



Public Health
Agency

One Stop Shops Findings from the three-year evaluation period

Briefing paper

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Improving your health and wellbeing

One Stop Shops (OSS) were established to support the health and social wellbeing of young people aged 11-25 in a youth friendly and holistic way in specific locations across NI. The last commissioning period, starting in 2013, was accompanied by three yearly evaluation studies which are summarised in this briefing paper. This summary sets out the need/context for OSS, the way evaluation was approached (aims, objectives, methods), and key findings cross-referenced to the three detailed evaluation reports.

Context

Adolescence is a period of vast development characterised by various transitions (biological, psychological, social, educational, etc.); it is also a period when individuals can experience new and/or increasing risks¹:

Transitions	Risks
Puberty, brain/cognitive development Identity and autonomy development Change in family relationships and peer networks From school into further or higher education, or into training or work	Substance misuse Sexual risk-taking behaviours Delinquency Mental health – many disorders starting in adolescence

How are young people different to other age groups regarding seeking advice and support?

- Young people are less likely than other age groups to obtain advice when they need it – they are less likely to take up available universal services, particularly if not youth focused; eg GP (lack of trust, perceived as impersonal and uncaring)², and, thus, miss out on early detection and intervention.
- Statutory services are also domain specific (vs person centred), eg health, education, which would require the young person to seek support from several providers while they experience interconnected issues³.
- In health, there are high entry criteria to secondary care services (eg CAMHS), long waiting lists, and transition to adult services at age 18, arbitrarily set and often poorly managed⁴, thus risking user/patient disengagement.
- Young people are far more likely to access advice face-to-face than other age groups and are less likely to use the internet for information and advice and have problems finding online information they can trust and understand.

Thus, advice needs to be available in places young people already go to such as youth drop-in centres offering co-located support services in accessible and safe locations.

¹ Leavey, G. & McGrellis, S. (2014): improving mental health pathways and care for adolescents in transition to adult services in Northern Ireland. NIASS KESS
http://www.niassembly.gov.uk/globalassets/documents/raise/knowledge_exchange/briefing_papers/series3/leavey200214.pdf

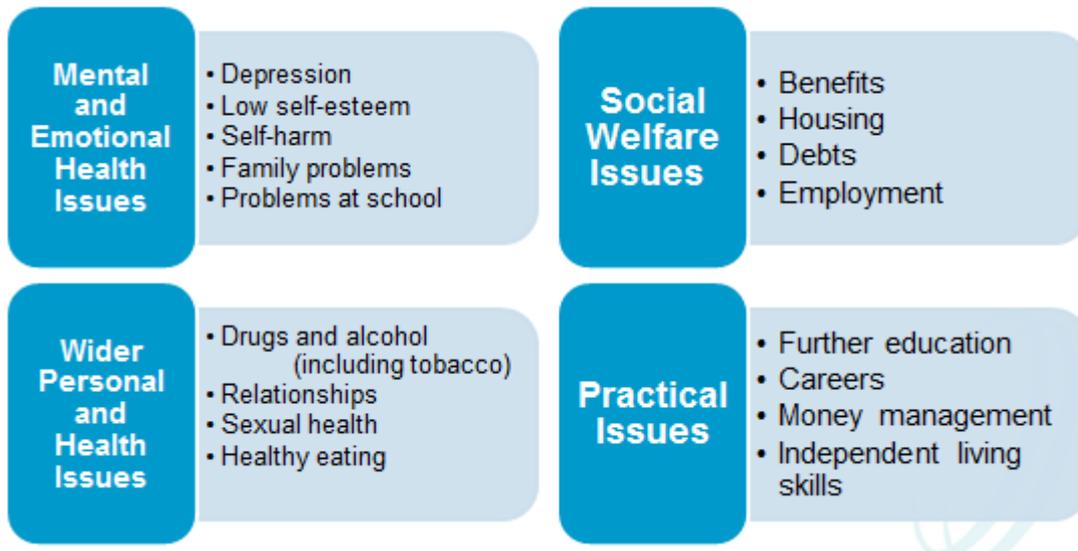
² Corry, D.A.S. & Leavey, G. (2016). Adolescent trust and primary care: help-seeking for emotional and psychological difficulties. *Journal of Adolescence*, 54, 1-8.

³ Wolpert, M., Vostanis, P., Martin K., Munk, S., Norman, R., Fonagy, P., & Feltham, A. (2017). High integrity mental health services for children: focusing on the person, not the problem. *BMJ*, 357: j1500.

⁴ See footnotes 1 and 3

What is the role and function of OSS?

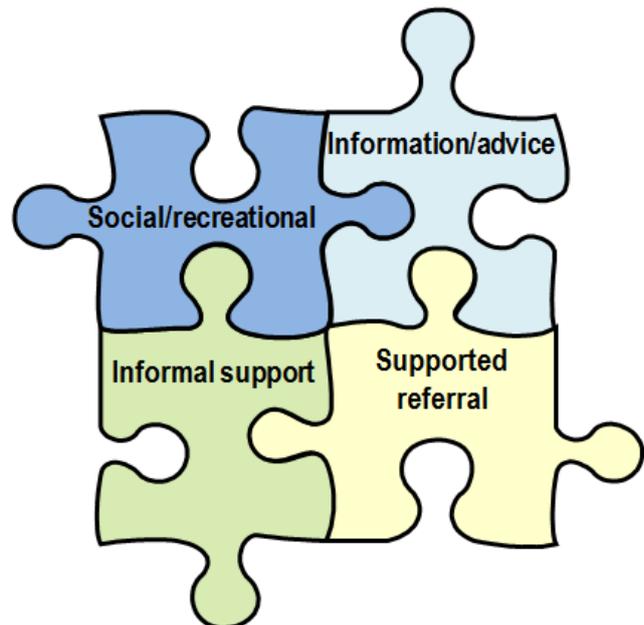
OSS are tasked with addressing young people's information, advice and support needs in a multitude of areas:



One Stop Shops provide:

- (1) Social/recreational facilities in an alcohol/drug-free environment;
- (2) In-house and externally sourced information and advice sessions;
- (3) Informal support (eg informal chats in group or one-to-one), and
- (4) Referral to specialist services and support for the young person accessing these services.

Information, advice, and specialist support can be offered peripatetically at the OSS.



A map of the locations of all eight OSS and their providers is included in Appendix 1. OSSs vary in terms of their catchment areas and outreach provision.

Aims, objectives, and methods of the evaluation stages

	Stage 1: 2014-15 (R1)	Stage 2: 2015-16 (R2)	Stage 3: 2016-17 (R3)
Aims	To establish what progress has been made in relation to the specifications and, in particular, to follow up on the recommended changes to function and processes of OSS.	To establish the value of OSS (ie their current model) with a particular focus on the views of young people and partner agencies.	To establish what aspects of current delivery have been effective in meeting the needs of service users in the context of differential needs among young people and to identify further models that facilitate successful engagement with and service delivery for young people.
Objectives ⁵	<ol style="list-style-type: none"> 1. Focusing on individual OSS: provision matching objectives and issues experienced with expansion 2. Developing KPIs and monitoring: processes, recording systems and target review 3. Networking – assess usefulness of OSS network and identify issues around interagency working, signposting, referral 	<ol style="list-style-type: none"> 1. Establishing the value of OSS to young people and partner organisations 2. Assessing effectiveness of the OSS – confirming what was working well and where there were gaps in provision 3. Ascertaining the importance of informal chats/focused interventions’ –how important are they for young people and partner agencies? How effective are they? 	<ol style="list-style-type: none"> 1. Review literature of other models and identify learning points 2. Establish contribution of OSS to locality – gaps filled, views from partners and other organisations, exploring differences in uptake patterns (age, gender) 3. Determine the value of supported referral (attendance and perceived outcome) 4. Exploring staffing arrangements/needs
Method	<ul style="list-style-type: none"> • Interviews with senior PHA staff n=3 • Focus group with PHA locality staff n=6 • Interviews with OSS partners n=16 • Group interviews (n=8) with OSS manager and their programme staff • Review of KPIs and sample of monitoring data • Workshop with OSS providers and PHA staff 	<ul style="list-style-type: none"> • Survey of young people using OSS (excludes Belfast OSS) n=139 • 8 focus groups with young people attending OSS n=80 • Case studies n=6 based on interviews with young people and staff • Interviews with OSS partners n=31 • Workshop with OSS providers and PHA staff 	<ul style="list-style-type: none"> • Literature review • Analysis of monitoring data (10 quarters) • Interviews (n=32) with <ul style="list-style-type: none"> ○ PHA OSS local leads n=3 ○ OSS providers n=8 ○ Partner organisations n=21 • Focus group with OSS provider network • Telephone/online survey with wider environment/potential partners n=47 • Workshop with OSS provider network and PHA staff – feedback

Triangulation of accounts from different stakeholders was used across all stages and strengthens the reliability and validity of the findings.

