



Evaluation of One Stop Shops
Reviewing the progress made following expansion

Final Report

2 July 2015



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1 Executive Summary

In January 2015, the Public Health Agency (the Agency) commissioned Social Market Research (www.socialmarketresearch.co.uk) to undertake an evaluation of the '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 this period.

1.1 Policy Rationale

Supporting the health and social wellbeing of young people aged 11-25 is the key objective of the One Stop Shop Programme, with OSSs funded to provide a youth friendly, holistic health and well-being service in specific locations across Northern Ireland. The service has grown from an initial pilot of four OSSs in 2009 to eight currently. OSSs act as a hub where young people have opportunities to socialise in an alcohol and drug-free environment and avail of information, advice and support on a range of issues from relevant services both on-site and off-site, with the support of staff of the OSS.

1.2 Summary of Terms of Reference for the Evaluation

The Terms of Reference required SMR to:

'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'.

PHA made it clear from the outset that the nature of this evaluation was qualitative, (rather than quantitative).

1.3 Summary of Methodology

This evaluation methodology was based on 4 stages (see Section 3: Methodology):

- Stage 1: Project Initiation (March 2015);
- Stage 2: Field Work (March – May 2015);
- Stage 3: Key Stakeholder Workshop (May 2015);
- Stage 4: Report (June 2015)

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

This evaluation required SMR to consider a series of specific research questions. In each case, these are set out below along with, the key findings and corresponding points for consideration:

Q: "What is a One-Stop-Shop?"

Across those consulted, we found a widespread, shared sense of the OSS concept. There was a widespread appreciation that a one-stop shop included the following

kinds of elements: recreation, information, signposting, responsiveness, advocates, safe and neutral space, ethos of valuing young people, accessible, peer led, no stigma, anonymity, trust building, a hub for professionals and an outreach dimension.

- Points for consideration going forward are:
 - ✓ Capturing the 'voice' of young people;
 - ✓ Quality/kite mark;
 - ✓ Staffing levels;
 - ✓ Different forms of outreach;
 - ✓ Events not youth club; and,
 - ✓ Addressing non-neutral venues;

Q: "How well are OSSs operating?"

Monitoring data

SMR has reviewed the measurable objectives for each OSS and concluded that in the vast majority of cases the measurable objectives have been achieved. In cases where the measurable objectives had not been achieved this was due to SMR's analysis focusing on a single quarter (Q3 in 2014/15) with the assumption that OSSs not meeting specific objectives by Q3 will have done so by end of Q4, assuming that the pattern of activity in the previous 3 quarters continued into Q4.

Points for consideration going forward are:

- ✓ There is variation in the measurable objectives between some OSSs. This reflects the different delivery models between some OSSs. Nevertheless, the evaluation has highlighted a need for a more standardised and consistent approach to monitoring with the key benefit being that performance can be compared between OSSs at regional level. Moreover, PHA and the OSSs should explore how the monitoring process can become less burdensome for both OSSs and PHA in terms of completing and analysing the returns. A more structured approach would help address some of the current challenges around monitoring and is something which PHA and the OSSs should explore with a greater use of IT / central portal possibly helping to support this process;
- ✓ As the concept has been rolled out some of the measurable objectives may no longer be realistic or achievable given the changing needs of young people in local areas. The evaluation highlights the importance of the OSS concept being flexible to respond to need, and by definition if needs change, or OSSs are presented with significant challenges, then there needs to be some flexibility around reviewing the objectives;
- ✓ To further evidence the value of the OSS concept, we have concluded that there is merit in exploring the capture of outcome data on the impact of the

Programme on young people. Based on the evaluation there is an appetite among the current OSSs to embrace outcome measurement and we believe that this could usefully be explored during the remainder of the current contract. Discussions with the OSSs and PHA have highlighted a range of potential KPIs to measure outcomes, with agreement that young people should also have a voice in developing these KPIs;

Protocols for referrals

The positive findings were that: formal protocols exist, the protocols are operated, there is a high degree of partnership working, the service focus is on health and well-being, and there is a strong sense that the one-stop shops are well respected in their individual localities.

Points for consideration going forward are:

- ✓ Challenges exist engaging with some schools;
- ✓ Time needed to keep up-to-date with changing protocols;
- ✓ Time needed to accompany young person;
- ✓ Some partner agencies (partners) want "more";
- ✓ Protocol for partners relaying "progress" is not always clear;
- ✓ Referral pathways for young people in crisis can be a challenge;
- ✓ Concern about "competition" for young people;
- ✓ Competition for OSS space;
- ✓ Potential benefit in developing best practice and training around referring young people;
- ✓ Capacity to respond to demand;
- ✓ Role of PHA in supporting the goals of the OSS.

Sharing Experience and Practice

The positive findings were that: network meetings are regarded as an important asset, and learning visits to other OSSs are immensely valuable.

Points for consideration going forward are:

- ✓ Common platform to share resources; and,
- ✓ Allocation of time to conduct learning visits.

Should OSSs provide services to parents / guardians?

Some services (e.g. leaflets, signposting, carer support phone calls) are already being provided to parents and guardians. This was thought to be necessary both from a practical and ethical point of view.

Points for consideration going forward are:

- ✓ Protect young peoples' "space";
- ✓ Separate funding to support parents/guardians; and,
- ✓ Additional KPI to be devised in relation to support for parents/guardians.

Q: "Effectiveness of the OSS Network?"

OSS Managers and staff agreed that the network days had been beneficial. A formal action plan has been developed by the OSS managers and facilitated by PHA's OSS Network Manager. There was widespread praise, and appreciation for, the networking event that had involved young people. This was an important opportunity to showcase the work of the OSSs. In addition to all of this, individual one-stop shops have been proactive in sharing their knowledge of professional networks they have experienced. This sharing has proved beneficial to the network as a whole.

Points for consideration going forward are:

- ✓ More network meetings;
- ✓ Have some meetings for OSSs only;
- ✓ Faster follow-up;
- ✓ Use of Tele/videoconferencing;
- ✓ Rotation of venue and chairpersonship; and,
- ✓ Harness opportunities for insight.

Q: "Specific issues for individual OSSs?"

Remarkably few issues with individual one stop shops were highlighted relative to the scale, complexity and sensitivity of the services being delivered.

Points for consideration going forward are:

- ✓ Logistical challenges around sharing experience and practice;
- ✓ Challenges around sharing resources/materials;
- ✓ The need for a single brand identity;
- ✓ Need to improve awareness of one stop shops;

- ✓ Lack of regional view of OSS performance;
- ✓ Lack of regional or comparable local view of the young people's voice;
- ✓ Need for focus on prevention?
- ✓ Improvement / protocols with schools needed;
- ✓ Challenges attracting younger age groups; and,
- ✓ Staff self-care and sustainability.

Q: "Overall, what has worked best/worked not so well?"

Positive Points / Worked best

- ✓ Shared understanding by all parties on the OSS concept - its aims and activities;
- ✓ OSSs linking in with local health hubs;
- ✓ Targets being met;
- ✓ Expertise and knowledge of staff;
- ✓ Creativity and ingenuity in using a variety of means to get key messages across e.g. drama, music, dance etc;
- ✓ Staff interaction and one-to-one work with young people - the trust that has been built up;
- ✓ Peer-led elements;
- ✓ The way in which the OSS has acted as a gateway to services;
- ✓ Flexibility - A small number of initiatives, started by OSSs in good faith, did not deliver the results anticipated. It has been very helpful that PHA acknowledged the learning from these, and permitted changes to the OSS contracts concerned to reflect a different emphasis going forward;
- ✓ OSSs in accessible locations;
- ✓ Inclusion;
- ✓ Neutral space;
- ✓ Comfortable space;
- ✓ The young person's event;
- ✓ Learning visits – seeing 'how' other OSSs actually work.

Worked least well / Points for Consideration

See earlier points for consideration as well as the following additional points:

- ✓ Level of awareness of one stop shops as a specific entity;
- ✓ Separate branding;
- ✓ Challenges in engaging young people of such differing ages within a single space. OSS and PHA locality staff appreciate these challenges;
- ✓ The suitability and feasibility of continuing to strive to do this was questioned. Basically, are the issues so different-across the different age groups that different knowledge skills and experiences are needed to properly support each? Limitations in funding available to potential partners, thereby constraining service provision;
- ✓ Large geographical areas to be served;
- ✓ Outreach dimension proving challenging for some OSSs;
- ✓ Costs of outreach activities (venue hire etc);
- ✓ OSS staff 'stretched';
- ✓ Potential inequities in service provision in urban versus rural areas;
- ✓ Initial resistance within some rural communities and a need to build trust / relationships over time; and,
- ✓ Part time workers not always being available to work the specific hours that are required by the OSS.

2. Background to the One Stop Shop Initiative

2.1 Response to Need

In August 2009¹, the Public Health Agency (PHA) conducted an analysis of need in relation to health and well-being services for young people on behalf of the Health Development Policy Branch within DHSSPSNI. This resulted in the Minister for Health, Social Services and Public Safety commissioning four pilot One Stop Shops (OSSs) to cater for the health improvement needs of children and young people aged 11-25 years.

The aim of the pilot OSSs was to provide a youth friendly, holistic health and well-being service. They were intended to be a hub where young people have opportunities to socialise in an alcohol and drug-free environment and avail of information, advice and support on a range of issues from relevant services both on-site and off-site, with the support of staff of the OSS.

The specific issues on which young people could avail of information, advice and support in the OSSs included:

- Mental and Emotional Health Issues: Depression, Low Self-Esteem, Self-harm, Family Problems, Educational (School) Problems;
- Wider Personal and Health Issues: Drugs and Alcohol (including tobacco), Relationships, Sexual Health, Healthy Eating;
- Social Welfare Issues: Benefits, Housing, Debts, Employment; and,
- Practical Issues: Further Education, Careers, Money Management, Independent Living Skills.

Each of these OSSs had a local identity and their specific provision was intended to be tailored to local need.

The pilot OSS programme was run over 18 months. A formative evaluation was then completed by Social Market Research (SMR) in 2011. Whilst the findings from this evaluation informed the specification for a more extensive service, the SMR evaluation also made several specific recommendations:

- Further clarify the concept of a OSS (e.g. focus, purpose);
- OSS to be actively encouraged and supported to share and document their experiences – to refine the collective understanding of what constitutes the most appropriate/effective model;
- PHA and providers to explore why certain OSS elements were most or least successful;
- PHA to set out clear protocols for OSS providers, particularly regarding the appropriateness of referrals and signposting young people to other services;

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

- Improve the key performance indicators: more focus on outputs and outcomes, clearly defined and specific, minimum standards, data guidelines, systems for data collection; and,
- Maintain a service focus on health improvement by providing specialist services, sign-posting and hosting peripatetic work.

Completing the formative evaluation and updating / refining the OSS service specification marked the end of Phase 1.

