

 YOUTH ACCESS

Quality Framework



Championing youth advice and counselling



Facilitated by

Dr Isabel Hanson



Quality and
Improvement
Programme

Executive summary

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Many young people need support as they navigate the transition to adulthood. Hubs fill a vital gap by offering community-based, open-access advice and counselling for 11-25-year-olds. They support young people's mental health and wellbeing, provide practical guidance on issues such as employment, education, housing, and finances, and connect them to health and social care services when more specialised help is needed.

The Youth Access Quality Framework sets out what good looks like for hubs, providing a clear, shared structure for defining and demonstrating quality. It helps hubs show their impact, supports continuous improvement, guides investment decisions, and enables new hubs to grow in underserved areas.

The quality framework comprises **18 areas of focus, organised into three categories:**

Principles



The values and youth work ethos that underpin the hub approach

Foundations



The core elements of a safe and effective organisation

Services



The types of support that hubs can provide for young people

Executive summary

Principles	Foundations	Services
 Youth Voice	 Safeguarding	 Counselling
 Trusted Relationships	 Clinical Governance Risk Management	 Wellbeing
 Accessibility, Equity & Anti-Opressive Practice	 Workforce Development	 Drop-in & Information, Advice & Guidance
 Sustained Community Presence	 Outcomes & Impact	 Youth Work & Outreach
 Safe & Welcoming Spaces	 Service Learning & Improvement	 Physical Health
 Values & Culture	 Internal Coordination	
	 External Integration & Collaboration	

We hope this quality framework will help hubs to strengthen and demonstrate the value of their work, while giving funders and commissioners a clear, shared understanding of what high-quality support for young people looks like.

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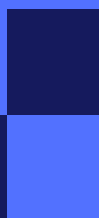
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Why have we built a quality framework?

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 wellbeing support hubs (1–5). However, without a mechanism for defining and supporting quality, it is difficult to consistently demonstrate standards or drive national investment in hubs.

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 clearly defined areas of quality and identifies ways of measuring whether high quality services are being delivered consistently and meaningfully.



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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



*Hubs

a note on terminology

Services providing the Youth Access model of advice and counselling are also known as YIACS, early support hubs, youth 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 service. 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.

There is a **glossary of terms** in Appendix C at the end of this document.





How the framework was developed

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The Youth Access Quality Framework was developed over six months, starting in April 2025. It was led by Dr Isabel Hanson, a researcher at the University of Oxford and General Practitioner focusing on youth mental health and implementation science. The quality framework was created through a co-design process with young people, Amy, Charlotte Andrews, Kyra-Sky Foster, and hub services, combining research evidence, practice knowledge, and lived experience.

Development activities included:

Early engagement

Ten scoping interviews with Youth Access member hubs of varying size, context, and geography to understand how services define and measure quality, ensuring hub perspectives shaped the quality framework from the outset.

Youth partnership

Three Youth Engagement Co-designers worked throughout the process, ensuring youth voice was embedded at every stage. They designed and led three workshops with young people (Manchester, South London and online) and provided expert insight on all aspects of the development of the quality framework.



Collaborative testing

A national workshop with 33 hub practitioners across England to test and refine the draft quality framework, followed by a youth work conference session to assess whether it aligned with youth work principles and practice, and could be realistically adopted in non-hub settings.

Public consultation

A three-week national consultation in July 2025 gathered feedback from hubs, young people, funders, and partner organisations, leading to further revisions and strengthened clarity across the quality framework.

Strategic alignment

A workshop with funders and commissioners to explore how the quality framework could inform investment and quality improvement processes, alongside engagement with government officials across the Department for Culture, Media and Sport, the Department for Health and Social Care, NHS England, the Department for Education, and the Home Office.

Evidence from research

Insights drawn from a broader University of Oxford study, including six weeks of ethnographic observation at three hub sites and 30 interviews with hub staff and young people.

Sector standards

Engagement with national standards bodies including the British Association for Counselling and Psychotherapy (BACP), the National Youth Agency (NYA), and the Advice Services Alliance (ASA) to explore alignment and passporting opportunities.

Ongoing governance

Monthly Steering Group meetings with hub leaders, youth work experts, commissioners, and national organisations to review progress and guide development.

Research synthesis

A literature review examining how quality is defined and evaluated in hubs and integrated youth services in the UK and internationally.

Further details on how the Youth Access Quality Framework was developed with hubs and young people are provided in **Appendix A**. A summary of the academic evidence underpinning this approach can be found in **Appendix B**.

Together, these activities ensured the quality framework was grounded in both evidence and practice, co-produced with young people, and designed for real-world use across diverse service and policy contexts.



Youth engagement co-designers

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From the start of the project, three young people with lived experience of using hubs to support their mental health and wellbeing were recruited in paid roles to ensure the quality framework was built with youth voice at its heart.

Meet our Youth Engagement Co-Designers

Amy

42nd Street, Manchester

“Being a part of the bringing together the Quality Framework has been a real full circle moment for me; going from receiving care from services to helping shape them has been incredibly rewarding.”

Kyra

No5 Young People, Reading

“It’s been such a positive experience. Getting to work on something of this scale and with such a brilliant team has been fantastic.”

Charlotte

Isle of Wight Youth Trust, Isle of Wight

“The ability to include the views of so many people, in particular those living rurally, alongside using lived experience has made this experience extremely fulfilling.”



To hear from young people across England, Amy, Kyra, and Charlotte designed and led a series of **creative workshops** that used art and storytelling to explore what makes a high-quality hub. Workshops were held in **Manchester, Croydon (South London) and online**, reaching **38 young people** who shared invaluable ideas and feedback.

Together with support from Youth Access and project lead Dr Isabel Hanson, the co-designers analysed all the feedback and presented their findings to the Steering Group. They then worked line by line through the quality framework to ensure young people's voices were embedded in every section.

The co-designers also created accessible communications to ensure a strong feedback loop with young people, reviewed academic literature and contributed to the design of the quality framework.

We are enormously grateful to our Youth Engagement Co-Designer team for their energy, insight, creativity, and wisdom. Their contribution has shaped the Youth Access Quality Framework to reflect the experiences and priorities of young people across England.



Project Lead

Dr Isabel Hanson

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Dr Isabel Hanson is a General Practitioner and researcher at the University of Oxford. Her work focuses on how youth mental health models of care can be translated into real-world practice.

She is an award-winning Australian GP specialising in child health and mental health. She teaches at the University of Oxford in primary care, public health, digital health, and implementation science. Before moving to the UK, she worked in the Australian Department of the Prime Minister and Cabinet, and

volunteered for more than a decade as a youth worker with an Aboriginal children's breakfast club.

Isabel led the Youth Access Quality Framework project, designing methods to engage hub services and young people throughout. Working closely with Youth Engagement Co-designers, she helped ensure that youth voice shaped the framework's design, analysis, and review. She facilitated national workshops with hubs, funders, and commissioners, and synthesised evidence on youth hubs and quality improvement. Through these processes, the Youth Access Quality Framework is grounded in robust evidence, collaboration, and the lived realities of practice.

Further information on the Youth Access Quality Framework methods and literature review is available in **Appendix A and B**.

Quality Framework: Structure

The following section sets out the full Youth Access Quality Framework. Each of the **18 areas of focus** are grouped into three overarching categories:

Principles

The core ethos and values of the Youth Access model, showing how services build 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 types of support offered, and how these are delivered and coordinated both within the hub and with external partners.



Hubs vary in size, context, and local need. Some may focus on a smaller number of service areas, while others may offer a broader range of support. The quality framework is designed to recognise and celebrate this diversity: quality is not defined by how many services a hub provides, but by how well each area is delivered in response to local needs.

The areas of focus are interrelated and mutually reinforcing. While each aims to be as clear and well defined as possible, some overlap across evidence and components of quality is inevitable. The quality framework should be considered as a whole, while still enabling services to reflect on and improve in any single area.

For each of the 18 areas, the Youth Access Quality Framework outlines:

Definition

– what each area means, and what good practice looks like.

Evidence

– examples of how quality can be demonstrated, through documentation, data, observation, or other relevant forms of proof. These examples are illustrative, not exhaustive.

Challenges, tensions, and variations

– common issues or trade-offs observed in practice, included to prompt reflection and learning rather than to prescribe a single approach.

Together, these elements provide a structured yet flexible tool to help services assess, reflect, and strengthen quality across diverse contexts.



How to use the Youth Access Quality Framework

The Youth Access Quality Framework can be used by services in different ways, to reflect on quality across the whole organisation or to focus on strengthening a specific area of practice. Each hub can decide how to use the quality framework to best suit its context, size, and stage of development. It provides a shared structure to guide improvement, support learning, and evidence quality in ways that are meaningful to young people and practical for services.