⁵ The detailed objectives are summarised in Appendix 2

Findings from the evaluation 2014-2017

OSS started off as a concept with little detailed specification but with broad parameters for their remit. Via formative and process evaluations over several years, immediately relaying feedback to service providers and commissioners, OSS developed into a successful service model.

The effectiveness of the OSS model can be shown by a number of indicators which were examined in the 3-year evaluation period and can be broadly divided into a) how well OSS are working, and b) what OSS' impact is on young people.

How well are OSS working?

OSS model

Throughout the evaluation stages, OSS were described as distinct from other services – “OSS offer a more holistic ‘wraparound’ support than any other single service. A key tenet of OSS working is building relationships and trust – with young people but also with other organisations and services. They offer a range of advice and signposting from one single trusted source.” (R3, p.47). OSS always offer all of the following (R3, pp.6-7):

<ul style="list-style-type: none"> • Drop in service; • Opening hours that suit young people; • No appointments or waiting time to get help from staff – timely support • Strong local knowledge of the service network 	<ul style="list-style-type: none"> • Social and recreational activities available on site – youth-friendly space; • A holistic service dealing with all issues; • Non-judgemental and non-directive; • Young people led; • Fundamental principles of encouragement, enabling and empowerment
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The review of other models of informal drop-in centres for youth in the UK confirms that the NI model is *unique* in its breadths and depths of service provision (R3, pp.19-30). Many drop-in centres are specific to counselling sessions or for signposting services. Among those that also provide a social and recreational space like the NI OSS, services attend to narrower age groups or specific subgroups only (eg LGBT, young carers) and have limited opening hours (no weekend opening). Generally, they offer limited advice and signposting to outside services and none “offer the kind of drop-in service and advice without appointment that is fundamental to the OSS model” (R3, p.20). In addition, OSS attract those feeling excluded from mainstream youth provision.

Performance targets

According to reviews of sampled monitoring returns at stages 1 and 3, OSS, overall, seem to meet their annual targets even if there were some individual quarterly shortfalls. So far there have been no complaints received about OSS.

Social/recreational aspect is the main attraction of OSS and this is reflected in its uptake. Also, substantial numbers of young people receive advice and support. (Please note: a) catchment areas for individual OSS vary; b) Magnet has only been receiving 50% of funding to top up their original youth provision.)

Service user survey (R2, p.28)	Monitoring data 4/2014-9/2016 (R3; pp80-82)
68% use OSS to meet friends/socialise	751 average quarterly attendances per OSS, ranging between 153 (Magnet) to 1,441 (Start 360)

41% get advice and help with problems	368 average quarterly attendances per OSS at events/programmes addressing health and social wellbeing issues, ranging from 61 (Magnet) to 675 (Start360)
	402 average quarterly referrals to sources of support within the community, ranging between 17 (Magnet) and 120 (Start360)

Limited monitoring data by gender indicates higher uptake of the social/recreational aspects among males as compared to females (62% vs 38%, except for Belfast; R3, p.80), while feedback at the stage 3 workshop indicated more females than males using the OSS also in Banbridge and Bangor (R3, p.131-132).

Age groups of those attending vary across the OSS and the age pattern is influenced by the neutrality of venue, perceived safety and transport (R3, p.131-132).

Partner organisations and referral pathways

As one of the OSS' primary aims is to function as a mechanism for getting young people into existing support services, working in partnership with these services is essential. A crucial part of the model is that OSS "readily and seamlessly link with specialist services" (R2, p.9). OSS also receive referrals from partner agencies, specifically when these agencies feel that identified needs in young people are outside their own specific remit – OSS will step in and provide further advice and signposting (R2, p.99) – or as aftercare to these services (eg CAMHS; R2, p.102). In that way, OSS occupy a unique position in the hierarchy of service provision.

OSS enjoy an excellent reputation with their partner organisations which has been shown across all three evaluation stages. In fact, OSS have been under pressure accommodating all request for offering peripatetic services in relation to space (private/quiet rooms) and time slots (R1, pp.25-26). The collaborative working between OSS and partners is strong and facilitates "the trialling of new approaches to supporting young people" (R2, p.10, 100). Moreover, it was highlighted that "each OSS performed an integral and central role within the landscape of agencies in its locale." (R2, 100). Over time, "OSS had become even more valuable to their [partner] work and more integral ... Very high degrees of collaboration and support were evident" and this support is "highly relevant for partner organisations" (R3, p.33).

Although OSS cannot directly refer to most statutory agencies (only GP or other professional can), "some agencies are happy to engage with a young person signposted from the OSS and then arrange for a formal referral afterwards." This process saves the young person from having to make that initial contact with the GP or mental health team by themselves (R2, p.100).

Working in partnership with OSS has several advantages for partner agencies (R2, pp.101-103).

- Capacity to deliver a broader range of services to clients, thus offering support across a wider range of domains, increasing their own impact;
- OSS provides ongoing support following on when partner agency's intervention ended;
- OSS provide a level of support that may sufficiently meet young person's need, thus reducing the case load burden upon statutory and other support services;
- OSS and partner agencies can reach each other's client groups or wider parts of client's family or social world, thus attracting more young people into their programmes;
- OSS hosting partner agencies on their youth friendly venue allows them to work more effectively and removes barriers (eg stigma attached to attending mental health clinic) and to develop peer support.

Potential partners

Awareness of OSS and their providers was varied among organisations that were not yet working with OSS, though most (65%) rated their understanding of the service provided by OSS as good (42%) or excellent (23%). OSS were perceived to enjoy an excellent (58%) or good (27%) reputation in their locality. All potential partners were supportive of the model (73% very supportive) and most (60%) saw no barriers or limitations with the model. Many (72%) favoured a model that combined a static site with outreach via a mobile unit and partners. Moreover, most of them voiced interest of future working relations:

- 87% said they were very interested (66%) or interested (21%) in exploring potential partnership working;
- 94% reported they would be very likely (60%) or likely (34%) to refer clients to their local OSS;
- 92% were willing to be contacted by their local OSS to explore opportunities for partnership working.

Networking

OSS formally engage with a wide variety of networks, ie have a representative on them (please see right box). Additionally, OSS collaborate (no representation) regularly with a wide range of key organisations, networks, task forces and fora in their respective local areas, eg local primary and secondary schools, local youth clubs, etc. (R3, p.40). There are many further networks that OSS could fruitfully engage in, as explored by OSS coordinators at Stage 3, but this needs to be balanced with doing the work with young people (ie capacity limits due to staff, time). However, as a youth led model, direction for further networking should be driven by young people and their needs (R3, p.41).

- OSS regional network
- Family Support Hubs
- Drug and Alcohol Coordination Teams
- PHA Locality Groups
- Police and Community Safety Partnerships

Capacity

All OSS employ full-time staff as well as have staff with formal qualifications in youth work; those not youth-work-trained have extensive experience working with young people. Three OSS also had volunteers (R3, p.43). A positive attitude towards young people was considered highly relevant (nearly more so than formal qualifications) and staff members at OSS teams had “complementary qualifications, skills and experience, thus providing young people with access “to a wider repertoire of knowledge and approaches to support” (R3, p.44).

Due to the sometimes emotional nature of the work with young people, OSS coordinators highlighted staff’s need for self-care to provide a sustainable service.

At both stages 1 (R1 p.26) and 3 (R3, p.44) of the evaluation, OSS coordinators reported that staff are working at capacity. Moreover, more staff would not proportionally translate into longer opening hours or working with more young people as existing staff would have increased demand on their time for supervision and support.