Phase 2 began with a procurement process for the OSS service. This was completed in 2013 and resulted in the establishment of 8 OSSs. Three of these had been in place since Phase 1, five were new. The Table below summarises the current 8 OSS service locations and providers.

Table 1: Profile of OSS Providers

Location	Provider	HSCT
Belfast	FASA	Belfast
Bangor (outreach: Ballywalter)	FASA	South Eastern
Carrickfergus	CYMCA	Northern
Ballymena (outreach: Ballycastle & Bushmills)	N-GAGE, Start 360	
Banbridge	REACT	Southern
Newry	YASIP	Western
Derry	Dove House	
Enniskillen	The Find	

Table 1 – Overview of OSSs

The current three-year funding period will come to an end on 31 March 2016. However, an extension for two further years is possible, pending the outcomes of the evaluation.

As with Phase 1, all OSSs have agreed a set of measurable objectives and delivery targets. Whilst there is some consistency between OSSs there are also variations. Note that a list of measurable objectives, as listed in the OSS monitoring returns, is presented in Appendix A.

Finally, (and following on from the recommendations of the Phase 1 evaluation), all OSSs are also part of the One Stop Shop Network. This Network (hereafter referred to as 'the Network') is managed by the Public Health Agency. All PHA funded providers participate in and contribute to the Network.

3. Terms of Reference

3.1 Research Aim

The overall aim of this evaluation was to:

“Conduct qualitative research to establish progress to date in the expansion of One Stop Shop services in light of the recommendations from the pilot evaluation”.

3.2 Research Objectives

In terms of specific research objectives, PHA required those appointed to:

- Compare current provision per OSS with the stated objectives;
- Review delivery targets and monitoring processes;
- Develop and agree KPIs, and relevant recording systems, with OSS providers and PHA;
- Identify specific issues per provider and overall around the early experience of the expansion of the OSS;
- Assess the usefulness and working of the OSS network; and,
- Identify any issues around interagency working, signposting and referral pathways.

3.3 PHA’s Suggested Approach

To meet the objectives of this brief, PHA suggested that, *“a mix of desktop research and qualitative research, using interviews and a group approach [be used, including]...”*

- Desktop research of available documentation (particularly re monitoring processes and returns);
- Interviews with OSS providers individually: lead staff of OSSs and other staff, wider management;
- Focus group/network meeting with all OSS providers;
- Interviews with partner agencies;
- Interviews with relevant/local PHA staff.

PHA also confirmed that *“interviews [could be] conducted face-to-face or as phone interviews”* and that *“no consultation with young people [was] envisaged”*.

4 SMR's Methodology

4.1 Key Stages of the Research

The following methodology was agreed with the PHA and has already been detailed in SMR's proposal to the PHA (dated February 2015). In summary, the approach involved four key stages:

	<p>Stage 1: Project Initiation (March 2010)</p> <ul style="list-style-type: none"> ▪ Met Steering Group. ▪ Agreed methodology and timescales. ▪ Identified documentation and contacts etc.
	<p>Stage 2: Field Work (March - May 2015)</p> <ul style="list-style-type: none"> ▪ Interviews with senior personnel in PHA responsible for OSSs (n=3) ▪ Focus group with PHA Locality staff (6 attendees) ▪ Telephone interviews with partners of OSS (n=16) ▪ Separate group interviews with each of the 8 OSS Managers and their Programme Staff of each OSS ▪ Review of KPIs and agreed sample of monitoring data. <p>(See topics discussed with each segment in Table 1, Section 3)</p>
	<p>Stage 3: Key Stakeholder Workshop (May 2015)</p> <ul style="list-style-type: none"> ▪ Worked collaboratively with the key representatives of the Steering Group to design and deliver a one 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. <p>(Further details in Appendix B)</p>
	<p>Stage 4: Report (June 2015)</p> <ul style="list-style-type: none"> ▪ Production of draft final report – Early June 2015 ▪ Feedback from Steering Group – Mid-June 2015 ▪ Final report produced – Late June 2015

4.2 Overview of Approach to Field Work

SMR's agreed approach to the fieldwork is summarised in Table 1 below. The topics that discussed and the research method used for the discussion (e.g. interviews, focus group, work etc) with each segment/audience are clearly indicated.

Table 2: Matrix of Research Questions vs. Segments/Audiences Consulted

Research / Evaluation Topic	Interviews with Senior PHA Personnel responsible for OSS initiative (n=3)	Focus Group with relevant local PHA staff (6 participants)	Telephone Interviews with partner agencies (n=16)	Analyse sample of monitoring returns (One year sample)	Conduct group interviews with each OSS Provider (8 Group interviews completed)	Design and conduct OSS Network Workshop to consider findings and agree way ahead (x OSS Managers; y, PHA)
Overall, what progress has been made in relation to the recommendations from the pilot evaluation?						
Need to clarify concept of OSS (e.g. focus, purpose);	✓	✓	✓		✓	✓
OSS to be actively encouraged and supported to share and document their experiences – to refine the collective understanding of what constitutes the most appropriate/effective model					✓	✓
PHA and providers to explore why certain OSS elements were most or least successful		✓			✓	✓
PHA to set out clear protocols for OSS providers, particularly re the appropriateness of referrals and signposting young people to other services		✓				
Improve key performance indicators: more focus on outputs and outcomes, clearly defined and specific, minimum standards, data guidelines, systems for data collection		✓			✓	✓
Maintain a service focus on health improvement by providing specialist services, sign-posting and hosting peripatetic work.		✓	✓		✓	✓
To compare current provision per OSS with the stated objectives		✓	✓	✓	✓	✓
To review delivery targets and monitoring processes				✓		
To develop and agree KPIs, and relevant recording systems, with OSS providers and PHA	✓	✓	✓		✓	✓
To identify specific issues per provider and overall around the early experience of the expansion of the OSS;					✓	✓
To assess the usefulness and working of the OSS network	✓	✓	✓		✓	✓
To identify any issues around interagency working, signposting and referral pathways.		✓	✓		✓	✓

5 Key Findings

5.1 Findings and Points for Consideration in Relation to each Research Question

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.

It is clear (from Table 2 in Section 4.2), that the vast majority of the research questions were 'put to' the vast majority of segments / audiences to be consulted. As SMR began to analyse the responses, it was evident, from an early stage, that the vast majority of the responses to each specific question, across all of the audiences consulted, were very similar. Consequently, for clarity, and to avoid unnecessary repetition in this report, SMR aggregated the feedback from all consultees for each research question and then thematically analysed the aggregate. We set out below, by research question, the key points that emerged from this thematic analysis.

As far as possible, we set out the positive findings first, followed by points for consideration.

Where discernible differences arose in the feedback from any one segment / audience compared with another, we have highlighted this below.

Whilst SMR is aware that each OSS has its own distinct brand, we have for clarity, referred to each of the OSSs in this report by the name of the town / area in which they are located. See Table 1 in Section 2 for details.

5.2 "What is a OSS?"

Need to clarify concept of OSS (e.g. focus, purpose)

Positive findings

Across those consulted, we found that there was a widespread, shared sense of the OSS concept.

The dimensions that were repeatedly cited by those consulted included:

- **Information** – There was repeated reference to the need for a wide range of information on services needed by young people, including physical, emotional, and sexual health and well-being as well as other issues related to overall well-being including debt advice and housing.
- **Sign posting & linking young people with services** – The need to be aware of, and up-to-date with, relevant local support services and, importantly, the protocols for referrals, was a recurring theme. Given that organisations priorities, procedures and personnel change, OSSs find that they need to, and do, continually invest in keeping their knowledge about referral pathways up-to-date.

- **Health and wellbeing focus** – The need to ensure that the OSS concept is focused on the health and wellbeing of young people first and foremost with social and recreational benefits being of secondary importance.
- **First stop shop** – The OSS was said to be particularly valuable as the first place where young people might make contact with support services, because it is easier to just drop in to a OSS than it is to go through more formal channels of referral through, for example, a GP. Therefore, the OSS provides a unique first port of call for young people.
- **Speed** - A number of partner interviewees said the OSS concept brings a much needed speed into interventions with young people, permitting fast initial assessment and efficient referral to the correct and most appropriate next step. This was said to be in contrast with some other agencies whose referral processes could be “slow and clunky”.
- **Alternative for young people** – Many young people are reluctant to engage with statutory services which are often seen as 'clinical', with the OSS service 'making the gateway to services much bigger and making services more accessible'.
- **No Stigma and No Blame** - A number of points were made about the importance of a OSS being perceived as having no stigma attached to it, in that young people should feel that they can drop in to an environment which offers general support and signposting and which is not associated with one particular service where they may fear being stigmatised.
- **Anonymity** - Where OSS staff work, for example with schools or youth services, the young people feel that they can talk to the OSS worker in a way that might be embarrassing to do so with a teacher or youth worker whom they know and see regularly.
- **Trust building** – A key feature of the OSS model is developing an ethos of allowing young people who lack the confidence to talk about their issues, to have space and time to build trust and confidence without any pressure to self-disclose too quickly. This allows the young person to build the confidence that will eventually allow them to talk about their issues and problems and to seek appropriate support.
- **Advocacy and supported referrals** - The importance of advocating for, and supporting a young person, by making calls on their behalf and / or attending appointments with them as necessary was noted.
- **Service provision** - Providing an appropriate range of services for young people's health and well-being, within the OSS itself, was considered relevant.
- **A hub for professionals** – As well as being a centre for young people to access information, the OSS was said to be valuable also to professionals as a way of keeping up to date and finding help on where to refer or signpost their clients.
- **Youth friendly** – The importance of OSSs being 'youth friendly' is seen as critical to their success.

- **Recreational** - The need for a recreational space for young people to participate in social activities and the importance of building positive and trusting relationships with the staff at the OSS was emphasised.
- **Accessibility** – The importance of being open at times that suit young people and in places that they find geographically accessible.
- **Peer-led activities** - Involving young people, in a meaningful way, in the decisions around what the OSS offers, (e.g. in terms of information, service, recreation) and how it is offered, was perceived as pivotal to the success and sustainability of the OSS model.
- **Diversity, inclusion** - Ensuring that the OSS is, and is seen to be a neutral space that is actively inclusive and visibly values diversity both in its responsiveness to ideas and suggestions and the range of young people who use the OSS was regarded as noteworthy.
- **Variety of events** - It was clear, from the feedback amongst those consulted, that the one-stop shops offered, and valued offering, a wide range of events to attract young people of different age groups, and different interests.
- **Protective** – Not only is the OSS model perceived as helping and supporting young people with issues and problems, it also has a protective effect in that young people being exposed to the activities and programmes available at the OSS's are better resourced to make better health and lifestyle choices.
- **Safe Places** – Seen as safe places for young people to talk and be themselves, share problems and be supported by other young people and OSS staff. The safe space provided for young people, was emphasised as being important for OSSs, making young people feel that they can access information at their own pace and without being judged.
- **Setting Boundaries** – The importance of controlling the ethos of the OSS was seen as critical i.e. boundaries are set in terms of what is acceptable and not acceptable in a OSS ensuring that the OSS's are welcoming to all young people. Sends out a message that OSSs are safe for all young people.
- **Out-reach dimension** - The outreach dimension was considered by all of those consulted to be an important aspect of the OSS model. Whilst operationally, this is delivered in different ways, by different OSSs, the basic goal of the outreach dimension and the aspiration to be inclusive, were universally accepted as important tenets.
- **Inviting service providers 'in'** - There was widespread consensus, amongst those consulted, that actively inviting local service providers 'in' to the OSS, was important feature of the model. This practice, of making space and time for other service providers, made it much easier for young people to access the services the latter needed.
- **Neutral** - Having a neutral space i.e. one that is not owned, or perceived to be owned, by a particular community or group/ clique, age or gender - and is thereby 'open to all' - was regarded by all as a fundamental feature of any OSS.

