# Evaluation of Pilot One Stop Shop Programme

Final Report

November 2011

www.socialmarketresearch.co.uk

## ACKNOWLEDGEMENT

Social Market Research (SMR) wishes to formally acknowledge, all of those who supported us in carrying out this important research on behalf of the Public Health Agency. Please know that your input was greatly appreciated.

## DISCLAIMER

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# 1 Executive Summary

In November 2010, the Public Health Agency (the Agency) commissioned Social Market Research (www.socialmarketresearch.co.uk) to undertake a formative evaluation of the pilot 'One Stop Shop' (OSS) Programme. This report presents the outcomes from this evaluation as well as recommendations to support the further development of the programme beyond the pilot period.

## 1.1 Policy Rationale

The pilot OSS service evolved from a public health concern around the need to provide additional help and support to young people around personal and lifestyle issues. In response to this concern the Public Health Agency conducted an analysis of need in August 2009[1] which concluded that young people should be provided with *'...accurate, up-do-date and objective information about personal and lifestyle issues, choices, where to find help and advice, and how to access it'*. A key recommendation from the Agency's analysis of need was to:

> *'Pilot the development of dedicated 'One Stop Shop' services for young people offering drop in information and advice services in relation to alcohol and drug misuse, suicide and self harm, mental health and wellbeing, sexual health, relationship issues, resilience, coping with school /employment'*.

With this specific recommendation in mind, the Agency subsequently funded four OSS pilots across Northern Ireland (see Appendix F for a detailed list of the key performance indicators which set out the service each pilot was required to deliver):

| Area | Name of Lead Organisation |
|---|---|
| North Down and Ards | Forum for Action on Substance Abuse (FASA) |
| Enniskillen | Fermanagh Underage Entertainment Life (FUEL) |
| Banbridge | REACT Ltd |
| East Antrim | Carrickfergus Community Drug and Alcohol Advisory Group |

## 1.2 Summary of Terms of Reference for the Evaluation

The Terms of Reference required SMR to:

*"Undertake an analysis of the One Stop Shop pilot initiative with a specific focus on:*

- *The experiences of the pilot sites and the delivery of the agreed model;*
- *The appropriateness and feasibility of the current One Stop Shop model; and,*
- *The provision of recommendations to inform the development of a regional service specification for One Stop Shop Services, if appropriate".*

**It was clear from the outset that the nature of this evaluation was formative, (rather than summative), and that the primary focus was on extracting learning.**

[1] Public Health Agency (2009): Analysis Of Need In Relation To 'One Stop Shop' Services For Young People In N Ireland

## 1.3 Summary of Methodology

This evaluation methodology was based on 7 stages (see Section 3: Methodology):

- Stage 1: Project Initiation (October 2010)
- Stage 2: Literature Review (October - November 2010)
- Stage 3: Interviews with Senior Personnel from the OSSs (February 2011 – March 2011)
- Stage 4: Focus Groups with Service Users (March 2011)
- Stage 5: Survey of Users (March 2011)
- Stage 6: Survey of Potential Users (March - April 2011)
- Stage 7: Key Stakeholder Workshop (April 2011)
- Stage 8: Report (March / April 2011)

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

**This evaluation found that all of the Key Performance Indicators (KPI) had been achieved across all of the projects.**

The key findings from the evaluation are set out under the evaluation objectives / themes with the evidence drawn from each element of the methodology. Recommendations specific to each evaluation objective are also set out with a set of generic recommendations also presented.

### 1.4.1 Overview of the Four Models

The OSS pilots started on 1st October 2009 and ran for 18 months (until 31st March 2011). The services provided within each pilot site involved the provision of information advice, support and signposting to those young people and their families affected by substance misuse, and also addressed related issues such as:

- Suicide and self harm;
- Mental health and well being;
- Sexual health;
- Relationship issues;
- Resilience; and,
- Coping with school/employment.

Each of the OSSs was comprised of a social dimension and an information / support dimension. As the table below shows, some of these services existed already within the host organisations, however, many did not. Each served a different geographical area i.e. Banbridge, Bangor, Carrickfergus and Enniskillen. The staffing levels differed for each of the 4 pilot OSSs. In addition, all of the projects have a level of volunteer support

### 1.4.2 Evaluation Objective 1: Analysis of the Delivery of the OSSs re the KPIs and Evaluation Objective 2: Review of the Current One Stop Shop Model

#### Analysis of the Evidence

Each of the OSSs was required to deliver on the KPIs set out below. In the sections that follow, we summarise the extent to which it can be demonstrated that the OSSs have achieved each of these KPIs based on the evidence generated from:

- Our desktop analysis of the monitoring data[2]; combined with,
- The feedback we received having consulted a range of different stakeholders including service providers, service users, the voluntary and community sector, health and social care trusts and HSCB and PHA staff.

#### General Comments on the Monitoring Data

The monitoring activity data provided by each of the pilot sites is consistent with the findings generated via the other strands of this evaluation, particularly the evidence provided by service users (survey and focus groups) and the interviews with key personnel in each of the pilot sites. **Indeed, the desktop analysis of the monitoring data confirms that each pilot site did provide the service in accordance with the project requirements.**

However, from an evaluation perspective more extensive analysis of the monitoring data is problematic given the variation across the OSSs in how the activity data was captured.

In addition, we note that the monitoring data set focuses exclusively on inputs / activity rather than outcomes. Hence, there are, limits to the usefulness of the monitoring data in terms of assessing the overall effectiveness of this model. (Note: Key aspects of the effectiveness of the model are demonstrable from other sources of evidence gathered during this evaluation e.g. users surveys, focus groups with users and interviews with those delivering the OSSs).

Furthermore, the current arrangements to capture the monitoring data rely wholly on the use of spreadsheets. The functionality of these spreadsheets is very limited. IT systems with greater functionality and client-based reporting in particular would be essential to track outcomes in a meaningful way.

[2] Our analysis of the monitoring data covered the period 1st Oct 2009 to 31st December 2010 since the final quarter returns (i.e. 1at Jan 2011 to 31st March 2011) were not available when this evaluation concluded.

Given the limitations of the current monitoring data, we recommend in that, in any future OSS model, consideration be given to:

- Bringing OSSs together at the outset to agree, with PHA, the data collection standards and processes (i.e. so that any data captured can subsequently be compared on a like-for-like basis); and,
- Developing meaningful outcome measures as part of the KPI set.
- The provision of client tracking systems in each of the OSSs. A common system for all OSSs would be SMR's preferred option from the point of view of collating data at Programme level.

## Achievement Relative to the Key Performance Indicators (KPIs)

A series of KPIs were set from the pilots. These were:

1. **Establish and Provide Advice, General Information, Sign-posting and Health and Lifestyle Information for Young People Aged 11 to 25 years in a young people friendly Environment**

2. **The accommodation of peripatetic work by PHA/DACT funded youth treatment services. Signpost young people to this service as appropriate.**

3. **Accommodate and signpost young people to the PHA/DACT-funded targeted education and prevention services.**

4. **Identify agencies providing specialist services related to the following areas:**

   - **Suicide and self harm**
   - **Mental health and well-being/ resilience**
   - **Sexual health**
   - **Relationship issues**
   - **Welfare/legal**
   - **Coping with school/ employment**

   **Signpost young people to these services, and, where possible, accommodate peripatetic work by these agencies.**

5. **Provide social and recreational facilities for young people, based on local service needs.**

6. **Provide targeted drug education and prevention services to young people and their families.**

7. **Provide services during evenings and weekends.**

8. **Service should explore ways of engaging with young people in rural areas and identify potential partners in providing services to young people in these rural areas.**

9. **Staff working in service should be qualified /experienced in youth work.**

10. **Contribute to the collection of all required monitoring and evaluation information.**

SMR's analysis of the evidence gathered on this evaluation shows that the KPIs were achieved in full.

### 1.4.3 Evaluation Objective 3: Undertake a Review of the Evidence Base and Good Practice Findings from a National and International Perspective

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

In terms of provision the literature review highlights the point that one stop shop services can be provided in a physical centre, as a 'virtual' service through a mix of online, text and phone services or through a combination of both as an integrated service.

Regardless of what way the service is offered the literature suggests that a one stop shop service is normally characterised by the following:

- A range of interventions delivered 'under one roof' - these can be provided by multi-disciplinary teams providing 'wrap-around' support, as:
  - all members of trained staff on premises;
  - different specialist staff on-site, who will provide a particular skill / service;
  - a number of different organisations who collectively provide services on the one set of premises.
- Services are young person-centred with efforts made to remove any associations or stigma from the issues young people may be experiencing;
- Open to a wide age range – anywhere between 10 to 25 years of age;
- Based in centralised, easy to reach locations;
- Holistic approach, meeting multiple and complex needs rather than focusing on one aspect of mental, sexual or physical health;
- Services offered can include: counselling and other psychological therapies, advice work, health clinics, community education, skills development and personal support;
- In the case of young homeless people or those suffering from some form of

abuse, centres will offer routes to safe-house accommodation (specifically geared towards young people);

- Flexible access routes, including through open door / self referral;
- 'drop-in' sessions;
- Free, independent and confidential (many young people feel less threatened if allowed anonymity).

In terms of success, again a number of key characteristics have been cited by other providers including: popular and easily accessible to young people; meet young people's needs; voluntary participation via self referral; shorting waiting lists for services; informal, fun and non stigmatising settings; confidentiality; and, strong relationships with staff.

With regard to models of provision, the literature review shows that many one stop shops operate outside the formal health care environment, with most operating on a standalone basis with a heavy focus on local need. Operationally most one stop shop services offer comprehensive services to young people through *both* health service referrals and self referrals. A variety of ways are used to promote service including word of mouth, social networking and a website presence. In the majority of cases, one stop shops aim to provide a comprehensive set of services and do not limit the range of services on offer to young people, citing the need to provide a holistic approach. It is rare for any of these services to limit their remit on one area.

The picture both nationally and internationally is that outcome data relating to users of one stop shops is limited. The methods that are used normally focus on using a symbiotic feedback system with young people – many organisations are now using feedback sessions with young people to gauge how well fitted their service provisions are to young people's needs. Longer term tracking research is less common. Some organisations have begun using CORE which is a nationally validated outcome measure that can be used to compare national averages. However there are difficulties associated with measuring outcomes including: difficulties in long term tracking of young people; the 'anonymity' / trust factor; increasing complexity around the reasons why young people are presenting; service capacity limiting manpower and resources to undertake assessments; and, service sustainability due to lack of funding, particularly in the current economic climate. The literature search has reviewed examples of national and international projects and these have been presented in Section 4 of the report.

In summary, the following emerging themes provide guidance in the sense that, of the particular services examined, the most effective appeared to be those that were: young person-centred; open to a wide age range; highly accessible; promoted as free, independent and confidential; promoted using youth friendly marketing techniques; offer a holistic approach, meeting multiple and complex needs; provide flexible access routes and 'drop-in' sessions; and, are effectively evaluated including the specific use of nationally validated outcome tools and the development of long term tracking of young client's outcomes.

## 1.5 Key Evaluation Questions and SMR's Recommendations

This evaluation required SMR to consider a series of specific research questions. These questions and our recommendations to the OSS Planning Team, based on the available evidence from this evaluation, are set out below:

***Should the One Stop Shop approach be developed in Northern Ireland?***

SMR recommends that the One Stop Shop service is developed in Northern Ireland because:

- It is delivering benefit to users and is highly valued by them;
- It is meeting needs in a manner suited to the target client group;
- It is meeting the needs of young people in geographical areas which previously did not have access to age appropriate information, advice and signposting in relation to services of this kind; and,
- There is evidence of strong demand for this service.

However, the OSS 'concept' itself needs to be further clarified with those delivering the service (i.e. is it a referral / sign post – service or direct service provision including brief interventions?)

***Is the current model appropriate?***

SMR has concluded that that there is no single formula that constitutes 'best practice' – much depends on the local context and local need. However, based on the evidence from the evaluation, we consider the model to be 'appropriate' but acknowledge that each of the pilot sites implemented the OSS concept in slightly different ways.

We recommend that future OSSs are actively encouraged and supported to share and document their experiences and thereby maximise the opportunity to refine the collective understanding of what constitutes the 'most appropriate/effective' model in different contexts.

***Which elements of the model have been most successful (appropriate) and least successful (inappropriate)?***

From a strategic point of view, SMR considers that all the key aspects of the model have been successful and that all of the KPIs were achieved. From an operational perspective, the evaluation data suggests that some elements were more successful than others. The most **successful elements** were:

Client-related

| | |
|---|---|
| ▪ *Reassurance* | ▪ *The outreach service* |
| ▪ *Continuity of relationship* | ▪ *Staff training and appropriate policies* |
| ▪ *Drop in* | ▪ *How the service is marketed* |
| ▪ *Project Work* | |

Premises-related

| | |
|---|---|
| ▪ *The choice of location* | ▪ *The use of a coffee bar* |
| ▪ *The deliberate creation of social space* | ▪ *Having two sites (Banbridge only)* |

The **least successful elements** were:

| | |
|---|---|
| ▪ *Limited staff* | ▪ *Specific referrals* |
| ▪ *Over-reliance on volunteers* | ▪ *Referral to Accredited Education Programmes* |
| ▪ *Limited opening hours* | ▪ *Organisations failing to work within the culture of the OSS* |

Analysis of the feedback from the user survey reveals distinct gender and age band differences across the user profile of each of the pilot sites. We therefore recommend that PHA, in partnership with the pilot sites, considers these findings and explores together why this might be. It is our belief that the insights from this could help ensure that future OSSs are more inclusive.

***Have the One Stop Shops been able to involve local stakeholders to meet identified needs and provide a more integrated range of services for young people?***

The evidence from the evaluation shows that the pilot projects have engaged other local stakeholders to meet identified needs and, in doing so, have helped to provide more integrated services to assist and support young people.

However it was also apparent that tensions existed in working in partnership with other organisations. Some of the OSS sites questioned the need to refer to other services and felt that they were competent to provide the more specialist advice. Some sites also reported that the young people did not wish to be referred. There were also difficulties with facilitating other services which had a different way of working with young people.

However, SMR recommends that in further developing the service, the Public Health Agency set out a clear set of protocols for one stop shop providers to adhere to, particularly in relation to the facilitation of other services working peripatetically within One Stop shop services and the development of appropriate referral pathways to other services.

This process should assist the Agency in identifying further opportunities where relationships can be developed between stakeholder organisations to ensure that young people have access to a full range of services.

***Comment on the suitability of the key performance indicators?***

In our opinion, the current set of KPIs has the potential for improvement in a number of areas:

- The current KPIs were heavily focused on inputs. We would recommend that for future OSS, the KPIs have a much greater **output / outcome** orientation to include:
  - *How the young people have benefited*
  - *The type of place the OSS is / represents / is seen to be*
  - *Numbers of young people attending the OSS and use the services.*
- In our opinion, the underlying **definitions** of some of the terms used in some the KPIs were unclear and / or not specified. Clearer, more specific definitions of the KPIs are needed for future OSSs.
- Allied to this, was the absence of a set of **minimum standards**. Many of the KPIs were expressed in what we would describe as 'binary' mode i.e. the simple completion of one action, at whatever level, for whatever duration above zero etc could, technically, be interpreted as being 'achieved'. We recommend that, for future OSS, at the very least, minimum standards should be defined for all key performance indicators, thereby setting out clearly for OSS the level and quality of service that is expected.
- Absence of written **data guidelines** - The understanding of the way in which data was to be submitted differed across each of the OSSs. The result was datasets that had the visual appearance of conforming to a standard but in fact the basis of counting was different. We recommend, for future OSSs, that formal written guidelines are developed, issued and applied rigorously for each of the future KPIs at the outset. We further recommend that future OSSs are as involved as possible in the development of these guidelines. The PHA may also wish to consider a possible link between the timely submission of monitoring data and the funding awarded to OSSs.
- The **way in which the monitoring data was gathered** (at group level and via spreadsheets), limits its ability to be interrogated for monitoring and management information purposes. We therefore recommend that consideration be given to the identification and implementation of a **suitable IT system** focused on capturing relevant information (ideally focused on outcomes) at **client** (not group) **level** from each of the OSSs.

***Overall, what are the key service elements which would need to be incorporated into a regional service specification?***

Based on the evidence within this evaluation, SMR recommends that any future regional specification should be broadly **based on:**

- **Providing a facility which is youth friendly, accessible and where a range of services offering information and support can be provided under one roof related to the following areas:**
    - Drugs and Alcohol
    - Suicide and self harm
    - Mental health and well-being/ resilience
    - Sexual health
    - Relationship issues
    - Welfare/legal
    - Coping with school/ employment.

It was not intended that the above services would be provided by the OSSs. It will be essential therefore, that prospective services will be able to demonstrate an understanding and an ability to work in an integrated way with other locally based services.

The evaluation has found that users and the One Stop Shop Services considered the **service focus** should be on **health improvement. Some service users sought help with employment problems and debt issues.**

# 2. Introduction

## 2.1 Policy Context

The key policy driver for the setting up of the pilot one stop shop service has been the analysis of need conducted by the Public Health Agency (August 2009[3]) on behalf of the Health Development Policy Branch within DHSSPSNI. This analysis was particularly challenging given that funding for young people's services in Northern Ireland is allocated by theme within specific priorities. There was a further challenge of ensuring that any new one stop shop service should complement rather than duplicate existing provision.

## 2.2 Analysis of Need for a One Stop Shop Service

For the purposes of the Agency's analysis a one stop shop was defined as:

*"The provision of accurate, up-to-date and objective information about personal and lifestyle issues, choices, where to find help and advice, and how to access it"*

Such provision may be offered through education programmes, drop in facilities, web sites and/or help lines in order to help young people gather, understand and interpret information and apply it to their own situation. Also given the emphasis of the Health Development Policy Branch on a drop in facility, the analysis defined a drop in centre as:

*"A dedicated time and space for young people enabling them to access information and advice. The facility would be promoted as such to young people and have dedicated resources to meet the needs of the young people accessing the service".*

Using the above definitions, the Agency conducted an analysis of need based on the following elements:

- A review of the evidence base for good practice provision within the UK;
- A desk top scoping exercise on projects currently providing information, education, sign posting and referrals in relation to drugs and alcohol and the additional areas as outlined by DHSSPS. It should be noted that no discussion or analysis was undertaken with Service Providers; and,
- An estimation of costs based on current provision for similar services.

Applying the above approach the Agency concluded that:

- None of the services offer a full and comprehensive drop-in service where any young person can directly access the service and related services within one project / service;
- Many services are not available to all young people e.g. clients may only access the service through referral or a recruitment process;

[3] Public Health Agency (2009): Analysis Of Need In Relation To 'One Stop Shop' Services For Young People In N Ireland

- Some services have a specific remit e.g. sexual health only;
- The capacity of the identified projects / services is often restricted by funding requirements or the service requirements. For example, a service may be restricted to under eighteen only or be funded only to address an issue such as suicide and self harm;
- Few, if any of the projects / services would have the capacity to provide in-house expertise on all the identified information and advice issues;
- Services may be available at Council or Northern area wide level. However issues around transport particularly in rural areas, opening times including evening and week-end availability are a clear barrier to accessing the service.
- Some agencies already provide comprehensive services in relation to some themes including drug and alcohol misuse, while others are more generic offering youth information with limited access to the more specialist intervention and support services.

A key recommendation from the Agency's review was to:

*'Pilot the development of dedicated 'One Stop Shop' services for young people offering drop in information and advice services in relation to alcohol and drug misuse, suicide and self harm, mental health and wellbeing, sexual health, relationship issues, resilience, coping with school /employment'.*

## 2.3 Implementation of the Pilot

In response to the above recommendation, the Public Health Agency funded 4 pilots across Northern Ireland:

- Forum for Action on Substance Abuse (FASA) – North Down and Ards
- Fermanagh Underage Entertainment Life (FUEL) – Enniskillen
- REACT Ltd – Banbridge
- Carrickfergus Community Drug and Alcohol Advisory Group – East Antrim

The OSS pilots started on 1st October 2009 and ran for 18 months (until 31st March 2011).

The service provided within each pilot site was the provision of information advice, support and signposting to those young people and their families affected by substance misuse, and also addressed related issues such as:

- Suicide and self harm
- Mental health and well being
- Sexual health
- Relationship issues
- Resilience
- Coping with school/employment.

In terms of its composition, each of the OSSs was comprised of a social dimension and an information / support dimension. However, as the table below shows, in terms of the originating context, some of these services existed already within the host organisations, however, many did not.

| Dimension | Banbridge | Bangor | Carrickfergus | Enniskillen |
|---|---|---|---|---|
| Social | New service | New service | New service | Already existed-FUEL[4] |
| Information | New service within the REACT Project[5] | FASA had a experience of providing this type of service but the service was new in Bangor | Already existed | Partially new service. Some information services already existed but not under the 'FIND' brand. |

Each of the OSSs served a different geographical area as shown below.

| Banbridge | Bangor | Carrickfergus | Enniskillen |
|---|---|---|---|
| Banbridge, Dromore and hinterlands | FASA have a base in Bangor but have been developing a number of satellite clinics elsewhere across the North Down and Ards area. These include Holywood and Newtownards | Primarily Carrickfergus locality with agreed outreach provision to Newtownabbey and Larne. | Enniskillen, serving a catchment population which includes a substantial number of young people from surrounding rural areas who attend local schools in the town |

The staffing levels differed for each of the 4 pilot OSSs. In addition, all of the projects have a level of volunteer support although this varied and was not always specified.

| Dimension | Banbridge | Bangor | Carrickfergus | Enniskillen |
|---|---|---|---|---|
| Full Time | 2 | 2 | 3 | 3 |
| Part Time | 1 | 3 | 2 | 1 |

[4] http://www.thefuelcentre.com/site/getinvolved.html
[5] http://www.reactltd.org/react-projects.asp

## 2.4 Key Performance Indicators

Each of the pilot sites were required to deliver on the following targets or KPIs:

1 Establish and provide an Advice, General Information, Sign-posting and Health and Life Style Information Centre for young people aged 11 to 25 years in a young people's friendly environment.

2 The accommodation of peripatetic work by PHD/DACT funded youth treatment services. Signpost young people to this service as appropriate.

3 Accommodate and signpost young people to the PHA/DACT-funded targeted education and prevention services.

4 Identify agencies providing specialist services related to the following areas:

- Suicide and self harm
- Mental health and well-being/ resilience
- Sexual health
- Relationship issues
- Welfare/legal
- Coping with school/ employment

Signpost young people to these services, and, where possible, accommodate peripatetic work by these agencies.

5 Provide social and recreational facilities for young people, based on local service needs.

6 Provide targeted drug education and prevention services to young people and their families.

7 Provide services during evenings and weekends.

8 Service should explore ways of engaging with young people in rural areas and identify potential partners in providing services to young people in these rural areas.

9 Staff working in service should be qualified /experienced in youth work.

10 Contribute to the collection of all required monitoring and evaluation information.

## 2.2 Research Aim

The overall aim of this evaluation aim was to:

- Undertake an analysis of the One Stop Shop Pilot Initiative with a specific focus on:

  ✓ The experiences of the pilot sites in the delivery of agreed model.
  ✓ The appropriateness and feasibility of the current One Stop Shop Model.

- Provide recommendations to inform the development of a regional service specification for One Stop Shop Services if appropriate.

## 2.3 Research Objectives of the Evaluation

The following specific objectives were also specified:

1. Undertake a desktop analysis on the delivery of the key performance indicators by each pilot site through the monitoring data collected by the PHA.

2. Conduct a review (using a mix of qualitative and quantitative techniques as appropriate) of the current One Stop Shop Model ascertaining the views of;

   ✓ the pilot one stop shop service providers;
   ✓ service users;
   ✓ the voluntary/community sector;
   ✓ Health and Social Care Trusts;
   ✓ HSCB/PHA staff especially those involved in commissioning drugs and alcohol, tobacco, mental health and sexual health services.

3. Undertake a review of the evidence base and good practice findings from a national and international perspective.

4. Provide a report outlining key findings and recommendations to include the following;

   ✓ Whether the One Stop Shop approach should be developed in NI;
   ✓ Whether One Stop Shop Services have been able to involve local;
   ✓ stakeholders to meet identified needs and provide a more integrated range of services for young people;
   ✓ Whether the current model is appropriate;
   ✓ Which elements of the service model have been most and least successful;
   ✓ An assessment of the suitability of the key performance indicators;
   ✓ Recommendations as to the key service elements which would need to be incorporated into a regional service specification for One Stop Shop Services if appropriate?

## 2.4 Referencing Individual Pilot Projects throughout the Report

For clarity, we refer to each of the OSSs by the name of the town in which they are based. However, we are aware that each has a distinct brand as set out below:

- Banbridge – 'Info-Station' (Southern area);
- Bangor – 'FASA, One Stop Shop' (Eastern area);
- Carrickfergus – 'The M8trix' (Northern area); and,
- Enniskillen – 'FUEL / FIND' (Western area).

# 3 Methodology

The following methodology was agreed with the PHA and has already been detailed in SMR's proposal to the PHA (dated September 2010). In summary, the approach involved eight stages as set out below:

**Stage 1: Project Initiation**
**(October 2010)**

- Met Steering Group.
- Agreed methodology and timescales.
- Identified documentation and contacts etc.

**Stage 2: Literature Review**
**(October - November 2010)**

- Reviewed a wide range of national and international literature on good practice in relation to the design and delivery of One Stop Shops.

**Stage 3: Interviews with Senior Personnel from the OSSs**
**(February 2011 – March 2011)**

- Worked collaboratively with the key representatives of the Steering Group to develop the discussion schedule for the interviews with the OSSs
- Conducted 4 face to face interview sessions in total. The Project Managers and Key Worker in each OSS were invited to take part in these sessions.
- As part of the interview process, considered –with the OSS personnel - how best the KPI information might be analysed.

(See Appendix A)

**Stage 4: Focus Groups with Service Users**
**(March 2011)**

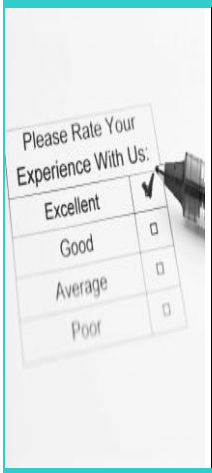
- Worked collaboratively with the key representatives of the Steering Group to develop the discussion schedule for the focus groups with service users.
- Conducted a focus group with young people in each of the OSS.

(See Appendix B)


**Stage 5: Survey of Users**
**(March 2011)**

- Worked collaboratively with the Steering Group to design a service user questionnaire
- Survey of 163 users conducted with all 4 pilot sites included

(See Appendix C)




**Stage 6: Survey of Potential Users**
**(March - April 2011)**

- Worked collaboratively with the Steering Group to design a an awareness / potential user survey
- Survey of 488 potential users from 19 schools within the pilot site catchment areas

(See Appendix D)

**Stage 7: Key Stakeholder Workshop**
**(April 2011)**

- Worked collaboratively with the key representatives of the Steering Group to design and deliver a half-day workshop session wherein the key findings from the evaluation were shared with key stakeholders and feedback sought ahead of the evaluation report being finalised.

(See Appendix E)

**Stage 8: Report**
**(March / April 2011)**

- Production of interim report – 28th March 2011
- Feedback from Steering Group – April 2011
- Review feedback from Key Stakeholder Workshop - 4 April 2011
- Final report produced – May 2011

# 4 Literature Review

## 4.1 Introduction and Terminology

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

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

## 4.2 Terminology: What defines a 'One Stop Shop'

"*Almost three in every four young adults recognise a need for help in at least one area of life and want greater support….The generalist / multi-discipline / 'one stop shop' approach…..is highly relevant for young people who might not be sure what the problem is*."[6] ***nfpSynergy***

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

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

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

There have been numerous examples of intervention projects which involve sending healthcare or training professionals into schools and colleges, and in some cases offering School-Home Support, to provide advice, support and training[7].

6Help-seeking behaviour in young adults, Garvey,B., Madden, M., Violi, C., Vitali, C., Spigelman, A. and Tracey, G., nfpSynergy, 2009.
7Getting back on track. Helping young people not in education, employment or training in England, New Philanthropy Capital, 2009.

Whilst these services obviously will help with the key objectives cited within the one stop shop remit, their modus operandi differ and therefore have not been examined within this project.

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

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

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

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

*setting; and strong relationships of trust with non-judgemental staff."* ***Youth Access (YIACS)***

*"Characteristics of successful projects - good projects are those that provide one-to-one support; involve fun, challenging activities; provide a reliable source of support; help young people work towards defined goals; and cultivate good relationships with families and schools."*[8] ***New Philanthropy Capital.***

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

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

*"[young people wanted] services to practice holistically and offer a diverse range of support to meet young people's mental health, emotional well-being and practical needs."*[9] ***Mental Health Foundation.***

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

## 4.3 Models of Provision

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

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

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

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

initiatives are often small in scale and limited in duration. With some notable exceptions, they are of uncertain quality.

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

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

## 4.4 Provision of Services

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

### 4.4.1 Availability of Services

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

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

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

### 4.4.2 Promotion of Services

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

- word of mouth;
- social networking (such as Bebo and Facebook pages and Internet sites);

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

Marketing can be seen as time consuming and requires to be carried out in innovative ways because young people do not always respond to leaflets or posters. The important role of schools in raising awareness of youth health services among large numbers of young people has been identified by many stakeholders, including young people. Indeed, the direct involvement of young people in the creation of marketing materials and the marketing process is seen as empowering and more likely to encourage young people to come forward and use the services offered[11].

Another important approach to marketing is local youth providers raising awareness among young people who attend their services e.g. local youth activity centres. Additionally, some youth workers have accompanied young people to youth health drop-in services on their first visit.[12]

### 4.4.3 Minimum Accepted Baseline of Service Provision

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

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

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

## 4.5 Effectiveness of Services & Key Performance Indicators

According to the WHO[13], a lack of accurate and up-to-date data on the health of adolescents hinders well informed policy and programme formulation. In many countries, government data on adolescent health is gathered in research studies, national or sub-national surveys, and in established health information systems (HIS). However, the results and analyses are not routinely available and consequently do not inform policy and programme development.

11 Youth friendly health policies and services in the European Region, WHO, 2010.
12 Youth friendly health policies and services in the European Region, WHO, 2010.
13 Strengthening the health sector response to adolescent health and development, WHO, 2010.

Other sectors (such as education and youth) and civil society bodies (such as faith-based institutions) may be involved in providing health information and education, in building life skills, in empowering adolescents and in mobilising communities to respond to the needs of their adolescents[14]. With notable exceptions:

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

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

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

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

### 4.5.1 Main Approaches to Assessment of Effectiveness

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

The Junction, based in Edinburgh, undertake a consultation with young people twice a year. The 'Voice Your Choice' event allows young people the chance to give direct feedback on what they think of the centre's services. If service provisions are not working or some aspect is missing from the services provided, then young people can inform the team. Through pre- and post-counselling intervention assessments young people have reported developing healthier coping strategies and increased self belief. Evaluations demonstrated an increased understanding of stress and management techniques.
Many UK YIACS centres have begun using CORE, a nationally validated outcome measure common in many psychological therapy settings, to measure clients' feelings in four areas: well-being, problems, functioning and risk. This is done at assessment, first session, mid therapy and last session so that client and counsellor

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

can together track 'distance travelled'. The results can be compared to national averages.

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

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

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

### 4.5.2 Main Challenges in Assessing Effectiveness

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

- Difficulties in long term tracking of young people – in terms of limited resources to collate and track data, as well as young people's willingness / availability to provide feedback after a certain time.[15]

- The 'anonymity' / trust factor – many young people who have experienced initial problems with 'traditional' support services express distrust in authority figures particularly any attempts to gather personal information about themselves. Many support centres state that they have to build up a strong level of trust over a period of time in order for young people to open up and invest in the organisation in terms of feedback and personal evaluation.[16]

- Increasing complexity - there is evidence that young people are presenting with more complex and severe mental health and emotional well-being problems than in the past.[17]

- Service capacity limiting manpower and resources to undertake assessments - more than three-quarters of services in the UK recently described their capacity to meet demand as either 'under strain' or 'at breaking point'. Many services are attempting to meet increased demand with reduced capacity.[18]

- Service sustainability due to lack of funding - almost half of all services in the

15 Youth friendly health policies and services in the European Region, WHO, 2010.
16 Youth friendly health policies and services in the European Region, WHO, 2010.
17 Under the Strain, Youth Access, 2010
18 Under the Strain, Youth Access, 2010

UK experienced funding cuts in 2009. Most services have worries about their immediate and longer term future and a quarter see themselves 'at real risk' in the next 12 months.[19]

## 4.6 National and International 'One Stop Shop' Profiles

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

### 4.6.1 UK

In the UK, services that have an age-specific, dedicated service for young adults are not universally available. In 2003, the Commission for Health Improvement reported that at least 26 Trusts in the did not have agreed and established written arrangements to ensure transition of care for service users between child and adolescent mental health services (CAMHS) and adult mental health services (AMHS). This is reflected in the inconsistencies between different services. Whilst some end their support when the young person reaches 16 years old others do so at 18 or 19 years old. In some areas, AMHS can start up to three years after CAMHS has withdrawn support, meaning that vulnerable young people can disappear entirely from statutory services. As the age of 16 is also the cut-off age for other statutory services such as compulsory education and care, this gap can easily leave vulnerable young people with a severe lack of adult support in their lives[20].

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

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

Walk the Talk[21] is a national initiative funded by NHS Health Scotland that was launched to help health professionals caring for young people to develop services

19 Under the Strain, Youth Access, 2010
20 ListenUp! Person-centred approaches to help young people experiencing mental health and emotional problems, Garcia, I.,Vasiliou, C. and Penketh, K., Mental Health Foundation, UK, 2007.
21 http://www.walk-the-talk.org.uk/why-walk-the-talk/index.aspx

that are more youth-friendly. Walk the Talk was first set up in 1999, when the Scottish Government established 12 research projects across Scotland to identify health inequalities affecting young people and any gaps in service provision. Concerns raised by young people included little access to youth-focused services, lack of information designed for young people, lack of consultation with young people, and fears about patient confidentiality. Since then, Walk the Talk has been delivering training to practitioners and has produced resources and guidelines that are designed to support the development of health services that are relevant to young people.

Original research was conducted by nfpSynergy in 2007 among a nationally representative sample of 11-25 year olds which provided insight into some key areas related to help-seeking[22].

- The majority of young adults are willing to consult an advice service for help: across almost all areas of life, young adults report that they are likely to consult support agencies for help.

- Young adults are more likely to seek help about drugs, alcohol and sexual health from an advice service than from their families. More young adults would talk to an external source about sensitive issues than would talk to their parents or siblings.

- Young adults are more likely to use more traditional means of contact to communicate their problems. The proliferation of new technology has almost reached saturation point amongst this age group. Despite this, a large proportion of young adults prefer more 'old fashioned' means of communication, such as face-to-face or the telephone, with 68% of young adults saying they would talk about their problems face-to-face and 55% would be willing to talk about them by telephone.

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

### 4.6.2 Connexions

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

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

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

22Youth Engagement Monitor, nfpSynergy, UK, October 2007.

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

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

Local Connexions Services work with schools to offer each pupil access to a 'personal adviser' and also support curriculum and staff development in careers work. Connexions have services in 47 areas, which are funded by local authorities. It blends in-house provision of services with services commissioned from external agencies. These are predominantly for-profit companies, such as Prospects or VT Careers, but also from charitable and non-profit organisations, such as the local Education Business Partnership.