Outreach

Outreach has been operated in different forms by individual OSS and was considered an important part of OSS provision, many having their specific targets around it. However, outreach comes with its own challenges and may not offer the same experience as at the core location (R1, p.19, p.35):

- Costs for venue hire at a fixed location considered a potential barrier and reliance on other organisations for accommodation;;
- Time needed to build relationships/trust in satellite areas, overcoming initial resistance;
- Same level of service as in core location not feasible due to resource constraints;
- Large geographical areas to be covered
- Lack of male figures at some OSS impairing engagement with young males on certain issues (eg suicide).

What is OSS' impact on young people?

PHA collates quarterly monitoring data which do not permit the calculation of an overall number of young people that have ever used OSS. Monitoring returns over 10 quarters suggest 54,077 *attendances* for social and recreational purposes. However, it is not certain what proportion of young people is counted multiple times in this total figure. In addition, progress monitoring reports do not contain any outcome measures (as would be compatible with an OBA approach). Nonetheless, across the three evaluation stages, an array of quantitative and rich qualitative data were collected and analysed which allow extrapolation on the impact of OSS on young people as well as other service providers.

Attending OSS

OSS provide a safe social/recreational space and 68% attend for this reason; 41% come to get advice and help with problems while for 36% it gives something to do (R2, p.28). Once there, young people happily engage with the provided information and advice:

If the young person wasn't coming to the OSS, (s)he would be:

- Sitting at home: 64%
- Hanging around on the streets, in shopping centres: 32%

Peripatetically provided information sessions:

- 66% had ever attended one of these talks/sessions
- Of those having attended, 91% considered them as having helped a lot (55%) or a little (36%) (R2, service user survey, p.28, 40)

Focus group data also confirm that young people felt that, before coming to OSS, other places "offered little to no potential to positively harness their talent and abilities", thus finding these places "deeply unsatisfying and unfulfilling" and they could have become involved in activities leading to antisocial behaviour (R2, p.60).

OSS offer a unique experience for young people like nothing else in their areas, a relaxed, comfortable place to socialise and talk about their concerns. "... getting to do fun things was not always a part of normal life for many young people in the focus groups. So, having a space where normal everyday fun things were available for them made them feel valued, made them feel deserving." (R2, p.77).

In addition, young people gave various reasons for why they keep on coming back to the OSS (R2, pp.62-65):

- Friendship;
- Supportive staff and peer groups;
- Having a sense of belonging to/being a member of a highly supportive ‘family’/‘community’;
- Opportunities of taking part in fun activities and develop skills;
- Safe, informal, inclusive, and non-sectarian space that became part of their lifestyle.

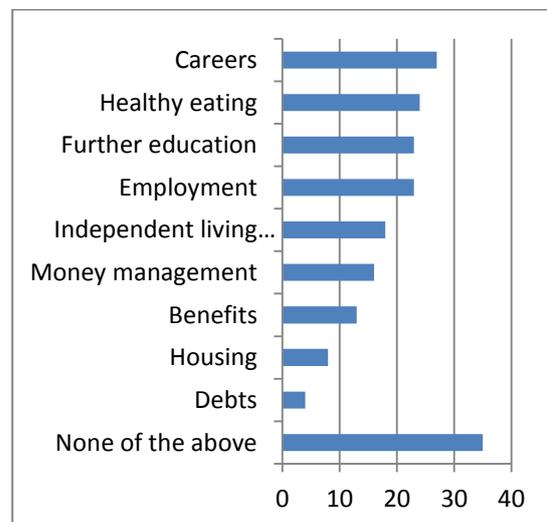
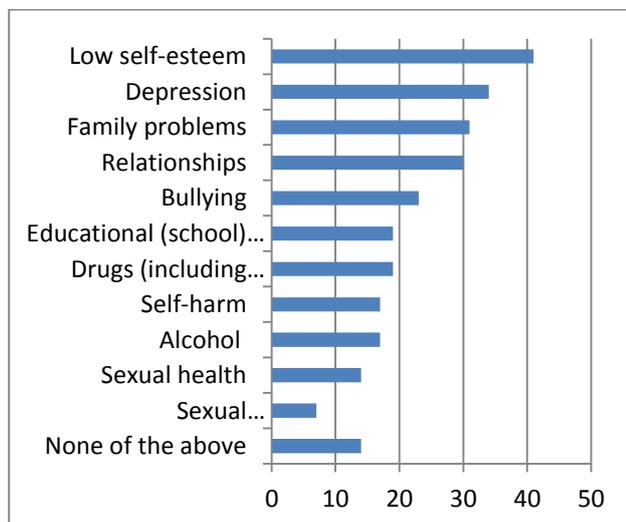
Interviewed partners also emphasised that the atmosphere of OSS is “akin to an extended family where trust and confidentiality were available from a responsible adult” (R2, p.101).

“... being able to discuss issues with their friends, whilst remaining aware that [OSS] staff were always available, gave them {the young people} tremendous confidence to explore and solve inevitable and predictable challenges that life would present to them ...” Having formed friendships at the OSS “made it easier for the young people to trust one another, chat ... and support one another. The healthy culture that appears to have become established amongst the young people is to talk to someone rather than hold onto worries and difficulties. The climate is one of mutual understanding, support and trust.” (R2, pp.69-70).

Issues help received for from OSS

Overall, young people have received help across a multitude of issues, with mental health and relationship issues being the most common ones.

Percentage who received help with any of the following ... (R2, p.29, 31)



OSS providers and partner organisations described similar key issues that young people require help and support with (R3, p.37-39) and these are listed in the Appendix 3..

There was some variation among OSS what issues affected different age groups of young people, also highlighting aspects applying across all ages (R3, p.37-38).

Potential partners reported depression or other mental health issues as the most pressing health need for children and young people aged 11-25 – 70% of them identified this as a gap in health service provision for that age group (R3, p.10; pp.61-63).

Overall, mental health/emotional wellbeing issues emerged, repeatedly and across different stakeholders, as the most important health issue for young people. Mental health should be understood as a “superordinate classification for many individual issues young people present with” (eg confidence, self-esteem) and often are related to difficulties in their families. Thus, unsurprisingly, many of “the 16+ age group seem to perceive the OSS as an alternative family” (R3, pp.37-38).

OSS provider views on main issues young people are seeking help and support for:

Young people of all ages	
A safe space A sense of belonging Somewhere to make and meet friends Somewhere to socialise and have fun	
Those aged 11-16	Those aged 16+
Interaction with peers Bullying Self-confidence Self-esteem Relationships at home Education Lack of aspiration Sexual orientation	Mental health Failing exams Drug and alcohol use Housing Benefits Employment Training Relationships Parenting

Outcome measurement – a note of caution

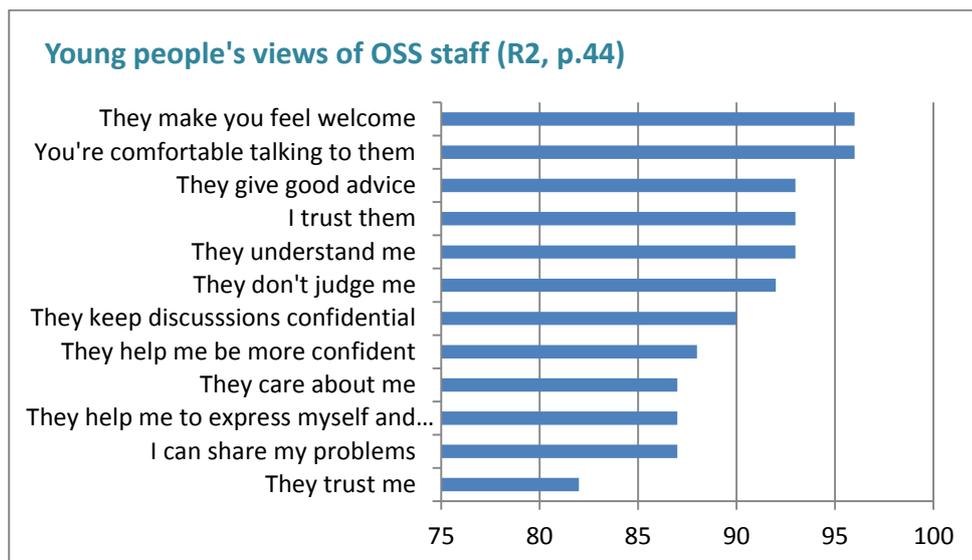
The inclusion of more specific outcome indicators in the monitoring data was raised by OSS providers at stage 1 of the evaluation. Follow-up workshops with providers highlighted the difficulties and enormous effort needed to truly measure outcomes across the vast range of issues addressed by OSS. Many psychosocial measures focus on specific concepts, are research tools and not screening tools with cut-offs, or their sensitivity to measuring change is unknown or not shown. Broad wellbeing measures are often conceptually vague and insensitive to change. Clinical tools that permit screening or assessment or improvement tracking are highly specific to the problem under focus and may not be applicable to those attending (ie high cut offs). In addition, the wide target population would in most cases require different measures for children, adolescence, and young adults. Lengthy assessments also place an enormous burden on staff and service users. As OSS were set up as a signpost/referral service, and not as a keyworker/care coordinator service; there also arise ethical and governance issues should a duty be placed on OSS in collating outcomes achieved by attending external services.