In 2026, Youth Access will launch an interactive Digital Tool to help hubs assess their quality across all 18 areas of focus. The tool will include Gold, Silver, Bronze, and Developing levels to support reflection, evidence gathering, and continuous improvement. Alongside this, Youth Access is developing a range of learning and development resources aligned to the quality framework to help services strengthen their provision for young people.

We have also heard from hubs, funders, and commissioners that an external validation process would provide additional assurance; an approach to this is being developed for those who wish to go beyond self-assessment. The Youth Access Quality Framework and its tools will continue to evolve through ongoing cycles of feedback and evaluation, ensuring they remain relevant, useful, and responsive to the changing needs of young people and the services that support them.







Quality Framework *Principles*

— **Youth voice**

— **Trusted relationships**

— **Accessibility, equity and anti-oppressive practice**

— **Values and culture**

— **Sustained community presence**

— **Safe and welcoming spaces**

Youth voice



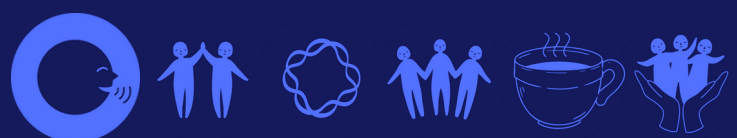
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Definition

Young people influence, shape, and lead services in meaningful ways. Staff and structures uphold young people's rights and power. Youth voice may include both internal and external opportunities: decision-making within the organisation (e.g. service design or governance) and wider social action (e.g. campaigns, advocacy, or research).

Effective youth voice includes both formal mechanisms (such as youth advisory groups) and informal avenues (such as feedback through trusted relationships). A high-quality approach is developmentally appropriate, offering children and young people multiple, meaningful ways to contribute based on their age, stage, and preferences. Different pathways are available to support a diverse range of young people to contribute in ways that are safe, relevant, and meaningful to their lives, and to progress into deeper or more advanced roles over time if they choose.

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 National Youth Agency'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. Every service should build on existing models while developing its own approach to youth voice in partnership with young people and their local communities, ensuring it reflects local context, relationships, and young people's needs.



Evidence you could provide to demonstrate youth voice quality:

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- **Records of youth-led forums or decision-making groups, including decisions made and actions agreed**
- **Examples of specific service changes made because of youth input**
- **Evidence of co-design activities with young people to shape new services, strategy, or communications**
- **Written youth voice policies or strategies**
- **Logs or reports reflecting on youth voice activities and outcomes**
- **Staff feedback loops with young people (e.g. ‘You said, we did’ updates)**
- **Youth-friendly and age-appropriate consultation materials, including easy-read or accessible formats**
- **Audio, video, creative or visual contributions from young people used as valid forms of feedback and influence**
- **Records of payment, recognition, and/or contracts for young people participating in co-design or leadership**
- **Records of young people’s demographic data, time engaged, and roles (to evidence diverse and meaningful participation, not one-off events)**
- **Documentation of staff roles with dedicated, paid time to support youth leadership**
- **Records or examples showing progression opportunities for young people (e.g. internships, employment pathways, governance roles)**
- **Evidence of youth-led social action (e.g. campaigns, influencing government, national committees, peer advocacy)**

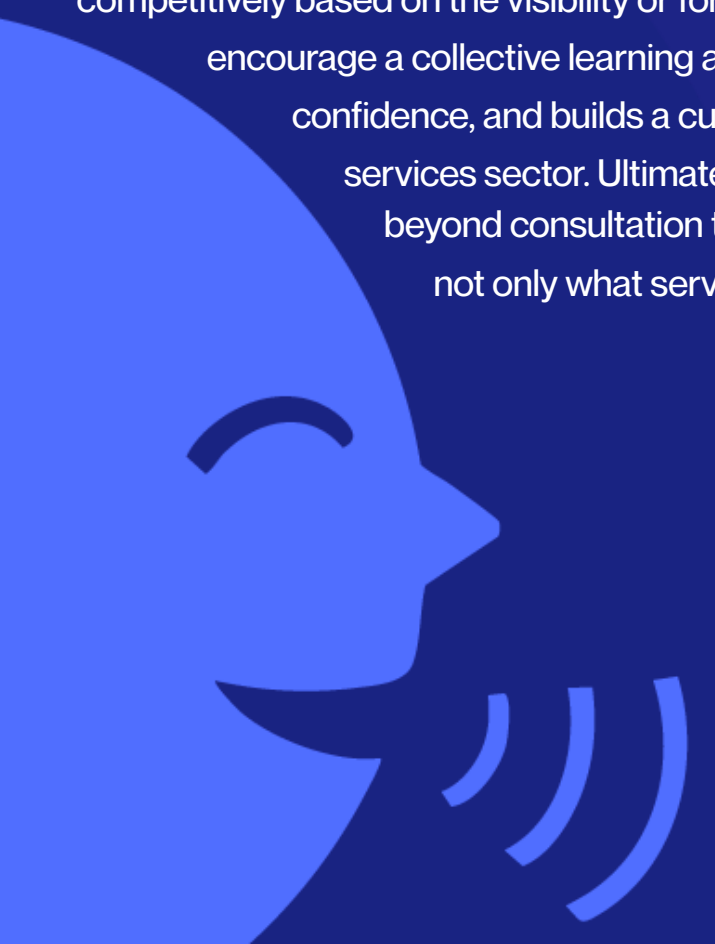
- Evidence that young people contribute to staff or volunteer training, both internally and externally
- Records of young people contributing to organisational strategy, business development, or evaluation



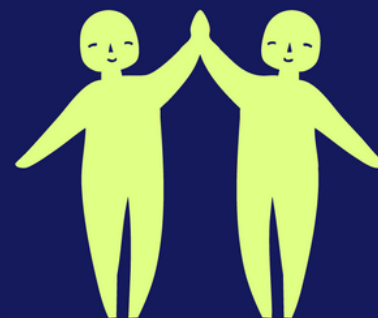
What are the challenges, tensions, and variations with this area of focus?

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. Ultimately, youth voice is strongest when it moves beyond consultation to shared power, enabling young people to shape not only what services do, but how they think, decide, and evolve.



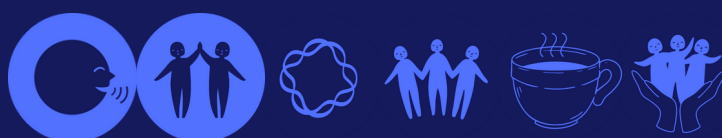
Trusted relationships



Definition

Trust-based, developmentally attuned, and trauma-informed interactions that centre young people's dignity, safety, and autonomy. Staff develop these relationships by being empathetic and curious about young people's lives, reflective about their goals and needs, and demonstrating warmth combined with professional boundaries. These relationships are built up over time and require consistency. Organisational structures and processes should create the conditions for staff to form and sustain these relationships with young people (e.g. through caseload policies, staff supervision, and training).

Note: *Trusted Relationships focuses on the quality of relationships between young people and staff. Safeguarding policies, procedures, and risk management are addressed in 7: Safeguarding and 8: Clinical Governance and Risk.*



Evidence you could provide to demonstrate trusted relationships quality:

- Youth feedback on trust, safety, and emotional connection in service interactions, gathered through a range of methods (e.g. anonymous reporting, advisory groups, 1:1 feedback, surveys, or creative tools)
- Supervision records showing reflection on relational practice
- Training logs for trauma-informed and culturally competent practice (see Area 7: Safeguarding)
- Caseload monitoring to support staff emotional availability, reflective capacity, and the relational conditions needed to build and sustain trust with young people
- Team learning logs (e.g. from away days or group supervision sessions) showing exercises in reflective and relational practice
- Protocol for initial communication with young people on confidentiality and clarity on practitioner roles and services on offer
- Processes for communicating clear service boundaries with all young people, including for those with complex or long-term support needs
- Data on staff stability and retention, where relevant, to support longitudinal relationships with young people
- Records of information-sharing and advocacy undertaken with young people to support outcomes across education, health, or social care
- Review of complaints and learning from relational breakdowns or trust-related concerns
- Staff and young people's feedback on relational work with families, carers, and professionals where appropriate



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. Labelling a service as “trauma-informed” can sometimes obscure the deeper cultural and organisational investment required for relational safety and repair. 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 feature of quality across all sectors, not an optional extra.

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. Boundary work is therefore both ethical and relational: it models respect, reliability, and emotional containment.



Attunement and analysis

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](#).(6)

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, attunement and analysis create a dynamic balance between emotional connection and reflective thought: a hallmark of high-quality, trusted relationships in hubs.