- **Ethos** - The ethos of valuing young people was also a recurring theme in the feedback from those consulted. Valuing, and being seen to value, young people, was regarded by all as essential.
- **All Issues Supported** – The OSS model provides supports to young people regardless of what their issues are although a common theme is that most issues are linked in some way to mental health.
- **Capacity to respond to emerging issues** – All OSS's commented on the changing nature of issues that young people are presenting with. For example during the OSS pilots in 2009 alcohol and drugs would have been the central themes with current OSS's seeing other emerging issues including gaming, use of high energy drinks, online pornography (particular among young males), sexual health, etc. The OSSs are in a unique position to help and support young people presenting with these issues, with OSSs in turn having to develop and forge new relationships with different service providers to support and 'future proof' young people.
- **Staff** – Having appropriately skilled and qualified staff is critical to ensuring the OSS concept works at ground level. Staff are the first point of contact with young people and developing positive relationships with OSS staff helps young people build their confidence to being able to access services if required.

Points for Consideration

As regards going forward, PHA may wish to consider the following points:

- **Branding / generic** – All of those consulted were aware that each OSS currently has its own unique branding. There was universal agreement that this was unhelpful in terms of seeking to promote awareness, amongst young people, service providers and the general public about what a OSS is. It was agreed that a common brand would be preferable. This issue was identified in the 2011 evaluation and it was recommended then that a common OSS brand be developed. SMR appreciates that work is currently underway within PHA, in conjunction with the OSSs, to develop a common brand. This appears to SMR to be a priority since addressing this creates the potential to raise awareness, of important services, in a more coordinated, effective, efficient and economical manner across Northern Ireland. Notwithstanding the above, PHA locality staff pointed out that there remains some confusion around the term "One Stop Shop" when, in practice, the service is essentially a 'referring on' service.
- **Young peoples' 'voice'** - A key point, that recurred in the feedback from OSSs and PHA personnel (PHA HQ and locality staff), was the need to strengthen the 'voice' of young people i.e. young people feeding back their experience of the service and this being used to inform the ongoing design and delivery of the service. Whilst individual OSSs carry out their own local assessments, in their own way, there is currently no common mechanism to capture the 'voice' of young people on key aspects of OSS service provision. Consequently, it is not possible to compare the feedback from young people from one OSS to another. Nor, currently, is it possible to listen to what this 'voice' is saying at a regional level. Since this 'voice' is central to what OSSs are all about, SMR suggests that it would be immensely beneficial for PHA to address this matter as a priority.

It is noteworthy, that the following question was posed at the stakeholder workshop, “**How best could OSSs capture the views of young people on an ongoing basis?**” We set out below the suggestions made by the workshop participants.

- **Ethos** – Ensure that whatever mechanisms are used are compatible with the ethos of the OSSs:
 - ✓ Ensure that whatever processes are used that young people are not ‘labelled’, or perceive themselves to be ‘labelled’ or stigmatised because they are providing feedback.
 - ✓ Ensure that peer-led activities are encouraged wherever possible, and always appropriately supported.
 - ✓ Ensure that the approaches are ‘light touch’ and experienced by young people as ‘comfortable’, ‘safe’;
 - ✓ Ensure that ongoing service design and delivery is, and is seen to be, responsive to the feedback obtained.
- Possible approaches:
 - ✓ Ensure that there is an appropriate balance of approaches to gather feedback – some from ‘structured’ / planned contact and some from ‘unstructured’ / opportunistic contact;
 - ✓ Include young people at Network meetings and feedback their views to PHA;
 - ✓ Make best use of, and build on, the current mechanisms for gathering feedback from young people e.g. service users groups, 1:1 interactions;
 - ✓ Consider developing mechanisms whereby young people can provide structured / semi-structured feedback on-line (e.g. customer reviews via an online survey or email);
- Use social media, for example:
 - ✓ Facebook - Use the ‘like’ page to gather and study feedback to different OSS initiatives. This could provide a rich source of real-time insight into young peoples’ views and experiences; and,
 - ✓ You Tube – Encourage (and, as required, support) young people to make 2 – 3 minute videos summarising their experience / views of OSSs.
- Have a ‘moderator’ to review and ‘manage’/administer the feedback that young people upload online, Face book and / or You Tube;
- Set up various (transient?) young peoples’ groups to comment on OSS services and / or specific OSS initiatives;

- Have a consistent mechanism whereby a young persons' views / experience can be captured on 'entry' to the service; during their experience of the service; and, when the 'exit' the service; and,
- Have a mechanism (region-wide?) that encourages and supports young people in civic participation.
- **Quality / kite mark** - Whilst there was repeated reference, amongst many of those consulted (OSSs, PHA Strategic personnel and PHA locality staff) to the desire for a "quality/kite mark", it was less clear precisely what such a mark would comprise. For example, would this simply be a list of the types of services offered? Or, would it be an assessment (conducted how?) of the 'quality' of the services offered? Or staffs' credentials/qualifications? How would this be done? Whilst there was widespread agreement on, and in aspiration for, some recognition of the quality of service offered, it seems to SMR that the components of this still need further deliberation, identification and confirmation in terms of what is selected to represent quality, why (i.e. how such attributes contribute directly to the aims of OSSs), and how this might be measured on an ongoing basis.
- **Staffing levels** – A number of the OSSs referred to challenges that they had maintaining adequate staffing levels. There was a specific reference to the challenges associated with employing part-time staff and there appeared to be considerable difficulties matching the availability of part-time staff with the specific hours of the job role. For example, whilst technically a part-time member of staff might work 16 hours a week, in some cases, it was proving problematic to get agreement from such staff to incur those hours when they were needed by the OSS e.g. at weekends, in the evenings etc.
- **Outreach in different forms** – It was clear that whilst most OSSs operated their outreach from a fixed location, one OSS did not. Whilst, according to the monitoring returns, all one-stop shops are making good progress in meeting their targets, including outreach, it was evident that there were different opinions, amongst those consulted, about the validity of a mobile outreach model. The point for PHA to consider, we suggest, is the efficacy of any outreach model, whether fixed or mobile. We suggest that any final decisions on preferred models, are informed by evidence of the actual performance of the approach. There is no evidence available at the moment to confirm or refute that anyone approach is more efficacious than any other.
- **Cost of Outreach** – Although the importance of outreach has been highlighted, the cost of venue hire was identified by OSSs as a potential barrier (e.g. cost of opening / closing buildings, cleaning etc). This leads to a reliance on goodwill from other service providers. In promoting the OSS concept it was suggested that there could be a better use of government / public space for outreach activities with this explored at the network meetings.
- **Lack of a 'centre'**– PHA expressed a concern that one of the OSSs did not have a centre, a fixed location in which activities took place. In their opinion, absence of a centre meant that young people were less able to develop the type of relationship and trust with OSS staff that was fundamental to the model.

- **Events not youth club** - Having a recreational dimension to a OSS, poses certain challenges. It seemed to one OSS that the nature and rhythm of the recreational events being run, by some one-stop shops, were, in their opinion very akin to running a youth club. They considered that running youth clubs was not the role of a one-stop shop. Consequently, they have strived to run a very diverse range of discrete social events to attract as wide a range of young people as possible. The point for PHA to consider, we suggest, is the extent to which running, what looks like a youth club, is, or is not, acceptable and / or efficacious in the context of a OSS.
- **Counselling service** – One OSS highlighted the benefits of having a counselling service available at their one stop shop site to help build self confidence and resilience among young people to allow them to engage with services when sign-posted by the OSS. There was a call for flexibility in the PHA contract to allow OSSs to provide this service.
- **Non-neutral venue** - There were concerns expressed by PHA locality staff, and by some OSS, that specific OSSs were not perceived as being based in neutral venues. SMR is aware of two factors in relation to the OSSs in question:
 - ✓ Each of these OSSs is actively looking for alternative premises, that would be perceived as neutral; and,
 - ✓ In the case of at least one OSS, whilst they were aware of the potentially negative perceptions about its location (i.e. being based within a specific community), the OSS itself, and the feedback from one of its partners, indicates strongly that whilst there may have been initial concerns about the neutrality of the venue, so far, has had no effect on the young people who actually use the services there. There have been no issues raised that would suggest there is a concern, amongst the ‘other community’ about using the services. Indeed, in practice, the OSS in question is regarded as highly inclusive by the partner organisation.

5.3 “How well are OSSs operating?”

Monitoring data

To compare current provision per OSS with the stated objectives

To review delivery targets and monitoring processes

SMR reviewed monitoring data supplied by each of the OSSs for quarter 3 in the 2014/15 financial year.

Positive points

- **Meeting the objectives** – In the vast majority of cases each of the OSSs is meeting the objectives agreed with PHA. In cases where agreed objectives have not been achieved, this reflects the analysis of the data for quarter 3 with the expectation that most of these objectives have been met by the end of quarter 4;

- **Moving beyond the output data** – The evaluation process, and particularly the interviews and exchanges with the various project partners, has highlighted the qualitative impact of the OSS concept on young people who have used the service. The consistent theme that has emerged is that the OSS concept is of significant benefit in supporting the health and wellbeing of young people exposed to the service. This is evidenced from the outputs from the different research strands and presented in other sections of this report.

