



Item No. 9

Meeting Date Wednesday 13th November 2024

**Glasgow City
Integration Joint Board
Public Engagement Committee**

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Youth Engagement and Glasgow City Youth Health Service

Purpose of Report:	The purpose of this report is to share Glasgow City Youth Health Service's work to engage and consult with local young people on the design and development of the service, with the IJB Public Engagement Committee (PEC).
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Background/Engagement:	As part of an exercise to improve representation for younger voices at committee level, a request was made by the PEC for a report on the youth engagement and consultation approaches used to inform Glasgow City Youth Health Service. Glasgow City Youth Health Service has consulted and engaged directly with young people throughout the development and expansion of the service, as well as responding to emerging health issues. The following report demonstrates several examples of this, including: the design of the service model, a later review of youth health services in Glasgow City, co-production of the branding for Glasgow City Youth Health Service, on-going engagement with young people through an annual service questionnaire and service developments in response to the emerging health needs of LGBTQ+ young people.
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Governance Route:	The matters contained within this paper have been previously considered by the following group(s) as part of its development. HSCP Senior Management Team ☐ Council Corporate Management Team ☐
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	Health Board Corporate Management Team ☐ Council Committee ☐ Update requested by IJB ☐ Other ☒ Update requested by PEC Not Applicable ☐
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Recommendations:	The IJB Public Engagement Committee is asked to: a) Note the contents of the report.
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Relevance to Integration Joint Board Strategic Plan:
This work is in line with the IJB Strategic Plan 2023-26, particularly priority 1 – Prevention, early intervention and well-being. This work also contributes to the achievement of the IJB vision of accessing the “right support, in the right place, at the right time”, by offering early intervention support to young people in their local community.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	The work of Glasgow City Youth Health Service contributes to the achievement of the following National Health and Wellbeing Outcomes: Outcome 1 - People are able to look after and improve their own health and wellbeing and live in good health for longer. Outcome 3 – People who use health and social care services have positive experiences of those services, and have their dignity respected. Outcome 4 – Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services. Outcome 5 - Health and social care services contribute to reducing health inequalities. Outcome 6 - People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being. Outcome 7 - People who use health and social care services are safe from harm. Outcome 9 – Resources are used effectively and efficiently in the provision of health and social care services.
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Personnel:	No direct personnel implications.
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Carers:	Glasgow City Youth Health Service directly supports young carers and their families and made specific efforts to ensure young carers' voices were heard during the process of rebranding the service.
Provider Organisations:	None
Equalities:	None
Fairer Scotland Compliance:	None
Financial:	None
Legal:	None
Economic Impact:	None
Sustainability:	None
Sustainable Procurement and Article 19:	None
Risk Implications:	None
Implications for Glasgow City Council:	None
Implications for NHS Greater Glasgow & Clyde:	None

1. Purpose

- 1.1. The purpose of this report is to share Glasgow City Youth Health Service's work to engage and consult with local young people on the design and development of the service, with the Glasgow City IJB Public Engagement Committee (PEC).

2. Background

- 2.1. As part of an exercise to improve representation for younger voices at committee level, a request was made by the PEC for a report on the youth engagement and consultation approaches used to inform Glasgow City Youth Health Service.
- 2.2. Glasgow City Youth Health Service has consulted and engaged directly with young people throughout the development and expansion of the service, as well as responding to emerging health issues. The following report demonstrates several examples of this, including: the design of the service model, a later review of youth health services in Glasgow City, co-production of the branding for Glasgow City Youth Health Service, on-going engagement with young people through an annual service questionnaire and service developments in response to the emerging health needs of LGBTQ+ young people.

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- 2.3. [“Talking the Walk”](#) provides some of the context of young people’s health at the time of the establishment of the Youth Health Service and describes the initiatives which were developed by NHS Greater Glasgow in response.
- 2.4. [“Asking the Experts: Engaging with young people to shape health services”](#) is a report of a project within the Maryhill/Woodside Local Health Care Co-op which considered how to provide health services for young people that are accessible and appropriate, through participation and consultation.
- 2.5. [The Glasgow City IJB Participation and Engagement Strategy 2020](#) provides the principles and approach for engagement within the HSCP, which have been applied in the work reported below.

