YOUTH ACCESS

Quality and Improvement Programme

Youth Access Quality Framework

Introducing the Quality Framework

This consultation draft is intended to support dialogue and gather feedback on how quality can be defined, demonstrated, and supported across youth advice and counselling services, or "hubs"* in England. The Youth Access Quality Framework reflects the emerging outputs of a co-design process involving young people, frontline professionals, service leaders, and national stakeholders. It is the first stage in Youth Access' Quality and Improvement Programme.

We are seeking input from services, young people, commissioners, funders, and government stakeholders to ensure the framework is practical and meaningful. Your feedback will help us refine it into a trusted tool to guide the design, funding, quality assurance, and evaluation of hubs.

We welcome your reflections on:

- Do the areas of focus and their proposed measures reflect what quality looks like in a hub?
- How would you use this framework in your own work (e.g. service delivery, self-assessment, commissioning, oversight, policy making)?
- What changes or additions would make the framework more useful or relevant to you?
- Are there any risks or challenges we should consider as we finalise it?

You can share your feedback on the Youth Access Quality Framework here.

A quality framework definition:

A quality framework is a shared structure that describes what good looks like across different parts of a service. It sets out clear areas of focus, provides examples, and identifies ways of measuring whether quality is being delivered consistently and meaningfully.

*Hubs: a note on terminology

Services providing the Youth Access model of advice and counselling are also known as YIACS, early support hubs, mental health hubs, drop-in services, integrated health and wellbeing models, and one-stop-shops.

Sometimes they get referred to simply as “hubs”. We know that “hubs” is a popular term to describe many different types of services. When we use it, we specifically mean community-based open-access advice and counselling services for young people aged 11 to 25 i.e. the Youth Access model.

Why are we building a quality framework?

Young people today face significant barriers to getting help as they transition into adulthood. Hubs have seen rising demand and increasing complexity of need, while youth services have faced years of disinvestment. Waiting lists for statutory mental health services remain at record highs. Youth workers and counsellors often describe the challenge of meeting diverse, intersecting needs in under-resourced systems.

There is growing recognition of the effectiveness of integrated youth advice, mental health, and support hubs (1–4). However, without a national mechanism for defining and supporting quality, it is difficult to ensure equity, consistency, or investment at scale.

We believe that a quality framework will:

- Enable hubs to demonstrate the breadth, depth, and impact of their work using a nationally recognised model
- Support continuous improvement and service development in ways that are locally responsive and meaningful to young people
- Provide government and system leaders with a clear tool to inform policy, commissioning, and oversight
- Preserve the youth work ethos and relational strengths of existing hubs
- Help aspiring hubs develop models in underserved communities

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Quality Framework: Development Process

How was this Quality Framework developed?

This Quality Framework was developed over a twelve-week period beginning in April 2025 through a multi-method, participatory process involving young people, service providers, and national bodies. This process combined evidence from research, practice, and lived experience to create a robust and practical tool. For more information on methods, please see Appendix A.

Key activities included:

- **Ten scoping interviews** with Youth Access members across England and representatives from national standards bodies including the British Association for Counselling and Psychotherapy (BACP), National Youth Agency (NYA), and Advice Services Alliance (ASA UK)
- Partnership with three paid **Youth Engagement Co-designers**, who shaped the project direction, led workshops with young people (5 July and upcoming on 2 August), reviewed all documents, led service workshop discussions, and reviewed existing youth-led standards across the UK.
- Six weeks of **ethnographic fieldwork** at three diverse hub sites (Liverpool, Norfolk, and Southampton), involving **observation of services and in-depth interviews** with staff and young people.
- An **academic literature review** examining how quality is defined and measured in hubs for young people in the UK and internationally.
- **Monthly Steering Group** meetings with hub leaders, youth work experts, commissioners, and national organisations, providing critical review and guidance.
- A **hub services workshop** with 33 practitioners from across England, testing and refining the draft framework.
- A **workshop at a youth work conference** to gauge interest and relevance within the broader sector.
- Engagement with **government officials**, as well as a dedicated workshop with **funders and commissioners**, exploring how the framework could support policy and investment decisions.

This process has ensured the Quality Framework is both evidence-informed and grounded in practice, with a strong focus on equity, youth voice, and the pragmatic challenges services face day to day.

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Quality Framework: Full Details

The following tables set out the full details of the Youth Access Quality Framework. Each row presents one of the 17 areas of focus, arranged into **three overarching categories**:

Principles – the ethos, values, and relational foundation of the Youth Access model. These describe how services foster trust, equity, and partnership with young people.

Foundations – the operational and organisational elements essential for services to be safe, effective, and sustainable.

Services – the specific supports offered and how they are delivered, including how services within the hub work together and with external partners (e.g. NHS, schools, community organisations) to refer, coordinate, and support young people in their communities.

For each **area of focus**, the table outlines:

Indicators – what good practice looks like in this area.

Measures – how progress or quality in this area can be assessed.
This lists examples of the kinds of documentation, data, or observations that could support assessment. This list is intended to be illustrative rather than exhaustive; services may draw on other forms of evidence relevant to their context.

Tensions and variations –potential challenges, trade-offs, or differing approaches observed in practice.
These are included to reflect the complexity of real-world settings and to encourage reflection and dialogue rather than to prescribe solutions.

In future iterations, we aim to expand the level of detail in the tables, including clearer guidance on the depth of evidence expected and suggestions for assessing quality in each area. For this consultation draft, however, the focus is on gathering feedback on the content: whether the areas of focus, indicators, and measures are appropriate, meaningful, and usable in practice.

