff cohort took place in December.

²² <https://leapsports.org>

²³ <https://www.lgbthealth.org.uk>



In early 2023, we implemented a process around Change of Name or Pronouns across all delivery venues, as a response to requests for use of a preferred name from young people. It was accompanied by distribution of an information leaflet (to staff and commissioned partners) explaining the formal and informal ways this can be done.

The protocol enables the necessary actions whilst also ensuring young people fully comprehend the implications of this over time.

From January we began displaying the LGBT Charter of Rights in all our venue receptions and February saw roll-out to staff of a reference glossary of terms. Data has been gathered for a short monitoring report which will be undertaken early in 2023-24 around sexual orientation and gender identity, and terms used, among our service users.

Next steps to attain the Award include completion of training by the team in Supporting Trans Young People, which will be scheduled when this becomes available later in 2023.

12.0 Reflections

12.1 Staff capacity

The demand for the service continues to put the service under significant pressure from a staff capacity perspective. Additional short term staff investment has supported efforts to address waiting times. The effect of the Pandemic on staff sickness levels has contributed to reduced offers of appointments. Recruitment of appropriately trained staff remains a challenge and in light of national shortages of some staff groups, this is unlikely to change in the short term at least. Sustainable investment will assist the service to attract appropriately trained staff to the service and to continue to develop in response to emerging health needs.

12.2 Delivery model

As a by-product of service developments and the on-going demand for the service, some consideration is required around a future service delivery model, both in terms of structure and capacity.

A review might consider

- The aggregated impact of all the developments
- Staff capacity
- Re-focus towards the original delivery model
- Increasingly complex presentations
- Geographical access by service users
- Waiting times

12.3 Service User profile

In summary, this year the overall age profile has trended towards a slightly younger average age range with an increase in the proportion of 13 and 15 year olds among all ages using the service. The SIMD status of young people would suggest the service has continued to reach those in greatest need whilst remaining a universal service. In terms of ethnicity, there was a slight broadening in diversity in background of young people accessing the service this year, although "White Scottish" remains by far the predominant group identified with. There was a notable increase in the categories of "African/African Scottish or British" and "Other Asian, Asian Scottish or British" this year. Through our practice and procedures we strive to ensure that all population groups in Glasgow are aware of and able to access the service.

13.0 Ambitions for 2023-24

13.1 Completion of service migration to EMIS Web

EMIS Web training for various staff cohorts (Business Support, Nurses and GP roster) will be completed by mid-May 2023. Full operational changeover to day-to-day use of the new EMIS Web system is scheduled for early June, with a switch to read-only use of the legacy system, EMIS PCS. Part of the migration specification has included comprehensive performance management reporting based upon EMIS Web data capture, which will comprise the basis for our quarterly and annual reporting from summer 2023 onward. We would like to express our gratitude to our colleagues in NHS GGC eHealth and Business Intelligence for their expert support and insight throughout the migration process.

13.2 LGBT Charter Gold Status

The Action Plan is currently being implemented and Gold status is anticipated by the end of 2023. There has been some slippage in progress in light of the significant efforts required for the EMIS Web migration process.

13.3 Analysis and review of current Mental Health Support

A simultaneous review of waiting times and uptake of Counselling, offers the opportunity to reconsider the current 4:8 model of counselling and the impact of the tiered approach introduced earlier in the year. Analysis may be required over a financial year period to assess impact of the new component parts. Ultimately the service is aiming to be effective and efficient, whilst reducing waiting times and improving patient experience.

13.4 Re-introduce Youth Volunteering

Prior to the pandemic, up to two young people per venue were offered the opportunity to volunteer in the YHS with a view to working towards a Youth Achievement Award. As COVID-19 restrictions diminish, some early discussions have taken place with relevant partners to explore the re-introduction of this opportunity to complement the employability aspirations for service users.