Accessibility, equity and anti-oppressive practice

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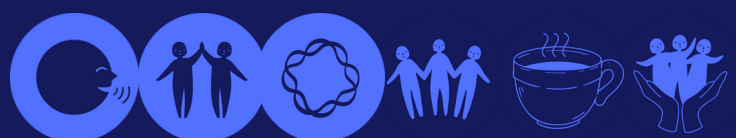
Definition

Accessibility, equity and anti-oppressive practice are central principles of a high-quality hub. This includes embedding inclusive service design, culturally safe spaces, and a representative workforce that reflects and connects with the young people they serve.

Representation may come through a range of lived or living experience, local knowledge, cultural understanding, or identity. Staff must demonstrate the competence, sensitivity, and humility to engage with these issues in the context of their local community and to reach young people from diverse backgrounds.

Consideration of accessibility for disabled and neurodivergent young people and staff should be integrated throughout design, delivery, and feedback processes. Progress requires continual reflection, consultation, and willingness to adapt.

This commitment must extend across the whole organisation, from leadership and staffing to therapeutic models, physical environments, and communications. It should be built in from the start, with communities at the margins placed at the centre of design rather than treated as an afterthought.



It is also inherently relational. Young people's needs cannot be understood solely through demographic labels or group categories. Recognising intersectionality means 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, **Youth Voice** and **Trusted Relationships**, which together provide the foundations for youth-centred and trust-based care.

Accessibility, equity and anti-oppressive practice are rooted not just in the belief that all young people deserve support, but in the recognition that social, political, cultural and historical factors can place that support out of reach for many. These principles are not isolated activities or boxes to tick, but a continuous organisational practice to ensure that every young person feels safe, seen, and respected.



Evidence you could provide to demonstrate accessibility, equity and anti-oppressive practice quality:

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- Examples of targeted group work or peer spaces created in response to the needs of marginalised or underserved communities
- Use of therapeutic approaches adapted to reflect the identities, values, or experiences of the young people served
- Equity policies addressing recruitment, retention, and workforce progression
- Board-monitored audits and/or Patient and carer race equality framework (PCREF) aligned assessments tracking equity, inclusion, and workforce diversity
- Strategic analysis comparing service use to local need, with reflection on equity and access gaps
- Feedback (on accessibility, equity, and anti-oppressive practice) gathered through multiple channels (e.g. anonymous forms, youth advisory forums, creative methods)
- Consultation processes with people who have lived and/or living experience of structural marginalisation
- Records of adjustments made in response to feedback on access, equity, and anti-oppressive practice
- Budget and staff resource allocated to equity and anti-oppressive work
- Evidence of diverse representation across staff, leadership, and governance

- **Ongoing staff training and reflective practice on racism, ableism, gender-based inequity, and other intersecting oppressions, grounded in inclusive and anti-oppressive principles**
- **Documentation of inclusive design in spaces, materials, communications, or service models**
- **Evidence of staff reflection and learning related to the inequities affecting the organisation's local communities**
- **Recruitment strategies demonstrating positive action (e.g. inclusive outreach, anonymised shortlisting, targeted support for under-represented applicants, or community-based pathways into employment)**
- **Structures in place for a representative youth advisory board or youth panel with a range of lived experiences (may have been covered in 1: Youth Voice)**
- **Evidence of cultural safety audits or equity assessments tailored to the organisation's local context and population**
- **Evidence that positive impact is tracked and demonstrated across diverse groups of young people, with explicit attention to equity, access, and inclusion (see 10: Outcomes and Impact)**

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 reproduce themselves, often through the creation of silence, ignorance, or confusion. Reflection, education, humility, and collective accountability are essential to counter this.

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.

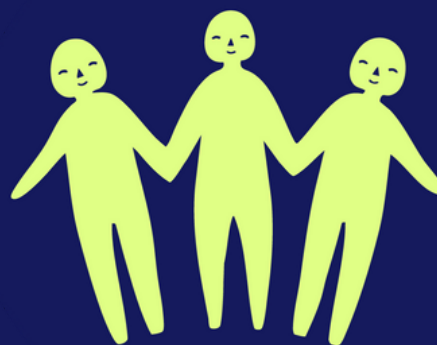
They partner with other organisations, and signpost young people to services offering more tailored support where appropriate. The [NYA's EEDIB \(Equity, Equality, Diversity, Inclusion and Belonging\) Standards](#) may support this work, alongside frameworks for anti-racist, culturally safe, and decolonial practice such as the [NHS PCREF \(Patient and carer race equality framework\)](#).

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.

Over time, hubs can become places where trust is rebuilt, not just in services but in the possibility of young people 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.



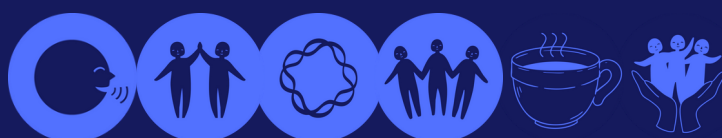
Sustained community presence



Definition

The organisation is embedded in its local context through long-standing relationships, community trust, and a strategic commitment to place. It partners with a range of local stakeholders (e.g. faith groups, youth clubs, schools, sports groups, parents' networks) and is recognised by young people and families as woven into the fabric of their community. Strong community presence means being both sustained and agile, able to hold a long-term vision while adapting to emerging or urgent local needs. The organisation's presence is relational, responsive, and supported by governance structures, funding strategy, and local partnerships.

Note: This area focuses on relationships with local communities and informal groups. See 13: External Integration and Collaboration for integration with statutory services such as the NHS, schools, and social care.



Evidence you could provide to demonstrate sustained community presence quality:

- Track record of sustained (or increasing scope of) delivery in the local area
- Case studies showing service adaptation to local needs over time
- Multi-year partnerships with local organisations and stakeholders
- Governance records including local youth group and/or community representation
- Strategic planning that reflects long-term presence (e.g. board papers)
- Evidence of responsiveness to community events, crises, or emerging trends
- Feedback from local stakeholders on the service's role and reliability
- Financial strategy or reserves plan demonstrating resilience to short-term funding changes
- Examples of rapid or agile responses to urgent local needs (e.g. public health crises, youth violence, school exclusions)
- Feedback from local stakeholders on the organisation's community role, trust, and consistency



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

Sustained community presence depends on trust, continuity, and visibility, all of which take years to build but can be quickly undermined by funding instability or major organisational change. Short-term contracts and shifting policy priorities often force services to focus on survival rather than long-term relationship building. When funding cycles end, young people and communities can feel abandoned, particularly in areas where trust in institutions is already low. The pressure to demonstrate quick, measurable outcomes can sit uneasily alongside the slow, relational work of embedding within a community.

Sustained community presence relies on balancing stability with adaptability. Deep roots in a community foster belonging, trust, and continuity of relationships with young people and local groups. At the same time, services may need to evolve in response to changing priorities, emerging needs, and shifting demographics. A strong community presence should enable openness, partnership, and shared ownership of local wellbeing.

Variation across the sector reflects geography, history, and local infrastructure. Rural and coastal areas may face distinct challenges in maintaining presence across wide areas with limited transport and fewer partner organisations. Urban hubs may have dense networks but higher turnover of both staff and young people. In all contexts, a sustained community presence is achieved when the organisation is recognised as dependable, relational, and genuinely part of the local social fabric rather than a temporary project or external provider.

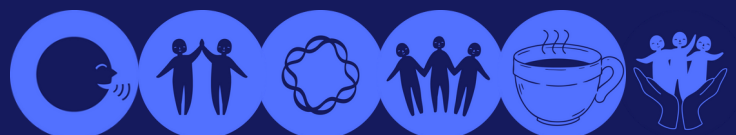


Safe and welcoming spaces



Definition

Organisations create safe, welcoming, and positive youth-centred environments (both physical and digital). These spaces support calm, belonging, safety, and appropriate privacy when needed. Environments and opening hours are developed with young people. Spaces are age-appropriate, sensory-friendly, and attentive to inclusion, neurodiversity, and safeguarding. Young people feel safe in themselves, and in how the space is managed for their interactions with staff and peers.