Informal chats

Informal chats with young people are an invaluable vehicle for OSS staff to support them and take up a significant amount of their time. The service user survey indicated that 67% of young people had one-to-one informal chats and 39% had informal group chats. The vast majority (93%) of young people who had informal chats found they helped a lot (72%) or a little (21%), with only 1% finding them unhelpful (R2, p.41-42).

In the focus groups, the young people “were unanimous and empathic that these informal chats are invaluable to them ... [by giving them] a palpable experience of being cared for. This in turn promoted a strong sense of belonging and mutual support ...” (R2, p.65).

Supported access to other services



The warm, non-judgemental, confidential, and trusting environment created by the OSS staff makes young people conducive to opening up about their problems (eg feel taken seriously) (see also qualitative accounts R2, pp.66-69; pp.77-78).

This supportive relationship with staff facilitates young people accepting further help from more specialist services and accessing these which they may otherwise not have taken up:

- 76% of young people would be more comfortable talking to OSS staff than to other people providing help/advice;
- 73% reported using OSS had helped them to get in contact with other services that provide help, support, advice or information;
- 81% of those who took up help from other services said coming to OSS made that easier
- Among those who took up help, 39% thought they would not have been able to get help from other service providers without the support from OSS staff and 40% felt unsure (R2, p.36-39; service user survey)

This is further collaborated with young people's accounts in the focus groups who highlighted the encouragement, support and excellent signposting they received. "... without the help of the staff ... getting advice/support/information from other services was a non-runner. Many of young people consulted indicated clearly, not only do they lack knowledge of what services are available, and who to approach for help, more importantly, when they are feeling confused, anxious, depressed and/or suicidal, they are highly vulnerable and very emotionally depleted. In this condition, they lack confidence to ask for help. Furthermore, the prospect of reaching out directly, to any party that they neither know nor trust is unthinkable. Consequently, and perhaps ironically, it seems that when young people are most in need of support, their capacity to access it by themselves is at its lowest. This effectively renders any potential external service inaccessible without the support from and intervention of a trusted adult at the [OSS]." (R2, pp.72-74).

Lacking confidence was mentioned repeatedly by young people, and combined with not having the capacity to communicate easily, creates a barrier in taking up support/. In these circumstances the "advice and signposting of a trusted advocate [ie the OSS] becomes not merely instrumental but essential" (R2, p.76).

This experience of young people attending OSS stands in contrast to what emerged from research with 13-16 year olds across NI (focus group, n=54; Corry & Leavey, 2016⁶) focusing on the use of

⁶ This qualitative research had a parallel survey arm; the quantitative data are currently being analysed and written up (personal communication with Prof G. Leavey).

primary care. it identified a pervasive lack of trust in their GP as the key barrier to help-seeking for emotional and psychological problems.

- a) Limited prior contact with GP (ie “a stranger”); prefer consulting family or friends but not if problem family-related or suicidal thoughts;
- b) Anxiety about seeking help from GP (particularly among girls) in case not taken seriously/problem seen as exaggerated – prefer to talk to counsellor than to GP;
- c) Worry about confidentiality(particularly older boys) and fear of disclosure to parents;
- d) Believe GPs lack professional competence in dealing with emotional or mental health – brief consultation, unable to engage therapeutically;
- e) Negative perception of GP: lacking compassion (eg reliance on medication equated with not wanting to listen), instrumentality of consultation makes young people uncomfortable and denies building trust.

(Corry & Leavey, 2016. Young people and primary care: help-seeking for emotional and psychological problems)

Referral to specialist services

Monitoring data for seven OSS indicate that 4,016 young people received supported referrals over the 10 quarter review period; please note some young people may have received separate referrals across the different quarters. In addition, one OSS made referrals for 2,419 reasons across that period (which also counts individual young people multiple times). Based on the demographic data provided by some of the OSS, young males make up a higher proportion of referrals than females (apart from FIND/Enniskillen; R3, p.82).

In addition, incomplete (ie not all quarters and not all OSS) monitoring data indicate high uptake of received referrals and having mainly received an appropriate referral (R3, pp.83-84):

- Most to nearly all young people (70% to over 90%; exception FIND: >40%) engaged with the service they were referred to;
- Most young people appropriate referrals (around 70% to over 90%, based on three OSS), particularly from the second year onwards.

Young people benefitted from being referred through the OSS in terms of (R2.pp.104-105, interviews with partner agencies):

- Being provided with unthreatening pathways into statutory and other agencies;
- Accessing partner agency without feeling the stigma when directly approaching them;
- Faster response to young person’s needs and a degree of hand-holding due to the joint working with the partner agency.

Both OSS providers and partner organisations share the view, unanimously and as a recurrent theme, that young people who entered services via the OSS “fare better than young people who are referred from other sources”, with the following reasons provided (R3, pp.42-43; see also R2, pp.105-106).

- Taking time to ascertain what the needs of the young person are;
- Accurately signposting to the right help;
- Enabling small steps towards engagement;
- The transfer of trust to the referred agency;
- Building resilience which helps young people to stick at it and to try again if a referral doesn’t

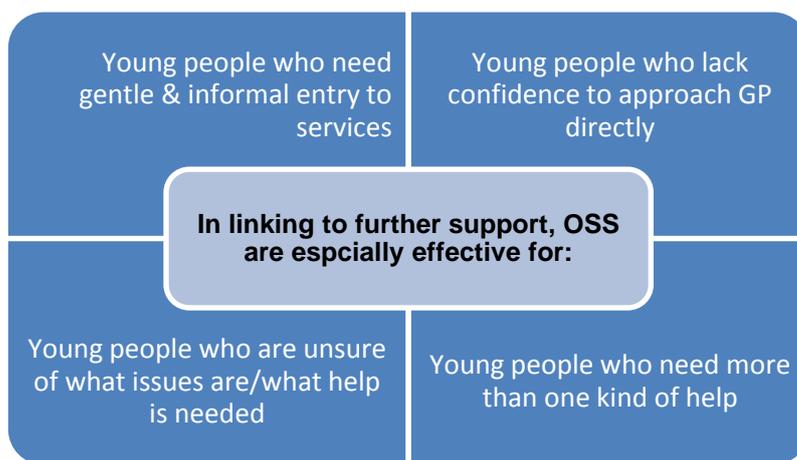
work out for them;

- Practical ongoing support from OSS staff;
- Conversations with the young people about their progress; and
- The OSS staff journey alongside the young person in a supportive role.

Especially, the trust that the young person has built with the OSS seems to transfer onto the specialist provider and promotes taking up the initial appointment, keeping appointments and continuing with the help provided.