Principles

Areas of Focus	Definition	Indicators	Measures	Tensions & Variations
1. Youth Voice	Young people influence, shape, and lead services in meaningful ways, supported by staff and structures that prioritise their power, rights, and flourishing.	• Use of existing youth participation frameworks • Documented youth input at multiple levels of service • Staff have allocated time to support youth leadership • Paid roles for youth advocates or co-designers.	• Youth-led forums or decision-making groups • Examples of service changes based on youth input • Documented youth engagement policies • Participation payment records • Reflective logs on youth engagement • Clarity of purpose in youth consultation materials.	Risk of tokenism or over-consultation; Variation in capacity, resources, and staff time to support meaningful participation; Emotional safety for young people with lived experience of trauma or marginalisation; Risk of burnout from over-relying on the same young people; The need to offer participation as a choice, in accessible formats.
2. Trusted Relationships	Trust-based, developmentally attuned interactions that centre young people's dignity, safety, and agency. Staff support these relationships by being	• Staff with youth work skills and values • Protected time for supervision • Trauma-informed and culturally	• Youth feedback on trust and emotional safety in service interactions • Supervision records • Training logs (particularly for	Trusted relationships can be undermined by burnout, staff turnover, or underfunding; Services may declare themselves trauma-informed without scrutiny; Boundaries

	empathetic and curious about young people's lives, analytically reflective about their goals and needs, and demonstrating interpersonal warmth combined with professional boundaries.	competent training • Stable teams, where possible • Consistent boundaries and clear communication of practitioner roles	trauma-informed training) • Caseload monitoring and feedback loops with staff • Evidence of reflective and relational practice in team learning • Clarity of service expectations shared with young people.	may blur if practitioners are unsupported, overwhelmed, or under-trained in boundaries within their practice; Balancing emotional presence with professional distance requires skill, time, and support.
3. Accessibility, Equity, and Anti-oppressive Practice	Organisational commitment to accessibility, equity and anti-oppressive practice through inclusive service design, representative staffing, cultural safety, and meaningful leadership by people with lived experience.	• Policies to address structural inequality (including recruitment, retention, and workforce progression) • Inclusive internal and external communications • Leadership by people with lived	• Board-monitored equity audits • Use of PCREF for leadership, staff, and feedback • Disaggregated data on access and outcomes • Young people's feedback on inclusion and safety • Adjustments made in response to feedback	Under-representation in leadership and staffing; Limited infrastructure for disaggregated data; Activities siloed from core strategy; Risk of performative practice without structural change; Variation in local demographics, staffing pipelines, and organisational maturity.

		or community experience • Data-informed service planning and adaptation.	• Budget or funding for equity work • Diverse representation in staff and governance • Ongoing training in inclusive practice • Inclusive design of space, materials, and communications • Use of culturally grounded therapeutic models • Documented actions on feedback from minoritised groups	
4. Values & Culture	Shared values are embedded in everyday practice, team relationships, and leadership behaviours. Organisational culture is intentionally shaped, inclusive, and aligned	• Documented organisational values • Leadership modelling • Psychological safety in teams • Consistency of values in recruitment,	• Staff surveys • Focus groups with staff and young people • Staff and youth reflections on values in practice • Leadership 360 reviews	Fragmentation across delivery sites or staff groups; Differences in organisational history or founding ethos; Values not consistently translated into daily practice; Staff turnover disrupting culture; Difficulty aligning

	across delivery sites and roles.	induction, and supervision.	• Supervision records including reflective discussion of values.	agency values with externally commissioned targets.
5. Sustained Community Presence	Services are embedded in their local context with a long-term presence, strong community relationships, and the ability to adapt collaboratively to emerging needs, irrespective of shifting political or funding priorities.	• Track record of sustained delivery in the local area • Multi-year partnerships and relationships with young people • Evidence of adapting services in response to changing local need • Youth and community involvement in design and governance.	• Case studies showing service adaptation over time • Governance records including youth and community representation • Strategic plans • Local stakeholder feedback • Evidence of responsiveness to community events, crises, or trends.	Short-term funding cycles and unstable commissioning limit strategic planning; Pressure to align with national agendas over local priorities; Difficulty balancing continuity with innovation; Dependency on key staff or relationships.

Foundations

Areas of Focus	Definition	Indicators	Measures	Tensions & Variation
6. Safe & Welcoming Spaces	Hubs create safe, welcoming, and youth-centred environments (both physical and digital) that support calm, privacy, and belonging. Environments are co-designed with young people, sensory-friendly, and attentive to both inclusion and safety.	• Youth-led co-design and regular review of physical and digital spaces • Private, calming, comfortable, and sensory-friendly environments • Service hours responsive to young people (including evenings/weekends) while protecting staff wellbeing • Flexible, multi-use spaces reflecting local identity and supporting community use • Layouts, materials, and staff practices that reduce risk and proactively manage conflict (e.g., sturdy furniture, visible monitoring)	• Youth-led access and welcome reviews • Feedback from young people on safety, privacy, calm, and belonging • Visibility and accessibility audits (including digital) • Analysis of reach and drop-in patterns against local need • Monitoring of incidents and adjustments to enhance safety • Public transport and location mapping to assess ease of access	Balancing openness, safety, and flexibility in shared spaces; Limited funding for premises, maintenance, and digital inclusion; Ensuring rural and marginalised groups can access appropriate environments; Maintaining youth input and safeguarding within resource constraints.

		• Locations and pathways that are visible, accessible, and clearly signposted		
7. Clinical Governance, Safeguarding & Risk Management	Structures, systems, and culture that ensure safe, ethical, and accountable practice, including safeguarding, triage, risk management, staff support, and escalation. A named senior lead must be available for real-time decision-making on high-risk cases.	• Safeguarding protocols tailored to setting • Clear triage and risk stratification processes • Documented escalation procedures • Identified and trained DSL • Structured supervision and debrief systems • Governance oversight • Lawful and transparent information sharing.	• Incident logs including severity and response • Triage documentation and decision-making logs • Safeguarding policies for diverse settings (drop-in, outreach, counselling) • Staff training records including advanced safeguarding • Supervision and debriefing documentation • Use of NSPCC and NYA tools • Participation in local safeguarding partnerships	Safeguarding frameworks may not fit flexible or non-clinical environments; High acuity in drop-in services without formal triage; Lack of training and accreditation for senior leaders; Difficulty managing peer dynamics or contextual safeguarding; Emotional toll on staff, including vicarious trauma; Variable integration with local systems; Rural areas may lack access to multi-agency response or emergency support; Risk of misunderstanding or misdiagnosis for young people from