Points for Consideration

- **Variation in objectives** – There is some variation in objectives between the OSSs. However, this is explained by differences in local need, subsequent operational focus of the different OSSs and different models of delivery.
- **Struggles to meet specific aspects** – There are instances where OSSs have struggled to achieve specific objectives, with this explained by the changing dynamic of providing this type of service to young people with changing health and social care needs. PHA has responded positively to this changing dynamic, and where appropriate, has agreed to refine objectives to reflect this.
- **Outcome as well as outputs** – There is a desire among all parties associated with the Programme to give a greater focus to outcomes and outcome measurement. A lack of outcome data is a significant project weakness. OSS's are providing output data in line with what they have been asked to provide by PHA. However, over the remainder of the contract there is an opportunity to explore the challenge of outcome measurement and to start realising the benefits for PHA (e.g. comparability, insight across region etc) as well as the OSSs (e.g. using the outcome evidence to support other ongoing funding applications etc).
- **Sharing experience** - Limited opportunities to share and document experience with a call for more interaction between OSSs which is independent of PHA.
- **Feedback from PHA** – There was a call for feedback to OSS's from PHA i.e. how are they doing etc.
- **What is actually being counted?** - There were a number of instances where it came to SMR's attention that could be differences in a fundamental way that entities are being counted by OSSs. For example, when a young person is advised to attend a course, is that a 'referral'? Or is a 'referral' only when a young person is referred to a 'service'? The existing monitoring data itself was ambiguous in this regard. Clearly, however, any difference in the basis for commenting is fundamental and further complicates the challenge of aggregating data across the network. Whilst SMR is aware that PHA has discussed these issues with the OSSs (following the formative evaluation in 2011), nevertheless, it seems to us that there is merit (in terms of data quality and data integrity) in revisiting this issue;
- **More structure** – A review of the monitoring returns highlights the potential of introducing more structure around how data is recorded. Completing the monitoring return can be burdensome for OSSs and challenging to analyse for PHA. There may be an opportunity to explore the potential of a central portal

where monitoring data can be uploaded in a more structured and consistent manner;

- **Young people's voice** – The monitoring process currently lacks the voice of young people. Input from young people is key to understanding the impact of the OSS concept.

KPIs

Improve key performance indicators: more focus on outputs and outcomes, clearly defined and specific, minimum standards, data guidelines, systems for data collection.

Develop and agree KPIs, and relevant recording systems, with OSS providers and PHA

Positive Points

- Core;
- Local;
- Flexibility mid-contract ;

Points for Consideration

- **Complexity** – There is an inherent challenge for PHA in seeking to generate a regional view of the performance of OSSs when there are, necessarily, differences in the nature and scale of the 'local' KPIs agreed and changes, necessarily, made to contracts to take account of what is and is not effective/no longer required. PHA may wish to reflect on the extent to which how such 'local' indicators – and the mid-contract variations - might be made more consistent, and comparable, wherever possible.
- **Complement quantitative information with qualitative** - There was a widely held view amongst OSSs, PHA locality staff and OSS partner organisations that the impact of the OSSs was greater than could be represented through the numbers on the monitoring returns. It was considered that:
 - ✓ A qualitative approach should be used to supplement the quantitative monitoring information. For example, the inclusion of case studies, testimonials etc could illuminate the impact of the service on individual young people; and,
 - ✓ It would be very helpful for PHA locality staff, and PHA regional staff, to conduct visits to OSSs to actually see and experience the work that has been undertaken. It was felt that such visits would be highly informative and would serve to put the monitoring returns in an appropriate context.
 - Young person involvement
 - Equity of access – urban & rural
 - Use technology / media
 - Awareness levels
 - Levels of exposure to services
 - Prevention?

- **Staff self-care and sustainability** - A number of OSSs indicated that, whilst the targets are being met, staff are stretched to capacity. They therefore questioned the long-term sustainability of such targets. Given the recurring complexity and intensity of the needs of young people who seek the services of the OSS, this raised the question about the extent to which provision for 'self-care' has (or has not) been factored into the model overall. It was not obvious to SMR how 'self-care' is achieved under the current arrangements. This may be a factor for PHA and OSSs to consider together in the context of any proposals for expansion of the OSS concept/network.

Meaningful outcome measures - In addition, the question of **“What might be meaningful outcomes for OSSs to measure?”** was examined at the Stakeholder Workshop. The bullet points below summarise the key suggestions put forward by the participants:

- Openly acknowledge that different types of 'outcome measures' apply to the two broad populations of young people who use the OSSs – those who have complex needs and seek support; and those who are only there for recreational / social purposes;
- Consider gathering information using internationally validated instruments e.g. Warwick Edinburgh Mental Health Scale (WEMWBS) etc;
- Gather evidence on how protective / resilience factors are being strengthened, for example increases in:
 - ✓ Feelings of safety / security;
 - ✓ Confidence;
 - ✓ Participation;
 - ✓ Life skills (e.g. coping with adversity, building resilience etc);
 - ✓ Friendships and support networks.
- Gather evidence on where 'harm' (to self or others) has been reduced, for example decreases in:
 - ✓ Self-harm;
 - ✓ Substance misuse;
 - ✓ Anti-social behaviour;
 - ✓ Anxiety;
 - ✓ Depression;
 - ✓ Suicidal ideation;
 - ✓ High risk behaviours (e.g. unprotected sex).
- Gather data on young peoples' 'experience' of the OSS e.g. Did they feel safe to be themselves? Did they feel supported by the OSS? How would they rate the service overall?
- Demonstrate at regional level, how the work of the OSSs – across the Network – contributes to PHA's and the Department of Health's respective public health goals.

- Revisit the original needs analysis² and use this to inform the choice of outcome indicators.
- Involve young people and use their feedback to inform future decisions about what would constitute meaningful outcome measures and tools / approaches to measurement.

Protocols

PHA to set out clear protocols for OSS providers, particularly re the appropriateness of referrals and signposting young people to other services.

Identify any issues around interagency working, signposting and referral pathways.

Maintain a service focus on health improvement by providing specialist services, sign-posting and hosting peripatetic work.

Positive points

- **The protocols exist** – OSSs, PHA locality staff and partners were able to confirm the existence of protocols for referring young people on to services. It was clear that a wide range of appropriate, local service providers had been identified by OSSs and that significant and explicit efforts had been made by OSSs to confirm who needed to be contacted, the specific inclusion/exclusion criteria and the precise procedures to be followed when making a referral.
- **The protocols are operated** – The sample of monitoring returns that SMR analysed confirms the considerable scale and diversity of the referrals been made by OSSs to other services. Interviews with the OSSs and the partner agencies, confirm that, in the vast majority of cases the protocols are being operated, and operate well. (See 'Points for Consideration' below).
- **High degree of partnership working** - Interviews with the OSS partners (see Appendix E) revealed very high levels of satisfaction with the quality of partnership working with OSSs; i.e. quality of communication, collaboration, sharing of insights and resources, flexibility and approach and tailoring to suit specific contexts and needs. There was a distinct sense that OSSs and the partners were part of the same team; a team with a clear and common sense of purpose. The OSS was also seen as the essential driver in partnership working with young people, a key element without which collaboration between services would be less effective.
- **Service focus on health and wellbeing** – OSS partner interviews confirmed that the OSS work revolved around the health and wellbeing of young people. Partners referred to specific examples of OSS success in dealing with issues surrounding sexuality, mental health, drug use, bullying, sexual health, relationships and healthy eating.
- **Highly respected** - There was a strong sense across all of those consulted, that the OSSs were well respected, for their expertise, in their individual localities.

² Public Health Agency (2009): Analysis Of Need In Relation To 'One Stop Shop' Services For Young People In N Ireland

Points for Consideration

- **Challenge engaging some schools** – Some OSS's commented on the challenges engaging with schools and particularly with young people aged 11-15. Working with schools is seen as effective in targeting young people in particular geographical areas but whether a OSS can access a school is dependent in many cases on the view of the school principal. Also some OSS's commented on some schools being reluctant to engage with issues such as sexual health and LGBT. It was suggested that PHA may give consideration to developing a protocol on OSSs and schools.
- **Keeping up to date** – There are ongoing challenges for OSSs as they invest time and resources keeping up to date with the changes in personnel, policies, procedures, inclusion / exclusion criteria amongst their respective local service providers.
- **Time available to accompany a young person** - A number of OSSs perceived that they were "very restricted" on the time they have available to accompany a person to an appointment for example to a GP or a partner organisation. In their view, such support is especially important for vulnerable young people, who lack the confidence to move on to the next step of the referral pathway and who need confidence building "hand holding" to take that next step. The question was therefore raised could PHA consider permitting OSSs more time to devote to this activity?
- **Some providers want 'more'** – OSSs try to support peripatetic work. However, some are finding that the needs of some local service providers (e.g. the requirement for a separate room) cannot be met within the current OSS premises. This poses challenges for the working relationship and ultimately means that some services cannot be delivered within existing OSSs premises.
- **Protocol for partners relaying "progress" is not always clear** - We were told that some OSSs had the experience of being invited by partner organisations to be "kept informed about the client's progress". However, when the OSS clearly expressly indicated that they would like this to happen, it did not happen. It seems that it would be immensely helpful to have clarity, and consistency, around the protocols regarding sharing (or not sharing) of information (on young persons' "progress") between partner organisations and OSSs. This is important in the light of the fact that OSSs indicated that, generally, the young person does not feedback what took place at the partner organisation.
- **Referral pathways for young people in crisis** - The OSS works very well as an initial point of contact and as a signposting and referral service, but sometimes a young person presents at the OSS with multiple issues and is in crisis. This presents a real challenge in quickly determining the best referral pathway whilst dealing with the young person's immediate crisis situation. It was suggested that a dedicated crisis management partner agency would be of help in such instances to work with the OSS in support of the young person (this is something that could be explored at the network meetings to identify the most appropriate organisations to support this).
- **Concern about 'competition' for young people** – There was reference to the tensions that can exist at local level as other publicly funded services (e.g.

Youth Service, Probation Service) at times perceive the OSSs as 'competing' for 'their young people'. This is an unhelpful dynamic when the common goal is to support young people.

- **Competition for OSS space** – The neutral spaces that some OSSs have are very attractive to other groups working with young people. This can lead to competition for space and time-slots.
- **Training in referral** – Given the collective experience that the OSSs have acquired in relation to the referral process, it was suggested in one of OSS group interviews that this experience and learning could usefully inform the development of training on referral for OSS staff;
- **Capacity to respond to demand** – Whilst there was a general view that the demand for the services exists among young people (see earlier re needs assessment carried out by PHA), there was a concern about raising awareness of the OSSs because of the belief that staff within OSSs are already working at capacity and so there is a distinct risk that, unless additional resources were available, there could be no guarantee that the OSSs, or indeed the service providers on whom the OSSs depend, could, in practice, service significantly increased demand. Related to the latter point, it was clear, from the feedback from OSSs, that the waiting lists for a number of specific services were “lengthy” (e.g. mental health services in particular and particularly in rural areas).
- **Role of PHA in supporting the goals of the OSS** – There was a widespread view amongst OSSs that PHA centrally could play a fuller role in raising the profile of OSSs regionally and linking the work of OSSs more explicitly with relevant PHA campaigns e.g. sexual health etc. SMR is aware that the comments made in the 2011 evaluation in relation to this issue remain relevant.