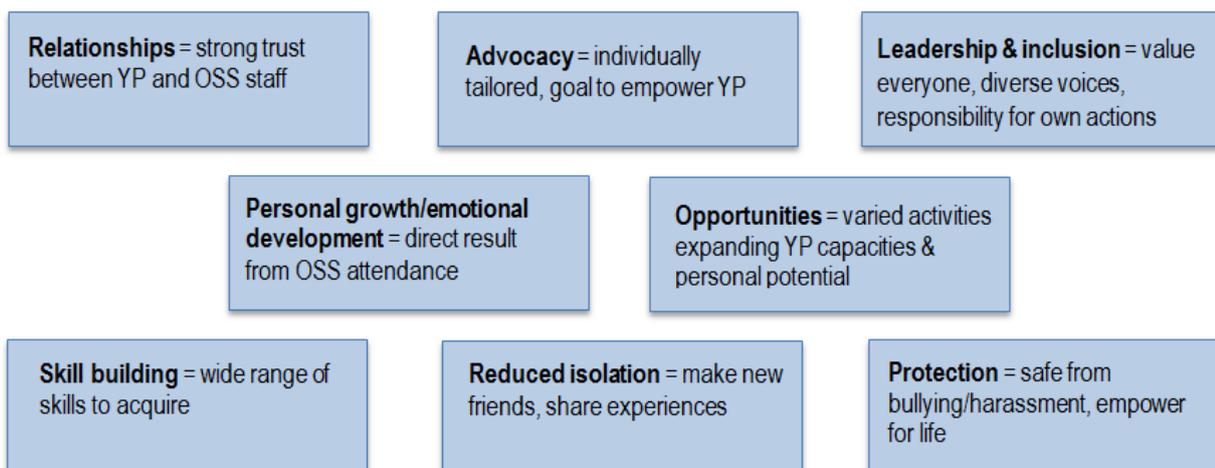
Though OSS, as a universal service, open to all young people, OSS are particularly effective at linking young people to further/specialist support who can be characterised in the following way (R2, pp105-106, partner organisation view):

OSS facilitate prompt help, provide temporary support during wait for referral appointment, helping young people to stay engaged and committed to accessing services (R2, p.105).



Overall impact

Based on young people's focus group discussions it was identified what has worked well for them at the OSS (R2, pp.13-14) and this can be summarised as shown in the diagramme below. (The further point of informal chats was already addressed in an earlier subsection.)



(YP ... young person/people)

Overall, OSS stand out for the high satisfaction with service provision among young people, the positive difference they make to their lives, and the potential detrimental impact to their health and wellbeing if they had never attended OSS or the OSS would not exist (anymore).

- 94% of young people attending OSS were very satisfied (77%) or satisfied (17%) with the services provided by staff (6% not sure; R2, p.45);
- 93% of young people reported that coming to the OSS had made a positive difference to their life (66% a lot, 27% some difference; R2, p.48);
- 91% of young people noted that there were no downsides to using OSS (R2, p.50);
- Negative expected personal impacts should OSS not exist: frequently mentioned being feeling lost/lonely/stay inside/isolated (22%) and negatively affecting their self-confidence (14%, R2, p.49);
- If they had never attended OSS, young people in focus groups mentioned continuation and/or exacerbation of problem behaviours and decreasing mental health (eg isolation, substance misuse, violence, suicidality; R2, pp.79-83).

Points for consideration from the evaluation

Each evaluation report identified a number of points for consideration; only few higher level points are emphasised here. The issues are merely focused on fine-tuning of what is a consistent model in terms of “values and approach, and flexible in terms of meeting local need” (R3, p.11):

1. Performance monitoring:
 - a. need for consistent and commonly understood definition of service targets and output data
 - b. explore a less burdensome process for completing and analysing OSS PMRs – greater use of IT/portal
2. Branding and recognition: to ensure OSS are recognised as distinct from their provider organisations, to raise awareness of them in their own right, and to reflect their purpose better (not all is offered in one shop) – renaming to Youth Engagement Service (YES)
3. Rethinking the outreach dimension to offer a feasible option of sufficient and flexible provision, particularly for rural areas, without overstressing resources (staff, costs)
4. Expanding of service – being mindful that the views expressed on expansion were many and various, the points selected here are those that fit with a universal, youth-led model
 - a. Increase inclusiveness for some (possibly under-represented) young people such as Travellers, disabled youth, young people with BME background experiencing language barriers;
 - b. Filling geographical gaps in service provision;
 - c. Linking into further networks or existing services whilst remaining led by young people’s needs.

In summary

Young people face, and sometimes struggle with, many different issues and often find it difficult to access the right information, advice, and support. On the example of mental health, Corry and Leavey’s study (2016) explored the reasons for lack of uptake of existing (primary care) provision and offers some

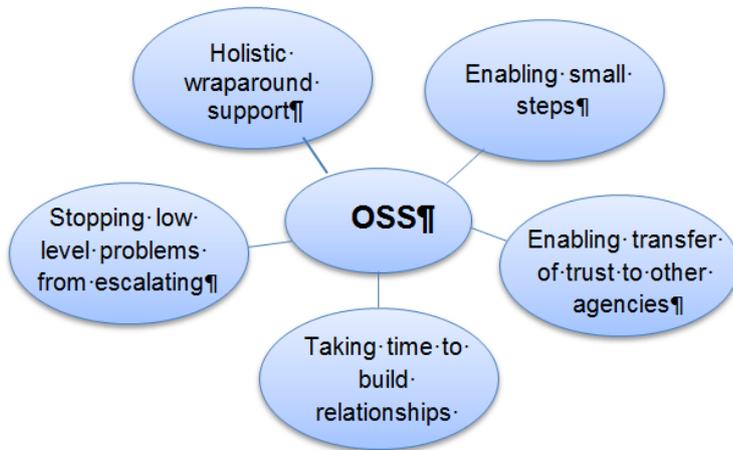
suggestions. It identifies a number of issues that facilitate adolescents’ help-

Easy access, confidentiality, empathy, shared decision-making and unrushed consultations
Adolescents “expect a good parent who is not their parent.” (p.6)

seeking for emotional/ psychological difficulties and these were perceived as (generally) not available from GPs. Building a close trusting relationship is central to this so the young person is confident in engaging with whoever provides the help. These ‘facilitators’ extrapolate to other

issues faced by young people and all are part of the OSS service model as shown in the evaluation.

The diagramme below shows those factors that make OSS unique (R3, pp.47-48). OSS were set up as a mechanism/catalyst that facilitates young people’s access to the relevant and appropriate



help by providing a safe, youth friendly and engaging social space. “OSS complement existing provision by providing information, linkage to other services and low level intervention. ... they support young people to identify their issues, built their confidence to engage with existing services and enhance young people’s experience of engagement ...” of whom many would not have taken up specialist help without the OSS. As such OSS make a

significant contribution to prevention and early intervention of what can be costly conditions or circumstances if only addressed at later, progressively worse stages.

OSS support the building and promotion of resilience in young people. “All of the support on offer is tailored to the precise needs of the individual, at that point in their lives” (R2, p.8). It is this individually tailored approach by OSS that fosters resilience (Rutter 2013; Werner, 2005)⁷: learning “to take responsibility, exercise a degree of autonomy” (Rutter, 2013, p.482), developing a belief in their own effectiveness and that they can overcome problems (ie self-efficacy and agency), increase competencies, have realistic education and vocational plans and higher expectations for the future, (actively) recruiting substitute carers outside of their nuclear family and among community elders and peers (see notion of OSS as ‘their’/surrogate family), and the opening up of opportunities.

Examples of young people and how their needs were addressed by OSS, either internally or by onward referral, as explored at evaluation stage 2, are included in the Appendix 4.

OSS provide the ‘lived experience’ of Rutter’s (2013, p.483) authoritative conclusion: “... interventions [promoting resilience] need to serve the provision of good social relationships and not just the focussed learning of specific coping skills or particular cognitive strategies. It is probably not most useful to consider social relationships as a taught skill; rather they are best acquired through relevant experiences that are guided but not instructed.”

⁷ Rutter, M. (2013). Annual research review: Resilience clinical implications. *Journal of Child Psychology and Psychiatry*, 54, 474-487. Werner, E. (2005). Resilience and recovery: Findings from the Kauai Longitudinal Study. *Research, Policy and Practice in Children’s Mental Health*, 19, 11-14.