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

### 4.6.3 Fairbridge

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

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

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

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

### 4.6.4 Get Connected

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

According to a recent online survey conducted by the organisation[23], they found that:

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

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

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

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

### 4.6.5 MEIC

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

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

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

and advice, but most importantly, to help them get access to someone, an advocate, who can then help them get others to listen to what they have to say.

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

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

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

### 4.6.6 Youth Access

Youth Access represents a network of 200 young people's information, advice, counselling and support services (YIACS) nationwide. YIACS provide services to thousands of young people across the country every day, a million every year. In 2005, the Social Exclusion Unit, in a report on the support needs of disadvantaged young adults with complex lives[24], concluded that there was a need for more holistic, multi-disciplinary services targeting this age group. The report, in identifying 'under one roof' provision as a key delivery model, profiled Youth Access and as many as seven YIACS as good practice examples. The network is well organised and shows that a consistent and organised approach to networking and supporting local one stop shops both at national and local levels is achievable.

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

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

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

Open to all young people, YIACS offer a universal access point to targeted and specialist services, supporting young people on a diverse range of issues that are frequently inter-related: social welfare issues e.g. benefits, housing, debt, employment mental and emotional health issues e.g. depression, low self-esteem, self-harm, family problems and stress wider personal and health issues e.g.

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

relationships, sexual health, drugs and alcohol, healthy eating practical issues e.g. careers, money management, independent living skills.

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

YIACS have undertaken numerous research projects to evaluate the effectiveness of their services and have detailed some of the reasons for their effectiveness[25].

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

Young people's views show they value YIACS' approach, the skills of staff and the range of help available. Young people rarely if ever find this package of help in a single statutory sector setting and many fail either to engage or be engaged by statutory services.[26]

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

## 4.7 Europe

The European Commission recently launched the new Youth Health Initiative: 'Be Healthy, Be Yourself'[27]. This initiative emphasises discussion and involvement of young people in tackling the health issues that affect them and invites young people to be active partners in the Commission's work on health. In 2010 the Commission focused on raising awareness of youth health and well being issues; it recognises that although many of the governments within the European Union may address basic health needs of young people within policies and legislation, there is still a long way to go before these are implemented practically in the form of drop-in services / centres where a variety of well-being needs can be addressed in one location.

The World Health Organisation Regional Office for Europe published a report on youth-friendly health policies and services in the European Region in 2010. This

25 Easing the Strain Briefing Notes, Youth Access / YIACS, Dec 2010.
26 A proven early intervention model: the evidence for the effectiveness of Youth Information Advice Counselling and Support services, Youth Access / YIACS, 2010.
27 http://ec.europa.eu/health-eu/youth/index_en.htm

publication presents experiences of how health systems in Member States of the WHO European Region respond to the challenge of meeting the health and developmental needs of young people. The main aim is to facilitate experience-sharing and stimulate actions in countries[28].

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

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

The European Youth Forum reported on a European survey they had conducted of 62 member organisations, including 20 national youth councils. The aim of the survey was to bring young people's voices into the meeting. Survey results included the following[29].

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

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

services were identified as: sexual & reproductive health (SRH); drugs, alcohol and other addictions; and mental health;

- Just under 85% had SRH education in their country, although over half believed it was either "limited" or "not sufficient"; 82.4% was delivered through the formal education system;

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

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

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

### 4.7.1 Portugal

Municipalities have specific health services for young people that run alongside local health centres, youth centres and independent facilities. Regional administrations of health include health centres with specific youth-friendly services: some of these services offer a simple extra facility for youth (such as reproductive health consultations and free access to contraceptives), but others are far more sophisticated and include several specific facilities e.g. immediate access to consultations and an integrated health approach from a multidisciplinary team.[30]

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

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

**Aparece (Step in),** is based on an extension of a local health centre (Lapa), and is a free adolescent primary health care service for all young people aged 11−24 years living in the Lisbon area. A multidisciplinary team (doctors, psychologists, nutritionists) work in the service and address youth health issues in a holistic way, focusing on health topics such as sexual health, substance use, nutrition and

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

lifestyles and integrating all relevant actors (family, peers, teachers). "Aparece" works in conjunction with schools, health centres, hospitals, NGOs, universities, student units and family and juvenile court remedial and rehabilitation institutes.

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

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

### 4.7.2 Sweden

Sweden has a long tradition of successful strategies to maintain and improve the health of young people through the use of traditional public health measures such as developing health-promoting laws and policies, imposing legal age limits for alcohol and tobacco use and maintaining high prices, controlling illegal substance use through supporting prevailing cultural beliefs and providing education and healthy lifestyle information through schools and youth health centres.[31]

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

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

## 4.8 Canada & USA

In Canada and the United States, youth in the transition age are considered to be an under-serviced sector of the population. Public policies for this age group are often inconsistent: youth-related legislation tends to be highly specialised

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

according to sector e.g. education, employment, justice, and health, and youth programs often have different age parameters.

The care available to youth with mental illnesses in Canada and the United States is often perceived as complex, difficult to access, and ill-suited to the needs in this age group. The mental health care system is modelled on paediatric and adult health care models, despite the fact that mental health follows a different pattern of peak onset and burden of disease. Adolescent mental health is typically embedded within child-oriented service settings and is curtailed in the mid to late teens while adult mental health services focus on late-stage disease in mid-life. Youth are at a transitional time in their lives (both socially and biologically), and evidence shows that they are too old for child mental health services, yet too young to be effectively treated in adult systems of care.[32]

### 4.8.1 Canada

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

Although the Government recently launched a Healthy Canadians one stop shop site, the site offers minimal information targeted at the adolescent age range. The national health board, Health Canada also offers a one stop shop site[33] which does have a sub section targeted at young adults, but again, information offered is limited and presented in a complex and unintuitive format – a large directory of titles which could easily confuse and deter a young person looking for help and advice.

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

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

Supervised by licensed healthcare professionals, student volunteers play a crucial role in providing care to patients in need while gaining practical experience. The clinic's dedicated volunteers and interdisciplinary approach ensure each patient receives comprehensive care spanning their physical, emotional, social and

32 Healthy Transitions to Adulthood, Policy Research Initiative, Canada, November 2009.
33 http://www.hc-sc.gc.ca/hl-vs/iyh-vsv/young-jeunes-eng.php

economic needs. Volunteers and health practitioners are proud to operate under the principles of harm reduction and preventative medicine.

The SHINE Youth Clinic aims to offer a relaxed and friendly atmosphere to Edmonton's youth. The clinic operates on Saturdays from 2-6pm out of the Boyle McCauley Health Centre.[34]

### 4.8.2 USA

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

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

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

The organisation provides a detailed and lengthy section for young people to gain information on a variety of health and well-being issues, including sexual, mental and physical health issues and can, effectively be described as a 'virtual' one stop shop. It also operates as a contact point for young people (as well as parents and carers) wishing to connect with smaller, more localised initiatives.

**The Door, New York,** has a mission of assisting at-risk youth. It was founded in 1971 by the International Centre for Integrative Studies, as a non-profit organisation affiliated with the United Nations. The group wanted to address problems with drug abuse, violence, teen pregnancy, sexually transmitted diseases and the rising high school drop-out rate. The program opened in January 1972 with a volunteer staff in a donated building on 12th St. The Door moved to its current location in 1989 and has continued to grow ever since, with 85 full-time staff members and a steady stream of volunteers.[35]

Each year The Door serves more than 11,000 young people from all over New York City, aged 12-21, with a wide range of services including health care, GED and English language classes, tutoring and homework help, college preparation and computer classes, career development and training, counselling, job placement, legal services, arts, daily meals, sports and recreational activities all under one roof.

34 http://www.shineclinic.ca/about

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

Integration is seen as the cornerstone of their programming, focusing on increased staff collaboration and "wraparound" services which in their words, "lead to stronger springboards and more tightly woven safety nets".[36]

Students entering The Door do not pass through metal detectors. This is intentional, to "establish a sense of community," said Diana Morales, executive director of The Door. Instead, they pass by a series of signs with mantras about respect and attending community meetings. One sign reads: "This is a neutral zone. I will keep our space free of all gang activity."[37]

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

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

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

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

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

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

"For over 20 years, there have been calls for better integrated, more comprehensive systems. Co-ordinated care is a way to rally services around

36 http://www.door.org/about-door
37 http://www.thevillager.com/villager_202/afterschoolprogramon.html

children who need it." While this program has proven effective, in transition ages, sectors are less likely to know how to reach each other. "In child welfare and child health, programs are better co-ordinated, but for youth transitioning to adulthood, programs and services are very disparate."[38]

## 4.9 Australia & New Zealand

### 4.9.1 Australia

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

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

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

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

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

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

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

Its three-pronged approach includes:

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

- clinical programs specialising in delivering early intervention services to young people with emerging mental disorders, including drug and alcohol issues;

- a research program open to patients using clinical programs that focuses on developing improved treatments and models of care for young people;

- training and communications, including resources, and consultation to support the translation of best practice treatment models for practitioners working with young people.

### 4.9.2 New Zealand

New Zealand has a high rate of poor outcomes in adolescence – among OECD countries, they have the highest rate of teenage suicide and perform badly (24/30) in measures of teenage risk-taking (including smoking, alcohol use and pregnancy). The long term consequences of such activities to young people are particularly significant in terms of health, earning capacity and social integration. These consequences are reflected in significant emotional costs to families and individuals and in major costs for many components of government including social welfare, justice, education, police and corrections. They also create or reinforce cycles of intergenerational disadvantage. Ultimately, these factors affect between 10 and 20% of young people in New Zealand.[39]

**Aotearoa Adolescent Health Development**

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

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

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

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

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

Some Youth One Stop Shops offer outreach, mobile and satellite services and/or evening clinics to increase access opportunities for young people. The most common health services provided include general health/primary care, sexual and reproductive health, family planning and mental health services and alcohol and other drug services. Secondary services are provided by directly employed staff or by external providers working on-site.

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

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

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

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

## 4.10 Best Practice

### 4.10.1 Values, Characteristics and Practices that comprise Best Practice

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

- Services need to be young person-centred: designed to be non-intimidating and non-authoritative and friendly. Most successful examples have pro-actively involved young people in the set up of projects from the very start using feedback to design layout, name the organisation, and indicating what services they need.

- Open to a wide age range, e.g. 10 to 25 and as such be adaptable to differing needs and mind sets – especially as those who are youngest show least confidence in approaching organisations for help.

- Accessibility: Services should be made highly accessible: in terms of a centralised location or available by main transport routes and provide a wide range of opening times (early morning through to mid evening, and weekends).

- Services need to be promoted as free, independent and confidential. Many young people with personal problems have an issue with authority figures and fear redress if they are identified – reassurance of anonymity and privacy are highly important.

- Holistic approach, meeting multiple and complex needs: provide a wide range of interventions delivered under one roof, by a skilled multi-disciplinary teams, providing 'wrap-around' support capable of dealing with layered, complex needs. Young people can have a number of problems and issues which are inter-related and need to be addressed as a whole e.g. depression, substance abuse, sexual health, debt etc. Traditional services tend to isolate these issues and as a result the young person can become more alienated rather than feel as though they are making progress.

- Provide flexible access routes and 'drop-in' sessions: including through open door self-referrals – access to traditional support services can be limited by a need to have an official referral, or qualifying factors such as age, location, medical history and availability of funding. In these cases, self referrals allow young people to gain access to services they might otherwise be denied. Hard to reach groups tend to be vulnerable because they usually don't engage with any services and need to be approached in particular ways that might not be appropriate for other young people. For instance, teenagers experiencing poverty, substance dependency, sexual abuse, mental problems or be showing repeat offending behaviour.

- Effective evaluation: monitor progress in meeting young peoples' needs through organised and research methods. There is increasing evidence that one stop shops are using feedback from young people through interviews, group workshops, nationally validated outcome tools and the development of long term tracking of young client's outcomes.

- Promotion of services: Use youth friendly marketing techniques – services need to appear fun, entertaining and involving. For services addressing serious issues such as homelessness and abuse, centres need to show sensitivity and provide reassurance of privacy and safety. A wide variety of conduits should be used to access young people and make them aware of what services are available.

### 4.10.2 Specific Best Practice Case Studies of OSS

Many examples cited within the Best Practice section that follows, operate under the umbrella organisation of Youth Access (YIACS) and were not cited specifically within the UK section, as they are standalone, locally focused one stop shops.

However, they are listed here as they have been referred to by their peers as good examples of best practice.

### 4.10.3 Mancroft Advice Project, Norwich - Delivery of comprehensive support

The Mancroft Advice Project (MAP) opened in 1991 and delivers a range of direct services to around 1,000 young people aged 11-25 in Norwich and the surrounding areas every month. MAP provides a space where young people can simply hang out with internet access, refreshments and telephone access to contact other services[40]. Should they want to speak to someone at the project or have a need for professional support, young people have ready access to trained MAP staff and a range of specialist services, including:

- A counselling service, staffed by a team of highly qualified counsellors who can offer both emergency one off 'offloading sessions' and ongoing, weekly counselling according to a young person's needs
- An advice service providing expert help on rights-based issues, such as welfare benefits, housing and debt
- A housing team that provides specialist advocacy and support on housing and homelessness, including delivering outreach services in Connexions drop-in centres across Norfolk and undertaking homelessness prevention work
- Access to an in-house specialist debt advice service delivered by Norfolk Community Law Centre
- A comprehensive sexual health service, including C-Cards, Chlamydia and gonorrhoea screening, pregnancy testing, pregnancy support and an accredited 12-week sex and relationships course An art therapy service
- Professional help around a wide variety of other issues, including drugs and alcohol, relationships and writing CVs
- Group-work with specific groups of young people needing support, including young fathers, young people with HIV and care leavers

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

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

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

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

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

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

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

### 4.10.5 Streetwise, Newcastle - Addressing young people's health needs

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

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

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

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

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

### 4.10.6 Castlegate, York - Using nationally validated outcome tools

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

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

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

Castlegate's data from 2009/10 indicates[41]:

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

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

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

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

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

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

### 4.10.8 Base 51, Nottingham – Holistic, Integrated Services

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

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

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

The centre offers extensive services which include:

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

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

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

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

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

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

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

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

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

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

### 4.10.9 The Corner, Dundee – Engagement and inclusion

Dundee is Scotland's fourth largest city. Out of the 976 most-deprived of Scotland's 6505 data zones, 53 are in the Dundee City Council area. Over a quarter (28.4%) of Dundee's population lives in these data zones. There is a high rate of

unemployment and a third of localities have more than twice the national average unemployment rate. Dundee City also shows higher than national average rates of drug misuse, smoking, teenage pregnancy and pregnancy termination.

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

The Corner set out to offer a single-door, or one-stop-shop, health and information service to young people from across the city. Its overall aim is to develop comprehensive, integrated and appropriate access to health and information services for young people in Dundee (11−25 years, with a specific focus on the 12−18 age group).

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

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

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

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

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

community bases as well as detached work.

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

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

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

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

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

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

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

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

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

The Junction's objectives are:

- Offer a safe, confidential, friendly space where information and support on health and well-being will be delivered within a responsive, holistic environment;

- Promote an approach that honours the diversity of young people and supports them in making informed choices;
- Provide premises, staff and opening times which reflect young people's desire for an accessible and confidential service;
- Develop a process which ensures young people's involvement in the development of the centre;
- Contribute to the body of knowledge relating to young people and their health needs by undertaking relevant research, evaluation and offering related training packages;
- Develop partnership working between local groups, voluntary and statutory agencies.

The Junction's services have been developed through close consultation with young people to find out their needs and preferences. All those who work at the centre believe in the importance of listening to young people.
"The action research project really looked at sexual health services, but young people said they didn't want purely a sexual health service. They didn't use the term "holistic", but they did talk about being treated as whole folk, and not being labelled by one particular thing, whether that is drugs, sex or mental health."

Within the drop-in, activities and conversations are focused around topics that young people raise. The centre is continually developing new games and resources to get young people thinking and talking, based on issues they've asked questions about or experiences they describe. Different topics become relevant at different times, so whether it's exam stress or the facts about legal highs, young people find workers ready to support them. In 2010, the centre produced seven Infozines, each covering one or more topics raised by service users.

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

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

# 5 Interviews with OSS Providers

## 5.1 Profile of Interviewees

Between February and March 2011, SMR conducted in-depth interviews with senior personnel from each of the four OSSs. The Project Manager and one Key worker were invited to take part. However, in some cases, (Carrickfergus and Enniskillen) only the Project Manager took part. All of the interviews took place at the respective OSSs.

## 5.2 Themes Covered

The specific issues explored in the in-depth interviews are set out in detail in Appendix A.

## 5.3 Analysis of the Interviews

The themes emerging from each of the interviews were very similar. Therefore, to avoid repetition, we have thematically analysed the qualitative feedback from all of the interviews together. Where there were discernable differences in the feedback from OSS compared with another, these are highlighted in Section 5.4 below.

For clarity, we refer to each of the OSSs by the name of the town in which they were based. However, we are aware that each has a distinct brand as set out below:

- Banbridge – 'Info-Station' (Southern area);
- Bangor – 'FASA, One Stop Shop' (Eastern area);
- Carrickfergus – 'The M8trix' (Northern area); and,
- Enniskillen – 'FUEL / FIND' (Western area).

## 5.4 Findings from the Interviews[42]

Where appropriate, we list below **'Perspectives on further points raised'**. These are aspects which we consider PHA may wish to deliberate on, in particular, as it considers the possibility of a future regional OSS specification. Some of these points are direct suggestions from the OSSs (shown in black), others are suggestions by SMR (shown in blue).

**PART 1 – CONTEXT**

***Is your OSS a new service or part of an existing service?***
***If there was an existing service, what was that?***

Each of the OSSs was comprised of a social dimension and an information / support dimension. As the table below shows, some of these services existed already, however, many did not.

[42] Note: In some cases, specific details were found in supporting documentation provided by PHA. Where this applied, the relevant details have been presented in this section of the report.

| Dimension | Banbridge | Bangor | Carrickfergus | Enniskillen |
|---|---|---|---|---|
| Social | New service | New service | New service | Already existed-FUEL[43] |
| Information | New service within the REACT Project[44] | FASA had a experience of providing this type of service but the service was new in Bangor | Already existed | Partially new service. Some information services already existed but not under the 'FIND' brand. |

## PART 2 – GEOGRAPHICAL AREA

***What geographical area(s) does your OSS serve?***

| Banbridge | Bangor | Carrickfergus | Enniskillen |
|---|---|---|---|
| Banbridge, Dromore and hinterlands | FASA have a base in Bangor but have been developing a number of satellite clinics elsewhere across the North Down and Ards area. These include Holywood and Newtownards | Primarily Carrickfergus locality with agreed outreach provision to Newtownabbey and Larne. | Enniskillen |

[43] http://www.thefuelcentre.com/site/getinvolved.html
[44] http://www.reactltd.org/react-projects.asp

## PART 3 – STRUCTURES

***What is the current management structure and staffing levels for the OSS?***

As the table below shows, the current management structures and staffing levels for each of the 4 pilot OSSs (FT=Full-time, PT=Part-time). In addition, all of the projects have a level of volunteer support although this varied and was not always specified.

| Dimension | Banbridge | Bangor | Carrickfergus | Enniskillen |
|---|---|---|---|---|
| Project Manager | 1 (PT) | 1 (PT) | 1 (FT) | 1 (FT) |
| Project Co-ordinator | 1 (FT) | 1 (PT) | | - |
| Senior Youth Facilitator | | | | 1 (FT) |
| Youth Workers | 1 (FT) | 2 (FT) | 1 (FT) | 1 (FT) |
| Youth Facilitator | | | | |
| Assistant Youth Workers | | | 2 (PT) | |
| Family Worker | | 1 (PT) | | |
| Administrator | - | ? | 1 (FT) | 1 (PT) |
| Volunteers | Available but not specified | Available but not specified | 8 | Number varies. Typically, 3 active in any week |

**Perspectives on further points raised…**

- ***Staffing levels*** *- Staffing levels were considered to be low relative to the demand for the services locally. The limited staffing levels appeared to be a constraint to further promotion of the service i.e. 'Why promote further when staff are already operating at capacity?'*

- ***Volunteer input*** *- There was a view that there was an over reliance on volunteer input and that this put the sustainability of some aspects of the service at risk. In brief, it was difficult to manage and guarantee a scale and quality of service provision with fluctuations in the availability and skill levels of personnel.*

- ***Staff qualifications –*** *Given the gravity and complexity of the issues that young people are dealing with when they interact with the OSS, and given their vulnerability at that stage in their lives, there was a view that, in future, consideration should be given to ensuring that the staff team appointed to work within the OSSs were;*
  - *A mix of youth workers, counsellors and social workers;*
  - *Well qualified (accredited qualifications would be preferred)*
  - *Had sufficient experience of the specific issues.*

- ***Staff support*** *– The need for explicit provision to support staff dealing with the serious issues that young people raise was also mentioned by those interviewed.*

## PART 4 – FEATURES

***What are the main features of your OSS, what services does it provide?***

All of the OSS provided a range of services, namely:

- Social and recreational activities for young people – aged 11 – 25 years old.

- Provision of information and signposting to information and support in relation to:
  - Suicide and self harm;
  - Drugs and alcohol misuse;
  - Mental health / resilience;
  - Sexual health;
  - Welfare / Legal;
  - Coping with school / employment; and,
  - Relationship issues.

The social aspect was delivered on the premises or via collaboration with partner agencies. The information aspect was done via staff, leaflets, e-directories, web sites and use of IT.

The scale of the activities – across all the OSSs - was problematic to assess because of differences in the way that monitoring information was captured. (See Part 17- Project Activity Data).

**Perspectives on further points raised…**

Concern was raised about the limitations of signposting, as this is understood by the providers. It was thought that signposting meant telling young people where services were available and then leaving them to go and seek them out, if they chose to do so. This raised concerns if for example a young person was expressing thoughts of suicide, where the OSS would have a duty of care to ensure that the young person was supported appropriately. This may involve more from the staff than 'signposting' implied.. The OOS/s wanted guidance on appropriate responses to this type of situation.

- ***Location*** *- Some OSSs had organised their service such that information provision and the social dimension were on the same site. Others had the two dimensions in different buildings on the same site. Each option appears to have merits:*

- *Having both dimensions on the same site has the benefit of everything a young person may need being near to hand; alternatively,*

- *Having both dimensions in different locations permits a young person to 'socialise' freely and exclusively in one location and seek support as required (with all the attendant privacy) in a different location.*

  *PHA may wish to examine this issue in more detail before determining whether or not one configuration is more effective than another.*[45] [46]

  *Moreover, one of the OSSs (Bangor) organised its social and recreational activities through leisure centres rather than a specific site. Again, within the constraints of this research, it is not possible to say how effective this approach compared to the above alternatives. Again, this would be an aspect that would merit further consideration because, if effective, access to leisure centres has the potential to offer access to a greater range of facilities at lower cost compared with renting and equipping a specialised building.*

- ***Use of IT*** *– There were good examples of the use of web sites and Facebook and bespoke e-directories and resources to support young people to access the information they need (e.g. Enniskillen*[47] *and Banbridge*[48]*). PHA may wish to examine these resources in more detail to assess the extent they could inform the development of any future regional resource.*

- ***Use of leaflets / written information*** *– Whilst a brief visual inspection of the various leaflets at each OSS indicated that there was information provided on each of the key areas, it was not possible, within the time constraints of this research, to ascertain to what extent such information was comprehensive or consistent – both between and across the OSS. The concept of a specific review of information provided would appear to merit further consideration since it would help promote consistency of message and eliminate potential duplication in relation to collation and / or publication of information.*

- ***Structures for future co-ordination –*** *There were a number of instances where the 'individual' approach adopted by the OSS was a consequence of insufficient contact with one another e.g. monitoring data. It would be worth considering what sort of structures / fora would enable more effective communication and information sharing across OSS and the PHA respectively if a regional model were to be introduced.*

  ***What services come to the OSS?***

  The picture of service provision is highly complex because whilst many service providers come to provide services *within* the remit of the OSS specification, some also provide services *beyond* the remit of the OSS.

[45] The Banbridge OSS has a report done by Queen's University which took views from service users on this issue. The findings from this report may be useful to consider as part of future deliberations on this matter.

[47] See http://www.thefindcentre.com/
[48] See http://www.reactltd.org/info-station.asp

Examples of the main service providers that come to the OSS (and provide services within the remit) are set out below.

Statutory / Non-Departmental Public Body

- Local councils
- Local colleges
- Local Health and Social Care Trusts (e.g. Family planning service, sexual health service)
- Police and policing organisations (e.g. Probation Service, Community Safety Partnership, District Policing Partnership, Youth Justice Agency)
- NICCY
- Smoking cessation projects.

Community/Voluntary Organisations

- Contact Youth
- Opportunity Youth
- Local Youth Forums
- CHILL
- DAISY (Drug and Alcohol Intervention Service for Young people)
- PIPS
- Women's Aid
- Dunlewey
- ASCERT (Action on Substances through Community Education and Related Training)
- Nexus.

Others

- Employment agencies

These service providers work with the OSSs in a range of ways including, providing information and / or running talks, workshops and / or activities as required.

In addition, each of the OSSs provides a range of services beyond the remit of the OSS. Across all of the OSSs, these include:

- Counselling and alternative therapies;
- Protect Life Counselling;
- Protect Life Mentoring;
- Alcohol and Drug Counselling;
- Adult support programme for those recovering from drugs and alcohol
- Information, talks.

Further details are available in the quarterly returns from each OSS.

***What services does the OSS have an agreement in place with for referral?***

There were mixed responses to this question since the interpretation of what constituted 'agreement' varied from OSS to OSS.

Overall, it was clear that each OSS had strong working relationships with a wide variety of key partners and, consequently, the potential existed for them to make referrals to any organisation (e.g. Barnardos, Social Services, Children's Law Centre etc) as appropriate.

There were however, situations where a stipulation (an 'agreement'?) had been included in their contract for the set up of the OSSs which mandated them to refer certain cases (with particular characteristics / specific complexity) on to specified organisation. For example, the Bangor OSS was required to refer specific cases of drug and alcohol misuse onto DAISY; the Carrickfergus OSS was required to refer a specified proportion of cases onto Dunlewey. This was perceived as problematic and inappropriate to the OSS concerned for two reasons:

- The young person had typically overcome a range of barriers already simply to represent at the OSS, was 'ready' to be supported there and then and if a suitable service was available in house (and the OSSs concerned considered it was), then why not simply provide the young person with that service? To these OSSs, this seemed the most appropriate way to act and would comply with the requirements of Child Protection legislation.

- It was unclear to the OSS what was the added value / intended added value to the young person of sending them to a different service provider – especially when the young person was likely to be vulnerable.

- The arrangement was perceived as needlessly putting organisations in 'competition' with each other.

- Whatever the intent, it was perceived that the mandatory arrangement implied that the services of the organisation receiving the referrals were in some way 'superior'. Consequently, the referring OSS considered its capabilities and professionalism had been undermined.

**Perspectives on further points raised…**

- ***Mandating referrals to specific organisations at specific levels –*** *Given the above, SMR suggests that PHA may wish to consider whether / under what conditions mandatory referrals are appropriate in any future OSS scenario. The rationale for this will need to be explained to, and accepted by, the OSSs and a clear protocol for partnership working put in place if the arrangement is to operate smoothly.*

***Is there a social aspect to the service i.e. where young people can meet?***

All of the OSS shops had a social aspect to the service although it was provided in different ways, see Table below.

| Banbridge | Bangor | Carrickfergus | Enniskillen |
|---|---|---|---|
| Social aspect (including some information and brief interventions) were provided in a separate building in a separate location at some from the counselling and support | Social aspect was provided via partnership with local leisure centres | Social aspect was provided in the same room as the information aspect | Social aspect provided by the FUEL[49] project which operates out of a different part of the same building that houses the information and support services. |

It was evident that the social dimension of the OSSs is a vital gateway to engaging with young people and, it seems to SMR, should be an ingredient in any future specification for a regional OSS.

**Perspectives on further points raised…**

- ***Social dimension –*** The value of including a social dimension is undeniable. However, what is unclear – as stated above – is which, if any one, of the above approaches to the provision of a social dimension is more effective than any other. Furthermore, SMR considers that it would be valuable for PHA to learn which specific aspects of the social dimension (if any) are more effective than others – both in terms of engaging young people and in supporting young people.

## PART 5 – COPING WITH 'NEW' ASPECTS

***Is any aspect of the OSS completely new to your organisation? If so, how did your organisation cope with this?***

There were several aspects of the OSS that were completely new to each of the organisations concerned. Much depended on where the organisation was starting from. Overall the main challenges were:

- **Getting set up** – All but one of the OSSs were 'starting from scratch' in terms of finding suitable premises, fitting them out etc. All of this took time (ranging from 3 months to 9 months) and restricted the time available for service delivery as a direct consequence.

[49] http://www.thefuelcentre.com/

- **Getting staff** – For some OSSs, there were no full time staff at the outset and so only a limited service could be provided with sessional staff and volunteers. This arrangement proved problematic since it was difficult to guarantee a scale and quality of service provision with fluctuations in the availability and skill levels of key personnel.

- **Identifying and developing resources** – It seems a considerable amount of time was invested by each of the OSSs in finding what they considered to be the 'best' information on specific topics and making this access e.g. some OSSs created e-directories and web sites etc.

- **Making links with other organisations in a new context –** Whilst each of the OSSs already had many links with different organisations, time and effort had to be invested in making these organisations aware that new services were available.

- **Promoting the new services locally** – For some OSSs it was a slow process to get local people to perceive them in their new 'light' – as a OSS. For example, one of the OSSs indicated that initially parents seemed reluctant to permit young people to use the OSS because, in the past, the organisation had been known for providing adult services. Considerable efforts were made to promote the new OSS in a variety of ways to a range of audiences.

- **Direct experience of complex issues** – Direct experience of dealing with complex issues, such as suicide, was a new challenge for some OSSs. The diversity and complexity of the many dimensions e.g. how to support young people to cope after a suicide (preventing contagion), caring for bereaved, new policies etc proved to be testing.

**Perspectives on further points raised…**

- ***Allow time for set up –*** Build a realistic period into any future specification to allow for the time required to get premises etc and recruit full time staff.

- ***Collective establishment –*** SMR is of the view that it may be beneficial if PHA were to consider how many of the above tasks could be undertaken by the OSSs collectively, sharing insights and materials with one another, rather than individually and thereby gain in terms of consistency, quality and economies of time and money.

- ***Staff support –*** *As mentioned earlier, the need for explicit support for staff dealing with complex issues would merit consideration in any new regional specification.*

## PART 6 – OSS 'IMAGE'

***Does the OSS have a distinctive identity or does it look like another aspect of the organisation's services?***

There were different approaches used towards branding of the OSS. See below.

| Banbridge | |
|---|---|
|  | The OSS had a distinct brand of its own, "Info-Station". However, other logos – of the lead organisation (REACT) and the funder (PHA) - were also included on promotional materials. |

| Bangor | |
|---|---|
|  | Again, this OSS had a distinct brand of its own, called 'One Stop Shop'. As with the Banbridge OSS, the other logos – of the lead organisation (FASA) and the funder (PHA) - were also included on promotional materials. |

| Carrick | |
|---|---|
|  | This OSS had a distinct brand of its own, called 'M8trix', albeit it was perceived as 'the youth arm of CCDAAG". The logo of the funder (PHA) was included on promotional materials but not CCDAAG. |

| Enniskillen | |
|---|---|
|  | The information dimension of the OSS had a distinct brand of its own, called 'FIND' – Fermanagh Information For Needs and Development. This was a deliberate decision so as not to dilute the already strong brand of 'FUEL' which was a vital gateway to young people engaging.<br><br>The logo of the funder (PHA) was also included on promotional materials related to |

**Perspectives on further points raised…**

- ***Branding –*** SMR considers that may be helpful for PHA to give further thought to the value of a single regional brand and to provide guidance on where and how other logos (e.g. PHAs etc) are to be used on promotional materials. The protection of existing brands is a consideration in this.

  We consider it would highly advantageous to involve young people in the development of any future single brand.

  Whilst the creation of distinct brands may have advantages, it seems to us that there are potentially greater opportunities to enhance brand awareness – and hence, potentially engage with more young people – via a single well recognised brand.

  Notwithstanding this, we would stress the need for sensitivity since a re-branding exercise – however, seemingly cosmetic to the outsider - can be experienced by those involved as sense of 'loss of identity' which can, in turn, arouse negative feelings.

## PART 7 – PROMOTION

***In what way(s) has the OSS been promoted to young people?***

The OSSs have been promoted in a wide variety of ways including:

- On line – (Face book, e-directory of services)
- Launch events;
- Posters and flyers;
- Word of mouth;
- School visits – Meetings with Head Masters / Mistresses. Addressing assemblies;
- Youth and Community Centre visits;
- Local Newspapers;
- Local Youth Events/community events;
- Point of Sale (marketing materials);
- Local partnership working (PSNI), other groups delivering services to young people; and,
- Training and employment agencies.

**Perspectives on further points raised…**

***Impact of awareness raising activities –*** SMR considers that it may be beneficial to assess which awareness raising activities are most effective, and, ideally, for which types of user. Such insight could assist with more effective and efficient targeting of existing and potential service users.

## PART 8 – DISTINCTIVE CONTRIBUTION

***What would you say is the single most important outcome that has been achieved locally as a <u>direct result</u> of the existence of the One Stop Shop?***

The distinctive contribution of the OSSs was thought to be summed up by one OSS as, *"Young people having direct, easy and fast access to a range of support services under one roof"*

In practice, this outcome was asserted to be the result of many different inter-related inputs by the OSSs, and their links with other agencies, including:

- Critical referrals of young people at risk of harm, suicidal thoughts, self harming, or abuse – who otherwise may not have told parents or school;
- Dealing with LGBT, and other issues not commonly dealt with locally. Provide a safe space from homophobic bullying;
- Work on contraception and sexual health for young people;
- Gathering information on the perceptions and experience of local young people in relation to drugs and alcohol;
- Changing attitudes and behaviour in local schools to enable young people to access support services on offer at OSS;
- Opportunities to support positive encounters between young people and the police e.g. at fun days / community events;

- Access to advocacy when dealing with social workers – provide continuity; and,
- Unique coping resources developed – "meditainment CD".

## PART 9 – DEFINING SUCCESS

***How would you define 'success' in relation to a service model such as this One Stop Shop?***

'Success' in this context was defined in various ways. However, the focus for most was on outcomes for young people. The following were among the suggested indices of 'success':

- How the young people have benefited, namely,
  - an increase in the number of young people accessing the correct services in a shorter period of time;
  - Value of advice/information received;
  - Nature, scale and value of learning;
  - Improvement in their mental health and general well-being;
  - New skills acquired
  - Confidence and self-esteem consequently developed;
  - Knock on effect within their peer group and reaching into the wider community with regard to things like anti-social behaviour, community involvement.

- The type of place the OSS is / represents / is seen to be i.e. and accessible safe place where:
  - Young people are not judged, or criticised;
  - The service is confidential
  - There is readily accessible information and support on issues as and when they arise
  - It feels like a young person's place, is youth designed, developed and run;
  - Staff spend time with young people, listening, chatting, flexible working together on huge variety of needs
  - The staff are comfortable and competent to talk about complex issues such as self harm and suicidal thoughts etc
  - Section 75 duties apply and are practised;
  - The activities are fully compliant with Child Protection legislation;
  - All parts of the community are / and feel welcome and safe.