Evidence you could provide to demonstrate safe and welcoming spaces quality:

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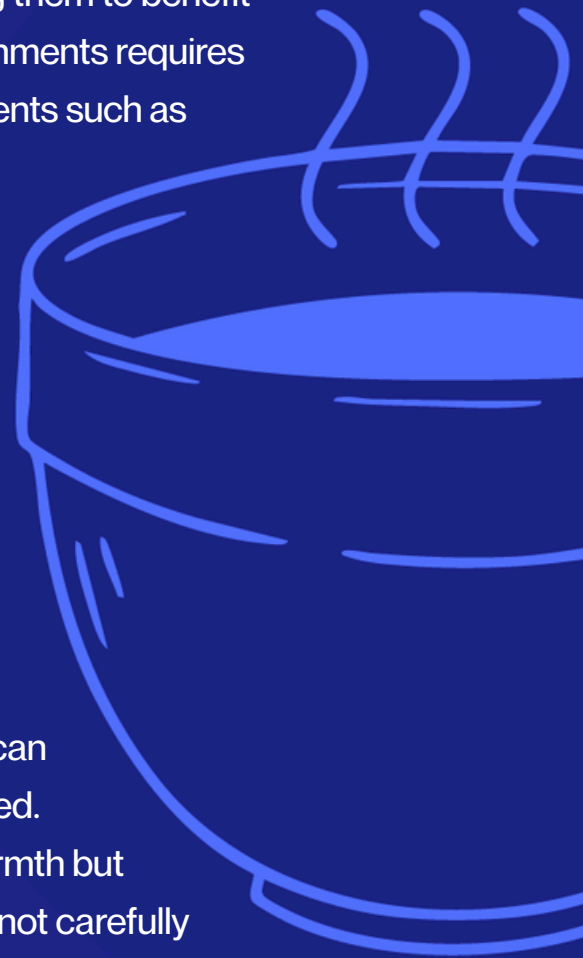
- Feedback from young people on physical and digital spaces
- Visibility and accessibility audits (physical and digital) by staff and young people
- Records of youth-led co-design for physical and digital spaces
- Documentation of service hours responsive to young people (e.g. evenings/weekends) while balancing staff wellbeing
- Documentation or photos/videos of entry systems (e.g. buzzer, intercom, camera) that balance security, dignity, and a warm welcome for young people
- Evidence of age-appropriate environments (e.g. designated areas for younger/older groups)
- Audits of sensory-friendly environments and adaptations for neurodiverse needs
- Evidence of flexible, multi-use spaces reflecting local identity and community use
- Monitoring of incidents and documented adjustments to the environment to enhance safety and wellbeing for staff and young people
- Records of location mapping and public transport accessibility
- Evidence of layouts, materials, or staff practices that promote calm, reduce conflict, and support safe peer interactions

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

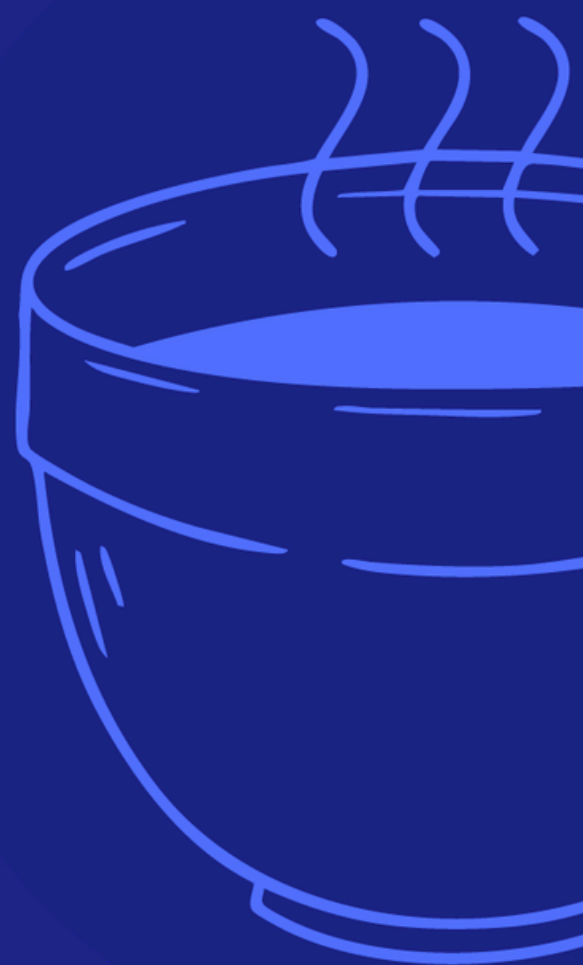
Creating safe and welcoming spaces is about more than aesthetics or décor. It involves an ongoing balance between safety, accessibility, and belonging. For many young people, especially those who have experienced exclusion or trauma, the physical and emotional atmosphere of a space can determine whether they feel comfortable to seek support and whether they return, building trust and enabling them to benefit from the support provided. Achieving calm, inclusive environments requires attention to detail in design, staffing, and atmosphere. Elements such as lighting, colour, sound, plants, soft seating, art materials and games, fidget toys, and the presence of food and cups of tea or coffee can have a powerful impact on how safe, grounded, and welcome a young person feels.

It can be difficult to create a sense of calm in environments that are often busy and unpredictable. Front doors are a particular pressure point: they must manage safety and staff awareness of entry while still feeling open, dignified, and friendly. Security measures such as buzzers, cameras, or locked doors can make young people feel safe, but they can also feel off-putting or institutional if not thoughtfully designed. Similarly, an informal, homely atmosphere may promote warmth but can reduce staff awareness of young people in the space if not carefully managed.

Different young people have different sensory and emotional needs, particularly those who are neurodiverse. Some may seek quiet and low stimulation, while others feel most at ease in vibrant, active spaces. Designing for this diversity requires flexibility, choice, and sensitivity to individual preferences.



Variation between services reflects location, resources, and building type. Some hubs operate in shared or clinical spaces, while others use community or youth-friendly venues. Urban services may need to manage high demand and large numbers of young people seeking care, whereas rural hubs may struggle with isolation or limited transport. Across all contexts, the goal is to create environments where young people feel calm, respected, and able to be themselves, supported by staff who hold both safety and warmth as complementary, not competing, priorities.



Values and culture



Definition

Shared values are embedded in everyday practice, team relationships, and leadership behaviours. Organisational culture is intentionally shaped, inclusive, and aligned across delivery sites and roles. This will look different in every hub, reflecting its history, local community, and ways of working. While culture and values are enacted differently in each local context, they should reflect a youth work ethos and embody the principles of the quality framework.

What matters is that values foster a positive environment that brings staff together, builds trust, and supports a shared sense of purpose. These values should be clearly articulated by staff, and felt by young people, families, and partners engaging with the service. Culture and values are closely linked but not the same: values are the principles an organisation stands for, while culture reflects the overall feel, climate, and day-to-day experience of the service.



Evidence you could provide to demonstrate values and culture quality:

39

- Documented organisational values and how they were developed (with staff and young people)
- Recruitment, induction, appraisal, and supervision processes that explicitly reflect organisational values
- Supervision records or team reflections exploring alignment with values and organisational culture
- Staff surveys on organisational values and culture
- Focus groups or other feedback from staff and young people on how values are experienced in practice
- Staff and youth reflections on values & culture captured in logs, reports, or away day exercises
- Leadership 360° feedback (processes for receiving honest feedback on leadership from their staff, peers, and managers) assessing whether leaders model the organisation's values in practice
- External feedback (from families, partners, or communities) showing that values are visible and experienced outside the organisation



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

Values and culture are powerful but intangible. They cannot be fully captured in policy statements or posters; they are experienced through tone, behaviour, and everyday decisions. The challenge for many hubs is ensuring that their stated values are genuinely lived out in practice, not only by leadership but across all roles and delivery sites. Inconsistent communication, rapid growth, or staff turnover can create disconnects between what is said and what is done. When pressures mount, values may be compromised in favour of targets, compliance, or crisis management.

Establishing a healthy organisational culture requires psychological safety and open dialogue about conflict, mistakes, and power. Staff need reflective spaces to explore how their own values align with those of the organisation and to navigate differences constructively. Leadership plays a central role: culture is shaped less by formal directives and more by what leaders do, tolerate, and reward. Transparent communication, relational supervision, and trust in staff judgement all help reinforce positive culture.

Variation between services is inevitable. Some hubs draw on community activism or social justice traditions, others on more clinical or educational roots. Each carries different strengths and risks. The goal is not cultural uniformity but coherence: a shared sense of purpose that feels authentic and consistent to staff and young people alike. When values are genuinely lived, they act as a compass through uncertainty, helping teams stay grounded in care, fairness, and hope even when resources are stretched.







Quality Framework

Foundations

Safeguarding

Clinical governance and risk management

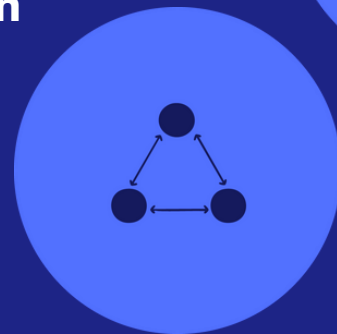
Workforce development

Outcomes and impact

Service learning and improvement

Internal coordination

External integration and collaboration



Safeguarding

43



Definition

Safeguarding means creating a safe, trusted, and accountable environment where children, young people, at-risk adults, and staff are protected from harm, abuse, neglect, exploitation, and unsafe practices. This includes having clear policies that are adapted to different service settings (e.g. drop-in, outreach, digital), trained staff, reliable leadership, and well-functioning systems that operate across all services and settings. High-quality safeguarding involves being alert to risks within homes, schools, public spaces, peer groups, digital spaces, and services themselves. It also requires organisational awareness of local trends and contextual threats, such as exploitation, violence, digital harms, or hate crime.