Appendix 1

One Stop Services have a local identity and their specific provision should be tailored to local need (ie not duplicate existing local provision). OSS are located in:

Carrickfergus – Carrick YMCA

Belfast - Extern

Bangor - Extern

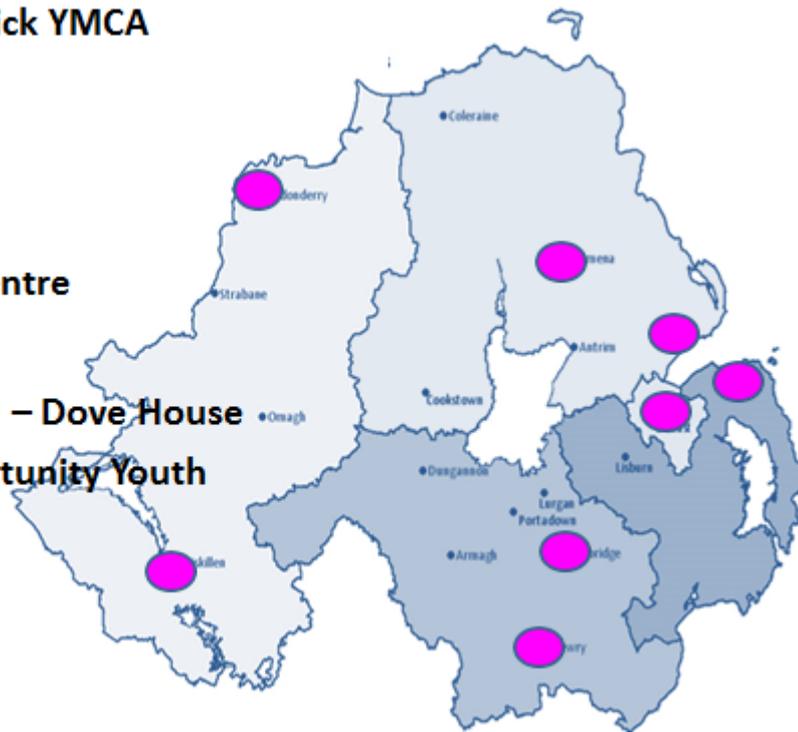
Banbridge - REACT

Newry – Magnet Centre

Enniskillen - FIND

Derry/Londonderry – Dove House

Ballymena – Opportunity Youth



Please note that the Belfast and Bangor OSS were run by FASA until early 2016.

Appendix 2

Evaluation objectives

Stage 1: 2014-15	Stage 2: 2015-16	Stage 3:2016-17
<ol style="list-style-type: none"> 1. To compare current provision per OSS with the stated objectives; 2. To review delivery targets and monitoring processes; 3. To develop and agree KPIs, and relevant recording systems, with OSS providers and PHA; 4. To identify specific issues per provider and overall around the early experience of the expansion of the OSS; 5. To assess the usefulness and working of the OSS network; 6. To identify any issues around interagency working, signposting and referral pathways. 	<ol style="list-style-type: none"> 1. To explore young people's views on the value of the OSS. 2. <ol style="list-style-type: none"> i) To identify what works well, what could be improved and any gaps in the provision of services (particularly with regard to the range of issues that the OSS can address) from the perspective of the young people who use the services. ii) To ascertain if there are differences in these responses by demographics (e.g. age, gender, education/work status, urban/rural background, etc.). 3. To identify what attracts young people to OSS and the reasons why regular users of the service continue to attend. 4. To explore the usefulness of lower level interventions provided by OSS staff (e.g. one to one chats, 'tea and talk' sessions and other informal interventions) in preventing young people's problems from escalating. 5. To determine the effectiveness of the OSS in assisting young people in need of support to access appropriate services. 6. To explore the value of OSS from the perspective of partner agencies. 7. To present case studies that illustrate how the OSS have responded to the needs of their service users. 	<ol style="list-style-type: none"> 1. To conduct a literature review on similar models of such services and a summary of learning points from these models and their implementation. 2. To establish the contribution of OSS in their local context. <ol style="list-style-type: none"> i) To identify what are the gaps in services that OSS meet and what makes them different from each other (eg local context). ii) To explore how, if at all, the views of partners and the wider environment in respect to OSS have changed. iii) To explore what other organisations OSS should engage with. 3. To identify patterns by age group and gender in the demand for and uptake of social, recreational, and support offers provided by OSS in their locality. This includes what young people are seeking help for. 4. To determine if and how young people referred from OSS to other services differ from these services' other received referrals, with focus on attendance and perceived outcomes. 5. To explore what staffing arrangements in terms of employed versus volunteers/ placements and qualifications/background seem to work best for OSS.

Appendix 3

SS Coordinators: key issues young people present with	OSS partner organisations: key issues facing young people generally
<ul style="list-style-type: none"> ▪ mental health (this being the top issue in all OSSs and also a superordinate classification for some of the individual issues presented below); ▪ low self-confidence; ▪ low self-esteem; ▪ low resilience; ▪ low aspirations; ▪ difficulties interacting in relationships with peers & family; ▪ teenage pregnancy; ▪ sexual health; ▪ sexual identity and LGBT; ▪ eating disorders; ▪ education, employment and career help; ▪ bullying; ▪ anger; ▪ isolation; ▪ drug and alcohol use; ▪ self-harm; ▪ help with social welfare. 	<p><i>Mental Health and related issues</i></p> <ul style="list-style-type: none"> ▪ mental health - much of it concerned with difficulties in the family. (... for the 16+ age group seems to perceive the OSS as an alternative family.) ▪ anxiety, the recurring theme is worry; ▪ lack of self-confidence; ▪ lack of self-esteem / self-worth; ▪ low resilience; <p>Lack of personal responsibility</p> <ul style="list-style-type: none"> ▪ lack of understanding of the consequences of their behaviour/choices; ▪ lacking a sense of responsibility and capacity to follow through; ▪ low capacity to deal with setbacks; <p>Low aspirations and low capacity</p> <ul style="list-style-type: none"> ▪ apathy, especially in relation to jobs; ▪ low aspirations- low expectations of their potential; ▪ low level of life skills-including managing finance and practical skills ▪ lack of motivation and direction in training and employment; ▪ Inability to navigate housing and benefits systems; <p>Addiction and related issues</p> <ul style="list-style-type: none"> ▪ drugs and alcohol use – peer pressure to use drugs, esp. to become part of the group; ▪ family addiction issues; ▪ eating disorders; <p>School and related issues</p> <ul style="list-style-type: none"> ▪ school – incl. struggling with work, relationships with teachers/friends, exam stress; ▪ personal development, which is increasingly not being dealt with in school; ▪ Internet and bullying on social media; bullying online is a big issue; <p>Relationships and sexuality</p> <ul style="list-style-type: none"> ▪ Social and personal isolation - hence the importance of the social/recreational activities and the sense of belonging that the OSS provides; ▪ Gender issues - including how males and females talk to each other and LGBT work; <p>Relationships with schools</p> <ul style="list-style-type: none"> ▪ Repeatedly raised how valued OSS staff are in this setting. As one partner put it, “I would have the OSS staff here every day, at lunchtime, if I could. The relationship with the OSS staff have with the young people is very different to that with teachers. This [separation] is very important for the young people”. <p>Social and recreational activities</p> <ul style="list-style-type: none"> ▪ The value of the social/recreational activities was also emphasised. One partner described this way, “It [the OSS] is an opportunity to socialise with other young people. Sometimes we don’t appreciate that online activity is not social life. It’s [the OSS] an important space to get young people together without technology. It allows young people a massive insight into who they are”.

Appendix 4

Case Study 1:

Not referred on/Male

“I come to here to create my life, to make my life very better... I want my life.”

Profile: This young man travelled from Eastern Europe (in August 2015) to live in Northern Ireland. He and his mother left because of violence. He arrived in Northern Ireland with virtually no English and no social circle. Whilst he has met a few young people at the OSS since then, his social circle remains limited, *“I know just [the OSS staff member] in Northern Ireland”*. This young man currently lives with his mother. She has serious physical health issues. His father and siblings are still in Eastern Europe. The OSS staff consider that this young man could have autism.

Did you try to get help from anywhere else before coming to the OSS?

Before attending the OSS, the only places this young man went were, “into the shops to buy food...[or] the library”. However, neither of these places were set up to meet his needs below. They don’t help because it’s not possible [for them].”