			• Clear escalation and threshold frameworks • Protocols on confidentiality and consent • Young people's feedback on safety and trust.	marginalised groups, with their concerns either normalised and ignored or unnecessarily escalated.
8. Workforce Development	Staff are supported through structured supervision, reflective practice, and accessible professional development. Clear pathways exist for progression, including for those without formal qualifications. Learning is embedded across roles and aligned with youth work values.	• Supervision structures in place for all staff • Protected time for reflection and learning • Accessible training opportunities • Documented workforce development plans • Progression routes from lived experience or youth-facing roles • Equity, diversity and inclusion are actively considered in training and	• Supervision policies and completed logs • CPD and training records • Workforce development strategy • Staff feedback on support and learning • Examples of staff progression • Recruitment and retention data.	Balancing caseload and admin demand with protected time for supervision and learning; Staff burnout and high turnover; Inconsistent access to quality training, especially for smaller or rural services; Challenges progressing staff without formal qualifications through rigid HR or external training systems.

		development (see area of focus 2). • Training and support for potential vicarious trauma through working with vulnerable and exploited young people		

9. Service Learning & Improvement	Services routinely reflect on delivery, feedback, and outcomes to adapt practice and improve over time. Learning is embedded across teams and informs culture, planning, and service design.	• Documented learning processes • Integration of youth and staff feedback into service change • Use of quality improvement methods • Learning shared across teams and with young people	• Action logs from outcome and feedback reviews • "You said, we did" communications with groups providing feedback • Minutes from reflective team sessions • Quality improvement plans • Documented service changes linked to data • Staff and youth involvement in planning cycles.	High data burden may limit reflective capacity; Competing demands from funders may prioritise reporting over learning; Limited time or support for critical reflection; Variation in confidence or tools to embed improvement culture; Learning only for groups already served, i.e. not learning about why some groups do not engage or return.

10. Outcomes & Impact	Outcomes are person-centred, co-produced with young people, and used to reflect, learn, and improve services. Data is collected and managed responsibly and used meaningfully to understand effectiveness and inform decision-making.	• Use of validated outcome tools where appropriate • Co-created goals used across all service types • Reflective tools integrated into practice • Systems for ethical data collection and storage • Feedback loops that inform service delivery.	• Routine outcome measures (e.g. CORE-YP, SDQ, GBO) • Young person-defined goal tracking • Narrative feedback and testimonials • Follow-up surveys • Staff reflection logs • Service adaptations linked to outcome data • Data dashboards or reports reviewed by teams.	Survey fatigue and tokenistic use of tools; Standardised metrics may not capture what matters to young people; Tension between funder reporting and meaningful engagement; Limited resource capacity for data analysis and reflection; Variation in digital systems for secure and useful data management.

11. Internal Coordination	Services within the hub work in a joined-up way to meet young people's holistic needs. This includes shared planning, integrated case discussions, coordinated referrals, and data systems that support communication across teams.	• Internal referral systems in place • Shared case planning across disciplines • Staff understanding of each other's roles • Appropriate data-sharing agreements • Multi-disciplinary team (MDT) approaches used for complex cases.	• Internal referral tracking logs • Evidence of internal MDT meetings or joint planning sessions • Shared care plans • Staff feedback on integration and communication • IT system compatibility or data-sharing protocols • Service user journey audits.	Split delivery teams across contracts or providers can create siloed working; Incompatible digital systems limit shared records; Staff may lack time or clarity to coordinate; Professional boundaries may inhibit information flow; Co-location does not always result in true integration.

12. External Integration & Collaboration	Hubs maintain strong strategic and operational links with external services across health, education, justice, and social care. Collaboration supports coordinated care, smoother transitions, and systemic learning.	• Active participation in local system planning and review • Established pathways with services such as CAMHS, schools, GPs, social care, and youth justice • Joint protocols • Staff secondments or partnerships • Shared crisis and escalation pathways.	• Memoranda of Understanding (MOUs) • Minutes from multi-agency meetings or forums • Shared case reviews or audits • Contribution to transformation boards or ICPs • Documented referral pathways and triage input • Examples of staff collaboration or exchange.	Collaboration takes time, continuity, and trust; Local system maturity and culture vary; Power imbalances and different language/terminology use between sectors may affect joint working; Data sharing remains complex; Limited capacity can constrain engagement in strategic forums.

Services

Areas of Focus	Definition	Indicators	Measurement	Tensions & Variation
13. Counselling	Structured therapeutic interventions delivered by qualified, registered counsellors, adapted to developmental needs and offered as part of a broader ecosystem of support. Counselling must be clearly defined and distinguished from other forms of support, with strong clinical governance.	• Staff are registered with professional bodies • Clear referral and wait list processes • Integration with wider hub offer • Use of developmentally appropriate therapeutic models • Outcome measures used proportionately and in partnership with young people.	• Staff qualifications and registration • Counselling model documentation • Referral and assessment records • Wait list data and strategies • Supervision logs • CPD and reflective practice records • Outcome tools used at appropriate intervals (e.g. CORE-YP, GBO) • Young people's feedback.	Clarity required on what counselling is and is not; Risk of over-medicalising youth work or relational practice if overemphasising clinical interventions only; Tensions between funder-required tools and therapeutic integrity; Challenges in introducing outcome measures without disrupting care; Limited availability of qualified counsellors in some areas; Variation in workforce models, funding, and cultural relevance.
14. Wellbeing	Wellbeing support professionals providing trauma-informed and evidence-based strategies for mental health support. This includes Children and	• Wellbeing workers are valued, respected, and integrated into	• Documentation of intervention protocols and adherence. • Records of supervision, CPD,	Risk of being undervalued or seen as ancillary rather than core; Blurring of roles with counsellors and youth workers, creating