Strong safeguarding includes clear communication of concerns, well-documented risk assessments, and accurate, confidential record-keeping. Safeguarding documentation should support continuity, accountability, and learning for the organisation. Safeguarding approaches are robust and tailored to the cultural, social, and community contexts in which the service operates, recognising that risk and protection may be experienced differently across groups.

Note: This domain addresses the quality and culture of safeguarding practice. **It does not replace statutory obligations.** All services using this framework must already meet their legal safeguarding duties. The framework is designed to support services in reflecting on how safeguarding is embedded beyond compliance, particularly in youth-centred, relational models of care. Issues relating to **Clinical Governance and Risk Management** are covered in the following section.



Evidence you could provide to demonstrate safeguarding quality:

- Safeguarding policies adapted to different service settings (e.g. drop-in, counselling, outreach, digital)
- Safeguarding policies adapted to different ages of young people using the service (children, adolescents, adults), and staff and volunteers
- Documentation confirming a trained Designated Safeguarding Lead (DSL) is available for every session
- Staff training records (all staff refreshed every 2 years, DSLs annually, senior leaders receive advanced safeguarding training)
- Records of advanced DBS checks for volunteers, young leaders above age 18, or staff in direct contact with young people
- Incident and escalation logs, with de-identified notes where appropriate
- Supervision records that include reflective safeguarding discussions
- Annual safeguarding review conducted and documented
- Internal safeguarding audit completed (e.g. NSPCC or equivalent) and actions implemented
- Section 11 audit completed and shared with statutory partners
- Safeguarding embedded in governance (e.g. lead trustee or board committee with oversight)
- Evidence of appropriate data-sharing and escalation protocols
- Participation in multi-agency safeguarding hubs (MASH) or equivalent partnerships



- **Records of collaboration on safeguarding with police, health, education, and local authorities**
- **Documentation of how intelligence or trend data is shared to support wider safeguarding efforts**
- **Case examples demonstrating contextual safeguarding approaches (e.g. addressing peer harms, exploitation)**
- **Feedback from young people on their sense of safety and trust in the service**
- **Staff surveys on confidence, knowledge, and support in managing safeguarding concerns**
- **Young person–friendly safeguarding materials (e.g. posters, info sheets, or digital content)**
- **Examples of safeguarding processes that balance risk with young people’s agency and relational trust**
- **Policies and systems that support staff safety, wellbeing, and safeguarding (e.g. lone working, disclosures, trauma debriefs)**
- **Evidence of alignment with the NYA Safeguarding Standards for the Youth Sector (e.g. through audit, self-assessment, or improvement planning)**



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

High quality safeguarding in hubs is more than meeting statutory requirements. It is the disciplined, everyday practice of noticing, questioning, recording, escalating, and learning in settings that are fluid, relational, and often high pressure. Drop in and outreach models encounter young people without prior triage, peer dynamics can shift quickly, and needs commonly overlap across exploitation, violence, housing insecurity, and distress. In this context, safeguarding must be both rigorous and adaptable so that staff can respond proportionately and promptly while preserving trust.

A key tension lies in how existing safeguarding systems fit the realities of hub work. National guidance is essential but often written for stable, clinical, or school settings. Hubs require contextual safeguarding that reflects place, peer groups, street environments, online spaces, and local patterns of harm. Safeguarding in hubs requires clear risk thresholds, a shared language to describe risk among staff, and predictable pathways for frontline staff to seek advice and escalate concerns, including out of hours. Documentation should be accurate and concise, supporting continuity and reflective review rather than becoming an administrative burden that displaces care.

Culture is as important as procedure. Staff need regular, skilled supervision that strengthens judgment and explores bias, not just compliance or form filling. Teams should rehearse scenarios, debrief incidents, and show how learning changes practice. Young people should understand confidentiality and its limits, know how to raise concerns,



and experience safeguarding as something done with them, not to them. Decisions should also be alert to racism, adultification, ableism, and gender-based harms so that responses protect without stereotyping or disproportionate surveillance (see 3. Accessibility, equity, and anti-oppressive practice).

Capacity and context vary widely. Urban hubs may face high volumes of demand and complex peer dynamics or risks among groups of young people, while smaller or rural services may have limited access to multi-agency partners or emergency response. Regardless of setting, the expectation is consistent: visible safeguarding leadership in every session, confident and current training at all levels, reliable cover for advice, and strong relationships with local partners that enable timely action and feedback. Staff safety and wellbeing are integral to this. Lone working, online contact, and exposure to traumatic events or material require clear protocols, peer supervision, and restorative spaces so that staff can sustain sound judgment over time.



Clinical governance & risk management



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Definition

Clinical governance and risk management ensure safe, ethical, and accountable delivery of therapeutic, wellbeing, and support services. This domain addresses service delivery risk, not broader organisational or financial risk. It focuses on clinical oversight, structured decision-making, professional supervision, and reflective practice.

Clinical governance includes clear triage and risk assessment processes that enable frontline teams to respond safely to a wide range of young people's needs including mental health crises (e.g. suicidality, self-harm), acute distress, physical illness, threats to others, or presentations that fall outside the scope of the service.

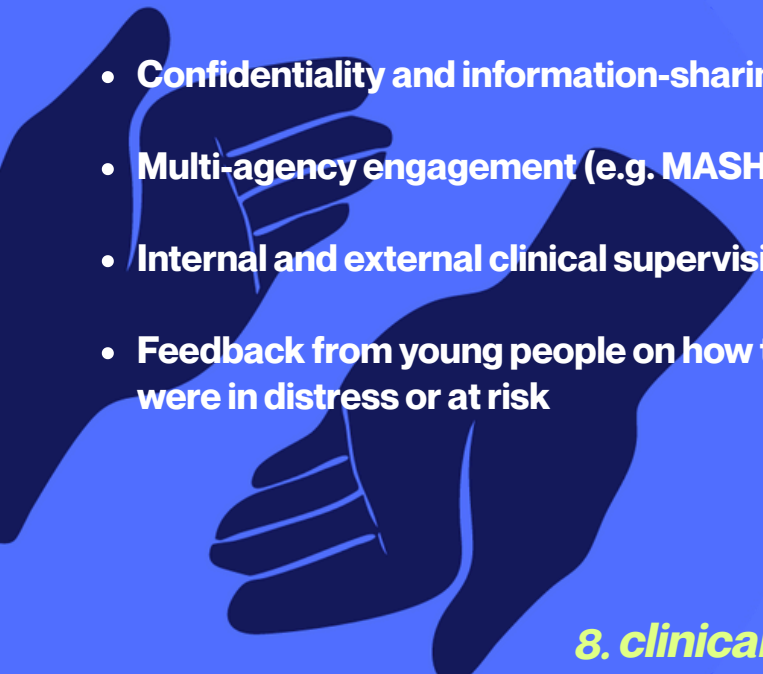
Where risk is high or complexity exceeds hub's services scope, services must have clear pathways to refer on, while maintaining support and relational continuity with the young person wherever possible. Senior leads must be available during service operating hours to support decision-making, and systems should reflect the complexity, fluidity, and relational context of risk in young people's lives.



Evidence you could provide to demonstrate clinical governance and risk management quality:

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- **Clinical governance framework and service delivery risk management policies**
- **Triage protocols that guide staff responses to different types of presentations across all service types (e.g. drop-in, counselling, outreach)**
- **Guidance for managing high-risk presentations, including suicidality, self-harm, physical health crises, or threats to staff or others**
- **Records of structured risk assessment, planning, and escalation**
- **Documented thresholds for action and decision-making**
- **Logs of incident reporting and follow-up (with identifying details removed)**
- **Documentation of senior clinical or risk lead available during operating hours**
- **Supervision and debriefing records for frontline staff**
- **Training records in risk management, supervision, decision-making, and professional boundaries**
- **Governance committee minutes addressing clinical issues and risk**
- **Confidentiality and information-sharing policies**
- **Multi-agency engagement (e.g. MASH, risk panels, CAMHS or crisis referrals)**
- **Internal and external clinical supervision records**
- **Feedback from young people on how the service supported them when they were in distress or at risk**



- **Documentation of how referrals to higher-tier or crisis services are made — and how ongoing support is maintained for those young people**
- **Case study examples of balancing risk decisions with compassion, trust, and care**
- **Case examples of communication with GPs, drug and alcohol services, or other physical health providers in response to complex needs**



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

Clinical governance and risk management in hubs must strike a careful balance between safety, responsiveness, and accessibility. Open access models make triage particularly challenging: young people may arrive in distress without prior assessment, and staff must make rapid decisions about safety while maintaining trust and welcome. High-quality hubs establish simple, consistent processes for assessing need and risk at the point of contact, so that responses are both safe and proportionate.