What first prompted you to come to the OSS? *“The homecare assistant.... My mum talked with [her], and [she] find address of the [OSS], because I don’t know what is the [OSS], but the homecare assistant find [found] the address, and I came here...”*

How has coming here helped you? Attending this OSS has enabled this young man to:

- **Improve his English** - *“My language is better. Before I come here, my language is not very good, but now it’s better because I speak more English, and better.”*
- **Access education** – *“I come to here [NI and the OSS] to find education, [and through this] to improve my life.”*
- **Explore finding a job** – *“I want to work...I want to find a job...to buy mum a house, like other peoples... to build a life and to create families.”*
- **Improve his nutrition** – Since coming to the OSS he has been *“eating very tasty food”*
- **Have opportunities to socialise with people of his own age** – *““She [OSS staff member] help [me] find friends... [there were trips] [we]...go places... have a very good centre [where there was] jumping, climbing. Very good time, very fun”*
- **Link into locally based activities** that match his main interests and create further opportunities to socialise and make friends.
 - o Dance: *“The [OSS] help me find the dance studio because I don't know what [where] is the studio... After one month [of attending the dance studio], I make a performance to public. I have 4 lines to say.”* Participating in this performance is important to this young man; there is a sense of being included, belonging to something, an opportunity to socialise.
 - o Exercise: *“She [OSS staff member] helped me find a gym here [locally].”*
- **Share his concerns / difficulties, experience understanding/receive emotional support** - *“I talk about [Eastern European] situation, and my family situation. We're very bad situation in my family...Yesterday, I talked with my brother and father. [He was criticised for ‘leaving’ the country] ...terrible [upsetting] words. He said ‘You leave brother. You leave a lot of people’. My father, my brother, my grandmothers, grandfathers [are] in [Eastern Europe]... [Eastern Europe] in economic is very bad, and [Eastern Europe] peoples is very angry [civil unrest], and a lot of politics is old, and young politics is too little.”*
- **Express his ambitions / aspirations** - *“I have an interest in politics. [I am] very interest[ed] in human rights...”*

Any suggestions for improvements?

His only suggestion was to have more trips / opportunities to socialise / have fun / meet peers.

Overall outcome

“[Staff at the OSS] very helped me...help find friends...I believe the [OSS], 100%, they helped.”

Case Study 2:

Not referred on/female

“You learn from what you go through. [I've learned to] not block myself out from everybody [but] to actually go and talk to somebody about it.”

Profile: This young woman had experienced social isolation and depression.

Did you try to get help from anywhere else before coming to the OSS?

Before attending the OSS, she had presented at her GP on a number of occasions seeking help for depression, *“The first time I went to the doctor’s, in June [2015], they told me to ring Lifeline myself. I didn’t feel confident enough to ring them and explain everything that was going on, again [i.e. having already just explained it to the GP]. When I went back [to the GP Practice], it was a different doctor. The doctor told me that, coz I hadn’t tried [i.e. hadn’t phoned Lifeline], he wasn’t willing to help me, so that put me off for a while. But then, in December [2015], I had to go to the same doctor I’d seen the first time, then she helped me. She got me sorted with the Women’s Forum, and I met [OSS Manager].”*

What first prompted you to come to the OSS? “...”

“The doctor referred me to the Women's Forum. The counsellor there, she introduced me to [member of staff at OSS], and got me started in here [OSS].”

How has coming here helped you? Attending this OSS has enabled this young person to:

- **Become confident to speak up** - *“[Since coming to the OSS], I'm confident about talking about anything really.”*
- **Make new friends, have regular access to a safe and welcoming setting and thereby become less isolated, be amongst people who understand how she feels and as a result, feel happier** - *“It's people my age [come to the OSS]...not people younger than me. It's nice to interact with people the same age as me, [Also]...I know [two OSS staff] and the guys [and girls] who do the cookery...and I've been introduced to some of the other ones [service users] too... If I'm feeling down, I can come down here whenever I want, and it's always laid back and a nice atmosphere...If you want to join a conversation, you just join it!...There's a lot of 'cliques' in work. You don't really fit in as much. It's good the way everyone's just in it together [at the OSS]... [Also, the young people at the OSS] they've kind of gone through the same thing as I'm going through, so it's nice to just be around them kind of people [for mutual support and understanding].”*
- **Talk through difficulties she may be having at any particular time** - *“I'm having trouble with my friends at the minute...I wouldn't really openly talk to [the other young people at the OSS about my worries / problems], but I would talk to the likes of [OSS staff member] first – until I build my confidence up with the rest of them [other service users]. But general conversations I would have with them, like what you're doing during the day. It's nice to just talk about something else!”*
- **Receive support on managing work-related stress** – *“Work and stuff – how it's hard at the minute – but I can talk to them [OSS staff] about it and get advice. I work in ...2 jobs. It's a struggle.”*
- **Get help, support and encouragement to apply for other jobs** - *“They [OSS] bring people in to help us. They had someone in a few weeks ago...talking about the job opportunities and what questions to ask, and how to make your CV look good as well...I'm getting job interviews and stuff, so they'll [OSS staff] give me advice on what to say, examples of general questions you'll get, and trying to make yourself sound good! Just general advice...build [your] confidence.”*
- **Have fun learning a new skill** – Such as cookery... *“The first thing [I].. got involved in was the cookery classes, which is something I've always wanted to do...[learning to cook is] getting me up and doing stuff at the same time as meeting new people....We learned to make pizza from scratch. I've never done that before. We made wraps... they were lovely! We made fish, and then we made goujons, but made the batter from scratch – which is something I've never done before either. Everyone gets to eat it. It's good because whenever I'm in my house trying to cook, my mum can't leave me alone. She just likes to do it herself. [Now], she's starting to let me do it...I'm planning to make the chicken goujons next week, so it'll be funny to see how they turn out on my own!”*

Any suggestions for improvements?

- **Extend the opening hours** - *"It'd be nice if it was open all the time: in the evening, and during the day over the weekend"; and,*
- **Increase public awareness** - *"I was told about [the OSS] through the counsellor. It would have been good to have more advertisement for it."*

Overall outcome

"[The issue I came here with initially is] mostly resolved. Just need to work on getting a different job, so I need to get out of the Secondary School and get some experience in a daycare. I would like to open my own daycare... [The outcome for me has been] good [Service user scored it 9 out 10 for satisfaction]. You learn from what you go through. [I've learned to] not block myself out from everybody [but] to actually go and talk to somebody about it."

Case Study 3:

Referred on/Male

"Three years ago, I was unemployed, and I was just one o' them lazy ones – just lying about the house, doing nothing. Would never have thought I would see myself studying, never thought I would have a full-time job...I actually like".

Profile: This young man was experiencing low self-esteem and low self-confidence. He had repeatedly tried, via Job Seekers, to get a job. He had been repeatedly unsuccessful. Just before he joined the OSS, he had been experiencing the job seeking process as immensely disorientating, degrading and demoralising. This was further damaging his already fragile self-esteem and self-confidence, making it even harder to get motivated. Through the OSS, he was referred on to a training course which further lead to an education trip abroad. This proved invaluable in terms of changing his self-image, increasing his self-confidence and self-esteem and, ultimately securing a placement that makes excellent use of his talents and abilities.

Did you try to get help from anywhere else before coming to the OSS?

"I was on the Jobseekers. They [pre-employment scheme] were trying....but they were just like, 'You should apply for this, apply for this, apply for this' - I didn't know ... 'How do I apply?'. [Basically, the [pre-employment scheme] says, 'Here's the page of jobs. Go apply for it'. They could be like the worst jobs in the world, and you go, 'I don't want to apply for them'.