In addition, specific questions of how PHA might best support the goals of the OSSs were examined at the Stakeholder Workshop. The bullet points below summarise the key suggestions put forward by the participants:

- **Review existing data collection / monitoring systems:**
 - ✓ Have standardised systems for gathering monitoring information and, within this, prioritise those OSSs that need most support setting up such systems.
 - ✓ Acknowledge that different types of young people use the OSSs:
 - ✓ Young people who have complex needs and who are seeking help and support for these (such individuals need to be monitored in detail); and,
 - ✓ Young people who are not seeking support but who wish to use the OSS for recreational purposes or information (who only need to be 'monitored' at a high level).
- **Improve communication** - Set aside a specific amount of time, during Network meetings, to discuss pilots / share practice etc. This may mean that Network meetings need to be longer than they are currently.

Raise awareness re OSSs

- **Internal** - Ensure that relevant 'PHA Leads' (e.g. Health Lead, Sexual Health Lead, Tobacco Lead etc) are made aware of the work of OSSs, how this links with PHA's other goals. Such leads would be invited to suggest how their service areas could be more closely linked in with / aligned more closely with the work of OSSs.
- **PHA Communications Team** – Ensure that there is a regional focus on health issues. Arrange for the PHA Communications Team to attend the OSS Network meetings to ensure that public health messages and campaigns are 'joined up'.
- **Amongst Trusts** – PHA to encourage and support further dialogue between Trusts and OSSs to ensure that the work of the Trusts and the OSSs continues to be aligned and complementary.
- **External** – Have a 'Celebration Event' to show case the work and achievements of the OSSs, both locally and regionally. Invite other key stakeholders so they can learn about what the OSSs do and do not do, what has been achieved and explore opportunities for collaboration.
- **'Join up' effort in relation to campaigns** - Ensure that OSSs are informed in advance about PHA campaigns that are related to the work of OSSs. In addition, use PHA's media resources to help promote the services of OSSs.

Improve use of resources:

- **A central portal** - Have a portal where OSSs can share resources with each other and PHA;
- **Utilising public space / assets** - Ensure that OSS premises/ facilities are used, wherever possible, for relevant PHA campaigns / events etc.
- **Clarify roles and expectations** - PHA to make and announce decisions on the specific geographical boundaries within which it expects each OSS to operate. It was agreed that the current geographical boundaries were too large to service adequately and equitably within current resources.
- **Structures** - PHA to establish a formal mechanism so that the collective experiences of, and learning from, the OSSs can be 'fed back' into the governance structures of the PHA.

Sharing Experience and Practice

OSSs to be actively encouraged and supported to share and document their experiences – to refine the collective understanding of what constitutes the most appropriate/effective model.

Positive points

- **Network meetings are regarded as an important asset** – See Section 5.4 for further details.

- **'Learning visits'** - In addition to the network meetings, a number of one stop shops had taken the initiative to set up 'learning visits'. These were opportunities for OSS managers and staff to observe the practices, first-hand, at other OSSs. It was also an opportunity to learn in detail about referral pathways, and how they operate, in practice, within different partner organisations. The feedback we received from OSS managers and staff, who had undertaken such visits, indicated that it had been immensely valuable to see "how" work was undertaken with young people i.e. the way it was planned and organised, the format, style and context in which it was conducted, the resources used, the specific referral pathways and how these were activated, the way information about referral agencies (e.g. flyers) are accessed and distributed etc. All such learning essentially constituted professional development experiences. As such, these experiences could be, and were, used by OSSs to enhance service provision overall.

Points for Consideration

- **Common platform to share resources** - There was a unanimous view amongst one stop shops that it would be an enormous advantage to have a common platform, whereby all one stop shops could share information and resources readily. There was also support for this idea amongst PHA locality staff. SMR is aware that discussions on this matter are already well advanced between PHA and the OSSs.
- **Learning visits** – At the moment, OSSs do not have a specific time allowance within their overall staffing hours to conduct learning visits. Typically such visits could take half a day/1 day. Given the value of such learning visits, and the potential to both standardise and enhance service provision overall, PHA may wish to consider if a formal time allowance could be built into future contracts, to enable such visits to take place.

Should OSSs provide any services to parents / guardians?

This question was explored by those who attended the Stakeholder Workshop. The bullet points below are a summary of the key points made.

In favour of offering services

- **Services already being provided** – There was a wide spread view that some type of support for parents / guardians was necessary – both from a practical and ethical point of view. In the case of younger teenagers, it was very difficult not to involve the parent / guardians. Indeed, OSSs already provide a level of support to parents / guardians who are concerned about a young person. At present, OSSs variously provide leaflets, signposting, and have 'carer support calls' (phone calls). Such services can provide a level of 'consistency' and understanding of how best to support the young person. As one participant put it, "Good advice to parents will benefit young people" with another commenting of a need to "teach the parent to teach the child".

Points for Consideration

- **Protect young peoples' 'space'** – The main point for OSS to consider was to ensure that when parents / guardians call in (in person) that they use a

separate space so that the presence of adults (parents / guardians) does not actually encroach, and is not perceived as encroaching, on the young peoples' space.

- **Separate funding** – It was suggested that support for parents / guardians should attract additional funding.
- **KPIs** – It was suggested that a meaningful KPI should be devised in relation to support for parents / guardians. The KIP could be an activity measure to monitor ongoing interaction with parents / guardians including the nature of help and support be requested by parents / guardians.

5.4 “Effectiveness of the OSS Network”

To assess the usefulness and working of the OSS network

Positive Points

- All OSSs agreed that the Network Days had been beneficial and fruitful because:
 - ✓ Issues that were relevant to one stop shops were discussed and explored with challenges, successes and learning shared;
 - ✓ Opportunity to build relationships with other OSSs;
 - ✓ Gave OSS managers an opportunity to meet and share experiences and practices.
- Indeed, there was a widely held view amongst OSSs that more frequent network meetings would be very helpful.
- The OSS network has a network action plan, developed by the OSS managers and facilitated by PHA's OSS Network Manager
- There was also widespread praise of, and appreciation for, the networking event that had involved young people. This was considered tremendously helpful in showcasing the work and in engaging young people in feeding back on, and thereby shaping, OSS services.
- The OSSs were said to be “very giving” of their networks, very willing to share and to help partner professionals to make contacts with others. This was said to be in contrast with some other agencies who were, experienced by some, as protective of their networks and contacts.

Points for Consideration

- **More network meetings** - There was a widespread feeling amongst OSSs that it would be helpful for the network to meet more frequently.
- **Have some meetings for OSSs only** – A number of OSSs suggested that it would be helpful for them to meet, as practitioners, without involvement from PHA. They considered this would create a ‘space’ for them to discuss the challenges they were experiencing, and the possible workarounds, more openly. If such meetings were to take place, it was suggested that the chairpersonship of the meeting be rotated.
- **Faster follow-up** – A number of OSSs expressed a wish for speedier follow-up /actioning of agreements made at the network meetings. (SMR appreciates that this may be linked to the current level of resources devoted to the OSS network and that PHA may wish to re-consider this).
- **Use of tele/video conferencing** - It was also suggested by OSSs that it would be helpful to consider making use of telephone conferencing and or video conferencing to reduce travel time, where appropriate.

- **Rotation** - Rotating the meeting venue would also be considered helpful.
- **Opportunity for insight?** – Consider how the event that involves young people could be designed to improve the gathering of insight into their opinions and experiences of and suggestions in relation to the services of the OSSs.

5.5 “Specific issues for individual OSS and overall expansion”

To identify specific issues per provider and overall around the early experience of the expansion of the OSS.

Positive findings

- **Remarkably few issues with individual OSS** – Whilst there were, understandably a number of practical and logistical challenges with the implementation of this multi-faceted model – and these are addressed within this report – what was encouraging was the relatively small number of issues cited within each OSS given the scale, complexity and sensitivity of the services being delivered.
- **High levels of satisfaction amongst partner organisations** – The partner organisations reported high levels of satisfaction in terms of working relationships with the OSSs. There is a tangible sense of a common purpose i.e. to support the health and well-being of young people, a clear commitment to this shared goal and a strong sense of close collaboration. There was also specific reference to, and praise for, the knowledge and expertise of the OSS staff and capacity to engender trust amongst young people.

Points for Consideration

Whilst there were relatively few issues with individual one stop shops, the issues for consideration here pertain more to the challenges of expansion in the future:

- **Logistical challenges around sharing experience and practice** – OSSs considered that more frequent network meetings, and the use of tele/videoconferencing would help with this.
- **Challenges around sharing resources / materials** – The proposal to provide a common platform for OSSs to share information and materials would appear to be very welcome. SMR understands that PHA is already in discussion with OSSs on this matter.
- **A single brand identity** – the existence of different brand identities, for each of the OSSs, fragments the concept and is confusing for service users and service partners alike. There is a strong desire amongst OSSs and PHA locality staff for the development of a common OSS brand. Having a single brand would be a tremendous asset in the context of an awareness raising campaign (see below).
- **Public Information Campaign (PIC)** – Allied to the previous point it was felt that PHA could support OSSs' with a generic campaign highlighting the brand but also promoting each of the local providers. It was suggested that such a campaign could target all 11-25 year olds and highlight the range of support

available to young people. It was felt that such a campaign may help address the difficulties accessing young people directly via schools.

- **Existing Public Health Information Campaigns** – The PHA conducts a number of different public information campaigns annually and it was felt that the OSSs could be promoted as part of these campaigns particularly in promoting where help and support is available.
- **Lack of awareness** – PHA locality staff and one stop shops all recognised the potential of social media (and potentially apps) to significantly enhance the level of awareness of one stop shop service provision to young people. PHA may wish to consider, in partnership with one stop shops, PHA locality staff and young people, the design and implementation of a website and a social media campaign that would be effective, both within and across OSSs, in this context.
- **Lack of regional view of OSS performance** – SMR considers that the differences in the underlying systems used to capture and report on monitoring data, make it problematic for PHA to generate (a) a regional view of the overall performance of the OSS network, (b) benchmarks of individual OSS performance on specific issues and (c) empirical data on impact, efficacy and performance that would support PHA if, in the future, if it is required to make decisions about what to fund and not to fund.
- **Lack of regional or comparable local view of young people's voice** – SMR considers that the lack of a consistent and systematic means of collecting and analysing the views of young people, both within and across OSSs, is a major shortcoming in the current model. Since the service aims to meet the needs of young people, it seems to us that harnessing the views of young people, on a regular basis, and in a meaningful way, would be an essential feature of such a model.
- **Continued importance of prevention** – A number of the OSSs considered that, as well as, 'responding to' the needs of young people (which they currently do), that OSS continue to highlight and focus on the importance of 'prevention'. For example, some OSSs have the experience of being invited to schools where there has been a 'crisis' (i.e. suicide or suicide attempt). The view of the OSSs, is that it is possible that greater awareness of the services, combined with proactive information, may help to avert a 'crisis'. Consequently, there is a view that it may be fruitful for PHA to explore, with OSSs, what ongoing 'preventative' activity might look like and how it would be compatible with the overall goals of the OSSs and feasible within current financial constraints.
- **Protocols with schools** – Schools and colleges are obvious gateways to accessing young people. However, across the OSS network, the experience of engaging with schools has been variable – some schools actively welcome input from OSSs; some are highly cooperative following an approach from the OSS. In contrast, others schools seem to wish to constrain what the OSS is permitted to do on school premises. OSSs consider that this resistance is a barrier to the benefit that they could otherwise provide to young people. OSS would appreciate further discussion with PHA to explore how schools might be

approached, and/or reassured, either by OSSs or PHA, so that the services of the OSSs are fully and consistently available to students.