3. The Youth Health Service

- 3.1. Glasgow City Youth Health Service is a holistic health and wellbeing service for young people aged 12-19 years in Glasgow City. Services are available in health centres throughout the North West, North East and South localities of Glasgow City and are held in the evenings. Young People find out about the service in a variety of ways- through digital engagement, through youth projects across the city, by Education, especially Pastoral Care Teachers, Child and Adolescent Mental Health Services, through Primary Care colleagues, including GPs and Community Links Workers and also by word of mouth. Parents also share their experience with other parents, who may then refer. Parent support organisations may also encourage a parent to refer. A total of 1182 young people were supported in 2023-24.
- 3.2. Young people can attend appointments with Nurses, GPs, Counsellors and Multiple Risk Workers for support with various physical and mental health and wellbeing issues including low mood, stress, sexual health, addiction and weight.
- 3.3. Onward referral and signposting to other services and supports provide the holistic element to the service; meaning that young people can get help with wider issues such as employability, housing, financial problems and relationship issues, amongst others.
- 3.4. The support available is early intervention or prevention, striving to get young people the support they need before things get worse. Service provision is universal but targeted towards areas of deprivation in the City.

4. Development of the Youth Health Service model

- 4.1. In the late 1990s, the Greater Glasgow Primary Care Trust Strategy highlighted public involvement as a significant underpinning principle of the future of Primary Care Services. Simultaneously, the Scottish Health Plan made public involvement a mandatory feature of NHS provision in Scotland.
- 4.2. In response to this, the Youth team in NHS Greater Glasgow Health Promotion Department and Maryhill/Woodside Local Health Care Co-op (LHCC), embarked on an engagement project with young people in the Maryhill and Woodside areas of the city.

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- 4.3. This project aimed to identify the key health issues affecting young people and included surveys and focus groups and an innovative Participatory Art project. The team worked to engage young people from a range of identities and backgrounds, with diverse needs and experiences, with a topic they may otherwise have avoided, in an accessible way.

Over 100 local young people were consulted. Whilst health professionals were concerned about teenage pregnancy and sexually transmitted infection rates, young people described a variety of health and social issues including addiction, nutrition, territorialism and how they are treated. This highlighted the need for a holistic service with the ability to respond to both clinical and non-clinical issues.

- 4.4. Young people said health services should:

- Respond to their needs
- Be accessible and open at times that suit
- Understand and respect young people
- Offer non-judgemental staff
- Be clear about confidentiality
- Provide easy to understand information

- 4.5. With core principles in place, the LHCC recruited a Youth Health Service Co-ordinator to develop a health service for young people in the Maryhill and Woodside area. The Co-ordinator conducted focus groups with local young people in order to establish what the service might look like and practical aspects such as:

- Location or venue
- Day and time of service
- Name of the service
- Age range
- Publicity materials, images, content of resources etc.
- Service ambiance

- 4.6. Taking these findings into consideration, the Youth Health Service Co-Ordinator oversaw the development of the Youth Health Service model and the recruitment of a multi-disciplinary team with experience and passion for supporting young people.

- 4.7. In 2002, the first Youth Health Service opened in Maryhill Health Centre. Demand increased in the following years and with a significant number of young people from the Possilpark area travelling to attend. Funding was identified to open a service there in 2010.

- 4.8. In 2014 a group of local young people lobbied local Councillors and NHS Senior Managers to request equity of service across the North West of Glasgow and this served as a catalyst to launch a Youth Health Service in Drumchapel.

5. Expansion of the Youth Health Service across Glasgow City

- 5.1. Over time, other health services and projects for young people were developed across Glasgow, with funding from Health Improvement used in different ways in the 3 localities.