- Activity profile - Significant numbers of young people attending the OSS and using the services.

**Perspectives on further points raised…**

***Measures of effectives and future evaluation –*** *SMR considers that it may be beneficial to review the indices selected to monitor the pilot projects and work collaboratively with the pilot projects to develop a fresh set of indicators that builds on the themes above. It would also be important to*

*agree, collectively, (a) how such indices would be measured and (b) what level of resources would be required to do so.*

## PART 10 – YOUR ASSESSMENT OF SUCCESS

***Based on your own criteria, what aspects of your service model have been:***

***(a) The most successful? And why?***

***(b) The least successful? And again, why?***

## PART 11– APPROPRIATENESS OF THE MODEL

***Were the any aspects of your service model that, looking back, you considered were:***

***(a) Highly appropriate? And why?***

***(b) Questionable? And why?***

***(c) Not appropriate? And again, why?***

There was a degree of overlap in the responses to these questions and hence we summarise the key points from the feedback below.

### *Most Successful / Highly Appropriate*

A variety of aspects were put forward by each OSS. The overall list is summarised below.

**Client-related**

- Reassurance - Young people feeling safe and comfortable to talk to staff about problems.
- Continuity of relationship – i.e. with the client across a number of sessions.
- Drop in – Enabled OSS to build trusting relationships with many young people and provided opportunity to offer support and information informally and discretely.
- Project Work – Created an environment where young people learned about issues in an environment where they could share information and ask for help if they needed it. This semi-structured approach also helped to build relationships between the young people themselves.
- The outreach service – brought the OSS to those who would otherwise not have had the opportunity to engage.
- Staff training and appropriate policies – These were considered to be fundamental to the provision of a high quality service.

- How the service is marketed – In effect, the OSSs were marketed as social facilities with a health and education aspect. This approach appears to have resulted in the young people feeling more at ease with attending.

**Premises-related**

- The choice of location – Neutral part of town and adjacent to public transport.
- The deliberate creation of social space – This attracted more young people.
- The use of a coffee bar – which attracted young people.
- Having two sites (Banbridge only) – one for information the other for socialising – albeit there were challenges managing the staffing of this.

### *Least Successful / Questionable*

Again, a variety of aspects were put forward by each OSS. The overall list is summarised below.

- Limited staff – Demand for the services was high and as services became established they were very soon working at capacity. Whilst there was a wish to do more outreach work, this was not possible within the constraints of the staffing levels within the pilot. These constraints also had a direct effect on the level of promotional activities that were both feasible and desirable.
- Over-reliance on volunteers – This put the consistency and quality of service provision at risk.
- Limited opening hours - This was a challenge for all the OSSs but even more so when there were two sites to be managed and staff time had to be spread across these.
- Specific referrals - The requirement to make a specified proportion of referrals to specific organisations was thought to be unhelpful. This has already been discussed above.
- Formal education Programmes– The experience of OSSs was that young people were more interested in attending informal training and using alternative methods such as arts, drama, and outdoor adventure to address drug and alcohol issues rather than formal education programmes. It seemed few participants were interested in obtaining a 'certificate'. Consequently, one OSS questioned the logic behind formal education providers being funded to run a specific number of programmes per year when the numbers of young people wishing to participate in these could not be guaranteed.
- Organisations failing to work within the culture of the OSS – One example that was cited involved staff from a local Sexual Health Clinic who allegedly "would not get down to young peoples' level" i.e. come and meet with them informally. A strict adherence to a 'clinic'-style approach, whereby young people had to approach the staff member, almost appointment

style, proved ineffective. Sharing the ethos and willingness to work within the modus operandi of the OSS appears to be important.

**Perspectives on further points raised…**

***Consideration of what s effective and what is not –*** *SMR considers that it may be beneficial for PHA to consider how the above insights could be reflected in any future regional specification.*

## PART 12– FEASIBILITY OF THE MODEL

***Were the any aspects of your service model that, looking back, you considered were both effective and:***

***a. Very easily implemented? And why?***

- Setting up the referral and care pathways – This was regarded as straightforward because the OSS staff had previous experience and good working relationships already built up with key players in the area.

- Blending in with existing services and programmes - The fact that the OSS was able to readily integrate with complementary initiatives run by its partners (e.g. 'Street Safe') was very beneficial.

**b. Feasible with a modest amount of effort? And why**

- Age appropriateness - Giving consideration to the age ranges involved and the age appropriateness of different aspects of the service required a modest invest of effort. One OSS was attempting to address this by having age specific times and evenings and was finding this beneficial.

- Identifying agencies to partner for peripatetic work – This required an investment to time and effort at the outset but provided a highly effective database when it was completed.

- Delivering the outreach service – Again, these types of service take time to establish, but were regarded as important by the OSSs.

***c. Very demanding to implement? And why?***

- Getting set up - Identifying and furnishing premises, setting up the service with all of the information that was required as per contract within the timescales proved more demanding and time consuming than some had anticipated.

***Were the any aspects of your service model where, you think, the effort required for implementation far outweighed any benefits / potential benefits derived? Say why***

The requirement for mandatory referrals to other organisations was the only aspect cited here.

## PART 13– STAKEHOLDERS

***Who would you say are the main stakeholders of your OSS?***

The responses to this question very much echoed the range of organisations cited when asked "What services come to the OSS?" in Part 4 above and consequently, to avoid repetition, are not listed again here.

***Which of these do you consider to be the most important and why?***

Clearly, the young people themselves were considered to be the most important stakeholder.

After this, there were references to service providers / partners and in this context two types of answers were given:

(a) Specific organisations were cited e.g. DACT and the local HSCT Trust since "they are responsible for health aspects and delivery"; and,

(b) Organisations that worked in specific styles – In other words, those stakeholders who worked in a manner that was considered compatible with the ethos and modus operandi of the OSS, i.e. effectively and informally, were thought, by some, to be the most important because it was considered these were the most likely to be enable positive outcomes for young people.

## PART 14– INTEGRATED SERVICE AND INVOLVEMENT

***Looking back, what evidence is there that the One Stop Shop has involved local stakeholders in:***

***(a) Meeting identified needs; and,***

Whilst there was limited quantitative information on this, (though we note that the OSS were not required to report quantitatively on this under the monitoring arrangements), there was evidence that local stakeholders had been involved meeting identified needs.

Those consulted indicated that they responded to, and collaborated with a range of their partners in the design and delivery of specific initiatives.
For example, there were examples of OSS working in partnership with their respective local CSP, PSNI, DPP to develop joint initiatives to address issues identified within the local community such as anti-social behaviour, drug and alcohol misuse.

It was clear that an important dimension for the OSS was tackling the underlying issues which anger management, mental health etc which can contribute to the above issues

Local stakeholders were also involved in a range of ways to address the identified needs e.g. via talks, workshops, support services, provision of

literature, signposting young people to the OSS, accommodating other services etc

Numerous instances are available in the quarterly progress reports.

| Identified Need to… | Example of How Local Stakeholders were involved |
|---|---|
| Provide targeted drug education programmes | Banbridge OSS, in partnership with PSNI, held a parents evening in a local venue to inform parents on why young people take drugs. This lead on to the delivery of a 4-week TATI course in the local area. |
| Sign post young people to services | Bangor OSS – Sign posted young people to relevant services including Simon Community, Bangor Job Market, Fitness First, YMCA and VSB |
| Accommodate other services | Enniskillen OSS - The Daisy project is accommodated whenever it is requested and a counselling room is made available. Young people have also been sign posted to this service. |
| Engage young people in urban and / or rural areas in East Antrim | Carrickfergus OSS Worked with a group on Carnlough and made use of the Megabus. The Megabus visited Ballyclare Secondary School and Ballyclare Youth Club. On the bus the pupils participated in a drug awareness workshop and had a taster session of the complementary therapies. |

***(b) Providing a more integrated range of services for your people.***

The range of partners involved and the diverse skills that they had, combined with the close working relationships that the OSS had with them, meant that there was tremendous potential for a more integrated range of services for young people. However, there are no quantitative measures of this within the monitoring returns (it was not asked for) and hence we any assessment of the extent to which the services are now more integrated relies on qualitative data.

***How would you describe the effectiveness of the involvement of local stakeholders? What specific evidence is there for the rating you give?***

Overall, most of the OSSs perceived the effectiveness of local stakeholders was considered to be high. The high levels of co-operation and collaboration between the OSS and the key partners was the main basis for this.

However, there was a view expressed by one of the OSSs that the voluntary and statutory sectors needed to work more closely together in service delivery and coordinating client care plans, *"Currently linkage is poor and this lends to duplication of work and a greater likelihood of care plans that are not effective and an increased chance of losing young people between services. Also referral pathways should be developed across agencies directly rather than needing GP consent"*.

**Perspectives on further points raised…**

***Defining 'effective' involvement–*** *SMR suggests that this dimension would merit further clarification. It seems to us to be an important factor in the definition of 'success' and consequently, it would be important to agree how best to measure this within the context of future OSSs.*

Specifically, in what way(s) have young people been involved in:

- identifying need;
- designing the service;
- developing the service.

The desire to and the need to involve young people in all of the above aspects was strongly supported by all the OSSs. However, the different stages of development were reflected in how much each OSS managed to do. For example, all of the OSSs have taken advantage of local structures such as Youth Forums and Youth Networks to seek the views of young people in various ways. However, it was evident that those OSSs that had been working in this sector for a considerable period, and were 'established' players, were involving young people more extensively and in more depth in the context of the OSS. Those OSSs with established contacts and networks of young people were using these to distribute surveys and poll opinion about the needs in the local area and how services should develop. The use of online methods was again prevalent amongst the more 'established' OSSs.

## PART 15– PERCEPTION OF IMPACT OF SERVICE ON LOCAL COMMUNITY

***(a) How would you describe the overall impact of the One Stop Service within the local community?***

This could only be answered at a general level since OSSs had not been required to collate information specifically on 'community impact'.

(The information in the quarterly reports describes 'activity' in the community not 'outcomes'/'impact').

Notwithstanding this, the OSSs asserted that they had made contribution to:

- Reducing ASB;
- Facilitating initiatives on behalf of their partner organisations;
- Breaking ground in terms of key issues being discussed in the local media e.g. sexuality, self harm, suicidal thoughts;
- Bringing issues such a contraception for young people into the public domain locally;
- Reducing the number of young people on the street;
- Reducing the risk of others in the community (e.g. older people) feeling threatened by groups of young people ;hanging about';
- Providing information and support to families, especially at times of crisis.

***(b) Which aspects of the service model (if any) provided the greatest benefits? And why are these specific benefits especially important to the local community?***

The provision of diversionary activities within a safe and neutral venue where young people can access support and advice was thought to be key. It was thought that this benefits the community because it allows access to information and support as well as quick and efficient referral pathways. Consequently, the model helps resolves issues at the earliest possible stage.

***(c) Which aspects of the service model (if any) resulted in negative effects? Again, why are these negative effects so unhelpful in relation to the local community?***

A number of constraints to the model have already been cited above and, to avoid repetition, are not included here.

Beyond the issues already mentioned, those consulted considered that the following aspects of the model were a constraint:

- Insufficient staff – This had three effects:
    - It meant that there was not enough time to go out to community and make people know and understand what the OSS was about.
    - It constrained the expansion of the service to other areas where there was deemed to be need.

- There was an over-reliance on volunteers which put the amount and quality of service provision at risk.

- Insufficient support from PHA when under attack in media – This would have been valued when a specific OSS felt itself to be 'under attack' in the local media because of its sexual health clinic. Such support would also have been valued when other sensitive aspects of service provision enter the 'spotlight' e.g. LGBT.

**Perspectives on further points raised…**

***Role of PHA in 'supporting' OSS –*** *The above points suggest to SMR that it may be useful for PHA to reflect on what its role is in supporting OSSs with issues such as this if a regional service were to be established. For example, it may be that guidelines and protocols are agreed between the PHA and the OSSs regarding how projects handle the media.*

## PART 16 – YOUR VIEWS ON A REGIONAL SPECIFICATION

***Based on your experience of the One Stop Shop in operation in pilot form, which elements of the service model would you say:***

***Need to stay in***

- All of the elements that were deemed appropriate and effective. (See earlier)

***Need to drop out***

- Only those aspects that were considered inappropriate / ineffective (See earlier).

***Need to be added***

A number of suggestions were made, namely:

- Client tracking – Some way of monitoring the various elements of support a client received and having the capacity to link this to progress and outcome data.

- Local service directory – There is a need for the information on key service providers / sources of support to be collated and made accessible. Ideally in e-format / online.

- A budget for diversionary and social and recreational activities – It seems it is not feasible for the OSSs to support this on an ongoing basis without dedicated funds.

- A part-time mentor facility i.e. to provide further support to young people.
- Services to support LGBT Sexuality
- Service to support those bereaved through suicide
- How OSSs are to share information and experiences
- The role of PHA in supporting OSS e.g. media, Public relations, public communication.
- The relationship between the work of the OSS and Child Protection legislation.
- Support for staff dealing with complex / sensitive issues
- More flexibility with funding so it goes where it is needed.

**Perspectives on further points raised …**

**The need for a local service directory** – There is a need for the information on key service providers in the area. Some OSSs invested considerable resources at the outset creating these for their own areas. However, SMR considers that it is possible that economies of scale could be achieved via a centralised approach and therefore suggests that it may be in PHA's interest to explore this in the context of future OSSs

# 6 Focus Groups with Service Users

## 6.1 Design of Focus Groups and Profile of Participants

SMR conducted qualitative research in the form of 4 focus groups. These were carried out in March 2011. The focus groups were deliberately designed to seek views from a selection of young people who had used the OSSs.

Staff from the OSSs supported SMR in the set up of each of these groups. Each group was held in the offices of the respective OSS. However, mindful that the discussions were taking place in a group setting, (as opposed to a one-to-one interview), SMR indicated to each of the OSSs that such an approach would be "*more suited to young people who are using the service for less sensitive issues and who would feel comfortable in a group setting*".[50] Hence, with the consent of the Steering Group, SMR gave each OSS control over whom they considered was suitable (a) to be invited and (b) to take part in the group. The express intent of this was to ensure that no young person with a sensitive issue would be placed in a group situation where they might feel uncomfortable.

Throughout each focus group, at least one key worker (and sometimes two) was (were) in attendance as observers.

Using a **balanced incomplete block design approach,** SMR maximised the amount of comparative information that could be gleaned from this set of focus groups by ensuring that, as far as possible[51], the focus group participants overall were balanced across a range of key variables including:

- Gender;
- Age;
- Type of issue young people first sought support with; and,
- Approximate time of first contact with OSS.

The profile of the participants who took part in the focus groups is set out in the Table overleaf.

[50] Source: Methodology Section of SMR's proposal to PHA dated September 2010
[51] Bearing in mind that the final choice of participants was, for the reasons given above, made by the respective OSSs.

| Characteristic | TOTAL |
|---|---|
| | |
| **Gender** | |
| Male | 19 |
| Female | 19 |
| **Age Band** | |
| 11 - 15 | 14 |
| 16 - 20 | 23 |
| 21 - 25 | 1 |
| **Type of issue young people first sought support with[52]** | |
| Social / Recreational | 13 |
| Drugs and alcohol | 8 |
| Suicide and self harm | 4 |
| Mental health and well-being / Resilience | 3 |
| Coping with school / employment | 2 |
| Relationship issues | 2 |
| Sexual health | 1 |
| Other | 4 |
| *- Welfare / Legal* | 1 |
| *- Complementary therapies* | 1 |
| *- Exam pressure* | 1 |
| *- LGBT* | 3 |
| *- Alcohol abuse at home* | 3 |
| *- Sexual abuse* | 1 |
| *- ADHD* | 2 |
| **The quarter in which the focus group participants first made contact with OSS** | |
| January - March 2010 | 13 |
| April - June 2010 | 6 |
| July - September 2010 | 3 |
| October - December 2010 | 13 |
| January - March 2011 | 3 |
| April 2011 | 0 |

## 6.2 Themes Covered

The specific issues explored in the focus groups are set out in detail in Appendix C.

(NB: The questions re 'Before Coming to the OSS' were not asked as, on reflection, they were considered by some key workers to be inappropriate for discussion in a group setting).

Since there was a deliberate overlap in some of the questions asked in the discussion guide (e.g. between what sorts of things are helpful and what

[52] Note: Some young people presented with more than one issue

encourages use; and what sorts of things are unhelpful and what discourages use). Consequently, our analysis of the feedback is summarised under four main headings:

- **Part 1 – Is there a need for a OSS?**
- **Part 2 – What are the attractions / what encourages use?**
- **Part 3 – What are the downsides / what discourages use?**
- **Part 4 – Design your own OSS.**

## 6.3 Analysis of the Focus Groups

The themes emerging from each of the focus groups were very similar. Therefore, to avoid repetition, we have thematically analysed the qualitative feedback from all of the focus groups together. Where there were discernable differences in the feedback from any one group compared with another, these are highlighted in Section 6.4 below.

## 6.4 Findings from the Focus Groups

The findings from the focus groups are presented overleaf.

### PART 1 – IS THERE A NEED FOR A ONE STOP SHOP?

Participants were given a short hand out and then walked through a range of services for young people that the OSS provided, namely:

- ***Developing personal and social skills***
- ***Somewhere for young people to meet***
- ***Giving information and help with sexual health issues***
- ***Giving information and help with alcohol and drug issues***
- ***Preparing / helping young people to find employment***
- ***Preparing / helping young people to access training***
- ***Helping young people to live independently***
- ***Helping young people to develop learning skills***
- ***Helping young people to develop motivation skills***
- ***Giving information and help with mental health/emotional wellbeing issues***

They were then asked**:**

***Do you think the young people in this local area need these services?***

There was universal agreement that the services listed were needed in each area. In fact, a number of the young people perceived the services of the OSS as unique and indispensable in their locality:

- *"There is nothing else like it [the OSS] 'round here"*
- *"We [young people] need more services like this in [local area]… young people drink… there is nothing else to do [around here]"*

The contribution that the OSS was perceived to make terms of reducing young peoples' risk of harm was also cited:

- *"It's somewhere to meet… It saves them [young people] getting into bother"*
- *"It keeps you out of trouble"*
- *"It's the only place that has worked [for me]"*
- *"Perfect in every way!"*

Few specific reasons were put forward to justify the need for individual services. This may have been a function of the discussion taking place in a group and the attendant, and understandable, reticence about relating openly about a specific issue. Notwithstanding this, a range of general reasons for the ongoing need for OSS in each of the local areas were offered. These included:

- *"It's [the OSS] a safe place",* somewhere where young people feel comfortable;
- The usefulness and ease of access to important information, *"You get information and advice";*
- *"The [support for] employment and training is needed… not many jobs around [local area]… [the services] give you more of a chance of getting employment"*

The sense of empowerment, security and belonging were key factors in all of this,

- *"It boosts your confidence"*
- *"It opens doors for you… gain experience and qualifications"*
- *"It's confidential"*
- *"There's people you can talk to here [staff and friends]"*
- *"Friendly staff"; "They [the staff] help you out"; "You get support"*
- *"you make friends here"*
- *"It's a good release… always somebody to talk to"*
- *"It's comfortable… like a club"*
- *"It feels like we belong"*
- *"Don't feel left out… [the young person develops] a sense of security".*

***Beyond the services already listed, can you think of any other services a OSS might provide to young people in this local area?***

The young people consulted suggested that the following additional services would be beneficial:

- Health-related
  - Information on general physical health including:
    - How to include keeping physically fit into a young person's schedule;
    - How to know how physically fit one is / is not
  - Family health – physical and emotional
  - Contraception

- Life skills for example, 'How to be a mother'

- Emotional
  - Bereavement counselling

- Personal
  - Confidence building
  - Personal hygiene

- Non-academic skills, for example:
  - Martial arts
  - Learning to play a musical instrument

- Academic-related, for example:
  - Information on different universities, what they offer and how to apply

Rather than new services, some participants wished to see a greater emphasis on specific areas, that they considered would improve their future choices / opportunities in life, *"I wouldn't mind [more of] a push in the direction of training, employment and [academic] learning*".

## PART 2 – WHAT ARE THE ATTRACTIONS? / WHAT ENCOURAGES USE?

***Participants were asked to look back on how young people were treated when they came to the OSS, and describe the sorts of things that they had found helpful or comforting, and say why.***

It was clear from the feedback that the vast majority of those consulted felt a strong sense of belonging towards their respective OSS and, indeed, many wanted to strengthen their sense of connection to and ownership of the place still further (See later under 'Design your own OSS').

In terms of how young people perceived themselves to have been be treated by the OSS, the feedback was universally positive. (Any potentially negative comments related more to a desire to shape the service still further towards the preferences of young people, rather than there being an intrinsic flaw in the service itself. See comments later under 'Design Your Own OSS').

Overall, those consulted cited a range of factors that they had found helpful.

**It seemed that the social aspect of the service and the quality of the support from the staff were significant 'pull' factors for many. Being able to access support in a friendly, non judgemental environment, where they felt valued was key.**

- Informality

*"You can drop in anytime"*
*"It's quite informal… it's like talking to a mate…not a counsellor"*

- Consistency

*"They [the staff] are the same [each day] as they were in the first day… nice"*

- Opportunities to socialise in a variety of ways

*"Bands"*
*"Friday night entertainment"*
*"Drums [use of drum kit]"*
*"Pool table"*

- Opportunities to socialise with existing friends

*"It's a good place to meet"*
*"The banter… meet your friends"*
*"You can sit with your friends"*

- Opportunities to make new friends

*"Hang out and get to know people"*
*"You meet new people"*

- Opportunities to joint activities / projects / residentials with new and existing friends

*"I liked working together as a group"*
*"We got to go on a residential in Fermanagh… played Laser Tag"*

- Staff who were available, approachable, understood them and supported them:

*"[Key workers]… they're nice… easy to talk to"*
*"[Key workers] … really good to work with"*
*"[Key workers]… they are friendly… they listen"; "give you guidance"*
*"They [the staff] are a familiar face"*
*If you have a problem at home or at school, for example bullying, there are people [key workers] who can help you out"*
*"They don't judge you"*
*"There's always someone to talk to"*
*"You can get away and talk to someone if you're feeling down"*

- Opportunities to get issues addressed

*"Counselling"*
*"It gets you out of bother"*

- Opportunities to take on responsibility and build confidence

*"… [Key worker] asked me to volunteer [to help with the activities of the OSS]"*

*Opportunities to acquire knowledge about issues of interest to them*

*"You learned about suicide"*
*"It makes you more aware of issues [more compassionate]… more aware of what can go on in other peoples' lives [less judgemental]"*
*"There are leaflets with information and telephone numbers if you're not confident [to come into the OSS in person]"*
*"You get useful information"*
*"Getting different people in to talk about drugs"*
*"You learn about sexual health"*

- Opportunities to be involved in activities that interest them

*"There is always something to do… [e.g. workshop]"*

*Opportunities to influence what they learned about / got involved in and try things out at their own pace*

*"Relationships, suicide and self-harm… we [the young people] picked these to talk about [from a list]"*

*"[The therapist] came down to our youth club [outreach] to let us try out massages"*

*The existence of a young volunteer team*

*This was perceived as a strong positive message to anyone considering approaching the OSS for support, "They [the OSS] must be good if [young] people are willing to give up their own time [to help run activities]"*

*Safe environment – both emotionally and physically*

*"Get's people off the streets"*

- Good facilities

Those consulted commented positively on the cleanliness of the premises and how helpful it was to have access to, things like:
Up to date computer equipment
Hairdryers
Straighteners
Mirrors
Umbrellas

Better than on the street, *"It's warm in here… in winter… when it's cold outside"*

*"Comfy chairs"*

*"Food!", "free stuff [like…] tea, coffee and biccies"; "Hot chocolate!"*

A few commented specifically on the benefits of the complementary therapies, *"You can come in and get a massage"*

## PART 3 – WHAT ARE THE DOWNSIDES? / WHAT DISCOURAGES USE?

***Participants were also asked describe the sorts of things that, in general, put young people off coming forward for support.***

The responses suggested that social-emotional factors play a large part in a young person's reluctance to come forward, at least initially,

- *"No confidence… people putting you down at home"*
- *"Walking in and not knowing anyone"*
- *"Fear… afraid of what people might think"; "Will people laugh [at me]?"*
- *"Maybe scared of change… feel vulnerable"*
- *"Embarrassed"*
- *"When you're doing well and then you go on a bender… coming back can be tricky"*.

In addition, their own belief in (a) their capacity to change and (b) the skills / willingness of others to support them also appears to influence how readily a young person may come forward for support. In short, a feeling of hopelessness appears to be an impediment to seeking assistance,

- *"You [one] could have a bad attitude [i.e.] 'No-one can help [me]'"*.

A further fundamental factor is lack of awareness that support is actually available,

- *"I didn't know it [the OSS] existed"*

***Participants were also asked to look back on how young people were treated when they came to the OSS, and describe the sorts of things that they had found unhelpful / made them feel uncomfortable, and say why.***

The overwhelming view was that the OSS had provided very good services and it proved challenging for many participants to pin point aspects that had been not been helpful. Notwithstanding this, a number of aspects were identified. However, it is important to note that these related mainly to physical characteristics of the buildings, or service availability rather than any perceived deficit in the service or staff.

- Not enough space
  - *"You can't get in here in a Saturday night… like sardines";*
  - *"The fact that it is over-crowded at times could put some people off"*

- Limited opening hours
  - There were references to days and times when the OSS was closed.

- Other groups of young people
  - *"[It would put you off if]… other people you don't get on with being there [at the OSS]"*

- Perceived image
  - The perception that the OSS could be perceived – by those who use it and those who don't – as 'belonging' to a specific group of young people, could be a chill factor for some.

- Appointment times
  - One participant indicated that they would have preferred to have more notice, for example a week, re their appointment with a counsellor – *"one day [notice] was too short"*

- No smoking
  - The fact that the OSSs have 'No Smoking' policies was considered a negative factor by a few of those consulted.

- Building / facilities-related aspects (Enniskillen only)
  - For example:
    - Desire for sound proofing of band practice area
    - Better lighting in some parts of the building, considered *"too dark… some bulbs not on"*
    - *"Piano is out of tune"*
    - *"Snooker table is bent"*

- Working relationship with the police (Banbridge only)
  - From time to time, the police are involved in joint projects with the OSSs. A few of those consulted felt that the fact that presence of the police, for whatever reason, could be off-putting for some young people.

## PART 4 – DESIGN YOUR OWN OSS

**Participants were invited to imagine that *they* were in charge of their OSS i.e. providing support for young people who found themselves in situations like their own. They were then asked to consider what more their OSS do to support those young people. The responses to this were similar to the responses given to the question, 'How could the OSS encourage even more young people to come in'. Hence, the responses to both these questions were analysed together.**

The suggestions put forward were as follows.

- **Physical**

  The most frequently cited points were:

  - Have more space specifically for social activities. (Note: Some of the participants specifically preferred socialising in one space and accessing support in a different one. However, without a poll on this, it was not possible to tell what the majority view was).
  - Have more colour brighter colours on the walls – *"something bright… luminous", "Have the walls decorated by young people"*
  - Allow young people to bring in, store and cook their own food in the OSS – *"Have fridges… a microwave… a kitchen"*

  The following items were mentioned in at least one of the groups:

  - Have specific facilities for physical exercise / stress relief e.g. "Have a gym"; "Swimming pool"; "Have a stress-relief room"
  - *"Have [a number of] different entrances"* in case the young person wishing to go in feels intimidated by others at the main entrance.
  - "Have flowers" inside the OSS.

- **Social**

  The most frequently cited points were:

  - Be open on more nights of the week
  - *"Have more social events… outside this room [the social area]… [for example]… a fun day"; "Have more trips… residentials"*
  - *"Have more music"*[53]
  - *"Have a Glee club [singling club]"*

[53] However, it was also noted that music could, potentially, be divisive where the preferences of the young people conflicted.

The following items were mentioned in at least one of the groups:

- *"Have a drop-in … like a youth club... where you can get a cup of tea.. a quiet room… a Zen room… relaxing room"*
- *"Have a game console… X-Box"*
- Repair anything that was an impediment to full enjoyment / use of a potential asset (e.g. get piano tuned, repair the pool table).
- *"Have more sofas"* to encourage informal conversations
- Make sure that *"plenty of women"* attend the OSS
- *"Have a night club"*
- Have a specific OSS garment e.g. a T-shirt or a hoodie and give it away free. It was thought this would generate good will, promote bonding and raise publicity. It was a clear sign of the young people's desire to be associated with the OSS publicly.

- **Service-related**

The most frequently cited points were:

- *"Have more staff… [OSS] need extra staff if someone needs help". "Always have someone [staff member] there* [for counselling]" rather than only staff available at specific times during opening hours.
- Be more youth led
  - *"Have a Youth Committee and let it make decisions [on a wide range of issues] including staffing"*
  - *"Be more youth-run… have a Committee"*
- Use IT to provide more information – It was suggested that OSS have a means whereby a young person could put their query into a search engine and appropriate information on their issue would come back. It was felt that this would be highly beneficial for some young people who did not, at that point, have the confidence to come to the OSS in person. More use of Facebook to promote the OSS was also mentioned.

The following items were mentioned in at least one of the groups:

- Try to ensure there is at least one familiar face when the young person comes to the OSS for the first time (i.e. build relationships outside the OSS)
- Maintain the continuity of relationship with young people – *"Have the same people [staff]… they listen… they understand... give you good advice". Others reinforced this,*

- Show that positive results are possible – Some of those consulted considered that it would be very powerful to share with young people (who were new to the OSS) anonymised case studies (prepared by other service users) that described the 'journey' of a young person who had been in a similar situation and who had, with support from the OSS, turned things around for themselves.

- Ensure that contact with the young person needing support is maintained even after they have 'completed' a programme of support at the OSS. This 'after-care' appeared to very important to some of the young people consulted. They valued the sense of connection with the OSS and the fact that someone was actively interested in their well-being.

- Have a hot line manned 24/7 in case a young person needs to speak to someone outside of opening hours.

- Make sure there is *"peer mentoring… we [young people] would pick up when someone was in need [of support]"* – could encourage the person to access the services of the OSS.

- Have more outreach activities to support those unable to travel to the OSS as well as *"those [in the local area] who haven't come in [to the OSS] yet"*.

- Have more non-verbal initiatives where young people could use metaphors and symbols to describe how they were feeling – *"Less talking… [for example] more painting"*

- *"Have smaller groups of people getting together to do group work"*, rather than large groups. Was thought to help forge closer links between people and provide stronger support.

- Be aware that some young people prefer a more structured approach on occasions*, "I would like a wee bit less mucking about [informality / lack of structure] at times"*

- Provide more support with the OSS to help young people acquire specific skills academic or otherwise, *"have arts or sports lessons… [provide] tutoring for school subjects"*

- Consider age-specific spaces, *"Have [a dedicated, separate] space for the over 18s'… have the younger ones [somewhere else]"*

- Have the capacity (staff / resources etc) to respond to local events e.g. provide counselling support immediately a suicide.

- **Family**

  This point was raised in most of the groups:

  - Involve parents more (?)– It was suggested that the OSS could benefit from hosting a *"Bring your parent day!"*. There was a view among some young people that parents (and families) were often not aware of what went on within the OSS, and consequently, remained unengaged with it. There was a perception that parental engagement would increase if awareness improved, *"[OSS should] …make more of a connection with patents. If they knew what we did, they'd get more involved"*. However, some young people felt that it would 'ruin it' if their parents / family came. It seems they enjoyed the autonomy of the OSS and wanted to protect this.

- **Promote awareness of the OSS**

  These points were raised in most groups:

  - Do more awareness raising in schools – "The project could 'round schools and get [encourage] people to try it", for example via the use of 'Taster sessions; "Let the people [staff and young people] who go to [OSS] say what it's like… in schools". Allied to this was the need to emphasise the confidential nature of the support services offered.

  - Promote the OSSs via a leaflet locally, *"Put it [the leaflet] in shops…"*

  - *"Use Facebook to tell people"*.

  The following items were mentioned in at least one of the groups:

  - "Make the logo brighter… make it more noticeable"

  - "The leaflet should give more information on what [the OSS] actually does"

  - "Have a mascot" to promote awareness of the OSS.

- **Provide an incentive for new young people to attend**

  This point was raised in half of the groups:

  - Incentive - It was suggested that it would be helpful to provide an incentive to encourage more young people to attend, for example, free access to entertainment. This way, those who were interested could explore the OSS without cost.

- **Change the branding**

  This point was raised in one group only (Bangor):

  - For some the full name of the OSS was a chill factor. It was felt that whilst the abbreviation 'FASA'[54] was acceptable – especially if the signage was small and discrete. However, it was felt that having 'Forum Against Substance Abuse' in full above the door was off-putting. There was a concern that if the young person's friends / family saw them going into this particular OSS that they might think 'Are you suicidal?"

[54] Reasoning of one participant, "Noboby knows what 'FASA' is… you could just make something up"

# 7 Survey of Service Users

## 7.1 Overview

This section of the report presents the findings from a survey of users of organisations providing One Stop Shop services. Each of the pilot providers supported the survey by distributing the questionnaire to anyone who used their service over a two week period.

Respondents were given a freepost envelope with the questionnaire and given the option of either leaving their sealed envelope (containing their completed questionnaire) for the service provider to post to SMR, or to mail their completed questionnaire to SMR independently.

The survey sought to elicit user experience of the service provided, as well as awareness of the one stop shop service being offered by the organisations. A total of 163 users participated in the survey.

## 7.2 Sample Profile

The following table presents a profile of the sample from the user survey.

Table 7.1: Sample Profile

| | | % | n |
|---|---|---|---|
| Age[55] | 11 | 4 | 7 |
| | 12 | 9 | 14 |
| | 13 | 6 | 10 |
| | 14 | 12 | 19 |
| | 15 | 16 | 26 |
| | 16 | 13 | 21 |
| | 17 | 12 | 19 |
| | 18+ | 28 | 46 |
| Sex | Male | 45 | 73 |
| | Female | 55 | 90 |
| Status | Attend School | 64 | 104 |
| | Attend FE college | 15 | 25 |
| | Training | 8 | 13 |
| | University | 1 | 1 |
| | Working full time | 3 | 4 |
| | Other | 10 | 16 |
| Location | City | 4 | 7 |
| | Large Town | 36 | 58 |
| | Suburbs | 3 | 4 |
| | Small Town | 24 | 39 |
| | Village | 22 | 35 |
| | Country | 12 | 20 |
| Area | North Down & Ards | 22 | 36 |
| | Enniskillen / Fermanagh | 29 | 48 |
| | Banbridge / Kilkeel/ Dromore Area | 28 | 46 |
| | Carrickfergus / East Antrim | 20 | 33 |
| | | | |

[55] One case missing

Analysis by provider organisation shows significant differences in user profile by sex, age and status, with Bangor and Enniskillen users predominantly male and Banbridge and Carrickfergus users predominantly female.

With respect to age, the majority of Enniskillen and Carrickfergus users are younger (aged 11-15) whereas users of the Enniskillen and Carrickfergus pilots are more likely to be older (aged 16+).