	Young People's Wellbeing Practitioners (CYWPs) and Education Mental Health Practitioners (EMHPs). This support can happen as part of an offer in drop-in, schools, GP practices, and A&E environments.	multidisciplinary teams. • Delivery of clear, structured interventions (e.g. CBT-informed strategies, guided self-help, mental health advice) aligned with their scope of practice. • Regular access to supervision, training, and peer support. • Roles and boundaries clearly communicated to young people and staff.	and reflective practice. • Staff feedback on role clarity, value, and support. • Young people's feedback on experience and perceived benefit • Evidence of multidisciplinary planning and inclusion in team meetings.	confusion for young people and staff; Limited career progression or insecure contracts affecting retention; Variation in supervision quality and access to ongoing training; Challenges in maintaining fidelity to structured interventions in flexible, high-demand environments.
D15. Drop-In and Information, Advice & Guidance (IAG)	Rights-based, practical support for young people on issues such as housing, money, benefits, education, and employment. IAG is delivered in a way that is	• Clarity of offer and referral pathways • Delivery by trained staff with knowledge of local systems	• Accreditation through AQS or FCAR or equivalent • Documentation of triage and referral processes	Confusion over what qualifies as IAG versus more general support; Variation in training and professionalisation across settings; Capacity challenges and

	timely, accurate, youth-centred, and empowering, often serving as a gateway to wider services.	• Minimum staffing thresholds • Use of recognised quality standards • Integration with wider support including therapeutic and youth work • Accessibility for marginalised young people. • Consideration of opening hours and accessibility outside standard working times, informed by young people's needs.	• Outcome tracking (e.g. pre-post measures, goal attainment) • Case studies of resolution • Policies for minimum staffing • Documented processes for periods of high demand • Safety protocols for high-risk incidents • Feedback from young people • Service data on reach, demand, and resolution rates.	staff burn out in the face of high demand and high levels of complexity in young people's needs; Differences in integration with clinical or youth work teams; Local variation in service partnerships and system complexity; Limited capacity to provide out-of-hours support, Creating barriers for young people who cannot attend during standard hours.
16. Youth Work & Outreach	Youth work builds trusted, developmentally attuned relationships with young people through community-based, school, and outreach settings. It creates safe spaces for	• Delivery by qualified or experienced youth workers • Continuity of relationships over time	• Attendance and engagement data • Outreach activity logs • Feedback from young people on	Youth work is often under-recognised, underfunded, and not routinely evaluated; Outcome expectations may not match its relational and

	identity exploration, participation, and connection, especially for those who may not access formal services.	• Embedded presence in communities or schools • Outreach to marginalised or disengaged groups • Building longitudinal trusted relationships (see area of focus 2).	relationships and safety • NYA-aligned practice standards • Case studies capturing impact • Staff supervision records reflecting youth work values.	developmental nature; Workforce challenges; difficulty maintaining continuity in short-term contracts; Outreach work may lack formal pathways into wider services.

17. Physical Health	Some hubs support young people's physical health through on-site provision or effective referral to trusted services. This includes sexual health, substance use, nutrition, sleep, and other health needs, recognising the interdependence between physical and mental wellbeing.	• Health practitioners delivering care are registered with the appropriate professional regulatory body. • Clear referral pathways • Partnership with local providers (e.g. sexual health clinics, substance use services) • Co-location or integrated provision where possible • Young person feedback on access and trust in these services. • Holistic biopsychosocial approach to wellbeing	• Young people's feedback on accessibility, experience, and outcomes • Health promotion or education session logs. • Documented referral routes • Partnership agreements or MOUs • Service uptake and attendance data • Co-location arrangements with NHS clinics or staff	Provision varies by geography and commissioning structures; Many services sit outside core funding or are inconsistently integrated; Challenges with data sharing and coordination; Stigma about some types of healthcare (e.g. sexual health) may deter access for some groups; Workforce not always trained in physical health signposting or brief interventions.

Glossary of Terms

The following acronyms and terms appear throughout the quality areas of focus.

Acronym	Meaning
AQS	Advice Quality Standard
ASA UK	Advice Services Alliance UK
BACP	British Association for Counselling and Psychotherapy
CAMHS	Child and Adolescent Mental Health Services
CPD	Continuing Professional Development
CORE-10/YP-CORE	Clinical Outcomes in Routine Evaluation (10-item tool / Young Person version)
DSL	Designated Safeguarding Lead
EDI	Equity, Diversity and Inclusion
FCA	Financial Conduct Authority
GBO	Goals-Based Outcomes
GP	General Practitioner
HCPC	Health and Care Professions Council
IAG	Information, Advice and Guidance
ICP	Integrated Care Partnership
MDT	Multi-Disciplinary Team
MOU	Memorandum of Understanding
NHS	National Health Service
NYA	National Youth Agency
OOSS	Out-of-School Settings (DfE safeguarding guidance)
PCREF	Patient and carer race equality framework
QA	Quality Assurance
SDQ	Strengths and Difficulties Questionnaire
SEN	Special Educational Needs
UKCP	UK Council for Psychotherapy

Other terms definitions

Acronym	Meaning
Clinical	Structured therapeutic support delivered by trained and registered professionals such as counsellors, psychotherapists, psychologists, nurses, GPs, paediatricians, or psychiatrists. Clinical staff often work to defined standards of governance, and some can diagnose and prescribe medication.
Non-clinical	Youth-centred support provided by staff such as youth workers, advice workers, peer supporters, and wellbeing practitioners. While not registered under clinical governance frameworks, these roles often involve high levels of skill and complex risk management, especially in drop-in and community-based settings.
No wrong door	A policy that ensures young people are not turned away, even if their issue falls outside the hub's remit. They are supported to access appropriate help elsewhere.
Stepped care	A model that adjusts the intensity of support to match the young person's needs, providing the least intensive, effective intervention first.
Trauma-informed	An approach that recognises the prevalence and impact of trauma and integrates this understanding into all aspects of service delivery.
Lundy model	A participation framework that ensures children's rights to express views (voice), be listened to (audience), and influence decision-making (influence), with safe and inclusive spaces (space).
Reflective practice	A structured process of learning from experience through individual or team reflection, used to improve relational quality, safety, and judgement.
Youth work principles	Values and approaches underpinning youth work, including voluntary engagement, developmental relationships, and a commitment to equality and inclusion.
Relational practice	A way of working that prioritises attuned, empathetic, relationships with clear boundaries as central to effective support.
Clinical governance	Systems and structures ensuring safe, ethical, and accountable delivery of care, including risk management, supervision, and safeguarding.
Triage	A process of prioritising and directing young people to the right support based on presenting needs and risk.
Co-design	A participatory approach where young people and professionals work together to design, evaluate, or improve services.

Quality Framework: Expanded Details

In this version of the framework, we have provided expanded detail for a selection of areas of focus: Youth Voice (1), Trusted Relationships (2), Accessibility, Equity, and Anti-Oppressive Practice (3), Clinical Governance & Risk (7), and Counselling (11). These expanded sections are intended to illustrate the depth and nuance of how each area can be described and understood in practice. They are not intended to suggest that these areas are more or less important than others.