What first prompted you to come to the OSS? *"At first, I was speaking to a youth leader, and I was currently unemployed at the time, and I didn't have a CV done, so she put me on to [OSS staff member]. I was introduced to [OSS staff member], and, from there, we worked on my CV, and I just started applying for jobs. That's really how I first became aware of One Stop."*

How has coming here helped you? Attending this OSS has enabled this young man to:

- **Identify appropriate courses** - *"I had interest in youth work, and then they pointed me to me the right course on youth work, and [since then] I've done a couple of OCNs in youth work and support work qualifications".*
- **Gain experience** - *"From then, they helped me to start doing volunteer hours within the school, from the old premises next door to it. I started working in there".*
- **Get to university** - *"The next step then was they helped me get in to university – a certificate course. I'm currently still doing that".*

- Get appointed to a position that makes good use of his interests and abilities and enhances his self-esteem and self-confidence – “Lucky enough, now, I'm actually in placement within a youth club, so big change.”
- See a map; a positive, practical, achievable path for his future - If I had tried it myself [alone], I would have been, ‘Oh no. Where do I go from here?’, but they [OSS] were just like guidance...The youth sector, I didn't know much about it. I didn't know what sort of qualifications you needed, what roles you had to do. I didn't know you had to volunteer beforehand. They were all like, ‘This is how you step into it’. They gave me the stepping stones. They provided the path. I didn't have the confidence within myself as well. With them [saying], ‘You do it like this’, they provided the confidence I needed. They got the confidence out of me, which is hard to do. They provided the actual guidance and the right way of doing it.”
- Travel abroad, develop new skills, expand his horizons - “They [OSS] received an email about [a youth leadership course], and they thought I would be the most suitable for it. It was like a peace study, so we went to study peace and conflict within Palestine and Israel, and there was 10 youth leaders from the Protestant and 10 leaders from the Catholic, but they were all from all over the north and the south, so it was really worthwhile. It was an eye-opener...I travel[led] to Palestine just with their [OSS] help. I was never on a plane until 2 years ago!... [Now] I'm running a refugee course within the club. A friend of mine's coming. He's a refugee from Palestine, but he's actually studying there at the minute, so he's coming ...to talk with the young ones to give them his experience.”
- Build and sustain his self-confidence / self-belief - “[They, OSS] had confidence in me, but I had no confidence in myself. They believed I could do it, but I was like, ‘Hmm. No. I'm not too sure if I could’. But they just kept at me and made sure I.. done the work...the application stuff in time, so it was really them that pushed [encouraged] me... it wasn't overpowering. They were directing [guiding] me... helping me out... I had to make [the main] decision myself, ‘Did I want to do it [apply for this job]?’... ‘It's up to you’, [OSS staff said], so they gave me the freedom to choose

Any suggestions for improvements?

His only suggestion was to have more trips and activities to help build up the trusting relationships quicker - “I probably could have got here quicker if I had opened up quicker. I was reserved. I was one of them ones: ‘Oh. I don't know what to do’... If you're reserved, then it's going to be harder work...[However]...if you don't build a relationship with them first, you won't get to know them. Hence, [maybe more] trips and stuff would probably get the relationships built up quicker for the young people. You'd probably break down a lot more barriers [faster]”.

Overall outcome

This young person has found a structure and a new sense of purpose in his life. “I'm [in] a more happier place...I'm willing to get out of bed now in the mornings. I know I have to get out of bed, coz [otherwise I'm]...not gonna get the work done!”

He has found it personally very rewarding to be challenged. He is now doing work that he finds fulfilling, “I'm actually at the minute bombarded with work, and I'm at university. University – I'm doing my Youth Work Certificate so that I can apply a Leader's job within the youth organisations...I'm [also] doing facilitation work in other youth clubs as an art facilitator. It's another path I was drawn in to...[My confidence] was very low at the start, but now it's very high. I've achieved a lot more in the last few years than I have in the previous five years. I never thought I'd be sitting here in the position I would be able to apply for jobs and have the right qualifications and the right background and the right confidence to do it...Three years ago, I was unemployed, and I was just one o' them lazy ones – just lying about the house, doing nothing. Would never have thought I would see myself studying, never thought I would have a full-time job where I actually like it. Usually it's only bar work I would do. Beforehand, I would have had a boundary. I would have put myself in this mind set ‘No. I'm not capable for university’, but now I'm going to university and actually achieving good grades...It's opened my eyes really. If you have more confidence and are willing to work, there's probably nothing can stand in your way.”

Case Study 4:

Not referred on/Female

“I'm just so glad I took that step to talk to her. They've really helped me out with a lot of stuff to do with home and the past...it was really helpful to get a lot of stuff off my chest”

Profile: Before coming to the OSS, this young woman (aged 19) had suffered repeated episodes of depression related to “stuff that had happened to me in the past, and it was starting to just come back.”

Did you try to get help from anywhere else before coming to the OSS?

“A few times, I had tried to get counselling from teachers. I never spoke to a teacher about what was actually happening with me at the time. Generally, I got this kind of ‘Oh yes. We’ll get you sorted’, and then never heard anything about it afterwards. Nothing happened, or the tutor went off and then didn’t see me, and then had forgotten about it by the time they’d got back. It was really hard to bring that up again. I think I did that about twice, and then I just kinda give up talking about it or trying to get it through teachers and things. In High School, I did not trust any of my teachers at all. I really did not like any of them, and I wouldn’t have told them anything at all. I wasn’t up for putting myself out there again to those people. You’re getting nowhere. It just felt like you were hitting the wall every time.”

“I [also] asked at the doctor’s office, but they couldn’t refer me on to any specific counselling. I don’t know why that was, but it was something to do with I was turning 18, and there was an issue because they couldn’t put me in to child one, and then, whenever I’m 18, I have to go get it myself. They just gave me a Lifeline number, and I was like, ‘I’m never gonna ring that number’.”

“After telling the doctor, I had to go on the phone to somebody that I can’t even see, and tell them all this stuff about myself, and I was just like, ‘No. I’m not doing that just to try and get counselling.’. I don’t know that person. I don’t wanna talk to someone I didn’t know. I’m sure the people on the other end of the phone might be really nice, and they’re trained and all the rest of it, but I just don’t feel OK without talking to somebody in person about things like that. I wouldn’t feel great talking about it over the phone. It’s not something I’ve ever done, ever! It’s not real enough.”

What first prompted you to come to the OSS? *“[OSS] actually come to the Tec where I go to school, and they told us all about One Stop Shop, and we were part of making the logo for the place, so we were all very excited and then we really wanted to go in and see the space and then just start using it there and then because all of our friends already knew about it, so it was just easy to just come in and just start hanging out... [The OSS Manager]...was really lovely, and...was one of the first people we ever met. [OSS Manager] was very energetic about [OSS], and that really helped everybody really want to go and see it.”*

How has coming here helped you? Attending this OSS has enabled this young woman to:

- **Trust an adult enough to open up and ask for help** – *“In the past, with schools and things, I’ve usually had a bit of a blockage with connections with teachers and adults and people who are looking after you or supervising you. I would generally not have as much of a connection, but, [in OSS], I really do. It was just they made it easier. I could talk to them... I have real struggle with depression. I was speaking to [OSS staff member], and I just sat down and told her everything. And she told me that I wasn’t on my own, and that she would help me if I ever needed anything. And she told me about all these other things that I could do and that I could go to”.*
- **Access appropriate counselling** - *“[OSS staff member] recommended that I go and get counselling from my Tec. I did [that], and I [now] go to counselling...I find it really, really helpful... I’m just so glad I took that step to talk to her. They’ve really helped me out with a lot of stuff to do with home and the past...it was really helpful to get a lot of stuff off my chest coz it was stuff that I had been keeping in for quite a while, and I’ve never told anybody who was in a professional environment like this before. It just felt really good to have somebody,...an adult, that’s taking you seriously and they’re listening to you. Whereas, sometimes at home, maybe adults aren’t listening to you... It’s nice to have somebody really take you seriously, and to know...they’re gonna help you...”*

- **Receive ongoing emotional support** – “Even if you're just in [to the OSS] for a wee chat...you have a crappy day, you just go in and you tell everybody. It's just a nice environment to be in.”

Any suggestions for improvements?

This young person said, “I feel like she [OSS staff member] went above and beyond. Compared to the responses I've had before, from teachers and things, that was so much better, and she covered everything that I could do, and I thought it was really informative, so I'm not sure if there is anything else that she could have done. I have never had an experience where it was better, so I don't have anything else to go off [compare it with]. The only thing that would have made it just slightly better – although this doesn't apply to the particular situation, because there was nobody else around – but it was just the idea if somebody had been on the other side of the door, they might have heard. Just need maybe a quieter space, away from everybody, coz I know sometimes it would be quite hard to talk about things [when] there's loads of people about. You're not completely separated. You might be in a wee room. The walls are thin.”

Overall outcome

“It's maybe not been ‘resolved’, because it's more to do with mental illness, but since then I've been going to counselling now for a good number of weeks, and I find [it's]...really helpful, and I've just been constantly going to [OSS] coz I've found it's a great support, rather than sitting at home on my own and being upset. Just to have people around you can really help. I've really perked up, and I've really made good connections with ones in there now, and it's just so much better.”