Although hubs are non-clinical spaces, many young people present with complex or interacting mental and physical health needs. These must be recognised early, assessed safely, and managed collaboratively with the young person. Clear communication and shared decision-making help maintain agency while ensuring that risk is understood and held appropriately.

Risk is rarely simple. Young people often face overlapping pressures (social, emotional, environmental, and medical) and staff must work with incomplete information. This complexity highlights the need for visible, accessible senior leads who can advise and share responsibility for difficult decisions. High-quality services protect staff wellbeing as well as safety, ensuring support is always available without creating unsustainable on-call demands for senior staff.



Clear referral pathways are also vital but can be hard to maintain in a shifting health and social care landscape. Services need to know when and how to escalate, and to remain in contact with young people who are waiting for higher-tier or crisis support. Holding risk in these situations can be stressful, requiring supervision, teamwork, and clear protocols so that no one carries it alone. Risk management depends on reliable multidisciplinary support, but formal MDT structures with external statutory services can be difficult to sustain, particularly for smaller or emerging services. Some hubs have established partnerships with CAMHS or other clinical providers, while others are still building these links. Regardless of size, access to clinical advice and reflective input is essential for safe and ethical care.

Risk cannot be eliminated, but it can be managed well. The aim is not to remove uncertainty but to ensure that when young people visit a hub, they are safe, listened to, and supported, and that any signs of escalating concern are identified early. Effective governance provides structure and accountability, while allowing trusted relationships and the needs of young people to guide the response.



Workforce development

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Definition

Staff are supported through structured supervision, reflective practice, and accessible professional development. Clear progression pathways exist, including for staff with lived experience or without formal qualifications. Services invest in both internal and external training, ensuring staff develop core competencies in line with their roles and the changing needs of young people. In youth work-based settings, this includes recognition of qualified youth work as a valued and skilled profession.

The workforce model reflects the service's ethos, with a strong emphasis on learning, reflective culture, and professional growth. Workforce wellbeing is supported through flexible working, team morale-building, and responsive adaptation to local service needs. Training is regularly reviewed to address emerging challenges and community priorities.



Evidence you could provide to demonstrate workforce development quality:

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- Supervision policies and completed supervision logs for all staff
- Records of protected time allocated for reflection and learning
- CPD and training records, including accessible and affordable opportunities
- Workforce development strategy or staff development plan
- Staff feedback on supervision, learning, and progression opportunities
- Examples of internal progression with appropriate support and supervision, including for staff with lived experience or from youth-facing roles
- Training or support provided for staff managing vicarious trauma or emotional labour
- Data showing workforce stability (e.g. recruitment and retention patterns)
- Proportion of staff with relevant qualifications or recognised competency-based experience (e.g. in youth work, counselling, advice, or health)
- Examples of training aligned with core competencies across roles
- Mentoring, shadowing, or peer learning schemes to support professional growth
- Evidence that the organisation operates as a learning environment (e.g. cross-team reflection, shared learning logs, practice development sessions)
- Examples of workforce wellbeing practices (e.g. flexible hours, team socials, staff support initiatives)
- Evidence of training needs analysis linked to evolving local community needs or service demands



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

Workforce development in hubs involves balancing care for young people with care for the people who support them. Staff come from diverse professional and lived experience backgrounds, and while this mix is a major strength, it can make it harder to provide consistent supervision, training, and progression. The goal is to build a confident, stable, and reflective workforce that feels valued, supported, and motivated to grow.

Time is one of the biggest pressures. Staff must balance direct work with young people alongside training, supervision, and administration. When workloads are high or funding is tight, learning and reflection can be the first things to fall away, leading to burnout and inconsistent practice. High-quality services treat supervision and professional development as protected time, not a luxury, recognising that reflective capacity underpins both staff wellbeing and quality of care.

Developing staff who do not have formal qualifications, including young people and those with lived experience, is both challenging and vital. It requires time, resources, and mentorship that smaller services may struggle to provide, but the benefits are significant. Investing in emerging practitioners creates a more representative workforce and strengthens continuity between young people's experiences and service delivery.

Sustaining a skilled workforce in the voluntary and community sector can also present structural challenges. Pay disparities with statutory services, short-term funding, and project-based contracts can make retention difficult. Some staff will move on to roles in health, education, or local authorities, which can be positive for system-wide capacity but leaves turnover pressures within hubs. Building a culture of learning and belonging can help staff to feel invested, even when contracts are short term or roles evolve.



Across all contexts, workforce development depends on balance: between time spent with young people and time spent learning, between nurturing new staff and supporting experienced ones, and between flexibility and stability. The most effective services recognise that investing in their workforce is not separate from delivering good outcomes for young people: it is the foundation that makes quality, safety, and relational care possible.



Outcomes & impact

57



Definition

Outcomes are measured in ways that reflect the real value of the service to young people and their communities. This includes both quantitative indicators (such as visits, validated outcome tools, or co-defined goals) and qualitative insights, such as young people's own words, stories, and creative expression (art, theatre, photos, videos etc).

Services commit to understanding and improving their impact, while recognising that early and preventative support cannot be fully captured by metrics alone. They choose the right tool for the purpose, whether that is goal-based, narrative, observational, or scale-based, ensuring each method is evidence-informed and suitable for the context.

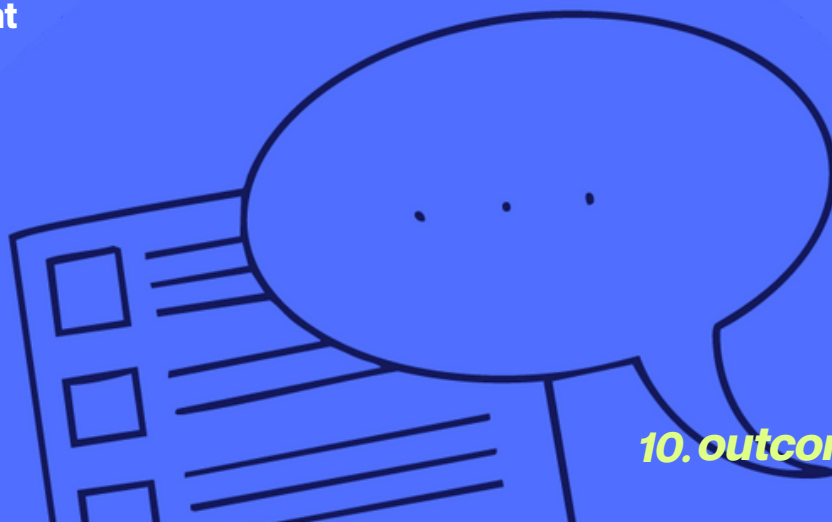
Across all approaches, outcomes must be person-centred, ethically sound, and designed to uphold young people's dignity. Services balance the needs of funders and commissioners with their responsibility to ensure young people feel respected and not reduced to data points. Celebration of young people's progress, in whatever way they define it, is embedded in how impact is captured, interpreted, and shared.



Evidence you could provide to demonstrate outcomes and impact quality:

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- **Data on service reach (such as visits, attendance, or demographics)**
- **Routine use of validated outcome tools where appropriate (such as CORE-YP, WEMWBS, or GBOs)**
- **Use of the CORC Best Practice Framework (Anna Freud Centre)**
- **Tracking of young person-defined or co-created goals (such as progress in work or education)**
- **Narrative feedback, testimonials, or recovery stories from young people**
- **Creative or participatory evaluation methods (such as arts-based evaluation, photovoice, or digital storytelling)**
- **Follow-up surveys, anonymous feedback surveys on most recent visit (e.g. QR codes in common areas), or qualitative in-person interviews with young people**
- **Data dashboards or reports that combine quantitative and qualitative evidence**
- **Impact reports prepared for funders, stakeholders, or the community**
- **Board or governance minutes that reflect discussion of outcomes and impact**
- **Recognition through a CORC Badge of Recognition or other independent endorsement**

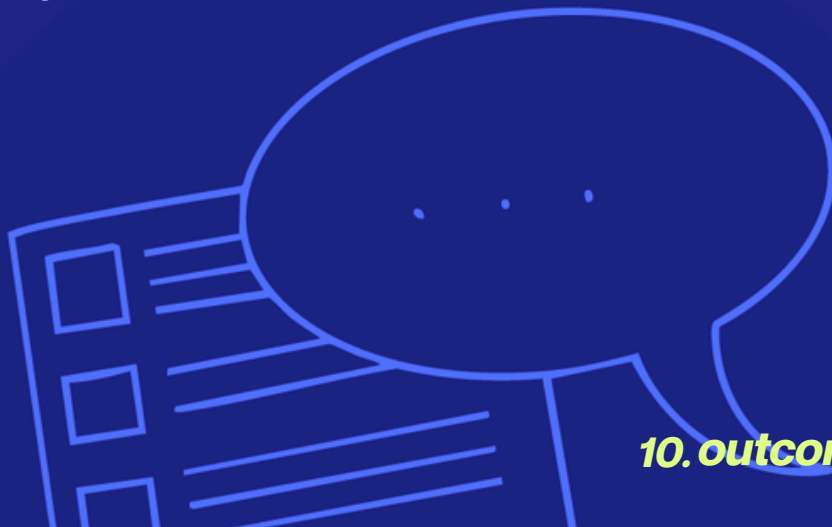


What are the challenges, tensions, and variations with this area of focus?