Also in terms of status, the vast majority of Enniskillen and Carrickfergus users attend school, whereas the opposite is the case for Bangor and Banbridge.

Table 7.2: User Sample Profile by Organisation

| | | Bangor | Enniskillen | Banbridge | Carrickfergus | All |
|---|---|---|---|---|---|---|
| | | % | % | % | % | % |
| Sex*** | Male | 67 | 56 | 30 | 24 | 45 |
| | Female | 33 | 44 | 70 | 66 | 55 |
| | | | | | | |
| Age*** | 11-15 | 26 | 65 | 22 | 79 | 47 |
| | 16-17 | 31 | 33 | 20 | 12 | 25 |
| | 18+ | 43 | 2 | 59 | 9 | 28 |
| | | | | | | |
| Status*** | School | 42 | 83 | 44 | 88 | 64 |
| | FE College | 14 | 13 | 30 | - | 15 |
| | Other | 44 | 2 | 26 | 12 | 21 |

## 7.3 Awareness of One Stop Shop Provider Organisation

Among all service users, friends (41%) and teachers / nurses at school (20%) were the main ways in which users found out about the different provider organisations. There were a number of statistically significant differences and these are marked with asterisk.

Table 7.3: Source of Awareness of Different Support Services Provided

| | Bangor | Enniskillen | Banbridge | Carrickfergus | ALL |
|---|---|---|---|---|---|
| | % | % | % | % | % |
| Friend*** | 40 | 95 | 13 | 9 | 41 |
| Teacher or nurse at School*** | - | - | 60 | 9 | 20 |
| Parent | 15 | 3 | 5 | 9 | 7 |
| Poster / Leaflet in school | 3 | 5 | 11 | 6 | 7 |
| Dr / other health professionals*** | 24 | 3 | - | - | 7 |
| Brother / Sister | 2 | 10 | 7 | 3 | 6 |
| Poster / Leaflet outside school | 6 | 5 | 2 | - | 3 |
| Social Networking Sites | 3 | 5 | - | - | 2 |
| Newspaper | 3 | - | - | - | 1 |
| Radio | 3 | - | - | - | 1 |
| Other | 9 | 3 | 2 | 6 | 5 |
| Base (n) | 36 | 48 | 46 | 33 | 163 |

## 7.4 Frequency of Visits to One Stop Shop Provider Organisations

A significant minority (44%) of users had visited service provider organisations on more than 10 occasions, with 16% first time visitors.

The overwhelming majority of Enniskillen user had visited the service on 10 or more occasions, with this less likely (16%) to be the case among Banbridge users who were more likely to be first time visitors (44%, p<=0.001).

Male service users reported a higher frequency of use, with more than half (58%) having visited on 10 or more occasions compared with females (32%, p<=0.001). Those aged 18+ were less likely to have made more than 10 visits (27%, p<=0.001) compared with other user age groups (11-15, 48%: 16-17, 55%).

Table 7.4: How many times have you visited…?

| | Bangor | Enniskillen | Banbridge | Carrickfergus | ALL |
|---|---|---|---|---|---|
| | % | % | % | % | % |
| First visit | 8 | 4 | 44 | 3 | 16 |
| Once before | 11 | - | 18 | 3 | 8 |
| 2- 3 times | 19 | 6 | 11 | 6 | 11 |
| 4-5 times | 17 | 6 | 2 | 12 | 9 |
| 6-10 times | 8 | 2 | 9 | 39 | 13 |
| More than 10 times | 36 | 81 | 16 | 36 | 44 |
| Base (n) | 36 | 47 | 44 | 33 | 161 |

## 7.5 Reasons for Using Services

Seeking advice on alcohol issues (30%) is the most common reason why users visit the various organisations, with 24% doing so to build confidence and self-esteem. Conversely, just 7% of users cited employment / training as a reason for visiting the organisations.

Analysis by organisation found a number of differences in the reasons for visiting, with Bangor users more likely to cited advice regarding alcohol and drug misuse as reasons for visiting, whereas visitors to the Enniskillen pilot were more likely to identify building confidence and self–esteem, coping with school, counselling, sexual health advice and employment and training as reasons for visiting.

Table 7.5: Reasons for Using Services

| | Bangor | Enniskillen | Banbridge | Carrickfergus | ALL |
|---|---|---|---|---|---|
| | % | % | % | % | % |
| Advice regarding alcohol misuse?* | 64 | 19 | 33 | 6 | 30 |
| Building confidence / self esteem? | 25 | 35 | 17 | 15 | 24 |
| Depression / feeling down?* | 39 | 19 | 11 | 21 | 22 |
| Coping with school?* | 14 | 29 | 9 | 12 | 17 |
| Drugs misuse?* | 42 | 13 | 11 | 6 | 17 |
| Counselling? | 25 | 21 | 4 | 15 | 16 |
| Relationship advice?* | 8 | 21 | 4 | 33 | 16 |
| Suicide / self harm advice?* | 19 | 8 | 7 | 27 | 14 |
| Sexual health advice?* | 3 | 21 | 7 | - | 9 |
| Employment / training? | 14 | 10 | 4 | - | 7 |
| Any other Issue | 11 | 27 | 37 | 30 | 27 |
| Base (n) *denotes statistically sig. | 36 | 48 | 46 | 33 | 163 |

In terms of gender, males (26% vs. 10%, p<=0.01) are more likely to visit the organisations for issues associated with drug misuse, with females more likely to present for issues associated with suicide and self-harm (20% vs. 7%, p<=0.05).

To get advice on alcohol issues is a reason for visiting for most users aged 18+ (11-15, 17%: 16-17, 33%: 18+, 50%, p<=0.001), whereas younger users (11-15, 8%) are less likely to visit for counselling services (16-17, 28%: 18+, 20%, p<=0.001) as well as drug misuse (11-15, 5%: 16-17, 23%: 18+, 33%, p<=0.001). Sexual health advice was more likely to be cited as a reason for visiting among 16-17 year olds (11-15, 7%: 16-17, 20%: 18+, 2%, p<=0.001).

Those attending school were less likely to present for advice on alcohol issues (school, 22%: FE College, 48%: other, 41%, p<=0.01, with those attending school more likely to present for help and support relating to coping with school (school, 23%: FE College, 8%: other, 3%, p<=0.01). Advice on drugs misuse was more likely to be listed as a reason for service use among those not attending either school or FE Colleges (school, 11%: FE College, 12%: other, 41%, p<=0.001), with this group also more likely to present for support relating to employment and training (school, 5%: FE College, 0%: other, 21%, p<=0.01).

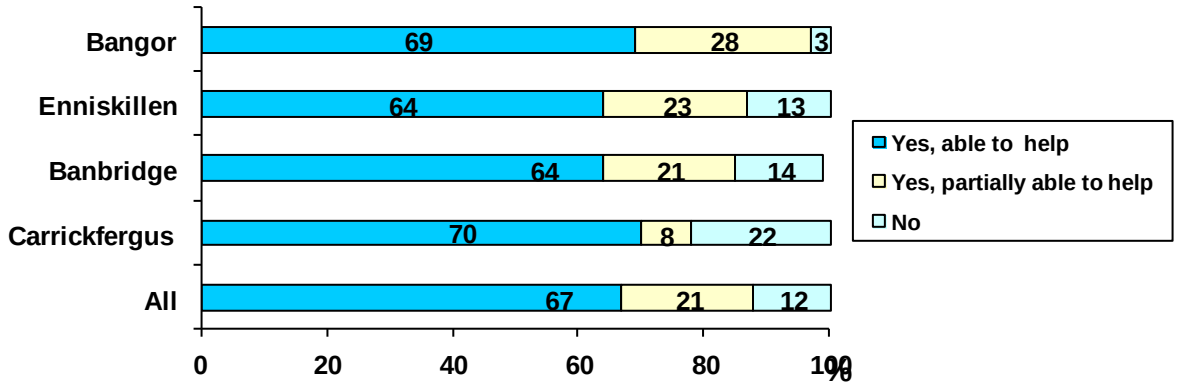
The most popular reason why users had visited the service provider organisation was to either go with or meet their friends / peers (24%), with 21% going to get support / advice.

| Table 7.6: Main reason why visited Provider rather than going somewhere else? (n=97) | |
|---|---|
| | % |
| My peers go/meet with friends | 24 |
| To get support/advice | 21 |
| Staff friendly - easy to talk to/want to help | 12 |
| Really nice place to go | 9 |
| Referral | 7 |
| School related | 7 |
| To meet new people | 5 |
| To find support locally | 5 |
| Good word about it in the area | 4 |
| Self harm | 2 |
| Other places didn't work | 2 |
| Word of mouth | 1 |

## 7.6 Resolving Problems

Among all service users, 88% said the organisation had been able to help when they presented with a problem (67% able to help fully and 21% able to help partially). There was no significant difference in outcome by organisation or by user age, gender or status.

**Figure 7.1: Was service provider able to help sort out your problem? (n=144)**




Users were generally positive about their experience of service providers, with 98% agreeing that staff treated them with respect, 93% agreeing that the service is young people friendly and 90% agreeing that staff understood their issues. Although the majority (53%) of users agreed that they had nowhere else to turn to, 18% disagreed.

Younger respondents were less likely to agree that they had nowhere else to turn to (11-15, 41%: 16-17, 74%: 18+, 53%, p<=0.001). Service users in Carrickfergus were less likely to say that they had nowhere else to turn to (30%) compared with others (Bangor, 63%: Enniskillen, 63%: Banbridge, 49%, p<0.001).

Table 7.7: Views on Service Provided (n=148)

| | Agree | Neither | Disagree | Don't Know |
|---|---|---|---|---|
| | % | % | % | % |
| Staff treated me with respect | 98 | 1 | - | 1 |
| The service is young people friendly | 93 | 5 | 1 | 2 |
| Staff understood my issues | 90 | 5 | - | 6 |
| Staff direct me to right source of info / help | 89 | 3 | 1 | 7 |
| I was glad that I came to here | 84 | 5 | 2 | 9 |
| My case was handled confidentially | 84 | 9 | 1 | 6 |
| Seeking help has helped me with other issues | 76 | 13 | 4 | 8 |
| I really had nowhere else to turn | 53 | 21 | 18 | 9 |

## 7.7 Aware that Service Provider is a One Stop Shop

The vast majority (91%) of service users are aware that their respective service provider organisation provides a one stop shop on behalf of the Department of Health, with no variation in awareness levels by user age, gender, status or service provider used.

## 7.8 Reason for Visiting One Stop Shop

Meeting and socialising with friends (50%) is the most popular reason for visiting the one stop shops, with seeking information or advice on an alcohol issue cited by 23% of service users.

Meeting friends / socialising was more likely to be listed as a reason for visiting by Enniskillen service users (94%, p<=0.001) compared with other users, with greater proportions of Bangor users more likely to have visited to seek information or help with a drugs issue (31%) and for issues related to feeling down or depressed (25%).

Getting support with relationships was more likely to be cited by Carrickfergus users (27%). Males were more likely to use the service to get information on housing (6% vs. 0%, p<=0.05), a well as support regarding an employment problem (8% vs. 1%, p<=0.001).

With regard to age, visiting the service to socialise and meet friends was more likely to be listed as a reason for younger users (11-15, 68%: 16-17, 53%: 18+, 17%, p<=0.001), whereas getting help with an alcohol issue was more likely to be cited by older service users (11-15, 8%: 16-17, 20%: 18+, 52%, p<=0.001), with the same pattern evident in relation to drugs issues (11-15, 1%: 16-17, 18%: 18+, 26%, p<=0.001).

Table 7.8: Reasons for Visiting on Day of Interview (n=163)

| | Bangor | Enniskillen | Banbridge | Carrickfergus | ALL |
|---|---|---|---|---|---|
| | % | % | % | % | % |
| Just to meet friends/socialise*** | 19 | 94 | 26 | 52 | 50 |
| Wanted info/help with Alcohol issue*** | 44 | 4 | 41 | 3 | 23 |
| Just called in to check it out | 14 | 17 | 13 | 15 | 15 |
| Wanted info/help with Drugs issue** | 31 | 4 | 11 | 6 | 13 |
| Relationship information/advice/support* | 17 | 6 | 4 | 27 | 12 |
| Wanted information/help for friend / relative | 17 | 6 | 11 | 15 | 12 |
| I was feeling down and depressed** | 25 | 8 | - | 12 | 10 |
| Sexual health information/advice/support | 8 | 6 | 4 | 9 | 7 |
| Employment problem | 11 | 4 | 2 | - | 4 |
| Housing information/advice/support | 8 | 2 | - | - | 3 |
| Debt information/advice/support | 8 | 2 | - | - | 3 |
| Base (n) | 36 | 48 | 46 | 33 | 163 |

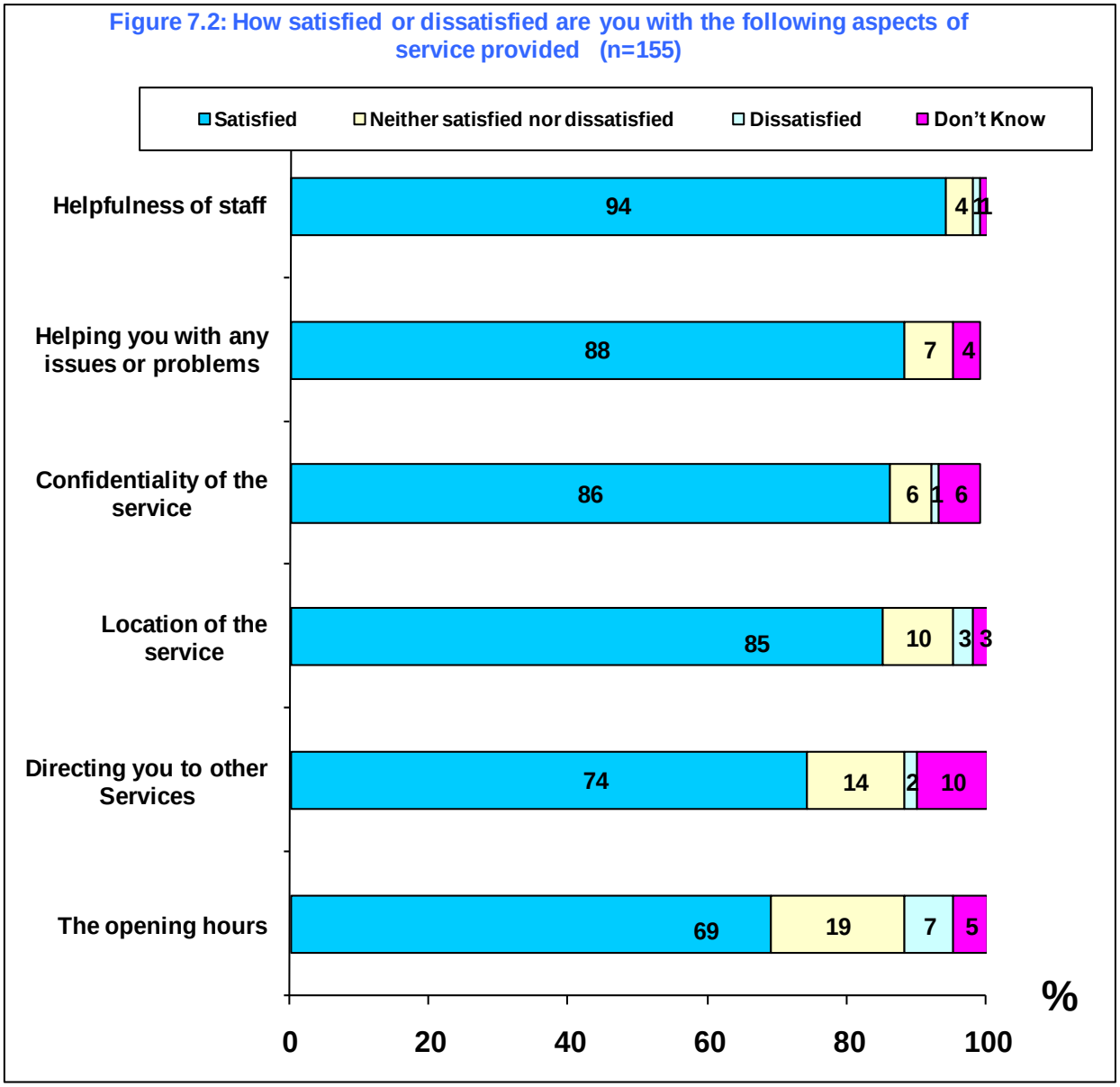
## 7.9 Satisfaction with Aspects of Service

Users reported a high level of satisfaction with the helpfulness of staff (94%), help with issues or problems (88%), confidentiality of the service (86%) and service location (85%). The lowest level of satisfaction, albeit still a majority (69%), was recorded for opening hours.

One in ten (10%, p<=0.05) younger respondents (aged 11-15) were dissatisfied with help with issues or problems compared with no users in other age groups, with a lower level of satisfaction among school pupils (60%) for service opening hours (FE College, 80%: others, 88%, p<=0.05).

Analysis by service provider found a lower level of satisfaction among Enniskillen service users (74%) with helping with problems or issues (Bangor, 97%: Banbridge, 94%: Carrickfergus, 94%, p<=0.05).

**Figure 7.2: How satisfied or dissatisfied are you with the following aspects of service provided (n=155)**



## 7.10 Future Use of Services

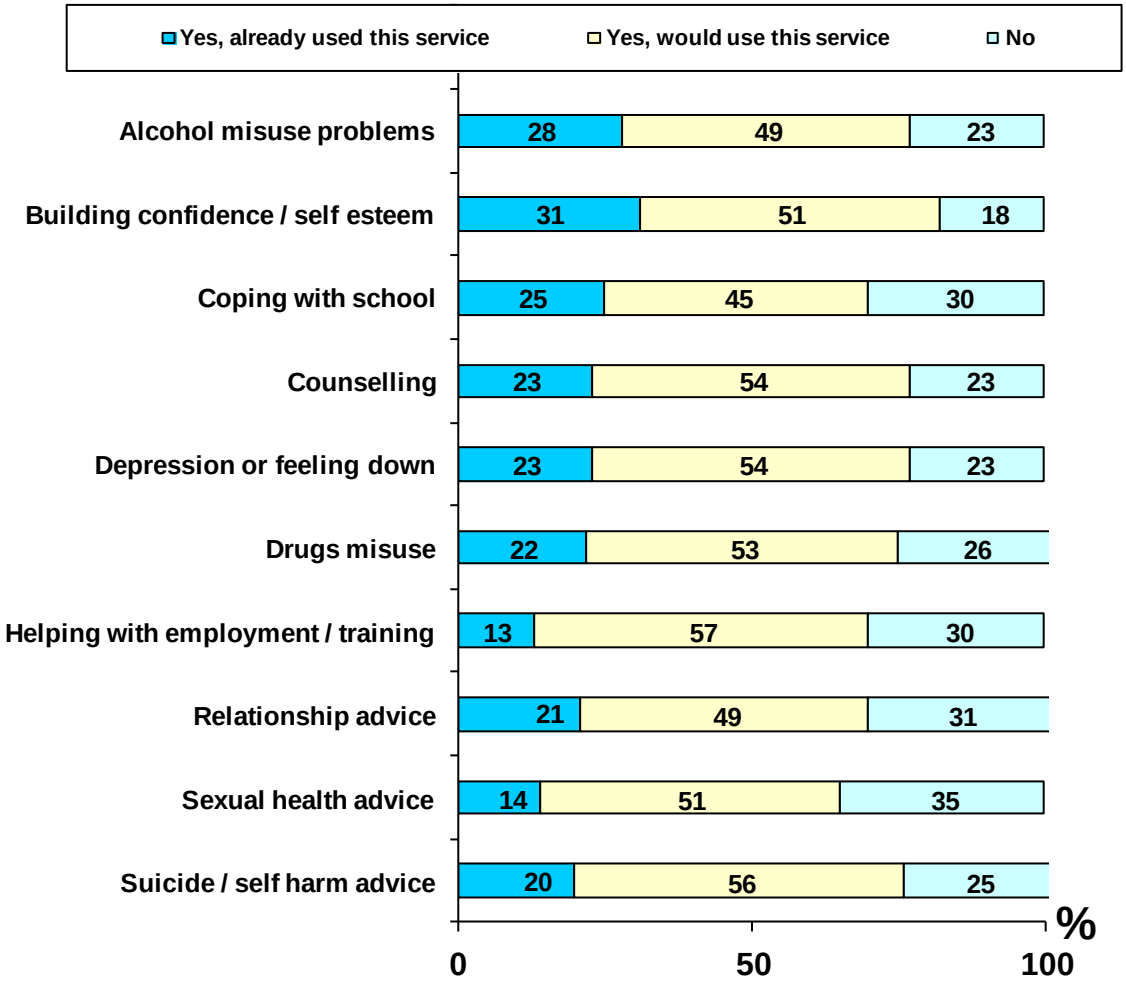
The majority of all service users said they have either used, or would use, each of the services listed in the survey questionnaire. Almost one third (31%) of all users have already used services aimed at building confidence and self-esteem, with 28% having used services relating to alcohol misuse.

Service users aged 18+ were more likely to say that they had, and would in the future, use service providers for alcohol misuse problems (11-15, 67%: 16-17, 78%: 18+, 94%, p<=0.01), with a similar pattern of response in relation to counselling (11-15, 68%: 16-17, 75%: 18+, 94%, p<=0.01), depression or feeling down (11-15, 67%: 16-17, 88%: 18+, 87%, p<=0.01), drugs misuse (11-15, 63%: 16-17, 78%: 18+, 91%, p<=0.01), help with employment and training (11-15, 61%: 16-17, 73%: 18+, 85%, p<=0.05), and suicide and self harm (11-15, 66%: 16-17, 80%: 18+, 89%, p<=0.05).

Analysis by service provider found that

- Bangor (89%) and Banbridge (96%) users were more likely to say they would use these services in the future for alcohol misuse problems (Enniskillen, 65%: Carrickfergus, 55%, p<=0.001);
- Bangor (89%) and Banbridge (94%) users were more likely to say they would use these services in the future for building confidence and self-esteem (Enniskillen, 73%: Carrickfergus, 73%, p<=0.05);
- Banbridge (96%) users were more likely to say they would use these services in the future for counselling (Bangor, 75%: Enniskillen, 73%: Carrickfergus, 73%, p<=0.05);
- Bangor (86%) and Banbridge (94%) users were more likely to say they would use these services in the future for building confidence and self-esteem (Enniskillen, 73%: Carrickfergus, 52%, p<=0.001);
- Bangor (89%) and Banbridge (94%) users were more likely to say they would use these services in the future for drugs misuse issues (Enniskillen, 63%: Carrickfergus, 49%, p<=0.001);
- Banbridge (91%) users were more likely to say they would use these services in the future for help with employment and training (Bangor, 75%: Enniskillen, 58%: Carrickfergus, 52%, p<=0.001);
- Banbridge (85%) users were more likely to say they would use these services in the future for help with relationships (Bangor, 72%: Enniskillen, 58%: Carrickfergus, 61%, p<=0.05);
- Banbridge (87%) users were more likely to say they would use these services in the future for help with sexual health (Bangor, 67%: Enniskillen, 56%: Carrickfergus, 46%, p<=0.001);
- Banbridge (96%) users were more likely to say they would use these services in the future for issues associated with suicide and self harm (Bangor, 78%: Enniskillen, 67%: Carrickfergus, 58%, p<=0.001);

**Figure 7.3: If you needed support with any of the following, would you in the future or have you already come to the service provider for it? (n=163)**



## 7.11 Impact of Service

The following table shows that the vast majority of service users reported a positive impact of using the services: improved confidence (94%); improved self-esteem (93%); understanding the implications of your actions (89%); and, improved your awareness of health services (92%).

| Table 7.9: Self Reported Impact of Service (n=152) | | | |
|---|---|---|---|
| | Helped a lot | Helped a little | No, not helped |
| | % | % | % |
| Improve your confidence | 58 | 36 | 7 |
| Improve your self esteem | 60 | 33 | 8 |
| Understand the implications of your actions | 63 | 26 | 11 |
| Improved your awareness of health services | 64 | 28 | 11 |

Service users were provided with an opportunity to say why the service had been helpful to them. Among those who responded to this question (n=115), 30% said that staff understood them, with 27% saying they had been helped to deal with their problems and learn new skills.

| Table7.10: If the service has been helpful in respect of any of the above, please say why (n=115) | |
|---|---|
| | % |
| Staff understood & friendly | 30 |
| Helped me deal with my problems/learn new skills | 27 |
| Helped with Self confidence | 20 |
| Meet new people | 7 |
| Spend time with my friends/hang out | 7 |
| Somewhere to turn to | 5 |
| Improved awareness of alcohol | 5 |
| Listen in confidence | 3 |
| Don't know | 4 |

In terms of other benefits associated with using the service, 33% pointed to meeting friends / socialising with 32% saying that the service is somewhere to go for help, advice or support.

| Table 7.11 Please list any other benefits of using the service provided (n=108) | |
|---|---|
| | % |
| Meet friends/socialise | 33 |
| Somewhere to go for help/advice/support | 32 |
| Referral | 28 |
| Good facilities available | 28 |
| Make new friends | 26 |
| Friendly staff who listen | 23 |
| Helped to talk about my problems | 20 |
| Improved self confidence | 16 |
| Word of mouth | 10 |
| Close to home | 3 |

Of the 13 respondents who listed 'downsides' to the service provided, limited opening hours was mentioned by 4 respondents, with 2 respondents listing distance to the service, 2 said they were uncomfortable with the topics discussed with 2 mentioning the way people mixed or got on with each other.

| Table 7.12 B14. Please say if there have there been any downsides to using the services (n=13) | |
|---|---|
| | % |
| Limited opening hours | 31 |
| Too far away | 15 |
| Uncomfortable with topics discussed | 15 |
| The way people mixed/got on together | 15 |
| Abuse from people for using service | 8 |
| Facilities could be improved | 8 |
| Privacy | 8 |

## 7.12 Recommend Others Use Service

All users said they would recommend their respective organisation to others, with almost all (98%) of the view that young people in their area need a 'One Stop Shop' service.

## 7.13 Likelihood of Using One Stop Shop Services

The majority of service users said they would be likely to use a one stop shop for all of the issues listed in Table 7.13. There were no statistically significant differences in relation to service user age or gender.

| Table 7.13: Likelihood of Using One Stop Shop Services for Different Services | |
|---|---|
| | Likely |
| | % |
| Building confidence / self esteem | 83 |
| Depression or feeling down | 78 |
| Helping with employment / training | 77 |
| Suicide / self harm advice | 76 |
| Alcohol misuse | 74 |
| Drugs misuse | 74 |
| Counselling | 73 |
| Coping with school | 72 |
| Sexual health advice | 71 |
| Relationship advice | 67 |

## 7.14 Service User Views on Services

Service users were advised that the 'One Stop Shop' service exists to help and support young people on a range of issues. In response, 80% of service users said that a 'One Stop Shop' should provide information and help with alcohol and drug issues, with the same number saying that the service should provide information and help with mental health/emotional wellbeing issues. Conversely, 62% believe that a 'One Stop Shop' should provide help and support for young people to access training.

Older service users (aged 18+, 94%) were more likely to say that a 'One Stop Shop' service should provide information and help with alcohol and drugs issues (aged 11-15, 72%: 16-17, 78%, p<=0.05). There were no other differences by age or gender.

Table 7.14: In your view which of the following services do you feel a 'One Stop Shop' should provide for people in your age group?

| | % |
|---|---|
| Giving information and help with alcohol and drug issues | 80 |
| Giving information and help with mental health/emotional wellbeing issues | 80 |
| Somewhere for young people to meet | 76 |
| Developing personal and social skills | 75 |
| Giving information and help with sexual health issues | 71 |
| Preparing / helping young people to find employment | 68 |
| Helping young people to develop motivation skills | 68 |
| Helping young people to live independently | 65 |
| Helping young people to develop learning skills | 64 |
| Preparing / helping young people to access training | 62 |

Of the services users believe a 'One Stop Shop' should provide, 43% believe that developing personal and social skills is the most important, with 22% saying that providing somewhere for young people to meet is the most important service.

Males (25% vs. 19%) were more likely to identify somewhere to meet as being the most important service whereas females were more likely to identify providing information on sexual health issues as important (14% vs. 0%, p<=0.05). There was no variation in response by age.

Table 7.15: Service User View on Most Important Service One-Stop-Shop Should Provide

| | % |
|---|---|
| Developing personal and social skills | 43 |
| Provides somewhere for young people to meet | 22 |
| Giving information and help with alcohol and drug issues | 16 |
| Giving information and help with sexual health issues | 8 |
| Giving information and help with mental health/emotional wellbeing issues | 5 |
| Preparing / helping young people to find employment | 3 |
| Helping young people to develop learning skills | 3 |
| Helping young people to develop motivation skills | 2 |

When given the opportunity to identify other services which a 'one-stop-shop' should provide, 73% said somewhere to get information, advice and support, with 24% mentioning somewhere for young people to go and / or socialize.

| Table 7.16 If you were to list 2 other services which a 'One Stop Shop' should provide for people in your age group, what would these be? (Please list the most important first) (n=72) | |
|---|---|
| | % |
| Somewhere to get info/advice/support | 73 |
| Somewhere to go/socialise | 24 |
| Learn new skills | 21 |
| More events/ activities. Improve service | 19 |
| Meet new people/peers | 7 |
| Xbox / PS3 | 6 |
| Workshops | 1 |

Of those who suggested (n=119) things which would encourage young people to use a one-stop-shop service, friendly and helpful staff was cited by 18%, with the availability of good facilities cited by 17% and somewhere to go / something to do cited by 13% of respondents.

| Table 7.17 What single thing do you think would **encourage** young people to use a 'One Stop Shop' service in your area? (n=109) | |
|---|---|
| | % |
| Friendly, helpful staff | 18 |
| Good facilities available | 17 |
| Somewhere to go and something to do | 13 |
| Help to deal with my issues | 9 |
| Promotion of service better | 8 |
| Confidential | 6 |
| Someone to listen to me | 5 |
| Useful info/learn about new issues | 5 |
| Meet new people | 4 |
| Word of mouth | 3 |
| Workshops | 3 |
| Longer opening hours | 3 |
| If peers use it/meet friends there | 3 |
| talk to schools about it | 2 |

Overall 88 service users listed things which they believe would discourage people from using the service of a 'One-Stop-Shop', with unhelpful / unfriendly staff mentioned by 15%, and other people's perceptions of who uses the service also mentioned by 15% of respondents.

| Table 7.18 What single thing do you think would **discourage** young people from using a 'One Stop Shop' service in your area? (n=88) | |
|---|---|
| | % |
| Unhelpful/unfriendly staff | 15 |
| Other People's perceptions of the service & who already use it | 15 |
| Embarrassed/Uncomfortable | 14 |
| Lack of Confidentiality | 8 |
| Stigma | 7 |
| Older people/age limit | 5 |
| Transport to it/location | 4 |
| Having to pay for it | 4 |
| Opening hours not suitable | 3 |
| Not knowing of it in the area | 3 |
| Not having a solution to my problems | 3 |
| Too strict & too many rules | 2 |
| Being pressured to do something there | 2 |
| Not knowing anyone else using the service | 1 |
| Not a fun place to go to/negative attitude of the place | 1 |
| Overcrowded | 1 |

## 7.15 Preferred Opening Times

Among all service users, 44% preferred opening times between 9am – 5pm, with 37% preferring evening opening times (5pm-10pm). Daytime opening was more likely to be favoured by older service users (aged 18+, 59%) compared with other age groups (39%).

| Table 7.19: Thinking about the opening times of a 'One Stop Shop' service, which times do you feel would best suit people in your age group? (n=158) | |
|---|---|
| | % |
| During the day: 9am – 5pm | 44 |
| Evening: 5pm-10pm | 37 |
| Weekends: Saturday & Sunday 9am – 1pm | 9 |
| Other | 3 |
| Don't Know | 7 |

## 7.16 Using the Services of a 'One-Stop-Shop'

Three out of four (75%) service users said they are more comfortable using the services of a 'One Stop Shop' by physically visiting the service, with 10% preferring to use the service on a virtual basis and 10% expressing no preference. There was no difference in preference by service user age or gender.

| Table 7.20: Preferred Method of Using A One-Stop-Shop Service (n=154) | |
|---|---|
| | % |
| Visit 'One Stop Shop' | 75 |
| Virtual (email, web chat etc) | 10 |
| No preference | 10 |
| Don't Know | 5 |

Most (82%) service users preferred to use a 'One Stop Shop' service in their local area compared with outside you local area (8%) [7% expressed no preference with 3% recording don't know]. Of those who explained their answer, 67% pointed to ease of access / location for preferring to use the service in their local area.

| Table 7.21: Why do you say that? (n=128) | |
|---|---|
| | % |
| Easy Access/location | 67 |
| Would prefer it to be local to me | 15 |
| Get out of my local area | 5 |
| Staff knowledgeable to issues in local area | 5 |
| Facilities available | 2 |
| Others finding out I have attended | 2 |
| Not confidential | 2 |
| Opening hours available | 1 |
| Meet new people | 1 |

## 7.17 Perceived Usefulness of Different Services Provided by One Stop Shops

There are many different ways that young people can access the services provided by a 'One Stop Shop', with almost all service users saying they would find face-to-face contact with a staff member useful (98%) with a similar number finding access to a personal advisor useful (97%). In contrast, 67% said they would find web chats useful. There were no differences in response by service user age or gender.

| Table 7.22: Perceived Usefulness of Different Services | |
|---|---|
| | % Useful |
| Face-to-face contact with a staff member | 98 |
| Access to a personal advisor | 97 |
| An advice helpline | 89 |
| Telephone contact with a staff member | 89 |
| Website | 85 |
| Able to speak with someone outside where I live | 83 |
| Email | 69 |
| Web chats to help solve a problem | 67 |

## 7.18 Promoting the One Stop Shop Service

Service users suggested a variety of different ways to promote a One-Stop-Shop service, with promotion via advertising suggested by 34% of this group, school visits by 21% and Facebook by 21%.