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- 5.2. In December 2016, Rocket Science, an independent research consultancy, were commissioned by Glasgow City HSCP to review youth health service provision within Glasgow City. The project had the following aims:
- To analyse the health needs of young people in Glasgow
 - To describe the current service provision
 - To identify what was working well and less well, for young people
 - To identify areas for change
- 5.3. Rocket Science employed a range of research methods, including the analysis of service data, reviewing literature on best practice in design and delivery of youth health services, carrying out interviews with staff and interviews and focus groups with local young people. The full report can be accessed at the following link:
<https://www.stor.scot.nhs.uk/handle/11289/580400>
- 5.4. Feedback from the young people involved in this review was similar to the findings of the original youth engagement carried out in 1999, prior to the inception of the Youth Health Service.
- 5.5. The main health needs for young people were found to be mental health, sexual health and addiction. Some young people reported that they didn't feel understood or helped by their GP and that short appointment times meant they didn't get to the root of their problems. Other young people said that they wanted more non-clinical support. Some highlighted concerns about meeting someone they know at their GP surgery and said that youth health services should be discrete. Most of the young people interviewed said youth-specific services were "invaluable".
- 5.6. The findings of the review were published in early 2018 with the researchers recommending that a consistent and holistic service be offered to young people across Glasgow City, with support for a wide range of issues affecting young people including sexual health, mental health, substance use and others.
- 5.7. In light of these findings, a [business case](#) was submitted to the Integration Joint Board (IJB) in June 2019 requesting approval for the expansion of the Youth Health Service for young people in all 3 localities of Glasgow City and a funding package to increase the service to a total of 9 venues was approved.
- 5.8. A peer research project was then carried out by Health Improvement to consult with local young people on the expansion of the Youth Health Service into the North East and the South of the city. The young people visited The Corner in Dundee and the Youth Health Service in Maryhill to see examples of youth services and carried out a survey and focus groups with local young people.
- 5.9. From their findings, the group provided recommendations to be taken into consideration when expanding the Youth Health Service. These included:
- Keep the name "Youth Health Service"
 - Young people should be able to make appointments by phoning the service
 - Make service accessible in the evenings
 - Consider how the service might tackle gender stereotypes which could be a barrier to young people accessing the service
 - Find ways to ensure the waiting areas feel less clinical and don't feel crowded

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- Investigate ways to reduce travel costs, so that transport is not a barrier to young people who want to attend the Youth Health Service
 - Ensure clear information about the service is provided. This could be travel information and photos of buildings on the Youth Health Service website or clear information about what the service offers.
 - Support young people while they are on the waiting list for an appointment.
- 5.10. The recommendations in 5.9 were incorporated into the development of the Youth Health Service model in the following ways:
- To reduce barriers to accessing the service that young males might experience, it was agreed that young people of all genders should be represented on marketing materials and social media content.
 - It was also decided that the views of young males in particular should be taken into account when developing new branding for the Youth Health Service.
 - The clinical feel of the health centre waiting area was softened with coloured lights, board games and age-appropriate music. Where possible, the chairs were arranged in a convivial way to make young people feel more comfortable.
 - The use of appointments rather than a drop-in, and evening service delivery helped to reduce crowding in waiting areas.
 - Careful consideration was given to the siting of Youth Health Service venues to maximise access for young people.
 - Virtual appointments were made available in 2020 due to the Covid-19 pandemic and these continue to be offered to improve access for those unable to attend in person. The recent introduction of the free bus travel scheme for young people in Scotland has further reduced access issues.
 - A website for the service was developed to provide clear information on who the Youth Health Service is for, what services are available, where the venues are and how to contact the service for an appointment.

Co-production of Glasgow City branding

- 5.11. The 2018 review highlighted the importance of consistent branding for youth health services, which was modern and relevant to a youth audience, while also appearing professional and caring to parents or carers and potential referrers. When the Youth Health Service expanded to 9 venues, it adopted the branding of the original North West Youth Health Service. As this branding had been in place since the service's inception in 2001 and appeared dated, it was decided that the service should be rebranded in early 2021.
- 5.12. Following the service's core principles of youth participation and engagement, a co-production approach was taken in the creation of a new brand identity for the Youth Health Service.
- 5.13. A local design agency called Media Co-op was identified through the NHSGGC procurement process. As the project was to take place during Covid-19 restrictions, it was important to recruit a group of young people who were digitally engaged. Impact Arts who are based in the North of Glasgow run an employability programme called Creative Pathways for young people, and the Youth Health Service rebrand was thought to be a great opportunity for the young people on the programme to gain skills and experience of a live design project and 12 young people from the programme agreed to be involved.

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- 5.14. Four workshops were held on Zoom from February to April 2021 and Media Co-op facilitators used the online whiteboard tool Miro to help the young people express their ideas and discuss different elements of the brand (e.g. look and feel, personality, colour palette and logo). The young people were then supported to develop their ideas, choosing colours, shapes and fonts that they felt matched up with the personality they thought best suited the Youth Health Service.
- 5.15. In response to the peer researchers' concerns that gender stereotypes may prevent young males from accessing the Youth Health Service, the team were keen that a diverse group of young people were involved in the rebranding process. The team felt it was important that the branding didn't present a barrier to some young people accessing the service. For example, that the branding did not appear too feminine or positioned towards a certain culture. A round of user-testing was carried out to ensure a representative range of voices were heard. This involved BAME young people, young males and young carers.
- 5.16. Finally, the words "Glasgow City" were added to the service title so that it is clear to everyone where the service is based and who the service is for – young people in Glasgow City.