Measuring outcomes and impact in hubs is complex. The work is relational, preventative, and often long-term, making it difficult to capture through standard metrics. Quantitative tools such as [WEMWBS](#), [CORE-YP](#), or [GBOs](#) provide useful structure but may not reflect the full scope of change that occurs for young people through trust, stability, or increased confidence. High-quality services use these measures appropriately and thoughtfully, ensuring they support rather than distort the purpose of the work.

There can be tension between what can be measured numerically and what can be understood through lived experience. Funders and commissioners often require numerical data to demonstrate value at a system level, while practitioners and young people recognise that at the level of the individual, change is rarely linear or easily quantified. Measuring how well hubs support young people is essential, but an overemphasis on metrics risks reducing their experiences to scores or targets. The most effective hubs combine quantitative data with qualitative insight such as stories, artwork, interviews, and creative expression to communicate both impact and meaning.

Capturing outcomes also relies on staff capacity and resources. Smaller or newer services may lack dedicated staff time to support evaluation, or the digital infrastructure to collect and analyse data consistently. Staff can feel overwhelmed by reporting demands that compete with direct work, leading to incomplete or inconsistent data. Integrating simple, proportionate evaluation methods into everyday practice helps ensure feedback is meaningful and sustainable.



Variation in approach reflects local priorities and funding contexts. Hubs should use validated measures as part of national frameworks where possible, while others may also co-design bespoke tools with young people to reflect their values and community goals. Regardless of method, outcome measurement should be collaborative, transparent, and ethical, giving young people control over how their progress is defined and shared.

All staff in hubs are motivated by a shared commitment to help and do right by young people; outcomes and impact are about understanding whether that support is making a real difference. The aim is not to prove value through data alone but to deepen understanding of what works and why. The strongest impact cultures celebrate progress in all its forms, use evidence to improve practice, and tell honest stories about both success and challenge. When outcomes are measured well, they become a tool for learning, reflection, and empowerment.



Service learning & improvement



Definition

Service learning and improvement is about using feedback, reflection, and data to strengthen how services support young people and their communities. While outcomes and measurement focus on demonstrating impact, this area focuses on how evidence is used to adapt and improve practice. Learning is embedded across teams and levels of the organisation so that it informs culture, planning, service design, and delivery. Young people are part of this learning process, helping services reflect on what works, what doesn't, and what needs to change.



Evidence you could provide to demonstrate service learning & improvement quality

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- Documented learning processes (e.g. changes to policies, frameworks, or schedules)
- Action logs or board papers showing how data or feedback has led to specific service changes
- “You said, we did” communications shared with young people or staff groups
- Evidence of multiple regular evaluations or learning cycles focused on service improvement (e.g. once a quarter)
- Minutes from reflective team sessions or learning forums
- Records of major quality improvement plans or projects
- Examples of service changes explicitly linked to feedback or outcome data
- Evidence of young people and staff co-producing service plans or reviews
- Shared learning outputs (e.g. cross-team updates, newsletters, or youth-led learning events)
- Staff or board members with allocated responsibilities for service improvement
- A youth advisory board on service learning and improvement



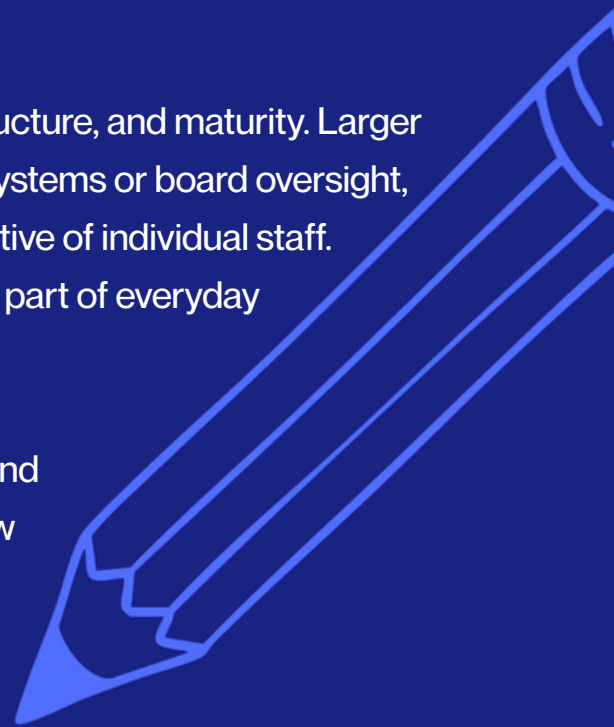
What are the challenges, tensions, and variations with this area of focus?

Organisational learning and improvement are difficult in any setting, even where time, resources, and staffing are strong. Changing established ways of working requires persistence, coordination, and a willingness to reflect critically on what is and is not effective. In hubs, where services are fast paced and relational, it can be especially challenging to step back from daily delivery to analyse, plan, and implement change.

This area connects directly with 10. Outcomes and Impact, translating outcomes and feedback into meaningful action. Many services collect valuable insights from young people and staff, but some services may find it hard to turn this into tangible improvements. Learning processes can become fragmented, with reflection occurring in supervision or meetings but not feeding into wider strategy or governance. High-quality hubs establish clear feedback loops and document how learning leads to visible changes in policy, practice, or service design.

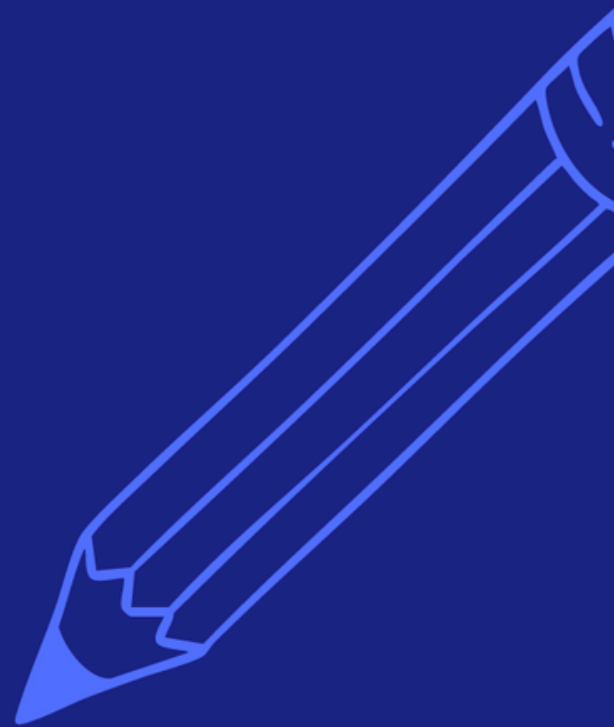
Variation across the sector reflects differences in size, structure, and maturity. Larger organisations may have dedicated quality improvement systems or board oversight, while smaller hubs rely on informal reflection and the initiative of individual staff. Both models can succeed when learning is embedded as part of everyday culture rather than treated as a separate process.

Sustaining improvement efforts amid funding pressures and shifting priorities is another major challenge. Frequent new initiatives or short-term projects can cause learning to be lost between cycles. Regardless of size or scope, all hubs can benefit from embedding regular review processes that support ongoing learning, growth, and high-quality care for young people.



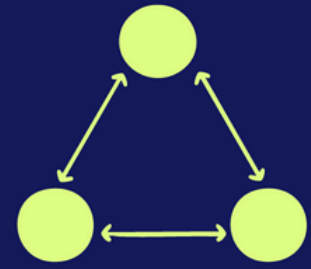
Balancing openness with accountability is also critical. Learning depends on honest reflection about what is not working yet fear of criticism or reputational risk can discourage this. A strong learning culture creates psychological safety, where staff can question, adapt, and grow without blame.

At its best, service learning and improvement is not a single activity but an ongoing habit of reflection and adaptation. When young people, staff, and leaders learn together, services become more responsive, accountable, and confident in their ability to evolve.



Internal coordination

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Definition

Services within the organisation work in a joined-up way to meet young people's needs. This includes shared planning, integrated case discussions, coordinated referrals, and communication systems that enable information to flow across teams. Coordination can be both formal and informal: strong internal practice is supported by clear processes and sustained by trusting relationships across roles. Young people should experience the service as seamless and coherent, not as disconnected parts.