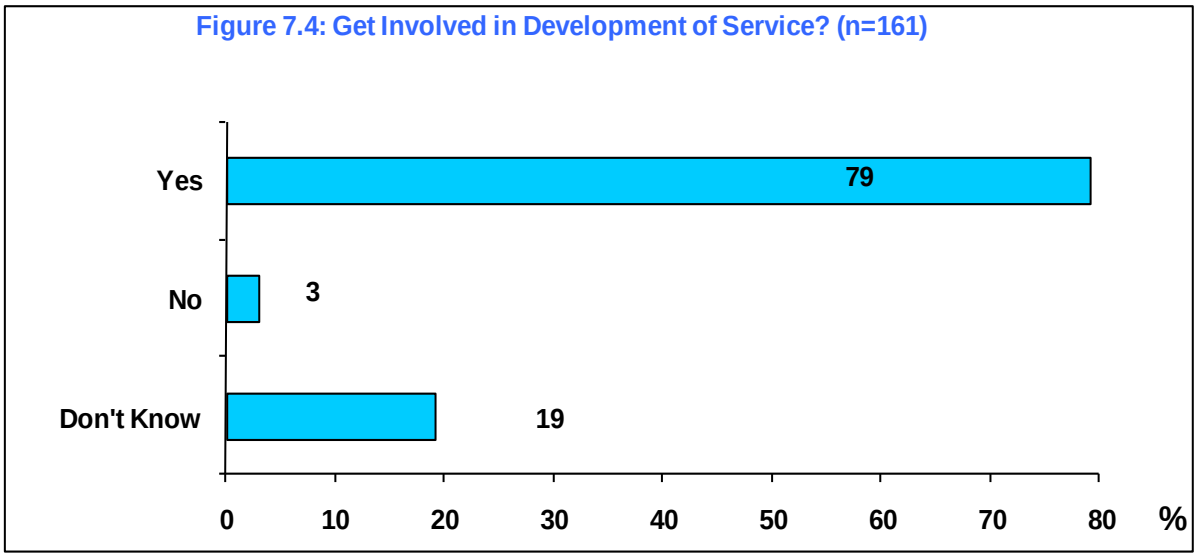
| Table 7.23 Please suggest any other ways that the service could be promoted among your age group? (n=81) | |
|---|---|
| | % |
| Promote it via advertising | 34 |
| School visits | 21 |
| Facebook | 21 |
| Improved Facilities available | 10 |
| Text messages | 5 |
| Open/Info days | 4 |
| Word of mouth | 3 |
| Internet/Web pop ups | 3 |
| Split into age groups | 3 |
| TV Ads | 1 |
| Promoted enough already | 1 |
| Improved Opening Hours | 1 |

## 7.19 Getting Involved

Almost four out of five (78%) respondents would get involved in developing the one stop shop service if given an opportunity to do so.

There was no difference in response by service user age or gender. Although the difference by service provider is not statistically significant, service users of Banbridge (85%) and Enniskillen (84%) were more likely to say they would get involved in service delivery compared with service users of Bangor (74%) and Carrickfergus (68%).

**Figure 7.4: Get Involved in Development of Service? (n=161)**



## 7.20 Image and Branding

When asked to suggest an appropriate image or brand to encourage people in their age group to use a 'One Stop Shop' service, 32% said they were happy with the current brand, with 28% saying that the service should be branded as 'young and / or funky'.

Table 7.24 Finally, what do have any views on an appropriate image, brand or name to encourage people in your age group to use a 'One Stop Shop' service? (n=50)

| | % |
|---|---|
| Like it as it is | 32 |
| Young and funky | 28 |
| Own logo's | 8 |
| That the people who use it are well behaved, young, fun going people | 8 |
| To learn information | 6 |
| No branding | 4 |
| Old Fuel symbol | 4 |
| Facebook | 4 |
| Improved logo | 2 |
| Emotional pit stop | 2 |
| Friendly faces | 2 |

# 8 Awareness Survey

## 8.1 Overview

This section of the report presents the findings from a survey of young people within each of the areas where the one stop shop pilot projects are based. Schools within each area were approached and encouraged to direct their pupils to take part in an online survey.

The survey sought to elicit awareness of one stop shops, use of the one stop shop service, as well as seeking views on the one stop shop concept. A total of 19 schools agreed to direct their pupils to an online survey, with participating schools generating a total of 488 completed responses.

## 8.2 Sample Profile

The following table presents a profile of the sample from the awareness survey, and shows that the catchment area for each pilot site is represented.

Table 8.1: Sample Profile

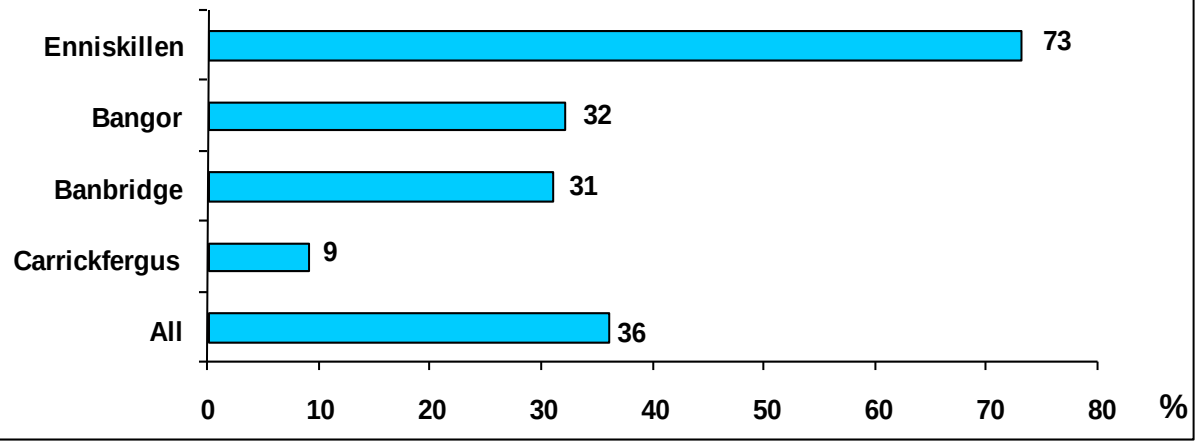
| | | % | n |
|---|---|---|---|
| Age[56] | 11 | 2 | 11 |
| | 12 | 14 | 66 |
| | 13 | 22 | 103 |
| | 14 | 19 | 91 |
| | 15 | 21 | 100 |
| | 16 | 13 | 62 |
| | 17 | 6 | 30 |
| | 18 | 3 | 14 |
| | | | |
| Sex[57] | Male | 44 | 213 |
| | Female | 56 | 270 |
| | | | |
| Status[58] | Attend School | 99 | 475 |
| | Other | 1 | 4 |
| | | | |
| Location[59] | City | 1 | 4 |
| | Large Town | 32 | 155 |
| | Suburbs | 2 | 10 |
| | Small Town | 26 | 127 |
| | Village | 21 | 100 |
| | Country | 18 | 88 |
| | | | |
| Area[60] | Bangor | 42 | 202 |
| | Enniskillen | 22 | 107 |
| | Banbridge | 18 | 85 |
| | Carrickfergus | 19 | 91 |
| | | | |

[56] Data on gender for 5 cases is missing
[57] Data on age for 11 cases is missing
[58] Data on 9 cases is missing [Other includes: university (n=1); training (n=1); working full-time (n=2)].
[59] Data on 4 cases is missing
[60] Data on 3 cases is missing

## 8.3 Awareness of One Stop Shop Providers

Across all areas, 36% of young people surveyed are aware of the organisation in their area providing a One Stop Shop service, with 73% of young people aware of the Enniskillen service provider (Fermanagh Underage Entertainment Life), 32% aware of the Bangor provider (Forum for Action on Substance Abuse), 31% aware of React Ltd in Banbridge, and 9% aware of CCDAG (Carrickfergus Community Drug and Alcohol Advisory Group) in Carrickfergus (p<=0.001).

**Figure 8.1: Awareness of One Stop Shop Pilot Projects (Base=All Respondents)**




Among all respondents, girls (44% vs. 28%, p<=0.001) were more likely to be aware of the organisation providing the OSS service in their area, with those aged 16+ (48%) also more likely to be aware of their local service provider (11-13, 29%; 14-15, 37%, p<=0.01).

Table 8.2 shows that among those who are aware of the organisation providing the OSS service, more than three quarters think that alcohol (78%) and drugs (78%) misuse services are provided, with 62% of the view that services are aimed at supporting people in relation to suicide and self harm. Just 21% of those aware of the respective organisations believe that employment / training services are provided.

Table 8.2: Awareness of Different Support Services Provided

| | Enniskillen | Bangor | Banbridge | Carrickfergus | ALL |
|---|---|---|---|---|---|
| | % | % | % | % | % |
| Alcohol misuse? | 67 | 91 | 96 | 100 | 78 |
| Drugs misuse? | 64 | 95 | 96 | 88 | 78 |
| Suicide / self harm advice? | 65 | 60 | 81 | 50 | 62 |
| Depression / feeling down? | 68 | 51 | 89 | 50 | 61 |
| Sexual health advice? | 61 | 40 | 73 | 25 | 50 |
| Building confidence/self esteem? | 55 | 43 | 62 | 38 | 48 |
| Counselling? | 51 | 35 | 89 | 50 | 48 |
| Coping with school? | 42 | 32 | 69 | 25 | 40 |
| Relationship advice? | 42 | 20 | 65 | 13 | 34 |
| Employment / training? | 22 | 14 | 46 | 13 | 21 |
| Base (n) | 69 | 65 | 26 | 8 | 168 |

## 8.4 Awareness of One Stop Shops

Respondents who are aware of the various organisations were subsequently asked if they are aware that these organisations provide a One Stop Shop service (i.e. provides help, advice and support for young people) on behalf of the Department of Health.

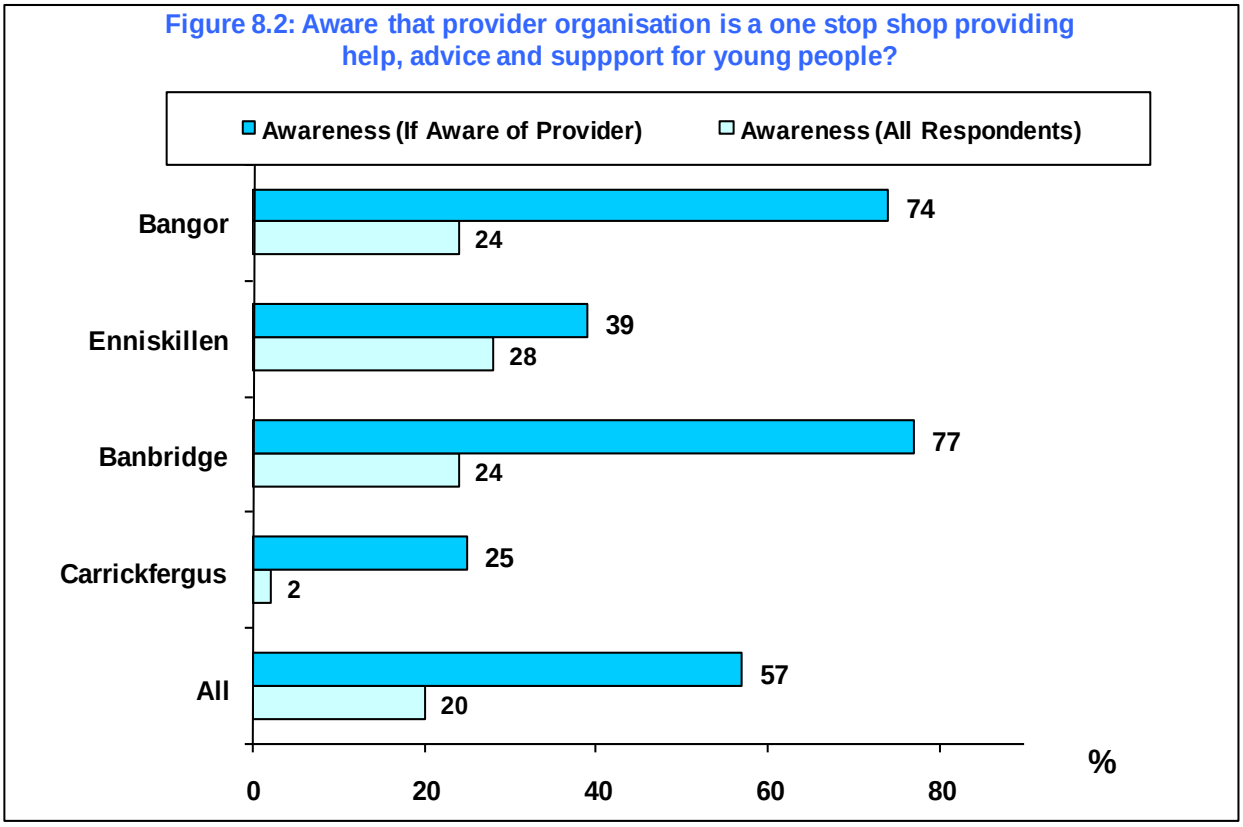
Almost three quarters (74%) of those aware of FASA are aware that FASA provides a one stop shop service on behalf of the Department of Health. This equates to 24% of all respondents in the Bangor area. The awareness figures for Enniskillen are 39% and 28% respectively.

More than three quarters (77%) of those aware of React Ltd are aware that React provides a one stop shop. This equates to 24% of all respondents in Banbridge. The figures for Carrickfergus are 25% and 2% respectively.

Taken collectively, the survey shows that most (57%) of those who are aware of the different providers are aware of that the providers provide a one stop shop service. This equates to 20% of all respondents in the survey.

There was no significant variation in overall awareness by respondent age or sex. However, awareness of that CCDAAG exists and that it provides a 'One-Stop-Shop' service is significantly lower in the Carrickfergus catchment area compared with other areas.

**Figure 8.2: Aware that provider organisation is a one stop shop providing help, advice and suppport for young people?**



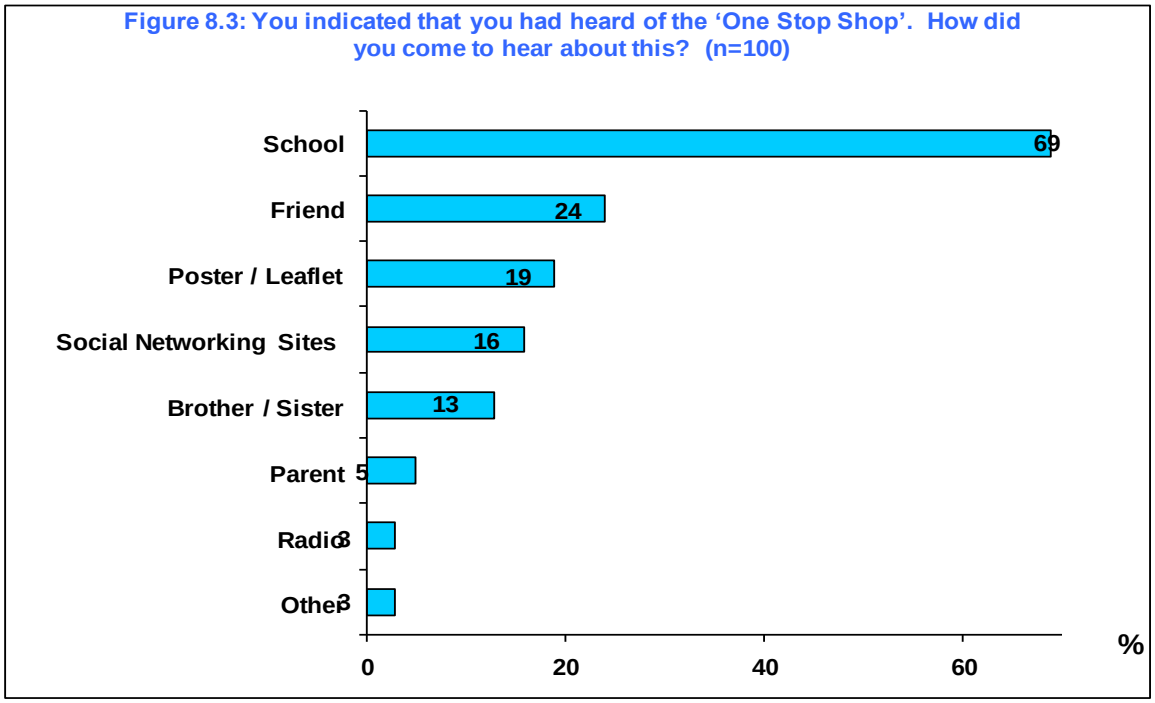
Respondents who are aware that the various organisations provide a one stop shop service were asked what services the organisations provide. Among this group of respondents, 91% think that the one stop shop pilots provide help, advice and support on alcohol misuse, with 88% of the view that support is provided in relation to drugs misuse.

Table 8.3: Perception of Service Provision (n=97: Aware that Service Provider provides OSS)

| | Bangor | E'killen | B'bridge | C'fergus | ALL |
|---|---|---|---|---|---|
| | % | % | % | % | % |
| Alcohol misuse? | 90 | 89 | 95 | 100 | 91 |
| Drugs misuse? | 94 | 74 | 90 | 100 | 88 |
| Suicide / self harm advice? | 67 | 82 | 85 | 100 | 75 |
| Depression / feeling down? | 58 | 78 | 95 | - | 70 |
| Sexual health advice? | 44 | 63 | 85 | 50 | 58 |
| Counselling? | 31 | 70 | 90 | 50 | 55 |
| Building confidence / self esteem? | 40 | 48 | 70 | 50 | 49 |
| Coping with school? | 29 | 56 | 809 | 50 | 47 |
| Relationship advice? | 23 | 52 | 80 | - | 42 |
| Employment / training? | 23 | 26 | 55 | - | 30 |
| Base (n) | 48 | 27 | 20 | 2 | 97 |

The most common source of awareness of the one stop shops was school (69%), with friends mentioned by 24% of respondents and posters / leaflets by 19%.

Figure 8.3: You indicated that you had heard of the 'One Stop Shop'. How did you come to hear about this? (n=100)



## 8.5 Visiting One Stop Shops

Overall 18% (n=18) of those aware of one stop shops had visited one [this equates to 4% of all survey respondents].

There were no significant differences in likelihood of visiting a 'One-Stop-Shop' service by age or gender, however those aware of the Enniskillen OSS were more likely to have visited it (40%, n=12) compared with respondents in other areas (Bangor, 10%, n=5; Banbridge, 5%, n=1: and, Carrickfergus, 0%, p<=0.01).

Among those who visited a one stop shop, meeting friends and socialising was the primary reason for doing so (66%, n=12), with 39% (n=7) saying they visited to check it out.

## 8.6 Likelihood of Using Provider Organisations for a Range of Issues

Respondents aware of the service provider organisations were asked if they would use their service for help and support on a range of issues.

Overall, 25% said they would use the service provider for issues associated with depression or feeling down, with similar numbers (24%) using the service for issues associated with alcohol misuse and for advice on suicide / self-harm. Overall, 47% of this group said they would use provider organisations for at least one of the issues listed.

Table 8.4: Would you ever be likely to use organisations for any of the following issues?

| | Bangor | E'killen | B'bridge | C'fergus | ALL |
|---|---|---|---|---|---|
| | % | % | % | % | % |
| Depression or feeling down | 44 | 11 | 27 | 25 | 25 |
| Alcohol misuse | 48 | 9 | 12 | 13 | 24 |
| Building confidence / self esteem | 37 | 22 | 8 | - | 24 |
| Suicide / self harm advice | 43 | 10 | 23 | 13 | 24 |
| Coping with school | 38 | 16 | 25 | - | 23 |
| Drugs misuse | 42 | 7 | 12 | 25 | 21 |
| Counselling | 34 | 9 | 19 | - | 19 |
| Sexual health advice | 30 | 11 | 15 | 13 | 18 |
| Relationship advice | 26 | 9 | 8 | - | 14 |
| Helping with employment / training | 30 | 4 | 8 | - | 13 |
| Base (n) | 63 | 77 | 26 | 8 | 174 |

A total of 13 respondents offered reasons why they would not use the services provided by FASA: discuss my problems with parents but if a huge problem then maybe I would (n=1); don't have a reason to use it (n=4); would not discuss my problems with someone I didn't know (n=1); organisation boring (n=1); would be too lonely (n=1); wouldn't go in on my own (n=1); embarrassed (n=1); don't know anything about organisation and don't know anyone there (n=1); might not want other people to know it (n=1).

A total of 43 respondents offered reasons why they would not use the services provided by FUEL in Enniskillen and these are listed in Table 8.5.

| Table 8.5: Reasons why those aware of FUEL would not use their services (n=43) | |
|---|---|
| I think it is based on a certain type of people/ groups different from me | 18 |
| Because I am a happy person and don't think I need any advice, I don't think I would fit in | 1 |
| Because I do not have any problems | 1 |
| Because I don't know enough about it | 1 |
| Because I don't like it – would not help very much and I would prefer to go to a doctor | 1 |
| Because I would be afraid of what people would say | 1 |
| Because I wouldn't know anybody, and I wouldn't like discussing things with people I do not know | 1 |
| Because my group of friends won't really go because only older people go | 1 |
| Because people who use it I do not have lot in common with | 1 |
| Couldn't be bothered | 1 |
| Do not apply to me | 1 |
| Don't know | 1 |
| Got better things to do | 1 |
| I don't know anyone else that will be there, so I won't fit in | 1 |
| I don't like discussing things with people that I don't know | 1 |
| I don't feel I fit in | 1 |
| I don't have those problems and couldn't be bothered | 1 |
| I have more things to be doing in my spare time, and I don't have any problems with the services. | 1 |
| I have no need for these services. I'd rather go for help to a close friend or family member. | 1 |
| I see it as a place to socialise rather than a place for help. | 1 |
| I would rather talk to my doctor or a school counsellor, I wouldn't feel uncomfortable going there | 1 |
| I'm not sure I could trust who I was talking to. | 1 |
| Its stereotyped | 1 |
| Probably not - busy after school | 1 |
| Wouldn't provide the best possible information available | 1 |
| You could just talk to your friends | 1 |

A total of 6 respondents offered reasons why they would not use the services provided by Carrickfergus: don't need these services (n=2); just wouldn't use it (n=1); don't use drugs and alcohol and I am mentally stable (n=1); would prefer to talk about other issues not offered by the group (n=1); I would be a stranger and wouldn't want to share my problems (n=1).

The reasons why respondents said they would not use the service in REACT are listed below:

| Table 8.6: Reasons why those aware of REACT would not use their services (n=19) | |
|---|---|
| Because I simply don't and won't need them. Not all teenagers are mentally and/or physically troubled | 1 |
| Bullying | 1 |
| Do not feel the need | 1 |
| Don't do social services or anything like that. | 1 |
| Don't need to | 1 |
| Don't need to. | 1 |
| Family can help with problems better than any counsellor can. | 1 |
| I do not need to use any of the provided services at the minute. | 1 |
| I don't have issues | 1 |
| I don't live near Banbridge, Kilkeel or Dromore. | 1 |
| I don't need to | 1 |
| I don't want people to know my business | 1 |
| May not be easily accessible | 1 |
| Maybe because someone might tell someone else your issues. | 1 |
| Not necessary | 1 |
| Not needed | 1 |
| Not sure | 1 |
| Only on weekdays | 1 |
| This is because I do not need to | 1 |
| Total | 19 |

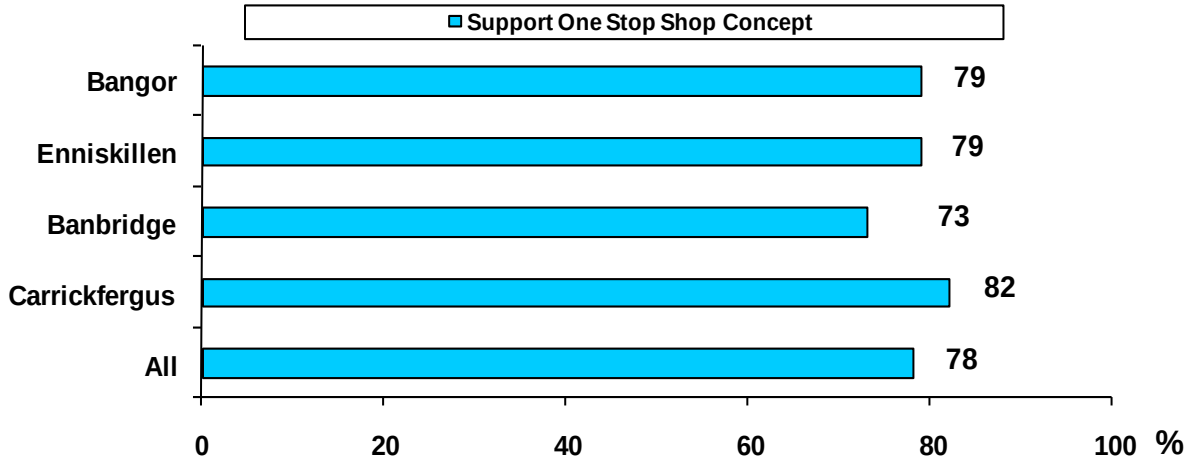
## 8.7 Views on the Concept of 'One Stop Shop'

All respondents were advised that in the last year, the Department of Health has provided 'One Stop Shop' services for young people in 4 areas in Northern Ireland. The were also advised that the service provides drop in information and advice services in relation to a range of issues such as alcohol and drug misuse, suicide and self harm, mental health and wellbeing, sexual health, relationship issues, resilience, coping with school and employment.

After being presented with this information, 78% of respondents said that young people in their area need this type of service, with 22% of the opposite opinion. Girls (83% vs. 72%, p<=0.01) were more likely to support the concept of one stop shop, with younger respondents (11-13, 70%) less likely to be supportive compared with other age groups (14-15, 85%: 16+, 82%, p<=0.01).

The level of support for the one stop shop concept is consistent across area (North Down and Ards, 79%: Enniskillen / Fermanagh, 79%: Banbridge, 73%; and, Carrickfergus, 82%).

Figure 8.4: Do you think that young people in this area need this type of service? (n=472)

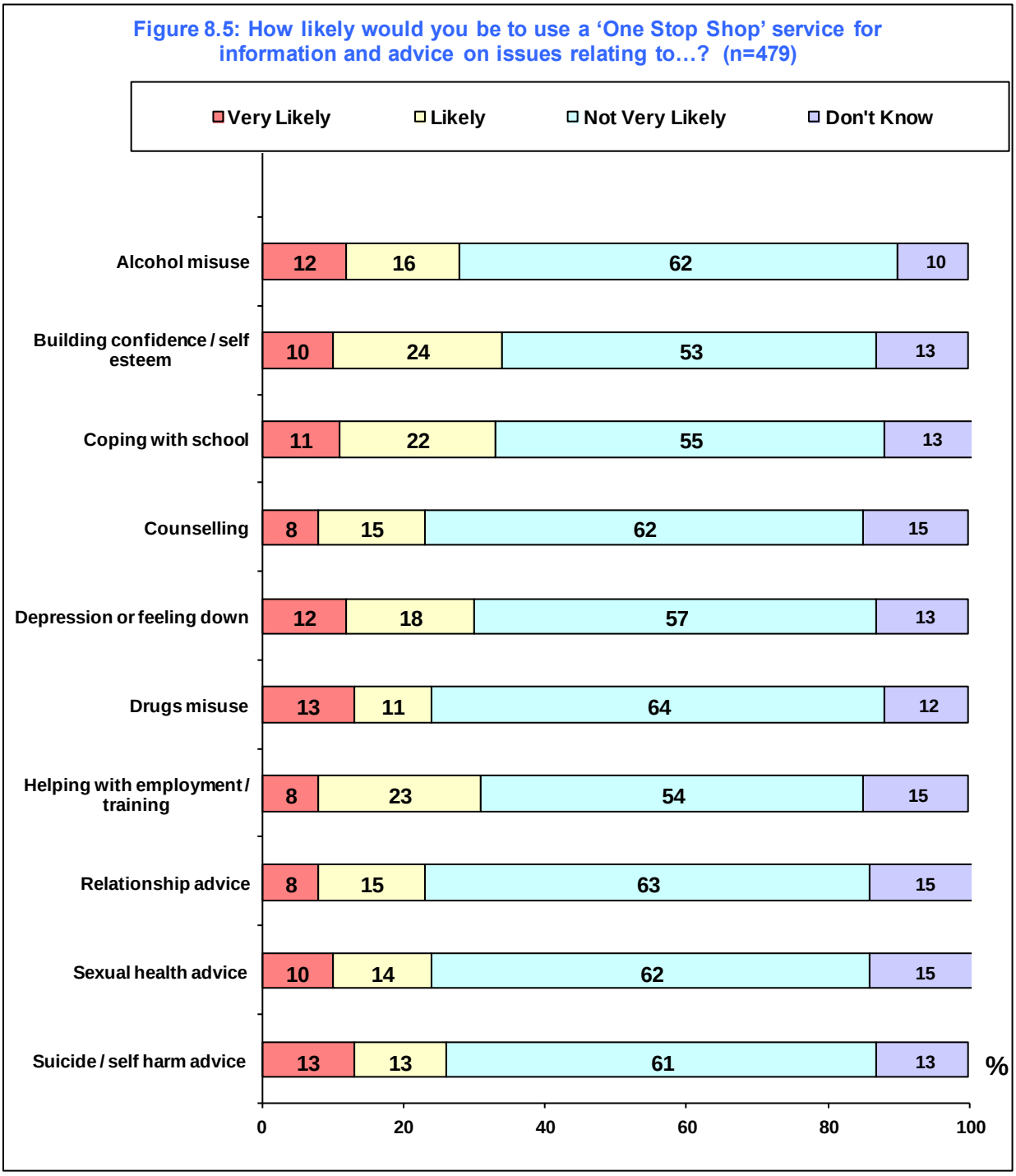


## 8.8 Likelihood of Using a One Stop Shop Service

Of the issues listed, respondents said they would be most likely to use a one stop shop service for building confidence and self esteem (34%), coping with school (33%) and helping with employment and training (31%).

Respondents said they would be least likely to use such a service for advice and information on relationships (23%) and counselling (23%). Most (56%) respondents said they would be willing to use a one stop shop for at least one of the issues listed with respondents in North Down and Ards (65%) more likely to do so compared with others (Enniskillen, 45%: Banbridge, 53%: Carrickfergus, 53%, p<=0.01).

**Figure 8.5: How likely would you be to use a 'One Stop Shop' service for information and advice on issues relating to…? (n=479)**



In relation to specific issues there were a number of statistically significant differences:

- Boys were more likely to say they would use the OSS service for advice or information on employment and training (35% vs. 27%, p<=0.05);
- Younger respondents (aged 11-13, 36%) were more likely to say they would use the service for support in building self-confidence and self esteem (14-15, 34%: 16+, 32%, p<=0.05);
- Older respondents (aged 16+, 27%) were more likely to say they would use the service for counselling (11-13, 23%: 14-15, 19%, p<=0.05);
- Younger respondents (aged 11-13, 35%) were more likely to say they would use the service for support with alcohol issues (14-15, 30%: 16+, 20%, p<=0.05);

## 8.9 Focus of One Stop Shop Services

Almost seven out of ten (69%) young people in the survey said that a One Stop Shop should be somewhere for young people to meet, with 66% saying that it should provide information and help with alcohol and drug issues for young people in their age group. Lower numbers of respondents felt that a One Stop Shop should provide help and support for young people to access training (45%) and learning skills (51%).

Those aged 11-13 (65%) were more likely to say that such a service should provide help and support to develop learning skills (14-15, 42%: 16+, 39%, p<=0.001).

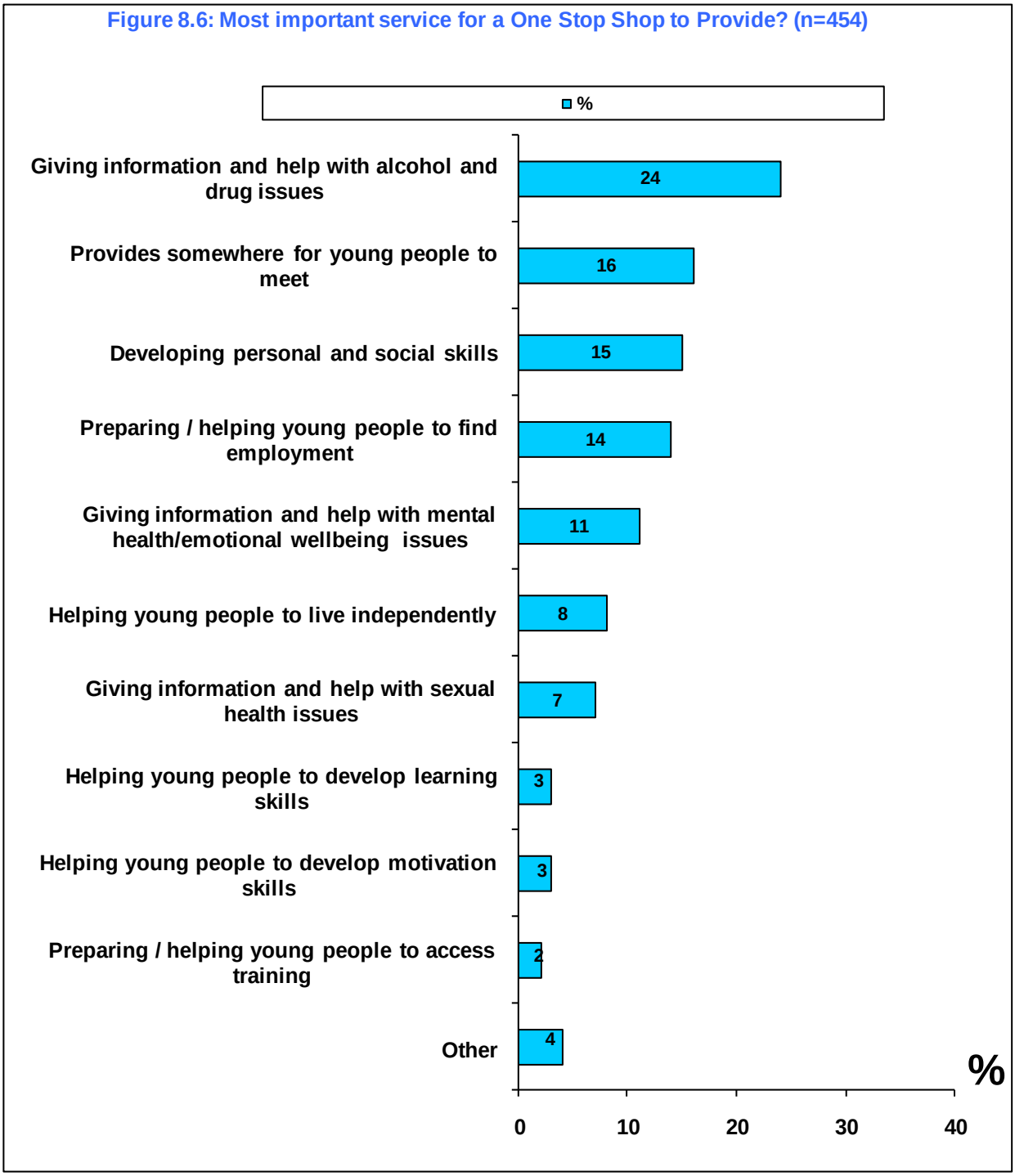
Table 8.7: In your view which of the following services do you feel a 'One Stop Shop' should provide for people in your age group? (n=467)

| | % |
|---|---|
| Somewhere for young people to meet | 69 |
| Giving information and help with alcohol and drug issues | 66 |
| Developing personal and social skills | 61 |
| Giving information and help with mental health/emotional wellbeing issues | 59 |
| Preparing / helping young people to find employment | 58 |
| Helping young people to live independently | 58 |
| Helping young people to develop motivation skills | 53 |
| Giving information and help with sexual health issues | 52 |
| Helping young people to develop learning skills | 51 |
| Preparing / helping young people to access training | 45 |

## 8.10 Most Important Service

All respondents were presented with a list of services and asked which they believe is the most important for a One Stop Shop to provide. Almost one quarter (24%) identified providing information and help with alcohol and drug issues as being most important, followed by providing somewhere for young people to meet (16%).

**Figure 8.6: Most important service for a One Stop Shop to Provide? (n=454)**



## 8.11 Other Services Which One Stop Shop Should Provide

After citing what they believed is the most important service that a One Stop Shop should be providing, respondents were given the opportunity to say which other services should be provided. Among those who answered this question (n=241), 37% said things to do / places to go, with 29% citing alcohol and drugs issues.