Due to the twelve-week timescale of this phase of the project, only some areas have been expanded at this stage. All areas of focus will be fully developed in future iterations of the framework.

We welcome your feedback on both the areas that are currently expanded and on those yet to be written, including any suggestions for content, emphasis, or additional considerations.

Area of focus 1: Youth Voice

What it means

Youth voice in hubs means much more than simply gathering opinions. It is about embedding young people's power and participation across the service. Recognising young people as experts in their own lives and as co-creators of systems intended to support them. High-quality youth voice work is underpinned by models like the Lundy Framework (space, voice, audience, and influence), Youth Access's Guiding Principles for Youth Action, the NYA's Hear by Right, and learning from youth-led evaluations such as the Eye-to-Eye Youth Voice Report. These frameworks emphasise the need for safe spaces, genuine listening, transparency about how decisions are made, and action based on young people's input.

Youth voice must be structural, not performative. Services should ensure that young people are engaged not only through one-off consultations but in sustained and supported roles. This often includes a trusted adult or youth worker who builds relationships and supports young people to step into leadership. Crucially, youth voice must be meaningful. It is not just about asking "What do young people think?" but understanding what felt like a good service to them: what made them feel safe,

respected, and empowered to pursue their goals, open up, return, or recommend the service to a friend. These reflections offer some of the most important insights into what quality looks and feels like in practice.

Participation should be offered in accessible, meaningful formats, with young people given a genuine choice about whether and how to contribute at different levels. Asking young people to weigh in on overly technical or abstract issues can be alienating. Instead, services should consider young people's context and build participation around decisions that affect their experiences directly. Importantly, youth voice should be accompanied by clear explanations of what will be done with their input, and what will not.
High-quality youth voice also supports young people as change-makers beyond the hub, building their influence in shaping wider local systems and services. Hubs can play a key role in helping young people share their experiences and needs with the NHS, schools, and other community services, amplifying youth voice at a systemic level.

What would high quality look like?

In a high-quality hub, youth voice is embedded in organisational structures. Youth-led groups or forums are supported by staff with dedicated time. Young people are paid for their time where appropriate, and their participation leads to visible change. There is clarity and honesty with young people about the purpose of engagement and how decisions are made. Co-design is not a one-off but part of how the organisation learns and evolves. For young people, this looks like a service where they feel respected, where their ideas are taken seriously, and where they can influence not just their own care, but the shape of the service itself.

How it can be measured

- Use of **youth participation models** (Lundy, Hear by Right, Youth Access' Guiding Principles for Youth Action)
- **Staff with time allocated** to support youth leadership and participation
- **Presence of youth-led forums**, youth boards, or regular decision-making groups
- Examples of **changes made in response to youth input**
- **Payment records** or recognition policies for youth involvement
- Transparency in consultation documents about **purpose and limits of input**
- **Feedback mechanisms** from young people about whether they felt heard and understood
- Documentation of **how youth voice influences governance, safeguarding, or service design**

What are the challenges, tensions, and variations with this area of focus?

Youth voice can risk becoming tokenistic if not meaningfully embedded or adequately resourced. Services vary in their capacity to support participation, including remuneration, and youth workers may not have protected time to sustain these roles. There can be a tension between giving space for youth leadership and ensuring emotional safety within a group participation environment, particularly for those with lived experience of trauma, marginalisation, or mental health challenges. Services must also be cautious not to over-consult or cause fatigue and burnout by drawing on the same small group of young people. Offering participation as a choice and tailoring opportunities to individual needs and contexts helps mitigate this risk.

Smaller or emerging services may be in earlier stages of developing structured youth voice practices and may need to balance ambition with available staffing and funding. This should not be seen as a deficit, but as part of a sector-wide journey towards embedding youth voice meaningfully and sustainably. Rather than comparing services competitively based on the visibility or formality of their youth engagement, we encourage a collective learning approach: one that shares tools, nurtures confidence, and builds a culture of participatory practice across the youth services sector.

Area of focus 2: Trusted Relationships

What it means

Trusted relationships are the foundation of how staff in hubs engage and work with young people. At its core, this area of focus prioritises warm, attuned, and professional relationships that honour young people's lived experience and emotional reality. Trusted relationships are not incidental or intuitive, they must be purposefully built into organisational culture, staffing structures, and supervision processes.

Building trusted relationships in hubs rely on two complementary capacities: **attunement and analysis.** This area of focus draws on work by Colin Michel and Luke Billingham on Adolescent Safeguarding.(5)

Attunement is the capacity for connectedness while being with a young person. It allows a practitioner to heighten empathy and emotional sensitivity, tuning in to a young person's feelings, thoughts, and presence. It involves being emotionally available in the moment, noticing subtle cues, and offering grounded, steady responses that help a young person feel seen, safe, and understood. It supports young people to engage as full human beings, in relation to their identities, relationships, and challenges.

Analysis is the reflective capacity to step back and understand a young person's context from multiple angles. It includes exploring structural and interpersonal risk, safeguarding dilemmas, and possibilities for change using case formulation, intersectional thinking, and collaborative planning. Most often, analysis takes place in supervision or peer discussions but sometimes must happen in real time when risk escalates. Ideally, analytical work includes young people as active participants, strengthening their sense of agency and shared understanding.

Together, these capacities allow staff to engage meaningfully, hold complexity, and adapt to a young person's needs while still upholding safe practice**. This is particularly relevant to Area of focus 7: Clinical Governance & Risk**, as trusted relationships are often the front line for identifying, holding, and responding to safeguarding concerns.

Boundaries and professional roles

Trusted relationships are not the same as friendship or therapeutic rescue. Clear, consistent, and compassionate boundaries are essential for trust. Practitioners must communicate their role with honesty: being a reliable, caring adult within a professional framework. Boundaries help young people understand what to expect, how the service works, and what kind of support is available. This includes managing endings, setting limits on time and contact, and resisting the temptation to over-function or blur roles. When boundaries are maintained with warmth and clarity, they create emotional safety and help young people build trust, not only in individual staff, but across the whole service.

What would high quality look like?

In a high-quality hub, trusted relationships are embedded in every layer. Staff are supported through regular, skilled supervision and manageable caseloads that allow time for emotional presence and thoughtful reflection. Teams create shared space for thinking about complexity: emotionally, analytically, and systemically. Practitioners are clear in their role and model consistent boundaries while remaining warm, attuned, and culturally responsive. Young people experience interactions as safe, respectful, and empowering. Over time, they come to see the service as a place of trust and connection, not just provision.