- **Capacity and over stimulating demand** – With the current level of resource available to OSS's, some OSS providers acknowledged a 'need to be mindful to not over stimulate demand' given the level of resource currently available'.
- **Challenges attracting younger age groups** – A number of OSSs indicated they had experienced significant challenges engaging with the younger age groups. With prevention in mind, this would appear to be an important area to reflect on and to identify specific actions/practices that would be effective in this context.
- **Staff self-care and sustainability** – As mentioned earlier in this report, whilst targets are currently being met, there are concerns amongst some OSSs about the long-term sustainability of this. Among the questions this might raise, is the question of staff self-care and how this is explicitly factored into the model going forward.
- **Rural areas** – A key issue facing some OSS providers in rural areas is a lack of service providers with one OSS noting that they 'are starved of referral pathways' with long waiting lists a feature of current provision. However in some areas such as Fermanagh the picture is improving (e.g. 'Together for You') which has managed to secure funding for up to 12 local organisations who in turn can offer services to young people.
- **Managing transition from OSS to service providers** - Encouraging and supporting young people to engage with service providers is critical. It was suggested that the knowledge already acquired by the existing OSS could be collectively harnessed to develop a training course / manual which could be made available to all OSSs (e.g. developing the confidence of the young person, engaging with different service providers, benefits to the young person, what happens after referral etc).
- **Health literature** – Some OSSs commented that health literature made available to their OSS is 'not very youth friendly' (e.g. sexual health literature). There was a call for young people to be involved in the design of health literature.
- **Condom availability** – There was a call for condoms to be made available in OSSs and supplied via PHA. It was suggested that condoms are available in other health sector settings but embarrassment is a barrier to accessing them in these other more formal settings.

5.6 “Overall, what has worked best / worked least well”

PHA and providers to explore why certain OSS elements were most or least successful

All of the points below have already been amplified in the preceding sections of this report. Therefore, the list below is merely a recap.

Positive Points / Worked best

- Shared understanding by all parties on the OSS concept – its aims and activities;
- An alternative – Rather than services being provided in silos within the statutory sector with the OSS service focusing on the 'whole person';
- OSSs linking in with local health hubs;
- Targets being met;
- Expertise and knowledge of staff;
- Creativity and ingenuity in using a variety of means to get key messages across e.g. drama, music, dance etc;
- Staff interaction and one to one work with young people – the trust that has been built up;
- Peer-led elements;
- The way in which the OSS has acted as a gateway to services;
- Flexibility – A small number of initiatives, started by OSSs in good faith, did not deliver the results anticipated. It has been very helpful that PHA acknowledged the learning from these, and permitted changes to the OSS contracts concerned to reflect a different emphasis going forward;
- OSSs in accessible locations;
- Inclusion;
- Neutral space;
- Comfortable space;
- The young person's event;
- Learning visits – seeing 'how' other OSSs actually work;
- Linkages with other service providers and having a 'come on in' approach / making the space available to other service providers;
- Visible locations promoting use by, and improving accessibility for, young people;
- Young people using OSSs recommending OSSs to others via 'word of mouth';
- OSS's seen as young person's space and not seen as a space providing specific services (alcohol, drugs, mental health, sexual health etc) which makes it easier for young people to access these services if available on a peripatetic basis;

- Having an 'open-door' policy for service providers to use the OSS buildings / premises;
- Flexibility from PHA in relation to agreeing to a change of emphasis by some OSSs (e.g. shifting focus from alcohol, drugs and smoking to relationships and sexual health) and overall flexibility to try new ideas;

Worked least well / Points for Consideration

See earlier points for consideration as well as the following:

- Level of awareness of one stop shops as a specific entity;
- Separate branding;
- Challenges in engaging young people of such differing ages within a single space. OSS and PHA locality staff alike appreciate the challenges;
- The suitability and feasibility of continuing to strive to do this was questioned. Basically, are the issues so different-across the different age groups-that different knowledge skills and experiences are needed to properly support each?
- Limitations in funding available to potential partners, thereby constraining service provision;
- Large geographical areas to be served;
- Outreach dimension has proved to be challenging for some OSSs and 'not being able to offer the same experience' as young people accessing the service in core locations. It is acknowledged that it takes time to build relationships / trust with satellite areas but it must be accepted that the same level of service cannot be provided in satellite areas given current resource. Also in some outreach centres a 'lack of a male figure' makes it difficult to engage on some issues with young males (e.g. suicide). Some OSSs also commented that at the start it can be difficult to explain the OSS concept to other service providers and that 'we are not here to take your young people away!'
- OSS staff 'stretched' / funding and need to be available 24/7 for young people;
- Potential inequities in service provision in urban versus rural areas;
- Some initial resistance within specific local communities;
- Part time workers not always being available to work the specific hours that are required by the OSS;
- Access to services can be dependent on the success of service providers in local areas securing funding;

- The way the contract operates presently allows little scope for funding diversionary activities for young people. Many of the OSS providers commented on the importance of these activities for skill building, team building, employability etc. Some OSS providers see this as a significant limitation and believe that some flexibility would make the OSS concept even more attractive for young people. Also the point was made that there is capital funding in year 1 and that there should be some flexibility given for subsequent years given that 'young people can be hard on things';
- Regarding interagency working, one OSS felt that there should be an approved suppliers list agreed by PHA and the Trusts with this OSS provider commenting that 'we should be careful who young people are being referred to' and that PHA should develop a protocol to cover this concern;
- Although there are significant benefits with interagency working (e.g. speed of referral etc), 'some families can be overwhelmed by offers of support with 4 or 5 agencies working with young person at the same time...which is sometimes not the best approach'.
- Challenges in engaging with schools, particularly on sexual health issues (with some schools even refusing to take leaflets on LGBT issues);
- Some young people apathetic – 'what am I getting out of this?';
- Affordability in terms of some OSSs being able to offer activities which may have a cost to participants. Currently there is no flexibility in the contract with PHA for adhoc spending on external activities (e.g. external activities, trips etc). The concern is that if a OSS is to charge for these activities some young people will not be able to afford them with the potential for stigma etc;
- and being able to engage with the messages (e.g. healthy eating);
- OSS providers being aware that sexual health services are available locally but a lack of demand by young people because they are not aware that these services exist;
- Rural OSSs less opportunity to work together because of distance;
- Some young people don't have the self confidence to engage with service providers; and,
- Venue costs associated with outreach and dependency on other service providers for accommodation.

Appendices

Appendix A: Analysis of Monitoring Data

SMR have reviewed the measurable objectives and targets for each OSS and confirms that with some exceptions each OSS has achieved each of their targets listed under each objective.

The following notation has been use:

✓	Objective met
x	Objective not met
n/a	Objective not specifically set for OSS

Location Provider	Belfast FASA	Bangor FASA	C'fergus CYMCA	B'mena N- GAGE, Start 360	B'bridge REACT	Newry YASIP	Derry Dove House	E'killen Find
HSCT	Belfast	S Eastern	Northern	Northern	Southern	Southern	Western	Western
MEASURABLE OBJECTIVE								
1. Provide a social and recreational space for young people aged 11-25	✓	✓	✓	✓	✓	✓	✓	✓
2. Provide support to young people aged 11-25 around personal health and wellbeing issues	x	x	✓	✓	✓	✓	✓	✓
3. Provide an information/ advice drop-in service for young people aged 11-25	✓	✓	✓	✓	✓	✓	✓	✓
4. Refer young people aged 11-25 to sources of support within the community and support them in accessing these services (N.B. this includes services delivered peripatetically within the OSS)	✓	✓	✓	✓	✓	✓	✓	✓
5. Deliver social and recreational programmes/events for young people aged 11-25	x	✓	✓	✓	✓	✓	✓	✓
6. Deliver educational programmes/events addressing health and social wellbeing issues for young people aged 11-25	✓	x	✓	✓	✓	✓	✓	✓
7. Identify priority locations for detached/outreach work, which is responsive to local emerging need.	n/a	n/a	✓	x	✓	n/a	n/a	n/a
8. Provide parental support	n/a	n/a	n/a	✓	n/a	n/a	✓	n/a
9. Deliver intensive family support element – part- time family intervention worker will target young parents and single parents	n/a	n/a	✓	✓	n/a	n/a	n/a	n/a

Public Health Agency: Evaluation of One-Stop-Shops (2015)

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HSCT	Belfast	S Eastern	Northern	Northern	Southern	Southern	Western	Western
MEASURABLE OBJECTIVE								
10. Utilise a collaborative young person centred approach to encourage youth to gain self worth and see the value in community engagement/participation.	✓	✓	✓	✓	✓	✓	✓	✓
11. Services are available and accessible based on the needs of young people which will include evenings and weekends	n/a	n/a	✓	✓	✓	n/a	✓	n/a
12. The service should explore and identify creative ways of engaging with vulnerable/detached young people in urban and/or rural areas as identified by the PHA	n/a	n/a	✓	✓	✓	n/a	n/a	n/a
13. Develop and maintain a communication plan annually to promote service to potential users/families.	n/a	n/a	x	✓	n/a	n/a	n/a	n/a
14. Participate actively in a Regional Forum to develop a OSS regional brand, share resources and learning, ensure economies of scale and strive to ensure consistency of delivery of standards across the participating OSS's.	✓	✓	✓	✓	✓	✓	✓	✓
15. Support and attend DACT's Voluntary & Community Sector Network sharing and identifying best practice and information about services when appropriate	n/a	n/a	✓	✓	✓	n/a	n/a	n/a
16. Provide services during evenings and weekends	n/a	n/a	n/a	n/a	✓	✓	n/a	n/a
17. Provide outreach sexual health clinic for FE College in Banbridge	n/a	n/a	n/a	n/a	✓	n/a	n/a	n/a
18. Establish satellite clinics / sessions providing information, education and signposting services to young people	n/a	n/a	n/a	n/a	✓	n/a	n/a	n/a

Public Health Agency: Evaluation of One-Stop-Shops (2015)

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Provider	FASA	FASA	CYMCA	N-GAGE, Start 360	REACT	YASIP	Dove House	Find
HSCT	Belfast	S Eastern	Northern	Northern	Southern	Southern	Western	Western
MEASURABLE OBJECTIVE								
19. Accommodate peripatetic work by youth treatment services and signpost young people to these services where appropriate	n/a	n/a	n/a	n/a	n/a	✓	n/a	n/a
20. Identify agencies providing specialist services	n/a	n/a	n/a	n/a	n/a	✓	n/a	n/a
21. Provide targeted education and prevention services to young people and their families to include a range of issues (e.g. alcohol and drugs, mental health and wellbeing etc)	n/a	n/a	n/a	n/a	n/a	✓	n/a	n/a
22. Staff working in service should be suitably qualified / experienced in youth work	n/a	n/a	n/a	n/a	n/a	✓	n/a	n/a
23. Explore ways of engaging with young people in additional areas identified by PHA and identify potential partners in providing services to young people in these areas	n/a	n/a	n/a	n/a	n/a	✓	n/a	n/a
24. Adhere to new Quality Standards for Services Promoting Mental and Emotional Wellbeing and Suicide Prevention	n/a	n/a	n/a	n/a	n/a	n/a	x	✓
25. Demonstrate how your organisation has consulted with communities / clients / patients on development of service / programme and how they are involved in the evaluation of this service / programme	n/a	n/a	n/a	n/a	n/a	n/a	✓	✓
26. Ensure service is equitable accessible and appropriate	n/a	n/a	n/a	n/a	n/a	n/a	✓	✓
27. Comply with quarterly monitoring returns set by PHA	✓	✓	✓	✓	✓	✓	✓	✓
28. Plan and implement robust marketing campaign to promote and raise awareness of project	n/a	n/a	n/a	n/a	n/a	n/a	✓	n/a
29. All staff in day to day work will utilise the outcome STAR evaluation tool	n/a	n/a	n/a	n/a	n/a	n/a	✓	n/a
30.								