Table 8.8: Other Services Suggested by Respondents (n=241)

| | % |
|---|---|
| Things to do, places to go | 37 |
| Alcohol/Drug issues | 29 |
| Develop social skills | 12 |
| Family problems | 12 |
| Health & Lifestyle | 12 |
| Sexual Advice/matters | 10 |
| General support | 9 |
| Counselling/People who listen | 8 |
| Work Experience/Employment | 8 |
| Suicide awareness | 6 |
| Help with schoolwork | 6 |
| Bullying | 5 |
| Money/Financial Issues | 3 |
| Peer Pressure | 3 |
| Teenage Pregnancies/help for young mums | 2 |
| Self harm | 2 |
| Homelessness | 2 |
| Stop violence | 2 |
| Learning to live independently | 2 |
| Support website | 2 |
| Music | 1 |
| More freedom | 1 |
| Discrimination | 1 |
| List covered everything - nothing else | 1 |
| Help to stop smoking | 0.5 |
| Cross community projects | 0.5 |
| Don't know | 8 |

## 8.12 Factors which would Encourage Young People to Use a One Stop Shop

Among those who suggested ways of encouraging young people to use a One Stop Shop service, 22% mentioned promoting service facilities such as trips, free food, Xbox, internet availability etc, with 21% suggesting word of mouth / advertising. Other suggestions included letting young people know that help is available through the One Stop Shop (17%), everyone is welcome (7%) and that it is a confidential service (7%).

Table 8.9: What single thing do you think would **encourage** young people to use a 'One Stop Shop' service in your area? (n=256)

| | % |
|---|---|
| Promoting facilities available - free food, trips etc | 22 |
| Word of mouth/advertise make it known it is available | 21 |
| Help offered at it | 17 |
| Welcoming for everyone | 7 |
| Support offered is confidential | 7 |
| Peers use it | 6 |
| Fun & entertaining | 5 |
| Meeting new people | 5 |
| Friendly helpful people who run it | 4 |
| What they plan to do at it | 3 |
| Make it know via the school | 2 |
| Facebook page | 1 |
| Internet services | 0.5 |
| Available 24 / 7 | 0.5 |

## 8.13 Factors which would Discourage Young People to Use a One Stop Shop

According to respondents the three most common factors which would discourage young people from using a One Stop Shop service in their area are embarrassment or fear of going (14%), the type of people who use this type of service (14%) and a perception that it is boring with nothing new to learn (12%).

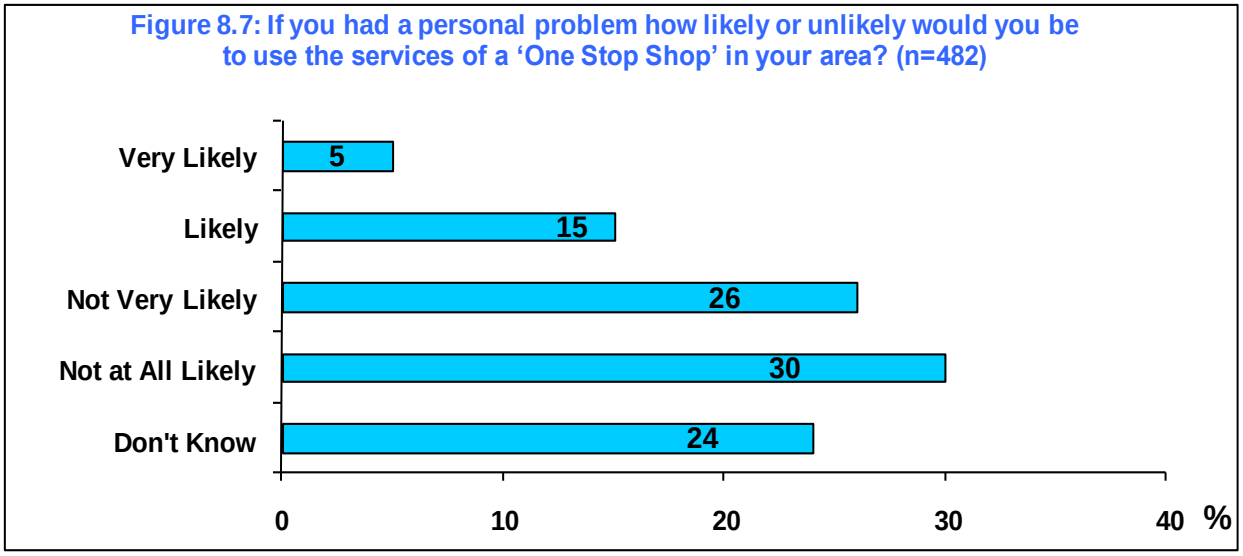
Table 8.10: What single thing do you think would **discourage** young people to use a 'One Stop Shop' service in your area? (n=241)

| | % |
|---|---|
| Embarrassed /Afraid to go | 14 |
| Type of people who use the service | 14 |
| Boring, nothing new to learn | 12 |
| Unhelpful/ not enough staff | 11 |
| Not a good word about it in area | 10 |
| Unsure if service is confidential | 9 |
| Peers won't use service | 5 |
| Topics that maybe discussed | 5 |
| Poor facilities available | 5 |
| Where it is located | 3 |
| Problems/Issues not dealt with | 3 |
| Been forced to attend/discuss problems | 3 |
| The name of the Organisation | 2 |
| Not clean/welcoming | 2 |
| Staff don't know you | 1 |
| Other users laughing at your questions | 1 |
| Too many reasons to mention | 0.4 |

8.14 Likelihood of Using a One Stop Shop Service

One in five (20%) respondents said they would be likely (very likely: 5%: likely 15%) to use the services of a One Stop Shop if they had a personal problem, with most (56%) unlikely (not very likely, 26%: not at all likely, 30%) and 24% undecided.

**Figure 8.7: If you had a personal problem how likely or unlikely would you be to use the services of a 'One Stop Shop' in your area? (n=482)**




Those aged 16+ (12% likely: 72% unlikely) were less likely say that they would use a One Stop Shop service (11-13, 27% likely, 46% unlikely: 14-15, 19% likely, 55% unlikely, p<=0.001). Respondents in Bangor (28%) were more likely to say they would use the services of a One Stop Shop compared with others (Banbridge, 19%: Carrickfergus, 16%: Enniskillen, 11%, p<=0.01).

8.15 Reasons for Using a One Stop Shop Service

Respondents who offered reasons (n=63) why they would be likely to use a one stop shop service pointed to the help and support available (76%), having no one else to turn to (13%), the concept sounds good (6%) and free advice (2%).

8.16 Reasons for Not Using a One Stop Shop Service

The reasons offered by respondents who said they would be unlikely to use a one stop shop service included: would prefer to sort their own problem out / speak to a family member (29%); no interest in using the service – don't need help (21%); would not discuss problems with a stranger (16%); never heard of it before (9%); embarrassed afraid to go (6%); type of people who use the service (5%); people would make fun of me for going (4%); boring and uninviting (4%); poor service (3%); distance from home (2%); too many nosey people (1%); and, would get judged (1%).

## 8.17 Opening Times Best Suited to Young People

Most (56%) young people surveyed feel that evening opening times (5pm -10pm) would best suit people in their age group, with 16% mentioning weekends and 11% during the day (9am-5pm).

Table 8.11: Thinking about the opening times of a 'One Stop Shop' service, which times do you feel would best suit people in your age group? (n=302)

| | % |
|---|---|
| During the day: 9am – 5pm | 11 |
| Evening: 5pm-10pm | 56 |
| Weekends: Saturday & Sunday 9am – 1pm | 16 |
| Don't Know | 18 |

## 8.18 Ways of Using a One Stop Shop Service

Using a One Stop Shop service on a virtual basis was the most popular response (39%) with 22% preferring to physically visit a service and 17% expressing no preference. Almost half (47%) of girls preferred to use a virtual service compared with 29% of boys, with boys more likely to express a preference for physically visiting the service (26% vs. 19%, p<=0.001). Younger aged respondents (aged 11-13, 30%) were more likely to prefer to physically visit the service, whereas the majority of those aged 16+ (54%) preferred to have the service available virtually.

Visiting the service was more likely to be preferred by respondents in Bangor (29%) compared with respondents in Enniskillen (17%), Banbridge (21%) and Carrickfergus (13%, p<0.05).

Table 8.12 Would you feel more comfortable using the services of a 'One Stop Shop' by physically visiting the 'One Stop Shop' or using the services on a virtual basis (i.e. email, using the website, web chat etc)? (n=475)

| | % |
|---|---|
| Virtual (email, web chat etc) | 39 |
| Visit 'One Stop Shop' | 22 |
| No preference | 17 |
| Don't Know | 22 |

Using a One Stop Shop service in their local area was the preference for 44% of respondents, with 19% preferring to access the service outside of their local area and 21% undecided. Using a service in their local area was more likely to be preferred by respondents in Bangor (53%) compared with respondents in Enniskillen (34%), Banbridge (41%) and Carrickfergus (38%, p<=0.05).

Table 8.13 Would you prefer to use a 'One Stop Shop' service in your local area or outside you local area? (n=476)

| | % |
|---|---|
| In my local area | 44 |
| Outside my local area | 19 |
| No preference | 21 |
| Don't Know | 16 |

8.19 Interest in Finding out More about One Stop Shop Services

Just under half (47%) of all respondents said they would like to find out more about the One Stop Shop service in their local area, with the majority of girls (53% vs. 40%, p<=0.01) sharing this view. Analysis by area found more interest in finding out more about the service among Bangor respondents (58%) compared with respondents in other areas (Enniskillen, 35%: Banbridge, 40%: Carrickfergus, 43%, p<=0.001).

Promoting the One Stop Shop service through schools was the most commonly suggested way of promoting the service (66%), with 39% suggesting that young people who use the service should give talks in schools.

Table 8.14: What is the best way for you to find out more about the 'One Stop Shop' service? (n=440)

| | % |
|---|---|
| Promote service through visits to schools | 66 |
| Young people who have used the service should do talks in schools | 39 |
| Via social media sites | 34 |
| Service should have open days / evenings for young people | 30 |
| Newspapers | 27 |
| Other | 9 |

Other suggestions on how young people can find out about the service included: website / internet (n=6); TV ads (n=2); and, posters and leaflet drops (n=2).

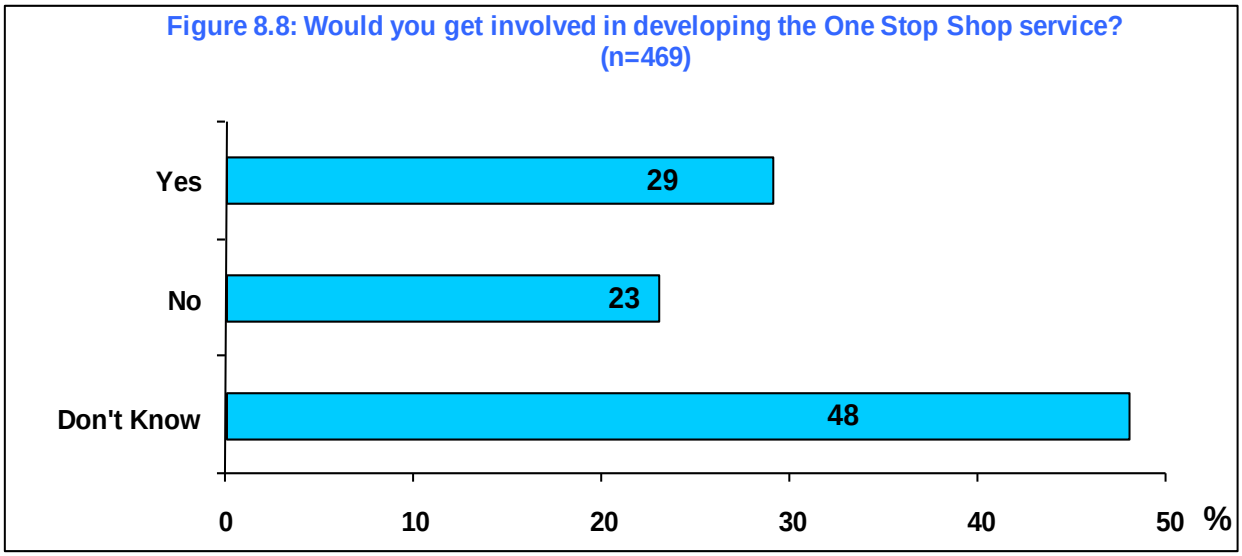
8.20 Use of the Internet to Sort out a Personal Problem

Around one quarter (24%) of young people have used the internet to sort out a personal problem, with this more likely to be reported by girls (28%) compared with boys 20%, p<=0.05).

8.21 Getting Involved in Developing the One Stop Shop Service

All respondents were asked if they were given the opportunity would they get involved in developing the One Stop Shop service, to help make sure that it met the needs of young people in their area. In response, 29% said they would, 23% would not and almost half were undecided (48%). Although just outside significance, a greater proportion of girls said they would get involved (36% vs. 24|%, p=0.06). Respondents in Bangor (35%) were also more likely to say that they would get involved (Enniskillen, 25%: Banbridge, 18%: Carrickfergus, 28%, p<=0.001).

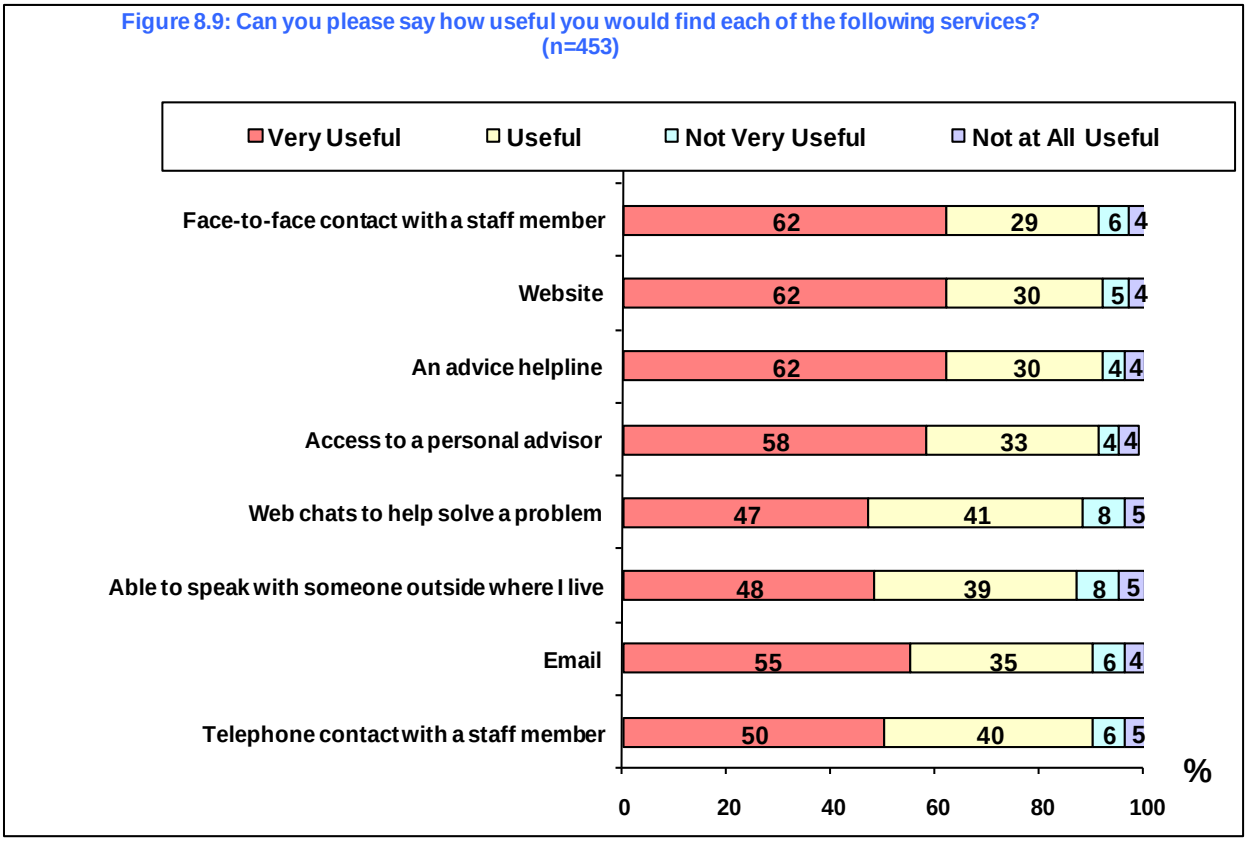
Figure 8.8: Would you get involved in developing the One Stop Shop service?
(n=469)




## 8.22 Accessing One Stop Shop Services

More than nine out of ten (91%) respondents said they would find face to face contact with a member of staff useful if accessing a One Stop Shop service, with 92% finding a website useful, 92% an advice helpline useful and 91% access to a personal advisor. Girls (94% vs. 89%, p<=0.05) were more likely to say they would find an advice helpline useful, with girls also more likely to say they would find it useful to be able to speak to someone outside of where they live (91% vs. 84%, p<=0.05).

Figure 8.9: Can you please say how useful you would find each of the following services?
(n=453)



## 8.23 Suggestions for Promoting One Stop Shop Service

Respondents made a range of suggestions on how the service can be promoted among their age group, with 16% mentioning fun days, 16% posters and flyers and 15% visits to schools.

Table 8.15: Please suggest any other ways that the service could be promoted among your age group? (n=230)

| | % |
|---|---|
| Fun days / workshops (at venue) | 16 |
| Posters & flyers available locally | 16 |
| Visit schools | 15 |
| Facebook | 11 |
| TV | 8 |
| Word of mouth locally | 6 |
| Leaflets/promotion via youth leaders | 6 |
| Get rid of the poor image it already has | 4 |
| Door to door campaign | 4 |
| Magazines/Newspapers | 4 |
| Advertisements | 4 |
| Websites | 3 |
| Teenage volunteers | 1 |
| Sponsorship of produce | 1 |
| Celebrity to promote | 1 |
| Text messages | 0.4 |
| Class trip to the venue | 0.4 |
| Give out freebies with details e.g. pencils etc | 0.4 |

## 8.24 Image and Branding Suggestions

The survey also sought the views of respondents on an appropriate image, brand or name to encourage people in your age group to use a 'One Stop Shop' service. Almost one in five (19%) commented specifically on the Enniskillen project saying that is perceived as being uninviting. Other suggestions included branding the service as young and funky, use bright colours (13%) and present the service as interesting and fun (13%).

Table 8.16: Do have any views on an appropriate image, brand or name to encourage people in your age group to use a 'One Stop Shop' service? (n=70)

| | % |
|---|---|
| The branding of 'Fuel' is one that could be perceived (stereotyped as emo, it also seems uninviting). | 19 |
| Young and funky | 13 |
| Bright colours | 13 |
| Show Interesting and fun | 11 |
| Friendly and appealing | 9 |
| Maybe cartoon people holding hands? | 7 |
| Youth advice centre | 4 |
| Within one stop you can stop. | 4 |
| a smiley face | 4 |
| Can of Petrol for Fuel | 1 |
| Eye Catching | 1 |
| One that applies to all age groups | 1 |
| Help4u | 1 |
| FEFT (Fermanagh entertainment for teens) | 1 |
| Don't use to misuse!( basically everyone wants a shoulder sometimes) let us know we aren't alone. | 1 |
| Before and after pictures? | 1 |
| An arrow that represents the way to go | 1 |
| A thumbs up symbol | 1 |
| A name & sign which doesn't take sides etc. | 1 |
| A cartoon person throwing away alcohol or drugs. | 1 |

# 9 Review of Monitoring Activity Data

## 9.1 Overview

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

## 9.2 Findings

The table below shows that each of the OSS fulfilled their objectives in terms of the KPIs in that they:

- Had male and female clients and these increased in number as the pilot progressed;
- Had a range of age bands represented in the user profile;
- Provided a drop in service for many young people;
- Signposted many young people to appropriate services, support and information through the pilot;
- Provided recreational facilities for many young people; and,
- Established satellite / outreach services for young people.

| INDICATOR | | Bangor | E' killen | B' bridge | C' fergus |
|---|---|---|---|---|---|
| Service Use by Gender | Male | ✓ | ✓ | ✓ | ✓ |
| | Female | ✓ | ✓ | ✓ | ✓ |
| | | | | | |
| Service Use by Age | 11-15 | ✓ | ✓ | ✓ | ✓ |
| | 16-20 | ✓ | ✓ | ✓ | ✓ |
| | 21-25 | ✓ | ✓ | ✓ | ✓ |
| | | | | | |
| Signposted to Other Services | Suicide and self-harm | ✓ | ✓ | ✓ | ✓ |
| | Drugs & Alcohol | ✓ | ✓ | ✓ | ✓ |
| | Mental Health / Resilience | ✓ | ✓ | ✓ | ✓ |
| | Sexual Health | ✓ | ✓ | ✓ | ✓ |
| | Resilience | | | ✓ | |
| | School Employment | ✓ | ✓ | ✓ | ✓ |
| | Relationship | | ✓ | ✓ | ✓ |
| | Welfare / Legal | ✓ | ✓ | ✓ | |
| | PHA, DACTs, DAISY etc | ✓ | ✓ | ✓ | ✓ |
| | | | | | |
| Drug Education Service Provided | | ✓ | ✓ | ✓ | ✓ |
| | | | | | |
| Provide Social & Recreational Activities | | ✓ | ✓ | ✓ | ✓ |
| | | | | | |
| Opening Hours | Evenings | ✓ | ✓ | ✓ | ✓ |
| | Weekend | ✓ | ✓ | ✓ | ✓ |
| | | | | | |
| Explore ways of delivering services to young people in rural areas | | ✓ | ✓ | ✓ | ✓ |

## 9.3 Limitations

However, further analysis of the monitoring data, at aggregate level, proved problematic for a variety of reasons:

- There were different understandings between the OSSs as regards to how the monitoring data was to be reported. For example, some had collected the data on a cumulative basis, others had not. Consequently, the discrepancies were such that any attempt to summate the data to obtain a 'programme' view would have been invalid.

- This seems to have arisen because:

    - Clear data guidelines were not issued at the outset;
    - OSSs had no opportunity to check-in with each other – or with the PHA - to ensure that their approach to the monitoring returns was consistent with what was expected.
    - No spot checks to confirm data reliability and validity were carried out by PHA.

## 9.3 Suggestions for Improvements

During the interviews with the OSS Providers, it was suggested that a **client tracking system** – rather than spreadsheets - would enable OSSs to monitor the various elements of support a client receives and link this to progress and outcome data. SMR wholly endorses this suggestion.

In addition, SMR notes that the current monitoring data set focuses exclusively on inputs / activity rather than outcomes. Hence, there are, limits to the usefulness of the monitoring data in terms of assessing the overall effectiveness of this model. (Note: Key aspects of the effectiveness of the model are demonstrable from other sources of evidence gathered during this evaluation e.g. users surveys, focus groups with users and interviews with those delivering the OSSs).

However, given the limitations of the current monitoring data, SMR suggests that in any future OSS model, consideration is given to:

- Bringing OSSs together at the outset (and on a regular basis thereafter as required) to agree, with PHA, the data collection standards and processes (i.e. so that any data captured can subsequently be compared on a like-for-like basis); and,

- Developing meaningful outcome measures as part of the KPI set.

**Perspectives on further points raised…**

***Role of PHA in 'supporting' OSS –*** *The above points suggest to SMR that it may be useful for PHA to reflect on what its role is in supporting OSSs with issues such as this if a regional service were to be established.*

# 10 Workshop Event

Given the formative nature of the evaluation, and in the interests of best practice regarding consultation design, various stakeholder organisations were invited to attend a workshop to reflect on the findings emerging from the wider evaluation. The workshop was hosted in Antrim on 4 April 2011. A list of delegates is included as Appendix E4.

Delegates were presented with the aims and objectives of the research, a summary of the research approach, and a brief overview of the literature review. The outcomes from the various research elements were also presented. Following the presentation, stakeholders were then asked to consider: (i) the one-stop-shop concept; (ii) the challenges associated with delivering on the one-stop-shop concept; and (iii) their views on what should be the key components of a one-stop-shop service.

### (i) One-Stop-Shop Concept

Workshop delegates were asked to consider the following question:

*'The pilot sites were established to test whether the one stop shop concept is appropriate for Northern Ireland. On the basis of the preliminary findings that you have heard today and from your experience/knowledge of working with young people, is this a service model that should be considered further for Northern Ireland?'*

There was universal agreement that the concept of a one-stop-shop is appropriate for Northern Ireland given that young people do not present to service providers with isolated issues. Stakeholders welcomed the integrated approach underpinning the model, the fact that it was service user centred, and the understanding that if expertise is not available when young people present then they can be referred to organisations where specific expertise exists. However, when referring to other agencies from the pilot sites, it was acknowledged that barriers do exist, particularly waiting lists for services. Stakeholders also called for greater clarity on the remit of the service, as well as the need for policies and procedures for referral / non referral to be consistent and standardised across all provider sites.

The importance of the pilot sites being a focal point for social interaction was acknowledged by the stakeholders, with an acceptance that service providers must be able to form relationships with young people to ensure that they feel safe and comfortable when accessing the service. The service was also seen as a resource for young people to manage the educational and health aspects of their lives. Involving young people on steering groups was felt to be vital, particularly in ensuring that the services being developed are responsive to need. Ongoing staff training and support was also believed to be fundamental to a successful roll out of the service.

Some stakeholders commented on other models of provision such as that advocated by Youth Justice, with the emphasis on the social and therapeutic benefits of involving young people, with the social aspect used to attract young people and other benefits following. It was also felt that adult perception of the service is a significant barrier, and something that needs to be addressed. Other

comments included young people being policed on their behaviour which can be judgemental, the issue of underage sex and the ability and skill of staff to cope with these issues.

### (ii) Challenges

Workshop delegates were asked to consider the following question:

*'The one stop shop services were established to provide information, advice, support and signposting to those young people and their families affected by substance misuse, but also addressing related issues such as:-*

- *Suicide and self harm*
- *Mental health and well being*
- *Sexual health*
- *Relationship issues*
- *Resilience*
- *Coping with school/employment*
    - *a) What do you consider to be the challenges for an organisation in providing these services on this range of issues?*
    - *b) How best can these be met?'*

In response to this question, stakeholders commented that initial assessments / health profiling should be carried out by the one-stop-shops, with staff qualified / appropriately trained to do so. If staff are not appropriately trained or qualified to conduct this function, a clear protocol should be in place to address this. This should include staff knowing what to do when presented with information by young people.

A further challenge is the need to know and understand what other organisations are doing, with providers encouraged to create a network of referral agencies to help support them and more importantly the young people presenting. Likewise, it was felt that providers should also be aware of their limitations.

A further challenge identified was the locations of the service in the future, and what criteria will be used to decide these. It was also suggested that the concept should examine issues around mentoring with regard to accessing services with the use of volunteers cited. Support for staff is seen as essential, with stakeholders also of the view that the independence of the service should be further promoted. There was also discussion around the challenges associated with engaging young people from minority ethnic groups, as well as those with learning disabilities and mental health issues. There was also comment on ensuring that the service reflects the needs of young people living in areas of social deprivation.

Other challenges included: the need for quality assurance and consistency; having policies and procedures in place, particularly to protect staff; recognising that working with vulnerable young people is demanding and should be supported with appropriate policies and procedures; supporting / training staff to know when to refer on; ensuring continuity of practice; the potential to learn from other one-stop-shop providers; reaching young people who need the service; and, the issue of longer-term funding to sustain the service.

### (iii) Key Components of a One Stop-Shop Service

Workshop delegates were asked to consider the following question:

*The evaluation has identified a number of key areas which need to be addressed should a regional one stop specification be developed. Your views on these would be appreciated.*

- *Should one stop shops be stand alone services or should they facilitate other services within their centre to provide aspects of the service.*
- *What are the strengths and weaknesses of having a dedicated social / recreational facility?*
- *Is the age range appropriate, if not what age range should the services focus on?*
- *Is the range of issues appropriate?*
- *Have you any ideas on how the services should be; branded / co-ordinated'*

In response to this question the consensus from the delegates was that the organisations providing the service should strive to enhance the experience of young people to ensure maximum access to this group. This includes ensuring that young people have their own space to foster connectedness in an informal environment. Starting small was seen as a benefit which would provide the opportunity to set the scene, parameters, build relationships, develop informal relationships, build knowledge and provide an opportunity for early intervention in a relaxed environment. However, it was also suggested that organisations be careful to not present the services as a 'youth club' and to ensure that the service is not seen as being exclusive to particular groups (e.g. emo's etc).

Given that the service is targeted at 13-21 year olds, some stakeholders commented on the wide range of ages within this band and called for specific activities to be aimed at particular age groups (e.g. 11-15 year olds etc). There was also a call to explore the issue of branding and how the service can be promoted more widely.

The importance of the service being based on a holistic approach was endorsed by stakeholders, with a call for the service to be quality assured in some way (e.g. brand / kite mark endorsed by the Public Health Agency etc). Finally, the point was also strongly made that the service does not exist to replicate what other service providers are doing, but rather to complement these services

# 11 Achievement Relative to the Key Performance Measures

## 11.1 Overview

We now take each of the KPIs in turn below and consider the range of evidence for its achievement / non-achievement.

## 11.2 KPI 1: Establish and Provide Advice, General Information, Sign-posting and Health and Lifestyle Information for Young People Aged 11 to 25 years in a young people Friendly Environment

In terms of service user profile, the evidence from the user survey is consistent with that provided via the monitoring activity data, with a mix of males and females and different age groups represented. (The monitoring data shows clearly that the service was accessed by both males and females with representation across the target age groups (11-15; 16-20; and, 21-25)).

The survey of service users also suggests that once young people connect with the service they use it on a regular basis (e.g. 44% of users having visited the service on more than 10 occasions), with this connection offering the potential for service users to become exposed to the broad range of support on offer. The importance of friends and peers in promoting awareness of the service was also borne out in the survey.

Although the user survey identified variations in reason for using the pilot sites, the main reasons were to get help and advice relating to alcohol misuse, to build confidence and self esteem and get support when feeling down or depressed.

It was clear from the one to one interviews with key personnel at each of the OSSs that there was a wide range of information available to young people on physical, emotional, sexual health and well-being as well as information on general issues such as bullying, harassment etc. Leaflets were used by all of the OSS, though all had access to the internet and some had developed specialised web-sites so that users could find relevant information / contacts more easily.

The feedback from the users confirmed that they found the environment young-person friendly. The OSSs had sought to involve young people in as many decisions about the décor etc as possible. Arguably more important though, users regarded the staff as friendly, approachable and helpful and these strong positive relationships were one of the key factors in young people coming back.

Overall, the evidence from the evaluation shows that those young people using the pilot one stop shop service are deriving benefit, with the vast majority of service users commenting on the positive impact of the project in helping to resolve their problems. The evidence also suggests that young people who use the service once become regular users with a high level of satisfaction reported regarding service provision.

### 11.3 KPI 2: The accommodation of peripatetic work by PHA/DACT funded youth treatment services. Signpost young people to this service as appropriate

The quarterly qualitative reports completed by each pilot clearly show that they have accommodated peripatetic work by PHA/DACT funded youth treatment services in their respective localities and have signposted young people to a range of other services such as local Drug and Alcohol Teams (DACTs), DAISY, Breakthru and the Public Health Agency.

In terms of specific health issues, again the evidence from the monitoring returns supports the view that the pilot sites have sign-posted young people to other services to access support, information and advice on the following issues: alcohol and drugs, mental health issues, suicide and self-harm, sexual health, and support with employment. Without exception, all of the pilot sites had sign-posted young people for all of the issues listed.

### 11.4 KPI 3: Accommodate and signpost young people to the PHA/DACT-funded targeted education and prevention services

The activity monitoring data provides evidence that this objective has been met, with all 4 pilot sites having referred young people to these services. In addition, the evidence from the user survey supports the view that young people have accessed a range of help, support and advice across all of the health issues listed.

### 11.5 KPI 4: Identify agencies providing specialist services related to the following areas:

- **Suicide and self harm**
- **Mental health and well-being/ resilience**
- **Sexual health**
- **Relationship issues**
- **Welfare/legal**
- **Coping with school/ employment**

**Signpost young people to these services, and, where possible, accommodate peripatetic work by these agencies.**

The qualitative quarterly reports completed by the pilots support the view that each of the pilot projects engaged in a process of identifying a range of local agencies providing specialist services relating to different health issues.

## 11.6 KPI 5: Provide social and recreational facilities for young people, based on local service needs.

All of the OSS shops had a social / recreational aspect to the service although it was provided in different ways. See Table below.

| Banbridge | Bangor | Carrickfergus | Enniskillen |
|---|---|---|---|
| Social aspect provided in a separate building in a separate location at some from the counselling and support | Social aspect is provided via partnership with local leisure centres | Social aspect provided in the same room as the information aspect | Social aspect provided by the FUEL[61] project which operates out of a different part of the same building that houses the information and support services. |

The evidence from the service user survey and the focus groups with users clearly shows that young people using the service value the pilot sites as opportunities to meet and socialise with friends and peers, with this a key motivator for actually using the service in the first place. Indeed on the day of interview, for the user survey, half of the service users listed socialising with friends as a reason for visiting the one stop shop. The feedback from the service users in the focus groups suggested a desire for more space for the social / recreational dimension of the initiative. The feedback from key personnel in the one-to-one interviews echoes this. However, there was an acceptance that the pilots had to live within the budgetary constraints specified and the physical constraints of the various buildings available for use.

Friends and peers are also vital mechanisms for promoting awareness of the service among young people.

Among non users, the social dimension of such a service was seen as an important factor in encouraging the uptake of the service.

## 11.7 KPI 6: Provide targeted drug education and prevention services to young people and their families.

It is clear from the one-to-one interviews, the quarterly qualitative reports and the monitoring returns that the pilots did provide drug education and prevention services to young people and parents. The issue for this formative evaluation then becomes to what extent these were 'targeted'. This is complex in the context of this exercise, because it is possible to interpret this objective in at least two ways – what we will call here 'pre-emptive targeting' and 'response targeting'.

The generally held concept of 'targeting' is the first of these. It pre-supposes that one can identify, comprehensively, definitively and in advance, the nature, scale, location and timing of particular needs. From this perspective, the 'effectiveness' of targeting is assessed according to the extent to which the nature, scale, location and timing of needs was completely and accurately assessed in advance and

[61] http://www.thefuelcentre.com/

then delivered to match this. Whilst it was clear from the one-to-one interviews with senior personnel in the OSSs that they had extensive experience of and 'knew' the needs of their respective local areas, we were not provided with any specific documents that formally set out the needs of the local area in 'pre-emptive' terms. However, the fact that almost all of users surveyed took the view that young people needed drug education and awareness courses in their respective areas and the fact that the OSSs were addressing delivering these is a measure of 'targeting' need.

Alternatively, it is also possible, that the pilots interpreted 'targeting' according to the second definition – 'response'. Under this scenario, effective targeting is assessed according to the (perceived/ reported) suitability and the nature and scale of the impact of an intervention once the need becomes apparent (e.g. a person presents). Looked at in these terms, there is a range of evidence to support the view that the drug and education programmes were effectively targeted. Whilst the current monitoring data set lacks outcome data, the user survey provided an indication of outcomes, with the vast majority of users (88%) saying that the pilot providers had been able to help them when they presented with a problem. This finding was consistent across the four sites. Specifically, (in terms of nature and scale of impact) most users reported improvements in confidence, self-esteem, understanding of the implications of their actions and improved awareness of health services. Furthermore, the evaluation has found that (in relation to suitability) service users are generally comfortable with the service provided with most saying they have or would use the pilot sites for information, advice or support across all of the service areas (e.g. alcohol misuse, drug misuse, suicide and self-harm etc.) All users said that they would recommend the service to others.