Glasgow City
Youth Health
Service



- 5.17. The finished brand is modern, recognisable and flexible and has been applied across all of Glasgow City Youth Health Service's communications including promotional materials such as leaflets, pens and sticky notes and online channels such as Facebook and Instagram.

6. On-going engagement

- 6.1. To ensure the service still provides for the needs of local young people and their families, the Youth Health Service carries out regular surveys of young people, parents and carers who have attended an appointment over the previous year. The questionnaire has evolved over the years, but it ultimately seeks to determine people's experience of the service, their perception of the staff and some practical factors such as whether the service is available at times that suit them.
- 6.2. Survey responses are usually collected from young people, parents and carers at Youth Health Service venues, with the exception of the period from April 2020 to March 2021 when they were gathered digitally due to Covid-19 restrictions.

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- 6.3. In the year April 2021 to March 2022, 754 text messages were sent to young people, parents and carers who had engaged with the service over a 5 month period and Youth Workers prompted young people to complete the survey at Youth Health Service venues on tablets.
- 6.4. Responses were received from 67 young people and 69 parents and carers, totalling 136 and giving a response rate of 18%. From the responses collected, 88% of young people and 99% of parents and carers said they would recommend the service. Young people said they liked having someone to listen to them and described the staff as friendly, nice, kind or helpful. They said it was easy to access the service and they liked the time of the appointments. Parents and carers commented on the staff being helpful, friendly and supportive. They liked the evening appointments and the relaxed atmosphere, which they said was suitable for young people.
- 6.5. When asked why they wouldn't recommend the service or how the Youth Health Service could be improved, some young people referenced the number or length of appointments, particularly Counselling appointments. A small number of young people said they didn't find the support helpful and that they wanted better solutions for mental health issues rather than coping strategies. Some parents and carers said that waiting times for appointments were too long or that their young person could have benefited from more or longer appointments.
- 6.6. In response to this, the Youth Health Service has introduced a tiered model of Mental Health support to help manage waiting times and to ensure young people receive the right support at the right time. This involves offering a range of interventions, including listening ear, single sessions and the therapeutic 4/8 model.
- 6.7. It is worth noting that the majority of feedback received is positive and supportive of the Youth Health Service model, as it currently operates. The vast majority of young people agree that appointments are long enough, and services are held at a suitable time, that the Youth Health Service staff are helpful and that they feel listened to and understood when they come to a service. As a youth-led service, it is reassuring to hear that the Youth Health Service still meets the needs of young people and that the original vision for the service is being accomplished.

7. Meeting the needs of LGBTQ+ young people

- 7.1. Monitoring of emerging youth health issues is carried out in order to ensure that the Youth Health Service is ready to respond and support all young people. It is a priority for the service that the voices of marginalised young people are heard.
- 7.2. The Youth Health Service was accredited with the LGBT Charter at Bronze level in 2018 and introduced processes to make the service a welcoming and safe space for this community. One example was the introduction of signage in each venue encouraging young people to share their preferred pronouns with the team, so that staff could address them appropriately.

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- 7.3. In 2020 the [Health needs assessment of lesbian, gay, bisexual, transgender and non-binary people](#) report was commissioned by NHS Greater Glasgow and Clyde (NHSGGC), NHS Lothian and Public Health Scotland who recognised that there are gaps in knowledge about the health and wellbeing of LGBT+ groups. The report was published in 2022 stating that “LGBT+ people face health inequalities on every measure of wellbeing” and recommending LGBTQ+ awareness training for all health staff. With this in mind, the Youth Health Service began to work towards LGBT Charter Gold accreditation.
- 7.4. Through this programme, the Youth Health Service team attended LGBTQ+ awareness training to improve their knowledge and confidence in supporting LGBTQ+ young people. They also took part in a process mapping exercise, where they evaluated the experience of a young person registering with the service for the first time. The exercise considered how staff interact with young people who attend the Youth Health Service and identified ways in which LGBTQ+ young people might be positively or negatively impacted.
- 7.5. During this time, some young people had asked to change the name they are known as, when in the service. This became a challenge for the team, as some young people were attending appointments with a family member who was not aware they were using a different name or preferred pronouns. A protocol was developed to standardise the process for changing a preferred name or pronoun while in the Youth Health Service. The team agreed that a staff member would discuss the process with the young person and make sure they understood that once they had made this change, the team would refer to them by their preferred name or pronouns in letters, in the waiting area and over the phone.

8. Recommendations

- 8.1. The IJB Public Engagement Committee is asked to:
- a) Note the contents of the report.

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