How it can be measured

- **Young people's feedback** on trust, safety, and staff approach
- **Supervision records** that reflect emotional and analytical practice
- **Training logs** for trauma-informed, culturally competent, and relationally focused development
- **Caseload reviews** and feedback loops with staff
- **Staff-to-young person ratios**
- Observation or **staff peer learning** notes on relational interactions
- Policies that describe how **practitioner boundaries** are set and communicated
- **Documentation of case formulation** or reflective analysis processes
- **Case study evidence** of sustained support relationships over time.

What are the challenges, tensions, and variations with this area of focus?

Trusted relationships take time, skill, and emotional energy. When staff are overstretched or unsupported, boundaries may blur, or attunement may wane. Services under pressure may deprioritise supervision or reflective spaces, leading to reactive or inconsistent practice. Self-declared trauma-informed labels can mask a lack of real investment in training or culture change. There is also a structural tension between trusted relationships and some commissioning or clinical models that focus on short-term interventions and standardised outcomes. Services vary in their ability to support relational consistency, depending on funding, size, local workforce, and team culture. Nonetheless, trusted relationships should be understood as a foundational priority across sectors, not an optional extra.

Area of focus 3: Accessibility, Equity, and Anti-Oppressive Practice

What it means

Accessibility, equity and anti-oppressive practice are central principles to a high-quality hub, rooted not just in the belief that all young people deserve to be able to access support, but also the understanding that various social, political, cultural and historic factors can put that support out of reach for many. These are not a standalone activities or boxes to tick, but a continuous commitment to ensuring that all young people feel safe, seen, and supported.

This area of focus must be embedded across all aspects of service design and delivery, from leadership and staffing to therapeutic models and physical environments. It should be built-in from the start, with communities at the margins considered first, not as an after-thought. It is also inherently relational. Young people's needs cannot be understood solely through demographic labels or group categories. Instead, this commitment **includes recognising intersectionality and supporting each young person as a whole and complex individual shaped by overlapping identities, histories, and experiences**. This sits alongside the first two areas of focus of Youth Voice (1) and Trusted Relationships (2) which together provide the foundations for youth-centred and trust-based care.

Accessibility, equity, and anti-oppressive practice is a process, not an endpoint. Even high-performing services will never be "finished" with this work. It involves continual learning, growth, and reflexivity to contribute to dismantling systemic inequalities for young people.

What would high quality look like?

A high-quality hub is one where young people and staff feel safe and respected, and where they can find appropriate support that is responsive to their experience of race, sexual orientation, gender identity, faith, neurotype, and background. They are not pathologised, mislabelled, or asked to educate staff about their identity. Discrimination, whether overt or systemic, is named and addressed. Leaders and practitioners actively examine how inequalities are impacting on the wellbeing of young people and their teams, and organisations speak out publicly against injustice.

Hubs will demonstrate that they seek, welcome and act on the knowledge and understanding of those with lived experience of oppression and inequity, aware of they are all too frequently silenced and marginalised. While lived experience is meaningfully included in governance, staffing, and leadership, it's not left to those with direct experience of inequalities to carry the burden of being the sole advocate for a whole community. The whole team is accountable: all staff receive ongoing training in anti-racism, inclusive communication, and trauma-informed practice and are actively supported to translate learning into everyday practices. Care and additional resources are available for those bringing their lived experience to this work.

The NYA's EEDIB (Equity, Equality, Diversity, Inclusion and Belonging) Standards may support this work, alongside frameworks for anti-racist and decolonial practice.

Services understand that for some young people, relational and community-based models may be more culturally appropriate or trusted than individual therapy. Hubs should recognise the value of group, family, or peer-led approaches, and support decolonial models of care that do not automatically default to Western, individualistic, ableist, heteronormative approaches. One-to-one counselling is not the only route to support; for some young people, what matters most is consistent relational support from a trusted adult in a welcoming space, for others it might be connecting with peers with similar identities and experiences.

Over time, hubs can become places where trust is rebuilt, not just in services but in the possibility of being heard, supported, and treated with dignity. While no service can undo broader systemic injustices, hubs can offer a meaningful counter-experience: one where young people feel seen, valued, and safe to seek help on their own terms.

How it can be measured

- **Equity and inclusion audits** across all service levels, monitored by the Board
- Use of the **Patient and Carer Race Equality Framework (PCREF)** to assess and improve leadership and governance, staff competencies, and the collection and use of young people's and carers' feedback on equity and inclusion.
- **Disaggregated data** on access, outcomes, and engagement
- **Young people's feedback** on safety, dignity, and cultural resonance
- **Evidence of adjustments** made to increase inclusion, particularly in response to feedback from young people (e.g. flexible sessions, language support, gender-inclusive policies)
- **Designated budget** for accessibility, equity and anti-oppressive practice and/or embedded approaches to fundraising/tenders to cover this work

- **Representation** in staff teams, leadership, and governance
- **Ongoing training and CPD** in inclusive practice, anti-racism, and cultural safety
- Inclusive **design of communications**, physical space, and service materials
- Use of diverse and culturally grounded **therapeutic models**
- **Documentation of actions taken** in response to feedback from minoritised groups

What are the challenges, tensions, and variations with this area of focus?

Capacity and confidence in embedding this work can vary across services. Staff may lack the time or resourcing to lead and sustain equity-focused change. Physical spaces are costly to adapt, and accessible, youth-friendly solutions must be found for young people with varied access needs. Recruitment pipelines may limit workforce diversity. Some staff may also feel unprepared or anxious about “getting it wrong,” especially when addressing racism and structural inequality. Data systems may be underdeveloped or inconsistently used. The forces of oppression and inequity actively work to perpetuate themselves and part of that is the creation and promotion of ignorance and confusion.

Even where there is strong commitment to inclusion, it can be undermined by funding pressures, staff burnout, or short-term contracts. Organisations who should be collaborators can be seen as competitors, and end up working in silos. Nonetheless, high-quality services adopt a proactive and humble approach, recognising they are part of a wider ecosystem. They partner with other organisations, and sign-post to those who might have a more tailored offer for some young people. They listen to feedback, centre young people’s lived experience, and recognise that equity is not a fixed endpoint. It is built, rebuilt, and sustained through everyday action and collective effort.