## 11.8 KPI 7: Provide services during evenings and weekends

The monitoring activity data, the service user survey, the focus groups with service users, and interviews with project personnel, all provide evidence that the pilot sites offered the service during evening and weekends. The only aspect of criticism from service users focused on opening times, with a significant minority calling for improved opening times, particularly during the day (9am-5pm).

Among non users, the demand was greatest for evening opening hours, with this group more likely to prefer a virtual service (39%) compared with walk-in service (22%). This is in contrast with service users who were more likely to prefer a walk-in service (75% vs. 10%).

## 11.9 KPI 8: Service should explore ways of engaging with young people in rural areas and identify potential partners in providing services to young people in these rural areas.

All four pilot sites met the requirements for KPI 8. As part of the service contract, three of the pilot providers were required to make the one stop shop service available on a satellite basis. The activity monitoring data shows that this requirement was met by all three sites.

## 11.10 KPI 9: Staff working in service should be qualified /experienced in youth work

Whilst all of the staff who were in contact with young people did have youth work experience, the entries on the quarterly qualitative reports submitted by each of the pilots reflect the varying interpretations of the above KPI. For some, this was interpreted as, merely requiring them to report that, "All staff in place with Access NI checks completed**".** At the other end of the scale, some other pilots provided very detailed information on the specific qualifications and experience of individual staff who were in contact with young people. Again, any attempt at assessing the extent to which this KPI has been achieved is complicated by the fact that the terms "qualified" and "experienced" are not further defined, in so far as we can tell, from the available documentation and, consequently, we are not aware of a minimum attainment level which would denote someone as being 'qualified' or 'experienced' in this context. Furthermore, the specific wording of the KPI and the use of a '/' suggests that qualifications and experience are interchangeable in terms of being suitable. For all these reasons, interpreting this KPI at a wholly literal level therefore, any qualification or level of experience in youth work would have resulted in this KPI being marked as 'achieved'. Since we know from the one-to-one interviews that all staff in contact with the young people were either qualified or had youth work experience, at a literal level this KPI has been achieved. Notwithstanding this, we are aware from the one to one interviews that - mindful of the vulnerability of service users - there was a desire for high standards of qualifications and experience to be sought for all workers in contact with young people.

Evidence that the staff employed were perceived to be appropriately skilled can be found in the feedback from the service users (focus group and survey). They commented on the helpfulness of staff across the four sites, with the vast majority satisfied with all aspects of service delivery (e.g. confidentiality, location, being directed to other services etc). Indeed, the importance of having staff who can empathise and understand service users is a common theme to emerge from the user survey. Friendly staff is seen as the most important factor in encouraging service uptake, with unfriendly staff seen as the most important factor in discouraging service use.

## 11.11 KPI 10: Contribute to the collection of all required monitoring and evaluation information.

All of the pilot projects provided monitoring data and quarterly qualitative reports as part of their contract requirement.

# 12 Conclusions and Recommendations

This evaluation required SMR to consider a series of specific research questions. These questions and our recommendations, based on the available evidence from this evaluation, are set out below:

***Should the One Stop Shop approach be developed in Northern Ireland?***

SMR recommends that the One Stop Shop service is developed in Northern Ireland because:

- It is delivering benefit to users and is highly valued by them;
- It is meeting needs in a manner suited to the target client group;
- It is meeting the needs of young people in geographical areas which previously did not have access to age appropriate information, advice and signposting in relation to services of this kind; and,
- There is evidence of strong demand for this service. The evaluation found that in terms of likelihood of using a one stop shop service, the level of demand is estimated at 20% of the target group which equates to approximately 77,000 young people aged 11-25 in Northern Ireland.

However, the OSS 'concept' itself needs to be further clarified with those delivering the service (i.e. is it a referral / sign post – service or direct service provision including brief interventions?)

***Is the current model appropriate?***

Based on the findings from the literature review, our understanding of the diversity of needs across the different communities and the legitimate need for different approaches in different areas, SMR has concluded that **there is no single formula that constitutes 'best practice' – much depends on the local context and local need.**

Conceptualising the OSS model as a fluid framework, rather than prescriptive set of activities, SMR considers that in terms of the types of information, advice, sign posting and services on offer and the style of service delivery, the model was appropriate. The feedback from key personnel, users and non-users all support the view that the services offered are needed. Users also commented on the suitability of the environment, the approachability of the staff and the value of the services available. For all of these reasons, the model can be considered 'appropriate'.

We note, however, each of the pilot sites implemented the OSS concept in slightly different ways. It was not possible, within the time and budgetary constraints of this exercise, nor with the limited information available, to discern empirically whether one approach (e.g. in terms of engaging young people) – or whether a specific aspect of a specific approach (e.g. engaging 11 – 15 year olds) - was 'better' than another. Further research would be needed to elucidate this. We recommend that future OSSs are actively encouraged and supported to share and document their experiences and thereby maximise the opportunity to refine the collective understanding of what constitutes the 'most appropriate/effective' model in different contexts.

***Which elements of the model have been most successful (appropriate) and least successful (inappropriate)?***

From a strategic point of view, all the key aspects of the model could be considered to have been successful in that all aspects of all of the KPIs were achieved. Moreover, the very high level of satisfaction expressed by current users *(helpfulness of staff (94%), help with issues or problems (88%), confidentiality of the service (86%) and service location (85%))* is a significant and positive achievement.

From an operational perspective, the feedback from the one to one interviews with key personnel delivering the pilots suggests that some elements were more successful than others. However, we could caution against a simple interpretation of the lists below as meaning that intrinsically certain aspects were more successful than others. It is SMR's view that the perceptions of what might be judged 'successful' or are in some way related to other factors, including each OSSs' level of experience of the various issues (which was different), the resources available to each project, (which differed) and the specific local context within which various aspects of service delivery were implemented (again different in each case). Moreover, further research would be needed to discern *why* specific aspects were considered 'successful' in certain contexts. We recommend that future OSSs use the shared learning sessions we alluded to earlier to develop a sense of what 'success' looks like in different contexts and what factors create and, crucially, sustain 'success'.

Notwithstanding this, according to the key personnel interviewed[62] in each of the OSSs, the most **successful elements** were:

Client-related

| | |
|---|---|
| ▪ *Reassurance*<br>▪ *Continuity of relationship*<br>▪ *Drop in*<br>▪ *Project Work* | ▪ *The outreach service*<br>▪ *Staff training and appropriate policies*<br>▪ *How the service is marketed* |

Premises-related

| | |
|---|---|
| ▪ *The choice of location*<br>▪ *The deliberate creation of social space* | ▪ *The use of a coffee bar*<br>▪ *Having two sites (Banbridge only)* |

[62] See details in Section 5.4, Part 10

The **least successful elements** were:

| | |
|---|---|
| ▪ *Limited staff* | ▪ *Specific referrals* |
| ▪ *Over-reliance on volunteers* | ▪ *Education Programmes e.g. ACET* |
| ▪ *Limited opening hours* | ▪ *Organisations failing to work within the culture of the OSS* |

In addition to the questions of 'most' successful and 'least successful', SMR has also considered the questions of 'differently' successful. Analysis of the feedback from the user survey reveals distinct gender and age band differences across the user profile of each of the pilot sites. We therefore recommend that PHA, in partnership with the pilot sites, considers these findings and explores together why this might be. It is our belief that the insights from this could help ensure that future OSSs are more inclusive.

***Have the One Stop Shops been able to involve local stakeholders to meet identified needs and provide a more integrated range of services for young people?***

The evidence from the evaluation shows that the pilot projects have engaged other local stakeholders to meet identified needs and, in doing so, have helped to provide more integrated services to assist and support young people. However it was also apparent that tensions existed in working in partnership with other organisations. Some of the OSS sites questioned the need to refer to other services and felt that they were competent to provide the more specialist advice. Some sites also reported that the young people did not wish to be referred. There were also difficulties with facilitating other services which had a different way of working with young people.

However, SMR recommends that in further developing the service, the Public Health Agency set out a clear set of protocols for one stop shop providers to adhere to, particularly in relation to the appropriateness of referrals and signposting young people to other services.

This process should assist the Agency in identifying further opportunities where relationships can be developed between stakeholder organisations to ensure that young people have access to a full range of services.

***Comment on the suitability of the key performance indicators?***

In our opinion, the current set of KPIs has the potential for improvement in a number of areas:

- The current KPIs were heavily focused on inputs. We would recommend that for future OSS, the KPIs have a much greater **output / outcome** orientation. Proposals made by key personnel from the OSSs regarding what they consider would constitute more suitable indices are listed in Section 5, Part 9. In summary, they spanned three main themes:

  - *How the young people have benefited*

- *The type of place the OSS is / represents / is seen to be*
- *Numbers of young people attending the OSS and use the services.*

- In our opinion, the underlying **definitions** of some of the terms used in some the KPIs were unclear and / or not specified. (For example, when can staff be considered "qualified" or "experienced" in "youth work"? What was "targeting" intended to mean in the context of a pilot OSS? Clearer, more specific definitions of the KPIs are needed for future OSSs.

- Allied to this, was the absence of a set of **minimum standards**. Many of the KPIs were expressed in what we would describe as 'binary' mode i.e. the simple completion of one action, at whatever level, for whatever duration above zero etc could, technically, be interpreted as being 'achieved' (For example, "Identify agencies…"; "Provide services during evenings and weekends…".) Whilst arguably the pilot initiative was, by its very nature, formative, we nevertheless recommend that, for future OSS, at the very least, minimum standards should be defined for all key performance indicators, thereby setting out clearly for OSS the level and quality of service that is expected. Ideally, OSSs should be encouraged, and, if appropriate, incentivised to provide services well above the minimum standards.

- Absence of written **data guidelines** - The understanding of the way in which data was to be submitted differed across each of the OSSs. The result was datasets that had the visual appearance of conforming to a standard but in fact the basis of counting was different. This posed major constraints on subsequent attempts to analyse the data at aggregate level. We therefore recommend, for future OSSs, that formal written guidelines are developed, issued and applied rigorously for each of the future KPIs at the outset (i.e. so that any data captured can subsequently be compared on a like-for-like basis). We further recommend that future OSSs are as involved as possible in the development of these guidelines. For the purposes of improving management and performance information, PHA may also wish to consider a possible link between the timely submission of monitoring data (which should be fully compliant with the data guidelines) and the funding awarded to OSSs.

- The **way in which the monitoring data was gathered** (at group level and via spreadsheets), limits its ability to be interrogated for monitoring and management information purposes. We therefore recommend that consideration be given to the identification and implementation of a **suitable IT system** focused on capturing relevant information (ideally focused on outcomes) at **client** (not group) **level** from each of the OSSs. In our opinion, a **single system that operates across all of OSSs** would be highly beneficial in terms of generating monitoring and performance information. Such data would not only useful to the Agency but would provide each of the service providers with a rich source of information for other purposes (e.g. grant applications etc).

***Overall, what are the key service elements which would need to be incorporated into a regional service specification?***

Based on the evidence within this evaluation, SMR recommends that any future regional specification should be broadly **based on the design of the current pilots** i.e.

- **Providing specialist services related to the following areas:**
    - Suicide and self harm
    - Mental health and well-being/ resilience
    - Sexual health
    - Relationship issues
    - Welfare/legal
    - Coping with school/ employment.
- **Signposting young people to these services**, and, where possible, accommodating peripatetic work by these agencies.

The evaluation found that there is a need for **clarification** on the rationale behind mandatory referrals to other organisations – it seemed to some OSSs that an appropriate service was already available in-house.

The evaluation also found that users considered the **service focus** should be on **health improvement** (providing help and support in relation to alcohol and drugs, the development of personal and social skill and mental and emotional wellbeing) rather than the provision of learning, employment or training skills. This view was also echoed by some of the key personnel in the OSSs.

Allied to this, the evaluation found that the following **aspects would merit further consideration** by PHA. SMR considers that the regional specification could be further refined following these deliberations:

| Aspect | Point for Further Consideration |
|---|---|
| | The OSS 'concept' itself needs to be further clarified (i.e. is it a referral / sign post – service or direct service provision including brief interventions?) |
| ▪ **Assessment and documentation of need at local level** | Is this best done at local level? Regional level? Or a dual approach preferable? |
| ▪ **Staffing** | The staffing of the services is very important and this was highlighted in the stakeholder workshop given the need to work with a wide range of young people. |

| | |
|---|---|
| | Numbers required? Minimums?<br>Minimum and preferred qualifications and experience?<br>Support for staff working with complex and sensitive cases;<br>Induction? Training? |
| ▪ **Volunteers** | Role of volunteers?<br>Recruitment of volunteers?<br>Precluding factors?<br>Induction? Training?<br>Minimum and preferred qualifications and experience?<br>Support for volunteers? |
| ▪ **Age** | There was recognition in the stakeholder workshop that the current age range was very wide and that this needed to be reviewed. |
| ▪ **Location of information and social aspects** | Location of information and social aspects – together or separate, of flexible? The evaluation found that there were benefits and disadvantages from having a social aspect within the same building as the health related advice and support services. Care needs to be taken to ensure that the OSS's do not become associated with a particular group of young people, or duplicate youth service provision |
| ▪ **Opening Hours** | In terms of further refinement, the most common suggestion offered by service users was to extend opening hours. |
| ▪ **Branding** | One regional brand or many? (SMR recommends one brand). |
| ▪ **Promotional activities** | One regional campaign, many local campaigns or a mixed approach?<br>Which methods are most effective and specifically, which methods are most |

| | |
|---|---|
| | effective in reaching specific audiences (e.g. users / non-users; specific age groups, marginalised young people etc)? |
| | Key features and strategies of a promotional campaign? For example, the evaluation found users calling for more service promotion including visits to schools within each of the OSS areas. It seems this would be an essential part of any promotional campaign. |
| ▪ **Involvement of young people** | The evaluation has identified young people themselves as a potential resource in further informing the development of the service (78% of all users expressing an interest in getting involved). Given the level of interest in the concept and the willingness among users and non users to become involved. it seems to important to consider how service providers could be actively encouraged to integrate the voice of users and non users into the further refinement of the service, The key points for consideration therefore are what approach(es) is (are) the most effective? Most inclusive? |
| ▪ **Involvement of local stakeholders** | What range of stakeholders should be considered?<br>What approach(es) is (are) the most effective? Most inclusive? |
| ▪ **Information sources and resources** | Leaflets, e-directories etc? Develop locally? Regionally? Or a mixed approach? |
| | Materials already developed that could be used as the basis of core materials?<br>Preferred platforms / formats for the development of e-materials? (to promote sharing). |
| ▪ **Active promotion of shared learning** | If a future wave of one stop shop providers is appointed, SMR recommends that these provider organisations are brought together collectively at the start of the process with the aim of ensuring that there is a cross |

| | |
|---|---|
| | fertilisation of ideas between providers. The Agency leading these contact sessions will also provide an opportunity for consistency of approach to be applied from the outset, as well as regular opportunities for the service providers to discuss and help the challenges in providing a one stop shop service.<br><br>The key aspect for consideration therefore is how best to co-ordinate across OSSs to promote shared learning and enhance professional development? What is the role of PHA in this? What are the resource implications of such shared learning? |
| ▪ **Key Performance Indicators** | Consider bringing OSSs together at the outset to agree, with PHA, the KPIs, data collection standards and processes (i.e. so that any data captured can subsequently be compared on a like-for-like basis); and,<br><br>Need for development of outcome focused indictors.<br><br>Need for clear data definitions and minimum standards of achievement clearly specified.<br><br>Need for clear description how each KPI is to be 'counted'.<br><br>Consideration to be given to the provision of a common IT platform for the submission of data. |
| ▪ **Role of PHA** | Clarification of the specific roles and responsibilities of the PHA in terms of supporting the work of the OSSs (e.g. media, public relations and co-ordination across the OSSs would appear to be specific areas where PHA expertise could add value). |

# APPENDICES

# Appendix A

## Discussion Schedule re
## Interviews with Senior Personnel from OSSs

# Public Health Agency

**Evaluation of One-Stop Shop Programme**

## Proposed Topics for Interviews with Providers

**Final**

Introduction to the interview:

- Thank interviewees for setting aside the time to take part
- Background to the research
- Research Aim – State the aims and highlight the formative nature of the review.
- Outline of methodology showing where the stakeholder interviews fit in and specifically that this element of the research relates to the evaluation of the implementation of the pilot and their reflections and views on that experience.
- Outline of project timescales and target date for production of report
- Contact points in the Steering Group if further clarification needed.

**1 Context**

Is your OSS a new service or part of an existing service?
If there was an existing service, what was that?

**2 Geographical area**

What geographical area(s) does your OSS serve?

**3 Structures**

What is the current management structure and staffing levels for the OSS?

**4 Features**

What are the main features of your OSS, what services does it provide?

What services come to the OSS?

What service does the OSS have agreement with for referral?

Is there a social aspect to the service i.e. where young people can meet?

**5 Coping with 'new' aspects?**

Is any aspect of the OSS completely new to your organisation? If so, how did your organisation cope with this (e.g. training, links with other organisations, getting in resources from outside etc)

**6 OSS 'Image'**

Does the OSS have a distinctive identity or does it look like another aspect of the organisation's services.

**7 Promotion**

In what way(s) has the OSS been promoted to young people?

**8 Distinctive Contribution**

What would you say is the single most important outcome that has been achieved locally as a direct result of the existence of the One Stop Shop? i.e. that would not happened at all, or would take a lot longer, without it?

**9 Defining 'Success'**

How would you define 'success' in relation to a service model such as this One Stop Shop?

**10 Your Assessment of Success**

Based on your own criteria, what aspects of your service model have been:

(c) The most successful? And why?

(d) The least successful? And again, why?

**11 Appropriateness of the model?**

Were the any aspects of your service model that, looking back, you considered were:

(d) Highly appropriate? And why?

(e) Questionable? And why?

(f) Not appropriate? And again, why?

**12 Feasibility of the model?**

Were the any aspects of your service model that, looking back, you considered were both **effective and**:

d. Very easily implemented? And why?

e. Feasible with a modest amount of effort? And why

f. Very demanding to implement? And why?

Were the any aspects of your service model where, you think, the effort required for implementation far outweighed any benefits / potential benefits derived? Say why

## 13 Stakeholders

Who would you say are the main stakeholders of your OSS?
Which of these do you consider to be the most important and why?

## 14 Integrated Service and Involvement

Looking back, what evidence is there that the One Stop Shop has involved local stakeholders in:

(c) Meeting identified needs; and,

(d) Providing a more integrated range of services for your people.

How would you describe the effectiveness of the involvement of local stakeholders? What specific evidence is there for the rating you give?

Specifically, in what way(s) have young people been involved in:

- identifying need;
- designing the service;
- developing the service.

## 15 Perception of Impact of Service on Local Community

(d) How would you describe the overall impact of the One Stop Service within the local community?

(e) Which aspects of the service model (if any) provided the greatest benefits? And why are these specific benefits especially important to the local community?

(f) Which aspects of the service model (if any) resulted in negative effects? Again, why are these negative effects so unhelpful in relation to the local community?

## 16 Your Views on a Regional Specification

Based on your experience of the One Stop Shop in operation in pilot form, which elements of the service model would you say:

(a) Were **present** in the pilot model and **need** to be incorporated into a regional service specification, and why?

(b) Were **absent** from the pilot model and **need** to be incorporated into a regional service specification, and why?

(c) Were **present** in the pilot model and **would be desirable** to be incorporated into a regional service specification, and why?
(d) Were **absent** from the pilot model and **would be desirable** if they were to be incorporated into a regional service specification, and why?

(e) Were **present** in the pilot model and **are not needed**, and why?
(f) Were **absent** from the pilot model and **do not need** to be incorporated into a regional service specification, and why?

## 17 Project Activity / Project Data

(a) Please walk me through a summary of your monitoring returns – all so that I am clear on what the data actually represents.

(b) How confident are you that all four providers count the data items in the same way? If not:

- Where are the main (possible) discrepancies? (i.e. so that we can be mindful of these in the final data analysis).

- What changes would you suggest to the guidance on data collection so that there is consistency across the various data sets gathered?

*(c) See separate sheet on KPIs attached at the end.*

## 18 Measuring 'Performance'

Thinking about how you defined 'success' (at the outset of this interview), what is your view on the suitability of the monitoring data as a measure of 'performance'? In other words, is the monitoring data sufficient? If not, what further and / or alternative data / information do you consider is needed and why?

## 19 Any other points?

Are there any other points you would like to raise that relate directly to the overall research aim?

**THANK YOU**

### Key Performance Indicators (KPIs)

Each of the pilot sites were required to deliver on the following targets or KPIs. **As we walk through the monitoring data, please make clear the link between the data captured and each of the KPI s below.**

1. Establish and provide an Advice, General Information, Sign-posting and Health and Life Style Information Centre for young people aged 11 to 25 years in a young people's friendly environment.

2. The accommodation of peripatetic work by PHD/DACT funded youth treatment services. Signpost young people to this service as appropriate.

3. Accommodate and signpost young people to the PHA/DACT-funded targeted education and prevention services.

4. Identify agencies providing specialist services related to the following areas:

    - Suicide and self harm
    - Mental health and well-being/ resilience
    - Sexual health
    - Relationship issues
    - Welfare/legal
    - Coping with school/ employment

Signpost young people to these services, and, where possible, accommodate peripatetic work by these agencies.

5. Provide social and recreational facilities for young people, based on local service needs.

6. Provide targeted drug education and prevention services to young people and their families.

7. Provide services during evenings and weekends.

8. Service should explore ways of engaging with young people in rural areas and identify potential partners in providing services to young people in these rural areas.

9. Staff working in service should be qualified /experienced in youth work.

10. Contribute to the collection of all required monitoring and evaluation information.

# Appendix B

## Discussion Schedule re
## Focus Groups with Young People (Service Users)

# Public Health Agency

## FOCUS GROUP AGENDA

### Standard Pre-amble

**(10 mins)**

- Introductions;
- Background to the research
- Purpose for the focus group;
- Explain how people have been selected and why (outline of process and criteria and used)
- Explain that we will NOT be going into their particular issue or why they came to the OSS, the discussion is more about how the OSS met or did not meet their needs / expectations
- Explain what we will cover during the focus group and the structure of the session overall;
- Standard focus group guidelines;
- Explain that it is their own personal views / experiences we are looking for – not what they think people in general would say
- Confidentiality and anonymity
    - What is spoken about in this room stays here;
    - No-body's name gets mentioned in our report;
- Permission to voice record the session

**Key info (From Project Manager in Advance**

Capture key info:

- Gender: Male / female
- Age Bands:
- The issue(s) they sought support with
- When they first made contact with OSS

# PART 1 – YOUR EXPERIENCE SO FAR

**(15 mins)**

Looking back on how young people were treated when they came to the OSS, please tell me:

> What sorts of things did they find helpful or comforting? And why were they helpful or comforting to you at that time.
>
> Was there anything that stands out as being especially important? Again, why?
>
> Was there anything that young people in general think is unhelpful or uncomfortable? If so, what was that and why was it unhelpful.

*(Use flip chart to record feedback).*

# PART 2 – SUGGESTIONS FOR IMPROVEMENTS

**(15 mins)**

Just for a moment, I'd like you to imagine that you are in charge of a OSS providing support for people who find themselves in situations like yours. In situations like that, what *more* could a OSS do to support those people i.e. what could it do that it is not doing already?

*(If not mentioned, prompt with words like… 'the building', 'information' , 'staff', ' 'transport', 'comfort', 'opening times', 'amount of time')*

*(Use flip chart to record feedback).*

# PART 3 – OSS NEEDED IN THIS AREA?

**(15 mins)**

This OSS provides a range of services for young people – Walk through Handout 1 – See attached to end of this discussion schedule.

Do you think the young people in this local area need these services?
If yes, why?
If no, why not?

Beyond the services already listed, can you think of any other services a OSS might provide to young people in this local area?
If so, why do you feel these would be needed.

*(Use flip chart to record feedback).*

# PART 4 – ENCOURAGE USE

**(15 mins)**

What sorts of things has this OSS already done to encourage young people to use this OSS?

What more do you think could be done to encourage even more young people to come?

*(Note: Is it something the OSS could do? Someone else could do?*
*If so, what is it and who should it be done.)*

# PART 5 – DISCOURAGE USE

**(15 mins)**

Are you aware of anything about this OSS that has already put some young people off coming? If so, what is it and needs to be done to correct this?

What else puts young people off coming forward for support in these areas (Reference Hand out 1). What needs to be done to make it easier for young people to come forward for support if they need it?

# PART 6 – CONCLUSION

**(5 mins)**

- Summarise the key points raised and the suggestions made.
- Remind participants of how their feedback will be used, when report will be completed and what will happen next.
- Thank participants and close.

## Process & QA

*Key points will be noted in writing. To ensure a complete and accurate record of the proceedings and subject to the consent of the participants, a digital voice recording (confidential to SMR) will also be made of each focus group.*

**HAND OUT 1**

**Services Currently provided by OSS**

| |
|---|
| Developing personal and social skills |
| Somewhere for young people to meet |
| Giving information and help with sexual health issues |
| Giving information and help with alcohol and drug issues |
| Preparing / helping young people to find employment |
| Preparing / helping young people to access training |
| Helping young people to live independently |
| Helping young people to develop learning skills |
| Helping young people to develop motivation skills |
| Giving information and help with mental health/emotional wellbeing issues |

# Appendix C – Survey of Service Users

## One Stop Shops User Survey

**2011**

### Why are we doing this Survey?

The Department of Health and a range of other organisations is looking at ways of better helping and supporting young people who may need information , help or support on a variety of issues. As someone who has visited a One Stop Shop service we are interested in your views on the service as well as how this service could be further developed to meet the needs of young people in your area

We have invited you to take part in this survey because your answers will help us to better improve services for other people your age.

This is not a test or an exam. There are no right or wrong answers. It is simply whatever you think or feel. We are surveying young people from across Northern Ireland and everyone is being asked the same questions.

### How do I complete this Survey?

For each question please either tick your answer or type in your answer in the text box.

### Confidentiality

Your individual answers are private and confidential, and no-one else sees them except the researchers working on the project. The Public Health Agency will publish the overall ~~results~~ findings from the survey on its website (www.publichealth.hscni.net).

**Many thanks for supporting this survey!**

## SECTION A: RESPONDENT CHARACTERISTICS

A1. Are you…?

| | |
|---|---|
| Male | ☐ |
| Female | ☐ |

A2. What age are you

| |
|---|
| |

A3. Please tell us what you currently do …?

| | |
|---|---|
| Attend School | ☐ |
| Attend FE college | ☐ |
| Training | ☐ |
| University | ☐ |
| Working full time | ☐ |
| Other (please specify) | ☐ |

A4. And which of the following areas do you live in?

| | |
|---|---|
| North Down & Ards, Bangor | ☐ |
| Enniskillen / Fermanagh | ☐ |
| Banbridge / Kilkeel/ Dromore Area | ☐ |
| Carrickfergus / East Antrim | ☐ |

A5. How would you describe the place where you live ….?

| | |
|---|---|
| City | ☐ |
| Large Town | ☐ |
| Suburbs | ☐ |
| Small Town | ☐ |
| Village | ☐ |
| Country | ☐ |

## SECTION B: AWARENESS AND USE OF ONE STOP SHOP SERVICE

B1. How did you come to hear about the **the Forum for Action on Substance Abuse (FASA) in Bangor?**

| | |
|---|---|
| Brother / Sister | ☐ |
| Parent | ☐ |
| Friend | ☐ |
| Teacher or nurse at School | ☐ |
| Poster / Leaflet in school | ☐ |
| Poster / Leaflet outside school | ☐ |
| Newspaper | ☐ |
| Doctors / other health professionals | ☐ |
| Radio | ☐ |
| Social Networking Sites (e.g. Bebo, Facebook, Twitter etc) | ☐ |
| Other (please specify) | ☐ |

B2. How many times have you visited **the Forum for Action on Substance Abuse (FASA)?**

| | |
|---|---|
| First visit | ☐ |
| Once before | ☐ |
| 2- 3 times | ☐ |
| 4-5 times | ☐ |
| 6-10 times | ☐ |
| More than 10 times | ☐ |

B3. Have you ever used the **Forum for Action on Substance Abuse (FASA)** to get help or advice with an issue or problem relating to any of the following? Please tick all that apply.

| | |
|---|---|
| Advice regarding alcohol misuse? | ☐ |
| Building confidence / self esteem? | ☐ |
| Coping with school? | ☐ |
| Counselling? | ☐ |
| Depression / feeling down? | ☐ |
| Drugs misuse? | ☐ |
| Employment / training? | ☐ |
| Relationship advice? | ☐ |
| Sexual health advice? | ☐ |
| Suicide / self harm advice? | ☐ |
| None of the above | ☐ |
| Any other issue / advice? (please specify) | ☐ |

B4. If you have answered yes to any of the above what was the main reason why you came to **FASA** rather than going somewhere else?

| |
|---|
| |

B5. Was FASA able to help sort out your problem?

| | |
|---|---|
| Yes, able to help me with my issue/problem | ☐ |
| Yes, partly able to help me with my issue/problem | ☐ |
| No | ☐ |

B6. Thinking back to when you got help from FASA please say if you agree or disagree with the following?

| | Agree | Neither | Disagree | Don't Know |
|---|---|---|---|---|
| Staff treated me with respect | ☐ | ☐ | ☐ | ☐ |
| Staff understood my issues | ☐ | ☐ | ☐ | ☐ |
| Staff were able to direct me to the right source of information / help | ☐ | ☐ | ☐ | ☐ |
| I was glad that I came to FASA | ☐ | ☐ | ☐ | ☐ |
| My case was handled confidentially | ☐ | ☐ | ☐ | ☐ |
| Seeking help has helped me with other issues | ☐ | ☐ | ☐ | ☐ |
| I really had nowhere else to turn | ☐ | ☐ | ☐ | ☐ |
| The service is young people friendly | ☐ | ☐ | ☐ | ☐ |

B7. Within the last year, the Department of Health has provided 'One Stop Shop' services for young people in Northern Ireland. Are you aware that **the Forum for Action on Substance Abuse (FASA)** is a **one stop shop** that provides help, advice and support for young people?

| | |
|---|---|
| Yes | ☐ |
| No | ☐ |

B8. Why are you visiting **FASA** today? Tick all that apply

| | |
|---|---|
| Just to meet friends/socialise | ☐ |
| Just called in to check it out | ☐ |
| Wanted info/help with Alcohol issue | ☐ |
| Wanted info/help with Drugs issue | ☐ |
| I was feeling down and depressed | ☐ |
| Relationship information/advice/support | ☐ |
| Sexual health information/advice/support | ☐ |
| Housing information/advice/support | ☐ |
| Debt information/advice/support | ☐ |
| Employment problem | ☐ |
| Wanted information or help for a friend or relative | ☐ |
| Other Reason | ☐ |

B9. How satisfied or dissatisfied are you with the following aspects of service provided by **FASA?**

| | Satisfied | Neither satisfied nor dissatisfied | Dissatisfied | Don't Know |
|---|---|---|---|---|
| Helping you with any issues or problems | ☐ | ☐ | ☐ | ☐ |
| Confidentiality of the service | ☐ | ☐ | ☐ | ☐ |
| Helpfulness of staff | ☐ | ☐ | ☐ | ☐ |
| Directing you to other services | ☐ | ☐ | ☐ | ☐ |
| Location of the service | ☐ | ☐ | ☐ | ☐ |
| The opening hours | ☐ | ☐ | ☐ | ☐ |

B10. If you needed support with any of the following, would you in the future or have you already come to **FASA** for it?

| | Yes, already used this service | Yes, would use this service | No |
|---|---|---|---|
| Alcohol misuse problems | ☐ | ☐ | ☐ |
| Building confidence / self esteem | ☐ | ☐ | ☐ |
| Coping with school | ☐ | ☐ | ☐ |
| Counselling | ☐ | ☐ | ☐ |
| Depression or feeling down | ☐ | ☐ | ☐ |
| Drugs misuse | ☐ | ☐ | ☐ |
| Helping with employment / training | ☐ | ☐ | ☐ |
| Relationship advice | ☐ | ☐ | ☐ |
| Sexual health advice | ☐ | ☐ | ☐ |
| Suicide / self harm advice | ☐ | ☐ | ☐ |

B11. By using the FASA service, do you feel that it has helped you personally with any of the following?

| | Helped a lot | Helped a little | No, not helped |
|---|---|---|---|
| Improve your confidence | ☐ | ☐ | ☐ |
| Improve your self esteem | ☐ | ☐ | ☐ |
| Understand the implications of your actions | ☐ | ☐ | ☐ |
| Improved your awareness of health services | ☐ | ☐ | ☐ |

B12. If the service has been helpful in respect of any of the above, please say why.

| |
|---|
| |

B13. Please list any other benefits of using the service provided by FASA?

| |
|---|
| 1. |
| 2. |
| 3. |

B14. Please say if there have there been any downsides to using FASA?

| |
|---|
| |

B15. Would you recommend FASA to other young people living in this area?

| | |
|---|---|
| Yes | ☐ |
| No | ☐ |

**SECTION C: VIEWS ON CONCEPT OF OSS**

Within the last year, the Department of Health has provided 'One Stop Shop' services for young people in 4 areas in Northern Ireland. The service provides drop in information and advice services in relation to a range of issues such as alcohol and drug misuse, suicide and self harm, mental health and wellbeing, sexual health, relationship issues, resilience, coping with school and employment.