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HSCT	Belfast	S Eastern	Northern	Northern	Southern	Southern	Western	Western
MEASURABLE OBJECTIVE								
31. Establish links and clear pathways with local agencies providing specialist services	n/a	n/a	n/a	n/a	n/a	n/a	✓	n/a
32. Provide diversionary activities during contentious periods of the year	n/a	n/a	n/a	n/a	n/a	n/a	✓	n/a
33. Promote the '5 a Day for Youth Mental Health' concept throughout all programmes of YTP	n/a	n/a	n/a	n/a	n/a	n/a	✓	n/a
34. Facilitate peripatetic services within YTP throughout year	n/a	n/a	n/a	n/a	n/a	n/a	✓	n/a
35. Develop / train and implement a Citywide YTP Youth Committee	n/a	n/a	n/a	n/a	n/a	n/a	✓	n/a
36. Project Worker for 11-17 year olds	n/a	n/a	n/a	n/a	n/a	n/a	✓	n/a
37. Deliver various health and wellbeing programmes promoting 11-17 year olds to be active	n/a	n/a	n/a	n/a	n/a	n/a	✓	n/a
38. Deliver the 'Keep er' Lit' Programme	n/a	n/a	n/a	n/a	n/a	n/a	✓	n/a
39. Provide advice and signposting service to encourage young people aged 11-17 to 'Take Notice' of services in area	n/a	n/a	n/a	n/a	n/a	n/a	x	n/a
40. Provide 1-1 support or in a group setting to 11-17 year olds	n/a	n/a	n/a	n/a	n/a	n/a	✓	n/a
41. Promote positive change in behaviours through Art	n/a	n/a	n/a	n/a	n/a	n/a	x	n/a
42. Facilitate homework club for 11-16 year olds	n/a	n/a	n/a	n/a	n/a	n/a	x	n/a
43. Promote a supported referral service for 11-17 year olds	n/a	n/a	n/a	n/a	n/a	n/a	✓	n/a
44. Deliver music and djing lessons and sessions to 11-17 year olds	n/a	n/a	n/a	n/a	n/a	n/a	✓	n/a
45. Provide entertainment at a City Centre location in partnership with Pilots Row & Long Tower Extended Provision	n/a	n/a	n/a	n/a	n/a	n/a	✓	n/a
46. Project Worker for 16-25 year olds	n/a	n/a	n/a	n/a	n/a	n/a	✓	n/a

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HSCT	Belfast	S Eastern	Northern	Northern	Southern	Southern	Western	Western
MEASURABLE OBJECTIVE								
47. Provide Drop In service with Youth Cafe for 16-25 yr olds	n/a	n/a	n/a	n/a	n/a	n/a	✓	n/a
48. Deliver various health and wellbeing programmes promoting 16-25 year olds to be active	n/a	n/a	n/a	n/a	n/a	n/a	✓	n/a
49. Deliver 'Keep Er' Lit'programme to 16-25 yr olds	n/a	n/a	n/a	n/a	n/a	n/a	x	n/a
50. Provide advice and signposting service to encourage young people aged 16-25 to 'Take Notice' of services in area	n/a	n/a	n/a	n/a	n/a	n/a	x	n/a
51. Provide 1-1 support or in a group setting to 16-25 year olds	n/a	n/a	n/a	n/a	n/a	n/a	x	n/a
52. Promote a supported referral service for 16-25 year olds	n/a	n/a	n/a	n/a	n/a	n/a	✓	n/a
53. Deliver parenting programmes across the 4 NRAs and set up referral system with Family Nurse Partnership and Surestart	n/a	n/a	n/a	n/a	n/a	n/a	x	n/a
54. Provide outreach worker	n/a	n/a	n/a	n/a	n/a	n/a	✓	n/a
55. Promote the individuality of the YTP OSS inclusive of PHA branding	n/a	n/a	n/a	n/a	n/a	n/a	✓	✓
56. Provide a YTP Outreach Clinic for 11-25 yr olds	n/a	n/a	n/a	n/a	n/a	n/a	✓	n/a
57. Deliver 'Keep er' Lit' programme for 11-25 year olds	n/a	n/a	n/a	n/a	n/a	n/a	x	n/a
58. Provide advice and signposting service to encourage young people aged 11-25 to 'Take Notice' of services in area	n/a	n/a	n/a	n/a	n/a	n/a	x	n/a
59. Provide 1-1 support or in a group setting to 11-25 year olds	n/a	n/a	n/a	n/a	n/a	n/a	x	n/a
60. Provide a supported referral service promoting young people aged 16-25 to 'Give' time to themselves	n/a	n/a	n/a	n/a	n/a	n/a	x	n/a
61. Promote transport to City Centre monthly entertainment to encourage 11-25 yr olds to be active	n/a	n/a	n/a	n/a	n/a	n/a	✓	n/a

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MEASURABLE OBJECTIVE								
62. Identify outcome and outputs in the contract and provide end of year outcome focused evaluation report	n/a	n/a	n/a	n/a	n/a	n/a	x	n/a
63. Provide family support in partnership with relevant services as appropriate	x	n/a	n/a	n/a	n/a	n/a	n/a	n/a
64. Develop and facilitate a OSS Youth Service Users Forum	✓	✓	n/a	n/a	n/a	n/a	n/a	n/a
65. Provide a social and recreational space for young people aged 11-25 in centrally located / easy to reach locations which are drug and alcohol free with access to support and advice	n/a	n/a	n/a	n/a	n/a	n/a	n/a	✓
66. Establish links and clear pathways with local agencies providing specialist services. Signposting young people and accommodating 1-1 family group work where appropriate	n/a	n/a	n/a	n/a	n/a	n/a	n/a	x
67. Working in partnership with local agencies to facilitate and deliver a range of targeted education, prevention, support, advice and life skills programmes and events. This should respond to need identified in partnership with youth forum	n/a	n/a	n/a	n/a	n/a	n/a	n/a	x
68. Engage with and provide outreach for children and young people in rural areas	n/a	n/a	n/a	n/a	n/a	n/a	n/a	x
69. Ensure that staff vetted under child protection qualified in community / youth or social work and experienced in working with children and young people and available to interact with and support those who use the service	n/a	n/a	n/a	n/a	n/a	n/a	n/a	✓
70. Volunteers working in the service should be appropriately managed according to the volunteer policy and procedures taking account of child protection issues	n/a	n/a	n/a	n/a	n/a	n/a	n/a	x

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HSCT	Belfast	S Eastern	Northern	Northern	Southern	Southern	Western	Western
MEASURABLE OBJECTIVE								
71. Ensure compliance with governing documents and the main aims and objective of the OSS and ensure financial integrity and solvency of the organisation	n/a	n/a	n/a	n/a	n/a	n/a	n/a	✓

Notes:

- CYMCA - objective 4 - SMR notes variation in the number of referrals per month against a target of 40. However, based on the quarterly data supplied we are satisfied that the average over different quarters exceeds 40 and on this basis we are satisfied that the objective has been met;
- CYMCA - objective 9 - SMR notes that a forum has yet to be set up due to staff shortages. However, evidence that young people are being regularly consulted to assess needs and events / activities developed on this basis (i.e. measurable objective met);
- CYMCA - objective 12 - SMR notes that as of quarter 3 2014/2015 this objective has not been achieved although CYMCA refer to primary modes of communication being Facebook, phone and text;
- Start 360 – objective 7 - SMR notes that Start 360 has struggled with meeting the target of 10 outreach sessions per month. This was explored in the group interview with Start 360 and is reflective of the challenges of providing outreach within a broad geographical area as well as identifying and linking with partnership organisations in specific localities. This is a challenge faced not only by Start 360 but other OSSs, with Start 360 satisfying SMR that they are continually focusing on this objective as they seek to build relationships with these geographically disperse communities;
- Dove House - objective 24 - SMR notes that this objective had not been met by Q3;
- Dove House - objective 38 - SMR notes in the monitoring return '50% [i.e. 30 young people] of this target is expected to be met in Q4' and based on this assumption we assume that the annual target has been met but as of Q3 this target had not been met;
- Dove House - objective 40 - SMR notes that at Q3 a total of 38 young people had participated with an annual target of 60 set. We assume that the annual target has been met but as of Q3 this target had not been met;
- Dove House - objective 41 - SMR notes an annual target of 50 participants with 27 participants by Q3. We assume that the annual target has been met but as of Q3 this target had not been met;