Area of focus 7: Clinical Governance, Safeguarding, and Risk Management

What it means

Clinical governance, safeguarding, and risk management encompass the systems, structures, and culture that ensure the safety and accountability of services. This includes safeguarding, triage, escalation protocols, and staff support systems that are flexible and appropriate to the setting.

Services should be able to show evidence of planned and adaptive safeguarding practices across a range of environments. Risk is held differently across structured (e.g. counselling) and fluid (e.g. drop-in) contexts, and safeguarding policies must be adapted accordingly. Services must support both children and vulnerable adults (up to age 25), recognising the gaps in adult safeguarding frameworks.

What would high quality look like?

In a high-quality hub, clinical governance and safeguarding are embedded into daily practice and culture. For staff and managers, this means clear policies tailored to their setting, regular reflective supervision, and confidence in responding to complex risks. The Designated Safeguarding Lead (DSL) is visible, supported, and embedded in decision-making structures. Staff are trained at induction, understand escalation routes, and contribute to a learning culture where safeguarding is discussed openly, not only when something goes wrong. Safeguarding also extends to staff themselves, with systems in place to support emotional wellbeing, reflective practice, and shared responsibility when holding risk. Where multiple organisations are involved in delivering services, it is clearly documented and there are mechanisms for communication and collective agreement of who holds primary safeguarding responsibility.

For young people, high quality looks like a place where they feel safe: they know who to talk to, are treated with dignity, and see staff acting in their best interests when safety concerns are raised. If there is a challenging peer interaction in a drop-in or youth work space, it is handled calmly, respectfully, and effectively by staff. Young people also understand from the outset what privacy means within the service: when information is kept confidential, and when it may need to be shared with responsible adults or other organisations to keep them or others safe.

How it can be measured

- **Safeguarding policies** tailored to:
  - different service contexts (e.g. drop-in, structured counselling, outreach, online)
  - varied locations (e.g. hubs, schools, public spaces)
- **Data is collected for all safeguarding incidents**, including the level of severity and the service response
- **Board or trustee-level oversight** of safeguarding responsibilities embedded in governance structures including a designated trustee or board member for safeguarding, where data on safeguarding is regularly shared at board meetings.
- **Role-specific safeguarding training** for all staff, refreshed at least every 3 years
- **Designated Safeguarding Lead (DSL)** identified and visible to staff and young people, with regular CPD and supervision
- **Advanced safeguarding training** available for senior leaders, including all board members
- **Reflective practice documentation**, including team discussions or learning logs
- **Use of quality assurance tools** (e.g. NSPCC self-assessment, NYA youth safeguarding standards, Section 11 audits)
- **Documented risk management approach**, including:
  - tiered responses (pre-planned and adaptive)
  - scenario planning for high-risk contexts
  - minimum staffing protocols for open access/drop-in services
- **Clear escalation and threshold frameworks** to guide decision-making in safeguarding concerns
- **Protocols for information sharing, confidentiality, and consent** that are lawful, transparent, and well understood by staff and are communicated appropriately to young people
- **Evidence of inclusive safeguarding** for young adults (18–25) and young people with SEN
- **Systems for addressing peer-on-peer and contextual safeguarding**, including group dynamics and online risks
- **Participation in local safeguarding partnerships**, such as multi-agency case reviews and strategy meetings
- **Alignment with local early help and safeguarding outside of the home models**, where relevant
- **Serious incident review** with a process for in-depth analysis and learning from any serious event such as suicide
- **Supervision and debriefing systems** following safeguarding for high-risk incidents

What are the challenges, tensions, and variations with this area of focus?

Safeguarding in hubs is inherently complex. Drop-in services manage high acuity without prior triage; interactions between peers may escalate risks, and young people often present with overlapping needs (e.g. housing, trauma, exploitation). Existing statutory safeguarding frameworks (e.g. OOSS or NHS guidance) do not always fit non-clinical, fluid environments, and there is no universal benchmark for adaptive safeguarding. There is an identified gap in safeguarding training and accreditation at the senior level for hub services. Services must also hold emotional and psychological risk within staff teams and maintain safe environments both in-person and online. Variations occur based on service size, staffing, location, system integration, and local risk environment. Rural or under-resourced areas may struggle to meet thresholds due to limited access to multi-agency support or emergency services.

Area of focus 11: Counselling

What it means

Counselling in hubs must be clearly defined, ethically delivered, and positioned alongside a broader ecosystem of therapeutic, relational, and practical support. Not all talking-based interventions are counselling, and not all young people need or want a formal therapeutic approach. High-quality hubs ensure that counselling is accessible to those who need it, while also making space for other trusted adults and flexible support models. This clarity protects both young people and services.

Counselling services should be led by qualified practitioners who are registered with professional bodies such as the British Association for Counselling and Psychotherapy (BACP), the UK Council for Psychotherapy (UKCP), Health and Care Professions Council (HCPC) for art therapy, or equivalent. It is essential that all counsellors and art therapists hold registration with a recognised professional body that has clear standards, values evidence-based approaches, and requires continual professional development. Services should offer models appropriate to young people's needs, including integrative, person-centred, trauma-informed or play-based approaches. They must also communicate clearly with young people and families about what counselling is and is not, particularly where there is potential confusion between counselling and other types of support.

What would high quality look like?

High-quality counselling services in hubs are staffed by qualified, registered professionals who practise within a defined and transparent model of care. Young people are given meaningful choice and information about the kind of support available. Boundaries are clearly explained and upheld: counselling is not casual support or youth work, but a structured process with agreed goals, confidentiality parameters, and clarity about both the length of each session and the number of sessions offered. Counselling is integrated as one component within a broader offer that may also include youth work, information, advice and guidance, peer support, and case coordination. This approach avoids over-medicalisation and supports a spectrum of emotional and situational needs with diverse methods.

Practitioners have protected time for regular professional supervision and are supported to engage in ongoing continuing professional development (CPD). Reflective practice is encouraged through team-based or individual spaces to support learning

and sustainability of practice. Services use appropriate outcome measures to understand the impact of counselling on young people's wellbeing, while ensuring these tools are meaningful, proportionate, and used in partnership with young people.