C1. Do you think that young people in this area need this type of service?

| | |
|---|---|
| Yes | ☐ |
| No | ☐ |

C2. How likely would you be to use a 'One Stop Shop' service for information and advice on issues relating to…?

| | Very Likely | Likely | Not very Likely | Very Unlikely | Don't Know |
|---|---|---|---|---|---|
| Alcohol misuse | ☐ | ☐ | ☐ | ☐ | ☐ |
| Building confidence / self esteem | ☐ | ☐ | ☐ | ☐ | ☐ |
| Coping with school | ☐ | ☐ | ☐ | ☐ | ☐ |
| Counselling | ☐ | ☐ | ☐ | ☐ | ☐ |
| Depression or feeling down | ☐ | ☐ | ☐ | ☐ | ☐ |
| Drugs misuse | ☐ | ☐ | ☐ | ☐ | ☐ |
| Helping with employment / training | ☐ | ☐ | ☐ | ☐ | ☐ |
| Relationship advice | ☐ | ☐ | ☐ | ☐ | ☐ |
| Sexual health advice | ☐ | ☐ | ☐ | ☐ | ☐ |
| Suicide / self harm advice | ☐ | ☐ | ☐ | ☐ | ☐ |

C3. The 'One Stop Shop' service exists to help and support young people on a range of issues. In your view which of the following services do you feel a 'One Stop Shop' should provide for people in your age group?

| | |
|---|---|
| Developing personal and social skills | ☐ |
| Somewhere for young people to meet | ☐ |
| Giving information and help with sexual health issues | ☐ |
| Giving information and help with alcohol and drug issues | ☐ |
| Preparing / helping young people to find employment | ☐ |
| Preparing / helping young people to access training | ☐ |
| Helping young people to live independently | ☐ |
| Helping young people to develop learning skills | ☐ |
| Helping young people to develop motivation skills | ☐ |
| Giving information and help with mental health/emotional wellbeing issues | ☐ |

C4. Of the services you feel a 'One Stop Shop' should provide, which is the most important service which should be provided?

| | |
|---|---|
| Developing personal and social skills | ☐ |
| provides somewhere for young people to meet | ☐ |
| Giving information and help with sexual health issues | ☐ |
| Giving information and help with alcohol and drug issues | ☐ |
| Preparing / helping young people to find employment | ☐ |
| Preparing / helping young people to access training | ☐ |
| Helping young people to live independently | ☐ |
| Helping young people to develop learning skills | ☐ |
| Helping young people to develop motivation skills | ☐ |
| Giving information and help with mental health/emotional wellbeing issues | ☐ |
| Other (please specify) | |

C5. If you were to list 2 other services which a 'One Stop Shop' should provide for people in your age group, what would these be? (Please list the most important first)

| |
|---|
| 1. |
| 2. |

C6. What single thing do you think would **encourage** young people to use a 'One Stop Shop' service in your area?

| |
|---|
| |

C7. What single thing do you think would **discourage** young people from using a 'One Stop Shop' service in your area?

| |
|---|
| |

C8. Thinking about the opening times of a 'One Stop Shop' service, which times do you feel would best suit people in your age group?

| | |
|---|---|
| During the day: 9am – 5pm | ☐ |
| Evening: 5pm-10pm | ☐ |
| Weekends: Saturday & Sunday 9am – 1pm | ☐ |
| Other (please specify) | ☐ |
| Don't Know | ☐ |

C9. Are you more comfortable using the services of a 'One Stop Shop' by physically visiting the 'One Stop Shop' or using the services on a virtual basis (i.e. email, using the website, web chat etc)?

| | |
|---|---|
| Visit 'One Stop Shop' | ☐ |
| Virtual (email, web chat etc) | ☐ |
| No preference | ☐ |
| Don't Know | ☐ |

C10. Would you prefer to use a 'One Stop Shop' service in your local area or outside you local area?

| | | |
|---|---|---|
| In my local area | ☐ | ➔ Go to C11 |
| Outside my local area | ☐ | ➔ Go to C11 |
| No preference | ☐ | ➔ Go to C11 |
| Don't Know | ☐ | ➔ Go to C12 |

C11. Why do you say that?

| |
|---|
| |

C12. There are many different ways that young people could access the services provided by a 'One Stop Shop'. Can you please say how useful you would find each of the following services?

| | Very Useful | Useful | Not very Useful | Not at all Useful |
|---|---|---|---|---|
| Access to a personal advisor | ☐ | ☐ | ☐ | ☐ |
| An advice helpline | ☐ | ☐ | ☐ | ☐ |
| Web chats to help solve a problem | ☐ | ☐ | ☐ | ☐ |
| Email | ☐ | ☐ | ☐ | ☐ |
| Website | ☐ | ☐ | ☐ | ☐ |
| Face-to-face contact with a staff member | ☐ | ☐ | ☐ | ☐ |
| Telephone contact with a staff member | ☐ | ☐ | ☐ | ☐ |
| Able to speak with someone outside where I live | ☐ | ☐ | ☐ | ☐ |

C13. Please suggest any other ways that the service could be promoted among your age group?

C14. The 'One Stop Shop' service exists to meet the needs of young people. If you were given the opportunity to get involved in developing this service, and to help make sure that it met the needs of young people in your, area would you get involved?

| | |
|---|---|
| Yes | ☐ |
| No | ☐ |
| Don't Know | ☐ |

C15. Finally, what do have any views on an appropriate image, brand or name to encourage people in your age group to use a 'One Stop Shop' service?

C16. We are offering those who take part in the survey the opportunity to be entered into a prize draw to win 10 £20 mobile phone vouchers. If you would like to enter the draw please list a contact phone number or email address below.

**Thank respondent**

We have finished all the questions now. I want to thank you very much for your help. Your comments will be very helpful.

# Appendix D – Survey of Potential Service Users

## Questionnaire:

**Evaluation of Pilot One Stop Shop Programme (Project SSE 0SS)**

**January 2011**

## Preamble

## Why are we doing this Survey?

The Department of Health and a range of other organisations is looking at ways of better helping and supporting young people who may need information, advice or support with a number of issues such as health, school or employment. In the last 12 months a **'one stop shop'** service for people in your age group was set up in your area. We now want to find out if you are aware of your one stop shop, if you have used it, and how this service could be developed to meet the needs of young people who need information or support.

We have invited you to take part in this survey because your answers will help us to better improve the one stop shop service being provided across Northern Ireland.

This is not a test or an exam. There are no right or wrong answers. It is simply whatever you think or feel. We are surveying young people from across Northern Ireland and everyone is being asked the same questions.

## How do I complete this Survey?

You can take part in the survey by clicking on the link below. For each question please either tick your answer or type your answer into the text box.

## Confidentiality

Your answers are private and confidential, and no-one else sees them except the researchers working on the project.

## Will I be able see the results from the Survey?

Yes. We will publish the survey on the Public Health Agency website (http://www.publichealth.hscni.net) and notify your school that the results are available.

## SECTION A: RESPONDENT CHARACTERISTICS

A1. Are you…?

| | |
|---|---|
| Male | 1 |
| Female | 2 |

A2. What age are you

| |
|---|
| |

A3. Please tell us what you currently do …?

| | |
|---|---|
| Attend School | 1 |
| Attend FE college | 2 |
| Training | 3 |
| University | 4 |
| Working full time | 5 |
| Other (please specify) | 6 |

A4. And which of the following areas do you live in?

| | |
|---|---|
| North Down & Ards | 1 |
| Enniskillen / Fermanagh | 2 |
| Banbridge / Kilkeel/ Dromore Area | 3 |
| Carrickfergus / East Antrim | 4 |

A5. How would you describe the place where you live ….?

| | |
|---|---|
| City | 1 |
| Large Town | 2 |
| Suburbs | 3 |
| Small Town | 4 |
| Village | 5 |
| Country | 6 |

## SECTION B: AWARENESS AND USE OF ONE STOP SHOP SERVICE

B1. Have you heard of **[substitute from below depending on response to A4]**?

North Down and Ards:
**the Forum for Action on Substance Abuse (FASA) in Bangor**

Enniskillen / Fermanagh:
**the Fermanagh Underage Entertainment Life (FUEL) in Enniskillen**

Banbridge and Kilkeel:
**React Ltd in Banbridge, Kilkeel and Dromore**

Carrickfergus / East Antrim:
**Carrickfergus Community Drug and Alcohol Advisory Group**

| | | |
|---|---|---|
| Yes | 1 | Go to-→B2 |
| No | 2 | Go to-→C1 |

B2. Can you tell me which of the following support services you think **[substitute depending on response to A4 – marked in red]** provides help with? Tick all that apply

| | |
|---|---|
| Alcohol misuse? | 1 |
| Building confidence / self esteem? | 1 |
| Coping with school? | 1 |
| Counselling? | 1 |
| Depression / feeling down? | 1 |
| Drugs misuse? | 1 |
| Employment / training? | 1 |
| Relationship advice? | 1 |
| Sexual health advice? | 1 |
| Suicide / self harm advice? | 1 |

B3. Within the last year, the Department of Health has provided 'One Stop Shop' services for young people in Northern Ireland. Were you aware that **[substitute depending on response to A4 – marked in red]** is a **one stop shop** that provides help, advice and support for young people?

| | | |
|---|---|---|
| Yes | 1 | Go to-→B3a |
| No | 2 | Go to-→B8 |

B3a. Which of the following do you think it provides info/support with?

| | Yes | No |
|---|---|---|
| Alcohol misuse? | 1 | 2 |
| Building confidence / self esteem? | 1 | 2 |
| Coping with school? | 1 | 2 |
| Counselling? | 1 | 2 |
| Depression / feeling down? | 1 | 2 |
| Drugs misuse? | 1 | 2 |
| Employment / training? | 1 | 2 |
| Relationship advice? | 1 | 2 |
| Sexual health advice? | 1 | 2 |
| Suicide / self harm advice? | 1 | 2 |

B4. You indicated that you had heard of the 'One Stop Shop' at **[substitute depending on response to A4 – marked in red]**. How did you come to hear about this?

| | |
|---|---|
| Brother / Sister | 1 |
| Parent | 1 |
| Friend | 1 |
| School | 1 |
| Poster / Leaflet | 1 |
| Newspaper | 1 |
| Doctors / other health professionals | 1 |
| Radio | 1 |
| Social Networking Sites (e.g. Bebo, Facebook, Twitter etc) | 1 |
| Other (please specify) | 1 |

B5. Have you ever visited or used the **[substitute depending on response to A4 – marked in red]?**

| | | |
|---|---|---|
| Yes | 1 | Go to- →B6 |
| No | 2 | Go to- →B8 |

B6. Why did you use the **[substitute depending on response to A4 – marked in red]**?

| | 1 |
|---|---|
| Just to meet friends/socialise | 1 |
| just called in to check it out | 1 |
| wanted info/help with Alcohol issue | 1 |
| wanted info/help with Drugs issue | 1 |
| I was feeling down and depressed | 1 |
| Relationship information/advice/support | 1 |
| Sexual health information/advice/support | 1 |
| Housing information/advice/support | 1 |
| Debt information/advice/support | 1 |
| Employment problem | 1 |
| Other Reason | 1 |

B7. How satisfied or dissatisfied are you with the following aspects of service provided by **[substitute depending on response to A4 – marked in red]?**

| | Satisfied | Neither satisfied nor dissatisfied | Dissatisfied | Don't Know |
|---|---|---|---|---|
| Helping you with your issue | 1 | 2 | 3 | 4 |
| Confidentiality of the service | 1 | 2 | 3 | 4 |
| Helpfulness of staff | 1 | 2 | 3 | 4 |
| Directing you to other services | 1 | 2 | 3 | 4 |
| Location of the service | 1 | 2 | 3 | 4 |
| The opening hours | 1 | 2 | 3 | 4 |

B8. Would you ever be likely to use **[substitute depending on response to A4 – marked in red]** for any of the following issues?

| | Yes | No |
|---|---|---|
| Alcohol misuse | 1 | 2 |
| Building confidence / self esteem | 1 | 2 |
| Coping with school | 1 | 2 |
| Counselling | 1 | 2 |
| Depression or feeling down | 1 | 2 |
| Drugs misuse | 1 | 2 |
| Helping with employment / training | 1 | 2 |
| Relationship advice | 1 | 2 |
| Sexual health advice | 1 | 2 |
| Suicide / self harm advice | 1 | 2 |

IF NO TO ANY AT B8 -> GO TO B9 ELSE GO TO C1

B9. Why would you not use services provided by **[substitute depending on response to A4 – marked in red]?**

| |
|---|
| |

**SECTION C: VIEWS ON CONCEPT OF OSS**

ALL TO ANSWER

Within the last year, the Department of Health has provided 'One Stop Shop' services for young people in 4 areas in Northern Ireland. The service provides drop in information and advice services in relation to a range of issues such as alcohol and drug misuse, suicide and self harm, mental health and wellbeing, sexual health, relationship issues, resilience, coping with school and employment.

C1. Do you think that young people in this area need this type of service?

| | |
|---|---|
| Yes | 1 |
| No | 2 |

C2. How likely would you be to use a 'One Stop Shop' service for information and advice on issues relating to…?

| | Very Likely | Likely | Not very Likely | Very Unlikely | Don't Know |
|---|---|---|---|---|---|
| Alcohol misuse | 1 | 2 | 3 | 4 | 5 |
| Building confidence / self esteem | 1 | 2 | 3 | 4 | 5 |
| Coping with school | 1 | 2 | 3 | 4 | 5 |
| Counselling | 1 | 2 | 3 | 4 | 5 |
| Depression or feeling down | 1 | 2 | 3 | 4 | 5 |
| Drugs misuse | 1 | 2 | 3 | 4 | 5 |
| Helping with employment / training | 1 | 2 | 3 | 4 | 5 |
| Relationship advice | 1 | 2 | 3 | 4 | 5 |
| Sexual health advice | 1 | 2 | 3 | 4 | 5 |
| Suicide / self harm advice | 1 | 2 | 3 | 4 | 5 |

C3. The 'One Stop Shop' service exists to help and support young people on a range issues. In your view which of the following services do you feel a 'One Stop Shop' should provide for people in your age group?

| | |
|---|---|
| Developing personal and social skills | 1 |
| Somewhere for young people to meet | 1 |
| Giving information and help with sexual health issues | 1 |
| Giving information and help with alcohol and drug issues | 1 |
| Preparing / helping young people to find employment | 1 |
| Preparing / helping young people to access training | 1 |
| Helping young people to live independently | 1 |
| Helping young people to develop learning skills | 1 |
| Helping young people to develop motivation skills | 1 |
| Giving information and help with mental health/emotional wellbeing issues | 1 |

C4. Of the services you feel a 'One Stop Shop' should provide, which is the most important service which should be provided?

| | |
|---|---|
| Developing personal and social skills | 1 |
| provides somewhere for young people to meet | 2 |
| Giving information and help with sexual health issues | 3 |
| Giving information and help with alcohol and drug issues | 4 |
| Preparing / helping young people to find employment | 5 |
| Preparing / helping young people to access training | 6 |
| Helping young people to live independently | 7 |
| Helping young people to develop learning skills | 8 |
| Helping young people to develop motivation skills | 9 |
| Giving information and help with mental health/emotional wellbeing issues | 10 |
| Other (please specify) | 11 |

C5. If you were to list 2 other services which a 'One Stop Shop' should provide for people in your age group, what would these be? (Please list the most important first)

| |
|---|
| 1. |
| 2. |

C6. What single thing do you think would **encourage** young people to use a 'One Stop Shop' service in your area?

| |
|---|
| |

C7. What single thing do you think would **discourage** young people from using a 'One Stop Shop' service in your area?

| |
|---|
| |

C8. If you had a personal problem how likely or unlikely would you be to use the services of a 'One Stop Shop' in your area?

| Very Likely | Likely | Not Very Likely | Not at all likely | Don't Know |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
| ➔ Go to C9 | | ➔ Go to C10 | | ➔ Go to C11 |

C9. Why do you think you would be **likely** to use the 'One Stop Shop' service?

| |
|---|
| |

C10. Why do you think you would be **unlikely** to use the 'One Stop Shop' service?

| |
|---|
| |

C11. Thinking about the opening times of a 'One Stop Shop' service, which times do you feel would best suit people in your age group?

| | |
|---|---|
| During the day: 9am – 5pm | 1 |
| Evening: 5pm-10pm | 2 |
| Weekends: Saturday & Sunday 9am – 1pm | 3 |
| Other (please specify) | 4 |
| Don't Know | 5 |

C12. Would you feel more comfortable using the services of a 'One Stop Shop' by physically visiting the 'One Stop Shop' or using the services on a virtual basis (i.e. email, using the website, web chat etc)?

| | |
|---|---|
| Visit 'One Stop Shop' | 1 |
| Virtual (email, web chat etc) | 2 |
| No preference | 3 |
| Don't Know | 4 |

C13. Would you prefer to use a 'One Stop Shop' service in your local area or outside you local area?

| | |
|---|---|
| In my local area | 1 |
| Outside my local area | 2 |
| No preference | 3 |
| Don't Know | 4 |

C14. Would you like to find out more about the 'One Stop Shop' service in your local area?

| | |
|---|---|
| Yes | 1 |
| No | 2 |

C15. What is the best way for you to find out more about the 'One Stop Shop' service?

| | |
|---|---|
| Promote service through visits to schools | 1 |
| Newspapers | 2 |
| Service should have open days / evenings for young people | 3 |
| Young people who have used the service should do talks in schools | 4 |
| Via social media sites | 5 |
| Other (please specify) | 6 |

C16. Have you ever used the internet to search for help to sort out a personal problem?

| | |
|---|---|
| Yes | 1 |
| No | 2 |

C17. There are many different ways that young people could access the services provided by a 'One Stop Shop'. Can you please say how useful you would find each of the following services?

| | Very Useful | Useful | Not very Useful | Not at all Useful |
|---|---|---|---|---|
| Access to a personal advisor | 1 | 2 | 3 | 4 |
| An advice helpline | 1 | 2 | 3 | 4 |
| Web chats to help solve a problem | 1 | 2 | 3 | 4 |
| Email | 1 | 2 | 3 | 4 |
| Website | 1 | 2 | 3 | 4 |
| Face-to-face contact with a staff member | 1 | 2 | 3 | 4 |
| Telephone contact with a staff member | 1 | 2 | 3 | 4 |
| Able to speak with someone outside where I live | 1 | 2 | 3 | 4 |

C18. Please suggest any other ways that the service could be promoted among your age group?

C19. The 'One Stop Shop' service exists to meet the needs of young people. If you were given the opportunity to get involved in developing this service, and to help make sure that it met the needs of young people in your, area would you get involved?

| | |
|---|---|
| Yes | 1 |
| No | 2 |
| Don't Know | 3 |

C20. Finally, what do have any views on an appropriate image, brand or name to encourage people in your age group to use a 'One Stop Shop' service?

C21. We are offering those who take part in the survey the opportunity to be entered into a prize draw to win 10 £20 mobile phone vouchers. If you would like to enter the draw please list a contact phone number or email address below.

**Thank respondent**

We have finished all the questions now. I want to thank you very much for your help. Your comments will be very helpful.

**END INTERVIEW**

# Appendix E

## Stakeholder Event: 4 April 2011

# Appendix E1 – Agenda for Stakeholder Event

# EVALUATION OF THE PILOT ONE STOP SHOP SERVICES STAKEHOLDER EVENT

**Monday 4th April 1.00 pm – 4.30 pm**

**The Old Court House, Antrim**

**PROGRAMME**

1.00 pm **LUNCH**

1.30 pm Opening remarks – ***Public Health Agency***

1.40 pm Research to date and preliminary findings – ***Social Market Research***

2.10 pm Group discussion – ***facilitated by Social Market Research***

- 2.10 pm OSS concept
- 2.40 pm Challenges
- 3.10 pm Key components

3:40 pm Plenary – ***Public Health Agency***

# Appendix E-2

## SMR Presentation of Key Findings

HSC Public Health Agency

social market research SMR

# Formative Evaluation of One Stop Shops

Stakeholder Workshop
4th April 2011

## Purpose of Event / Opening Remarks

# Welcome!

**Owen O'Neill**

HSC Public Health Agency

## 'Moving-forward-together' ethos…

- What we've learned so far
- Listening to your comments, views and suggestions
- Exchanging views–exploring possible ways of working
- Diverse views are welcome

## Suggested guidelines…

- ✓ Principle
- ✓ Constructive and practical
- ✓ Concise

## Research Lead by…

**Donal McDade**
**Director, Social Market Research**

www.socialmarketresearch.co.uk

**Eileen Beamish**
**Associate**

## Aims and Objectives of the Research

*"**Undertake an analysis of the One Stop Shop pilot initiative with a specific focus on:***

- *The experiences of the pilot sites and the delivery of the agreed model;*
- *The appropriateness and feasibility of the current One Stop Shop model;*
- *Providing recommendations to inform the development of a regional service specification for One Stop Shop Services, if appropriate".*


Summary of Our Approach & Work to Date
Quantitative
Desk Top Analysis-KPIs
Survey Users
Survey Potential Users
Initiation
Workshop with Stakeholders
Report
Qualitative
Literature – Good Practice
Interviews OSSs
Focus Groups

# LITERATURE REVIEW

## Preliminary findings…

- Several examples of good practice identified
- Key characteristics and modus operandi noted

# VIEWS OF KEY STAKEHOLDERS

## Preliminary Findings…

- **Similar structures, services, range of stakeholders**
- **Different context for start up**
- **Different implementations**
  - Location of information and social aspects
  - Branding
  - Promotion approaches
  - Involvement of young people

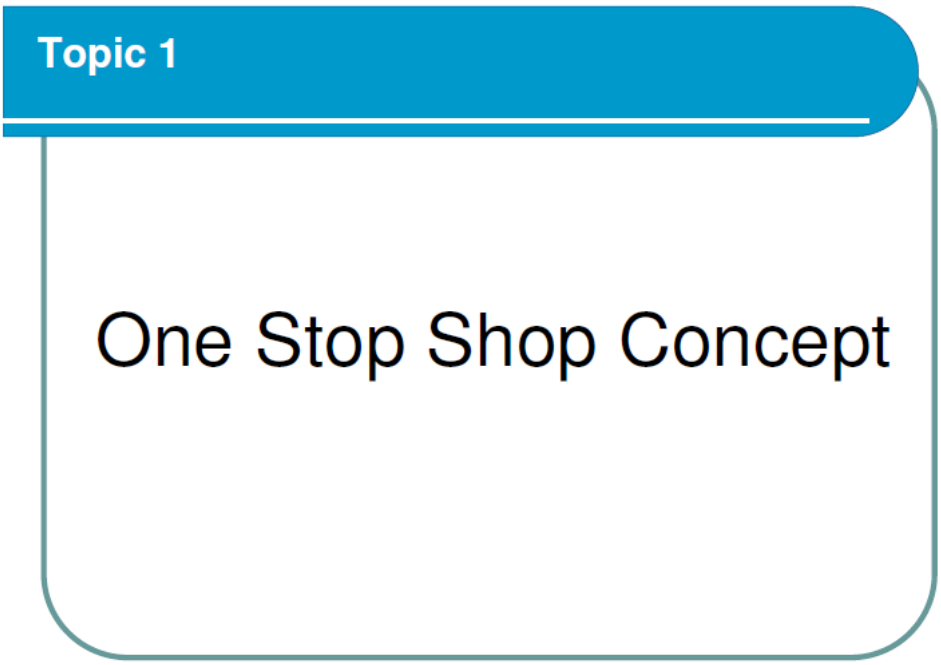
## Points for consideration…

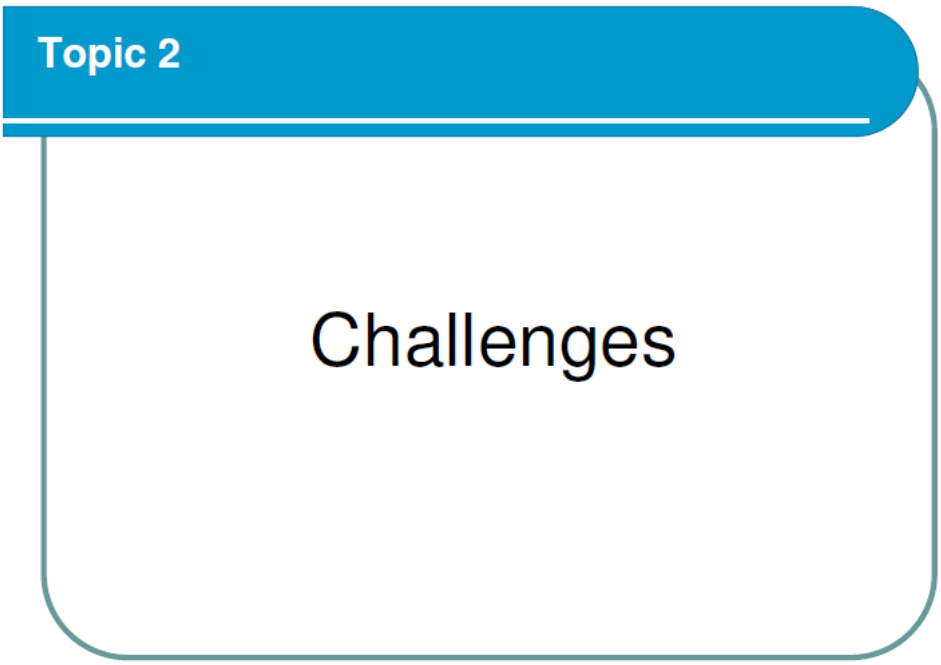
- Concept - Referral / sign post – Child Protection / Brief Intervention?
- Mandatory referrals when service available in-house?
- Staffing levels and volunteer input
- Staff qualifications
- Staff support
- Consistent information available across all?
- Co-ordination across OSSs?
- Social dimension appears to central
- One location or two?
- Branding
- Promotional activities – which are most effective? Which audiences?
- Involvement of local stakeholders
- Impact on local community

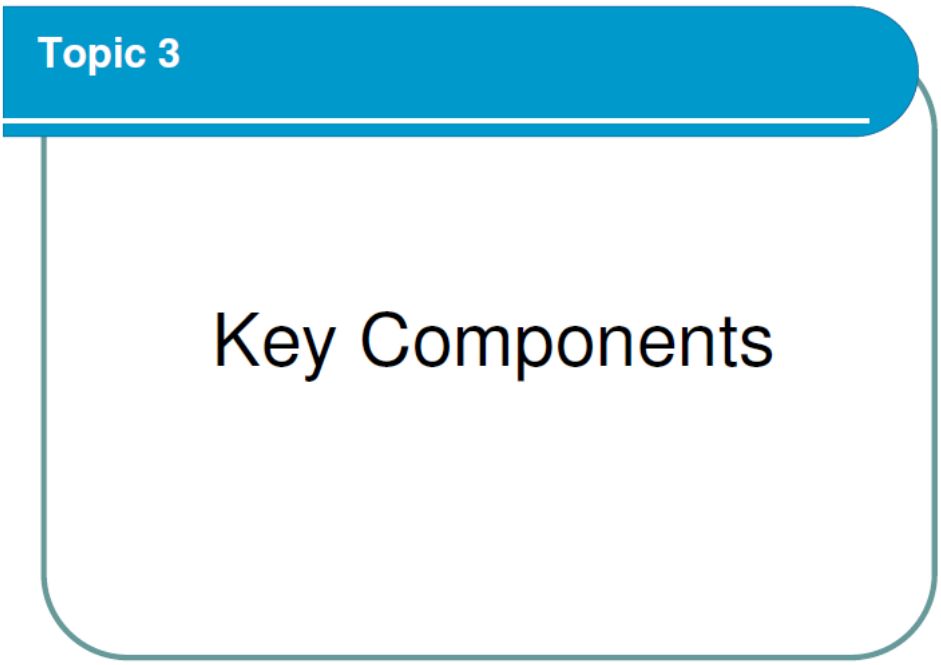
- Data collection – differences, what defines success, systems

- **Role of PHA? Media? Co-Ordination? Other?**


GROUP DISCUSSIONS
social market research
SMR


Topic 1
One Stop Shop Concept


Topic 2
Challenges


Topic 3
Key Components


PLENARY
social market research
SMR

# Thank you!

Owen O'Neill

HSC Public Health Agency

# Appendix E3: Outcomes from Stakeholder Event

# EVALUATION OF THE PILOT ONE STOP SHOP SERVICES STAKEHOLDER EVENT Monday 4th April 2011

***1. Appropriate for NI***

*The pilot sites were established to test whether the one stop shop concept is appropriate for Northern Ireland. On the basis of the preliminary findings that you have heard today and from your experience/knowledge of working with young people, is this a service model that should be considered further for Northern Ireland?*

## Group 1 feedback on exercise 1

- Is this a model to consider for development - 11-25 years?
- How do these findings compare with others?
- Model is appropriate OSS, as young people do not present with isolated issues
- Integrated approach
- Service user centred
- If not internal expertise – referral sites / formal relationships with agencies need to be agreed
- Barriers / times / access / waiting lists
- Policies and procedures need to be tight and consistent across all sites
- Social aspect – attracts young people
- Gateway – safer place / comfortable
- Managing education and health
- Services must be able to form relationships with young people
- No cliques / be aware barriers
- Young people should be involved in steering groups
- Personal development
- Base 51 – Nottingham was highlighted as a model of good practice in this area

## Group 2 feedback on exercise 1

- There was a general acceptance and support for the concept of the OSS
- Clarity required of the remit of the OSS
- Identify what isn't being carried out
- Consistency of the services being delivered
- Staff – training and support essential for these services

## Group 2 extra notes

- Look at other models – Youth justice model, youth services model. Have to be aware of the social and therapeutic aspects. Stigma attached. Sensitivity needed. Skills of the staff at managing this.

- Social aspect will attract the young people and the therapeutic aspect will follow. Social aspect / therapeutic aspect have to be carefully managed. Confidentiality,

friendly, staff, non clinical. Staff help the young people feel secure. Staff will be the key. OSS should address the stigma about accessing therapeutic interventions.

- Work to date within OSS has been fantastic but still needs some development. Any of the negative opinions have been related to staff.

- Adult perception about what the service is, this is a big issue that needs to be addressed.

- Signposting, referrals etc. Young people are being policed on their behaviour. Policing is sometimes judgemental. Underage sex - anxiety of the staff in addressing this issue. Once again staff ability / skills to cope with certain issues.

***2. Challenges***

*The one stop shop services were established to provide information, advice, support and signposting to those young people and their families affected by substance misuse, but also addressing related issues such as:*
*- Suicide and self harm*
*- Mental health and well being*
*- Sexual health*
*- Relationship issues*
*- Resilience*
*- Coping with school/employment*

*a) What do you consider to be the challenges for an organisation in providing these services on this range of issues.*
*b) How best can these be met?*

**Group 1 feedback on exercise 2**

- Initial assessment / health profile should be carried out by OSS's
- Staff – qualified / training appropriate, if not what is the protocol
- Initial advice
- Know what to do with the information given by the young person
- Know what organisations are doing – create network for referral – use resources
- Be aware of limitations
- Who decides where OSS are to be located in the future?
- Look at how the links are made (in / out / both)
- Mentoring aspect – teach skills to access services
- Use of volunteers could be beneficial to enhance mentoring or other aspects of the service
- Ethnic minorities / learning disabilities / mental health
- Supporting staff is essential
- Promote independence / young peoples' voice

**Group 2 feedback on exercise 2**

- Quality assurance / quality / consistent
- Policies / procedures are essential
- Staff at risk without policies and procedures
- Working with vulnerable young people is demanding and requires support, skills and good protocols
- How do staff know when to signpost on?
- Continuity of practice
- Potential to learn from each of the OSS
- Reaching the young people who need the service
- Long term funding / financial commitment
- How best can these be met
- Further develop existing

**Group 2 extra notes**

- Quality assurance about what they can provide, consistency. How you engage etc. Policies and procedures. Staff able to refer appropriately. Staff in receipt of the referral being told how to deal with the young person.

- Word of mouth is crucial, staff are crucial. Safe, confidential, non clinical.

- Continuity of practice.

- Ensuring that the service is reaching those in need.

***3. The evaluation has identified a number of key areas which need to be addressed should a regional one stop specification be developed. Your views on these would be appreciated***

*a) Should one stop shops be stand alone services or should they facilitate other services within their centre to provide aspects of the service.*
*b) What are the strengths and weaknesses of having a dedicated social / recreational facility.*
*c) Is the age range appropriate, if not what age range should the services focus on.*
*d) Are the range of issues appropriate.*
*e) Have you any ideas on how the services should be; branded / co-ordinated*

**Group 1 feedback on exercise 3**

a) Best use of the organisations / best enhance the experience / access for the young people

b) Having their own space
Advantages – chill space, social skills, connectedness / informal
Disadvantages – youth service / club, specific groups i.e. “Emo”

c) 13-21 very wide age range, specific nights programmes for age groups may be required

d) Yes – appropriate issues

e) Branding should be explored

**Group 2 feedback on exercise 2**

a) Depends on issue – some skills in-house / fine balance

b) Having their own space
Advantages – having their own space, early intervention, starting small, set the scene, parameters, build relationships, informal relationships build knowledge
Disadvantages – facility can get an 'image', cliques, adult perception – negative

c) Difficulty in managing such a wide age-range
Recognition that these issues affect all ages – but this may not be effective.
Time slots and appointment to cater for different ages

(other issue to be considered – geographical location – areas of deprivation / disadvantage)

d) Holistic approach is very appropriate

e) A brand / kitemark / that relates back to PHA OSS??
Local branding (Banbridge) has been effective

**Group 2 extra notes**

a) Should be able to facilitate a range of services. Depends on the type of services. Not there to replicate what other organisations are doing. A need for consideration around geographical placement.

b) Strengths – young people have their own space to chill out
early intervention – issues can be identified in a relaxed environment
ownership / volunteers – young people challenge each other and set their own parameters, staff are able to build relationships with the staff.
Weaknesses – attracts a certain group of young people. Portrays an image.
Cliques
Difficulty in controlling groups – having to stamp authority at times.

c) Should the age range be widened – it should be delivered across the age range, should be for the young people.

d) Holistic approach is important – all linked and connected.

e) Models of practice should be part of the branding. Brand stamp that has a standard.

# Appendix E4: Stakeholder Event Delegate List

# EVALUATION OF THE PILOT ONE STOP SHOP SERVICES STAKEHOLDER EVENT

**Monday 4th April 1.00 pm – 4.30 pm**

## REGISTRATION

| Surname | First Name | Organisation |
|---|---|---|
| Beamish | Eileen | SMR |
| Bill | Anne | FASA |
| Cook | Craig | React Ltd |
| Crawford | Mary | Brook NI |
| Cullen | Bernadette | PHA |
| Curran | Paul | Clubs for Young People (NI) |
| Foy | Leo | PHA |
| Grego | Kathleen | Opportunity Youth |
| Hunsdale | John | ASCERT |
| Loade | Bob | Carrick YMCA |
| McConaghie | Jayne | PHA |
| McDade | Donal | SMR |
| McDonald | Rory | Breakthru |
| McKevitt | Mary Kate | React Ltd |
| Montgomery | Sonia | Health Improvement |
| Mullan | Cathy | PHA |
| Nellis | Gabrielle | PHA |
| O'Neill | Owen | PHA |
| Russell | Kate | React Ltd |
| Sipler | Ed | SEHSCT |
| Stockley | Robert | Banbridge District Council |
| Symington | Gary | Upper Springfield Development Trust |
| Toner | Frank | Contact / Lifeline |
| Yiasouma | Koulla | Include Youth |
| McManus | Karen | CCDAAG |
| Huish | Faith | Simon Community |
| Sheridan | Bridie | Youthlife, Londonderry |

# Appendix F: ONE STOP SHOP KEY PERFORMANCE INDICATORS

**KEY PERFORMANCE INDICATORS**

Services were required to deliver on the following targets

1. Establish and provide an Advice, General Information, Sign-posting and Health and Life Style Information Centre for young people aged 11 to 25 years in a young people's friendly environment.
2. The accommodation of peripatetic work by PHD/DACT funded youth treatment services. Signpost young people to this service as appropriate.
3. Accommodate and signpost young people to the PHA/DACT-funded targeted education and prevention services.
4. Identify agencies providing specialist services related to the following areas:

    - Suicide and self harm
    - Mental health and well-being/ resilience
    - Sexual health
    - Relationship issues
    - Welfare/legal
    - Coping with school/ employment

    Signpost young people to these services, and, where possible, accommodate peripatetic work by these agencies.
5. Provide social and recreational facilities for young people, based on local service needs.
6. Provide targeted drug education and prevention services to young people and their families.
7. Provide services during evenings and weekends.
8. Service should explore ways of engaging with young people in rural areas and identify potential partners in providing services to young people in these rural areas.
9. Staff working in service should be qualified/experienced in youth work.
10. Contribute to the collection of all required monitoring and evaluation information.