- Dove House - objective 48 - SMR notes an annual target of 5 programmes with 1 programme run by Q3. As of Q3 this annual target had not been met;
- Dove House - objective 49 - SMR notes an annual target of 60 young people with 57 young people by Q3. We assume that the annual target has been met but as of Q3 this target had not been met;
- Dove House - objective 50 - SMR notes an annual target of 10 young people with 6 young people by Q3. We assume that the annual target has been met but as of Q3 this target had not been met;
- Dove House - objective 52 - SMR notes that the annual target has not been met as of Q3;
- Dove House - objective 56 - SMR notes an annual target of 5 programmes with 3 delivered by Q3. We assume that the annual target has been met but as of Q3 this target had not been met;
- Dove House - objective 57 - SMR notes an annual target of 60 young people with 51 young people participating by Q3. We assume that the annual target has been met but as of Q3 this target had not been met;
- Dove House - objective 58 - SMR notes an annual target of 10 young people with 6 young people participating by Q3. We assume that the annual target has been met but as of Q3 this target had not been met;
- Dove House - objective 61 - SMR notes an annual target had not been met but assume that this has now been met;
- FASA Bangor - objective 2 - SMR notes an annual target of 720 young people with 552 young people participating by Q3. We assume that the annual target has been met but as of Q3 this target had not been met;
- FASA Bangor - objective 5 - SMR notes an annual target of 700 young people with 598 young people participating by Q3. We assume that the annual target has been met but as of Q3 this target had not been met;
- FASA Bangor - objective 62 - SMR notes an annual target of 60 families supported with 15 families supported by Q3. This annual target has not been met as of Q3;
- FASA Belfast - objective 2 - SMR notes an annual target of 720 young people with 453 young people participating by Q3. We assume that the annual target has been met but as of Q3 this target had not been met;
- FASA Belfast - objective 6 - SMR notes an annual target of 750 young people with 679 young people participating by Q3. We assume that the annual target has been met but as of Q3 this target had not been met;
- FIND - objective 65 - SMR notes an annual target of 200 young people with 149 young people participating by Q3. We assume that the annual target has been met but as of Q3 this target had not been met;

- FIND - objective 66 - SMR notes an annual target of 6 targeted programmes with 3 programmes set up by Q3. We assume that the annual target has been met but as of Q3 this target had not been met;
- FIND - objective 67 - SMR notes an annual target of '3 days per week to 90 young people' has not been achieved by Q3;
- FIND - objective 69 - SMR notes an annual target of recruiting 8 volunteers with 3 recruited by Q3. We note the target of 3 staff per annum completing volunteer management training with this not completed by Q3. Based on the above this objective had not been met by Q3;

Appendix B: Workshop with OSS Managers and Senior PHA Personnel



Evaluation of One Stop Shops 2015

Workshop

28th May 2015

Purpose of Event / Opening Remarks

Welcome!



Research Led by...



Donal McDade
Director, Social Market Research
www.socialmarketresearch.co.uk

Eileen Beamish
Director

‘Moving-forward-together’ ethos...



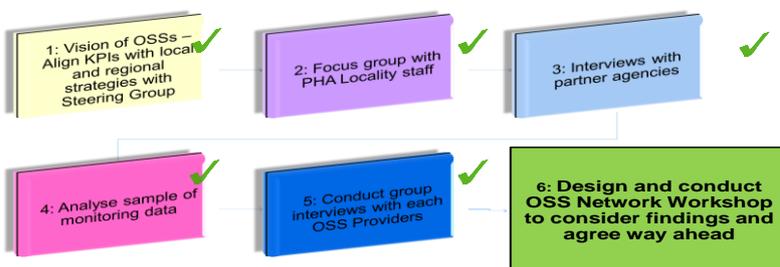
- ✓ Share what we've learned so far, plus preliminary conclusions
- ✓ Listen to your comments, views and suggestions
- ✓ Explore and deliberate issues together
- ✓ Diverse views are welcome
- ✓ Prioritise where possible

Aims and Objectives of the Research

Progress since pilot evaluation (2011)...

- 1 "What is a OSS?"
- 2 "How well are OSSs operating?"
Monitoring data, KPIs ,Protocols, Sharing Experience and Practice
- 3 "Effectiveness of the OSS Network?"
- 4 "Specific issues for individual OSS?"
- 5 "Overall, what has worked best / worked least well?"

Summary of Our Approach & Work to Date



Proposed format of workshop...

- 10:15 – 10:45 Presentation: SMR – What we found...
- 10:45 – 11:15 Open forum - Any more key points?

11.15 – 11.30 Break

Group Discussions...



- 11.30 – 12.30 Question 1: How best could OSSs capture the views of young people on an ongoing basis?

12:30– 1.15 Lunch & network



- 1.15 – 2.30 Question 2: How might PHA best support the goals of the OSSs?
- 2.30 – 3.15 Question 3: What might be meaningful outcomes for OSSs to measure?
- 3:15 – 3.30 Open forum

- 3.30 Closing remarks and next steps –PHA

What we found...



1 “What is a OSS?”

1 “What is a OSS?”

- Shared sense of the concept
 - Recreational
 - Information
 - Sign posting & linking young people with services
 - Advocacy
 - Service provision
 - All issues – young people and reps
 - Peer-led activities
 - Diversity, inclusion
 - Variety of events
 - Out-reach dimension
 - Inviting service providers ‘in’
 - Neutral
 - Ethos
- Comments**
- Branding / generic
 - Quality / kite mark?
 - Staffing levels
 - Outreach different forms
 - Events not youth club
 - Non-neutral venue?
 - **Young people voice**

2 “How well are OSSs operating?”

Monitoring data

- Technically meeting target

KPIs

- Core
- Local
- Other KPIs possible
- X

Comments

- Struggles to meet specific aspects – -flexibility? review, refine and re-agree? Would reflect dynamics.
- Output focused
- Burdensome
- Recording instrument - lacks comparability
- Unable to aggregate
- Lacks insight across region
- Young people voice

Comments

- Need to agree outcomes
- Young person involvement
- Equity of access – urban & rural
- Use technology / media
- Awareness levels
- Levels of exposure to services
- Prevention?

2 “How well are OSSs operating?”

Protocols

- They exist
- They are operated

Sharing Experience and Practice

- This happens at Network days
- Learning visits

Comments

- Challenge engaging some schools.
- Some providers want ‘more’
- Concern about ‘competition’ for young people.
- Opportunity for PHA to intervene?
- Capacity to response to demand? OSS and Service Providers. PHA?

Comments

- Would like more opportunities
- Common platform
- Learning visits – see ‘how’ it works

3 “Effectiveness of the OSS Network?”

What works well?

- Network meetings – good/helpful
- The day with young people very helpful
- Sharing ideas very helpful

Comments

- Use technology – Conf / skype
- Reduce travel
- Rotate venues

4 “Specific issues for individual OSS?”

- Outreach within current resources
- Acceptability of organisations with specific localities – perceptions.

5 “Overall, what has worked best?”

Worked best

- Staff interaction with young people
- One to one work
- Peer-led elements
- Mobile out-reach – different approach
- Gateway to services
- Accessibility
- Inclusion
- Comfortable space
- Neutral space
- The young persons event
- Learning visits – see ‘how’ other OSSs actually work

5 “What has worked least well?”

Least well / suggestions for improvement? (See earlier)

- Awareness
- Referral pathways – need to keep up to date with latest procedures
- Potential to fall between providers
- Challenges in engaging different age bands – perception of the OSS space
- Limitations in funding available to potential partners
- Large geographical areas
- Part time workers
- Shared understanding by all parties on the concept

OPEN FORUM



Any more key points?

Group discussions - suggested guidelines...



- ✓ PHA to act as spokespersons
- ✓ Group members to quality assure
- ✓ Base responses on principles
- ✓ Be constructive and practical
- ✓ Be concise

GROUP WORK



Q1

“How best could OSSs capture the views of young people on an ongoing basis?”

Lunch & Network!

12:30 til 1:15pm

GROUP WORK



Q2

“How might PHA best support the goals of the OSSs?”

GROUP WORK



Q3

“What might be meaningful outcomes for OSSs to measure?”

OPEN FORUM



Should OSSs provide any services to parents / guardians?

No? Why not?

Yes? What and why?

Closing remarks and next steps...



Appendix C: Discussion Schedule for OSS Group Interviews

Feedback from OSS – Name: _____

PHA is trying to assess what progress has been made in relation to the recommendations from the pilot evaluation.

Please provide your comments against each of the items below.

Feel free to add in as much detail as you feel appropriate.

1 Need to clarify concept of OSS (e.g. focus, purpose).

What is your concept of a 'OSS'?

XXX

2 OSS to be actively encouraged and supported to share and document their experiences – to refine the collective understanding of what constitutes the most appropriate/effective model.

Has this happened?

If so, what?

If not, why not?

XXX

3 PHA and providers to explore why certain OSS elements were most or least successful.

Has this happened?

If so, what has been learned?

If not, why not?

XXX

4 Improve key performance indicators: more focus on outputs and outcomes, clearly defined and specific, minimum standards, data guidelines, systems for data collection

What are your views on this?

XXX

5 Maintain a service focus on health improvement by providing specialist services, sign-posting and hosting peripatetic work.

To what extent do you consider your OSS is doing this?

Again, what can be learned?

XXX

6 To compare current provision per OSS with the stated objectives

*What's your assessment of the extent to which your OSS is meeting its objectives?
And why?*

XXX

7 To develop and agree KPIs, and relevant recording systems, with OSS providers and PHA

To what extent would you say that this has been achieved?

What more (if anything) needs to be done, in your opinion?

XXX

8 To identify specific issues per provider and overall around the early experience of the expansion of the OSS

What specific issues would you like to raise in this regard?

XXX

9 To assess the usefulness and working of the OSS network

How would you rate the usefulness and working of your OSS? And why?

XXX

10 To identify any issues around interagency working, signposting and referral pathways.

What issues are you aware of? What suggestions do you have re these?

XXX

Appendix D: Discussion Schedule for Partner Interviews

Feedback from OSS – Name: _____ Partner organisation : _____ Contact: Tel: Date and time of telephone interview:	
Note: Confidential / Non Attributable	
PHA is trying to assess what progress has been made in relation to the recommendations from the pilot evaluation. The areas that are relevant for partner organisations (of OSSs) to comment on, are set out below.	
Research / Evaluation Topic	INTERVIEWEES COMMENTS
1 Need to clarify concept of OSS (e.g. focus, purpose). <i>What is your concept of a 'OSS'?</i>	
2 Maintain a service focus on health improvement by providing specialist services, sign-posting and hosting peripatetic work. <i>To what extent to you consider your OSS is doing this?</i> <i>Again, what can be learned?</i>	
3 To compare current provision per OSS with the stated objectives <i>What's your assessment of the extent to which your OSS is meeting its objectives?</i> <i>And why?</i>	
4 To develop and agree KPIs, and relevant recording systems, with OSS providers and PHA <i>To what extent would you say that this has been achieved?</i> <i>What more (if anything) needs to be done, in your opinion?</i>	
5 To assess the usefulness and working of the OSS network <i>How would you rate the usefulness and working of your OSS? And why?</i>	xxxxx
6 To identify any issues around interagency working, signposting and referral pathways. <i>What issues are you aware of?</i> <i>What suggestions do you have re these?</i>	

Appendix E: List of Partner Organisations Interviewed

- Divert Project
- Pregnancy resource
- Millisle Youth Forum
- Cedar Foundation
- Springvale Learning
- Job Assist Shankill
- Lakewood YJA Bangor
- Carrickfergus College
- Social Services 16+ team
- Rathfriland High School
- Lurgan YMCA
- Youth Action N.I
- MACS
- Breakthru
- Action Mental Health
- NEELB