How it can be measured

- Staff qualifications and **registration with relevant professional bodies**
- Clear written information **explaining the counselling offer** for young people and carers
- **Referral criteria** and assessment processes for suitability
- **Wait list** monitoring and management strategies to support young people
- **Supervision records** showing protected time for professional reflection
- Ongoing **CPD logs** and training records
- Use of **validated outcome measures (**e.g. CORE-YP, YP-CORE, SDQ, GBO) at appropriate intervals
- **Young people's feedback** on their experience and perceived outcomes
- **Documentation of counselling models** used (e.g. integrative, short-term, group-based)
- Participation in **reflective practice sessions** (individual or team-based)
- **Clinical governance logs** showing oversight of therapeutic practice

What are the challenges, tensions, and variations with this area of focus?

There can be ambiguity around what constitutes counselling versus other therapeutic or supportive interventions. Some funders, schools, and even internal teams may use the term "counselling" loosely to describe any form of emotional support. This creates risks, both in misrepresenting what is offered and in undermining the professional safeguards required for formal therapeutic work. Conversely, there is a risk of over-medicalising youth work or relational support by forcing it into clinical language or structures. Hubs must navigate this tension with clarity and care.

Defining counselling clearly as structured therapeutic work delivered by registered professionals, such as those accredited by BACP, UKCP, or HCPC, is essential. So too is affirming the value of other forms of relational support, such as guided self-help, creative therapies, wellbeing work, and youth work based relational interventions. These may not meet formal clinical thresholds but are nonetheless evidence-informed, impactful, and can in some circumstances be more accessible or culturally relevant for young people.

The challenge of outcome measures

The key challenge is not the use of outcome measures itself, but how they are implemented in ways that support rather than disrupt person-centred care. Outcome tools can help track change, support shared reflection, and demonstrate impact, but only if they are introduced with sensitivity, transparency, and flexibility. When used rigidly or solely to meet funder requirements, they risk undermining trust and reducing relational depth. Counsellors may feel pressure to use tools that do not fit their modality or the young person's needs, potentially distancing them from the very goals of the work. High-quality hubs use outcome measures in partnership with young people, embedding them into the therapeutic process in ways that enhance rather than obstruct engagement. This requires careful judgement, space for reflective use, and the freedom to adapt tools so they feel meaningful to the young people involved.

Valuing Clinical and Non-Clinical Work Together

The terms clinical and non-clinical are widely used across the youth sector but often carry different meanings depending on context. In this framework, clinical refers to therapeutic interventions delivered by trained and registered professionals such as counsellors, psychotherapists, psychologists, nurses, GPs, paediatricians, or psychiatrists. Some clinicians, particularly those working in NHS or medical roles, can diagnose mental health conditions and prescribe medication. Others work within psychosocial or trauma-informed models, offering structured therapy within a community setting.

Non-clinical roles include youth workers, advice workers, wellbeing practitioners, and peer support facilitators. These staff may not be registered under statutory clinical governance frameworks but often are highly skilled and carry significant complexity and risk in their day-to-day work. They build deep, trusting relationships with young people in flexible environments such as drop-ins, outreach, schools, or shared youth spaces. They may be the first to notice signs of harm, and are the professionals holding risk outside formal systems, being consistently present through a young person's journey.

This framework explicitly values both clinical and non-clinical contributions as essential. Some of the most effective hubs seamlessly combine the two with a shared respect for each other's skills and contributions, creating integrated models of care that respond to the full range of young people's needs. A young person may receive formal therapy while also engaging with a trusted youth worker and participating in creative, peer-led groups. At its best, non-clinical support is profoundly effective:

offering stability and skilled relational practice through a trusted adult presence in the young person's life. Both forms of work require professional judgement, boundaries, supervision, and care. These are not separate tracks, but integrated layers of support that reinforce one another.

Variation in how services deliver support is shaped by many factors including workforce availability, funding, and local need. Some hubs include embedded clinicians; others partner with external providers or focus more on non-clinical models. The goal is not uniformity but transparency and integrity: a shared commitment to providing the right kind of support, at the right time, for the young people who need it.

Appendix A: Theoretical and Methodological approaches in the Quality Framework

This Quality Framework was developed using Patton's Utilisation-Focused Evaluation approach(6,7), which prioritises the development of tools that are directly useful to those responsible for implementing and improving services. This approach explicitly foregrounds the intended users and their contexts, ensuring that outputs are built collectively and are both meaningful and actionable in practice. Drawing on principles from translational health sciences and complexity theory(8,9), the framework was designed to bridge the gap between research and practice, acknowledging the dynamic, interdependent nature of hubs as interacting with other complex health, educational, and social care systems. These theoretical foundations emphasise co-production, iterative development, and attention to local variation, which are considered essential in achieving translation and implementation.

The wider literature on quality improvement and quality frameworks in health, social care, and community services also shaped this work. Donabedian's conceptual framework(10), which distinguishes between structure, process, and outcomes, provided an overarching theoretical lens, while Coyle and Battles(11) offered a valuable extension by incorporating prior factors such as client characteristics and environmental conditions. To ensure the framework supports practical improvement in the UK context, we drew on the Health Foundation's guidance on making the case for improvement(12), which highlights the need to build trust, demonstrate value, and embed change in organisational culture. The NHS Experience of Care Improvement Framework(13) and well as youth-led participation standards(14,15) informed the focus on relational and experiential dimensions of care, ensuring young people's perspectives remain central.

Additionally, the development of the framework was informed by established methods of continuous quality improvement, such as Plan–Do–Study–Act (PDSA) cycles (16,17), which emphasise the importance of iterative, context-sensitive adaptation. These theoretical and methodological resources were applied critically and adapted to reflect the unique ethos, complexity, and youth-led character of early support hubs, ensuring that data-gathering approaches combined rigour with responsiveness to practice.

By drawing on these theoretical approaches and models while centring the lived experience and needs of young people and practitioners, this project aimed to produce a framework that is both conceptually robust and feasible in real-world contexts. In doing so, it moves beyond evidence generation in isolated, academically controlled settings towards a national approach that recognises and supports hub organisations delivering multiple and interacting evidence-based interventions, grounded in trusted, longitudinal relationships with young people and their communities.

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