Evidence you could provide to demonstrate internal coordination quality:

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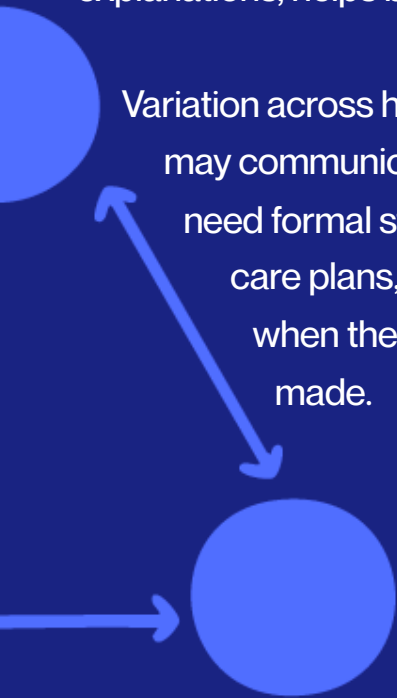
- Internal referral pathways and tracking logs
- Evidence of multi-disciplinary team (MDT) meetings or case discussions
- Shared care plans across different service areas (e.g. wellbeing, advice, counselling)
- Staff feedback on integration, communication, and role clarity
- Documentation of induction or cross-training on different roles or service functions
- Internal communication systems or data-sharing agreements
- Service user journey mapping or audits showing coordinated experiences
- Frequent use of a communications and planning tool across the whole service (e.g. Microsoft Teams, Slack etc)
- Clear processes for how information is shared between teams, particularly how young people are informed and supported to express preferences about what is shared and with whom
- Regular all-staff meetings and structured opportunities for shared reflection (e.g. team briefings, cross-service forums)
- Evidence of organisational development activities that strengthen internal cohesion, such as annual away days, team-building exercises, or whole-organisation planning sessions

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

Internal coordination is essential to delivering consistent, high-quality support for young people, yet it can be challenging to sustain. Services grow and evolve over time, and as teams expand, silos can form between roles or departments. Without clear systems for communication and shared planning, young people may experience disjointed support or have to repeat their stories to multiple staff members.

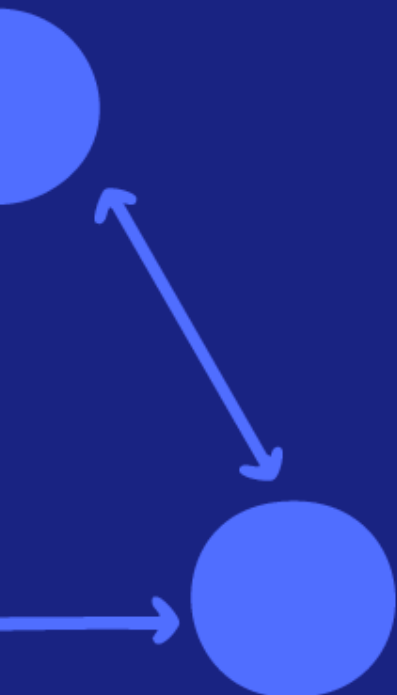
The most common challenge is achieving balance between formal process and informal collaboration. Policies and systems are needed to ensure safe information sharing and accountability, but the real work of coordination happens through relationships: everyday conversations, trust, and professional respect within and between teams. When these relationships are strong, staff can respond flexibly and share responsibility for young people's needs; when they are weak, boundaries between teams can become barriers.

Information flow is another area of tension. Staff must share enough to ensure safety and continuity while protecting confidentiality and young people's agency in deciding what is shared. Establishing transparent protocols, supported by young-person-friendly explanations, helps build trust and reduce confusion.

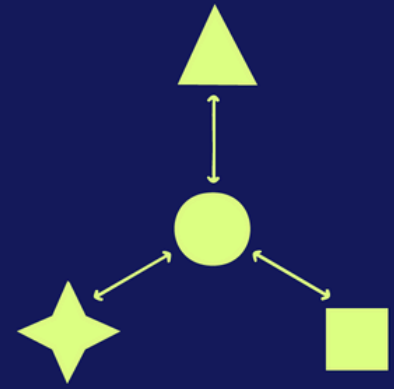


Variation across hubs reflects differences in scale and complexity. Smaller services may communicate naturally through close daily contact, while larger organisations need formal structures such as multidisciplinary team (MDT) meetings, shared care plans, or internal communication platforms. Both approaches can work when there is clarity about roles, responsibilities, and how decisions are made.

Strong internal coordination depends on leadership commitment and culture. Regular cross-team reflection, joint training, and shared learning events help maintain alignment as services grow or change. When integration is working well, young people experience the organisation as one coherent team that understands them, communicates clearly, and works together to meet their needs.



External integration & coordination



Definition

The organisation builds long-term, trusted relationships with external services across health, education, justice, and social care operating locally. These relationships help locate the organisation's role within the wider system of support for young people, ensuring smoother transitions, clearer referral pathways, and continuity of care.

Collaboration is not just procedural; it is grounded in shared values, mutual understanding, and a commitment to working in alliance with others. Strong practice balances formal mechanisms (e.g. referral protocols, MOUs) with ongoing dialogue, shared learning, and professional trust across organisational boundaries.



Evidence you could provide to demonstrate external integration and collaboration quality

70

- Memoranda of Understanding (MOUs) or partnership agreements
- Documented referral pathways with CAMHS, schools, GPs, social care, and community policing and/or youth justice services
- Policies for communicating transparently with young people about referral processes and timings (e.g. to avoid young people feel they have been “dropped between services”)
- Minutes from multi-agency meetings, forums, or transformation boards
- Records of participation in Integrated Care Partnerships (ICPs) or local system planning
- Shared case reviews or multi-agency audits
- Joint protocols or escalation pathways
- Examples of staff collaboration, secondments, or joint training
- Evidence of input into local strategy or system-level decision-making
- Examples of the organisation initiating or leading cross-agency learning sessions, joint case planning, or inter-service dialogues



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

External integration and collaboration are essential to providing coherent, joined-up support for young people but can be hard to achieve in practice. Building and maintaining partnerships takes time, trust, and consistency, yet extra capacity and staff time to build these relationships can often be in short supply in the voluntary and community sector. Different organisations operate within different funding cycles, data systems, and professional cultures, which can make sustained collaboration difficult, even when intentions are aligned to collaborate in supporting young people.

Navigating complex and shifting local systems adds further challenge. Referral pathways, leadership structures, and partnership boards can change frequently, leaving voluntary services to rebuild relationships or renegotiate access. In practice, continuity of care and clear referral routes often depend more on personal relationships than on formal agreements. High-quality services counter this by investing in regular communication, shared planning, and transparent protocols that make collaboration more predictable and resilient.

Positive and communicative working relationships with other external services across health, education, social care, and justice are vital, but can be challenging to achieve when high demand and tight budgets affect everyone. The role of the voluntary and community sector can sometimes be unclear within statutory service environments, making it harder to establish consistent pathways and shared accountability. Nonetheless, mutual respect, clear roles, and appropriate sharing of responsibility for young people's wellbeing remain the foundation of effective collaboration.

Balancing formality and flexibility is another ongoing tension. Memoranda of Understanding, joint protocols, and information-sharing agreements can help to ensure structure and accountability, but they only work when grounded in trust and shared purpose. Collaboration that feels procedural or transactional can lose the relational quality that makes joint work effective.

Variation across hubs reflects geography and local infrastructure. Urban areas may have dense networks of statutory and community partners but face duplication or unclearly divided responsibilities, while rural areas may have fewer partners but closer working relationships. Smaller services may lack capacity to engage in every forum or meeting, requiring selective, purposeful participation.

When collaboration functions well, hubs serve as a bridge between young people and the wider system, helping ensure that no one falls through gaps. Strong, respectful partnerships enable smoother transitions, timely responses, and collective accountability. Done well, this integration helps young people experience the wider system as connected, compassionate, and working together in their best interests.







Quality Framework *Services*

— **Counselling**

— **Wellbeing**

— **Drop-in and information, advice and guidance**

— **Youth work and outreach**

— **Physical health**



Counselling

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Definition

Counselling refers to evidence-informed, goal-oriented psychological therapies delivered by qualified, registered practitioners. These may include counsellors, psychotherapists, clinical psychologists, family therapists, and creative or arts therapists.

Work should be developmentally attuned and underpinned by a recognised therapeutic model, with counselling clearly distinguished from non-therapeutic or support-based roles. All therapeutic models should be evidence-based, children and young person focused and delivered by practitioners who are appropriately trained, qualified, and professionally accountable in their modality.

Counselling services must be governed through robust clinical oversight and adhere to appropriate ethical standards and specified ethical frameworks. Outcome measures are used proportionately and meaningfully, clearly explained to the child or young person, purposeful and supportive of the collaborative therapeutic journey.

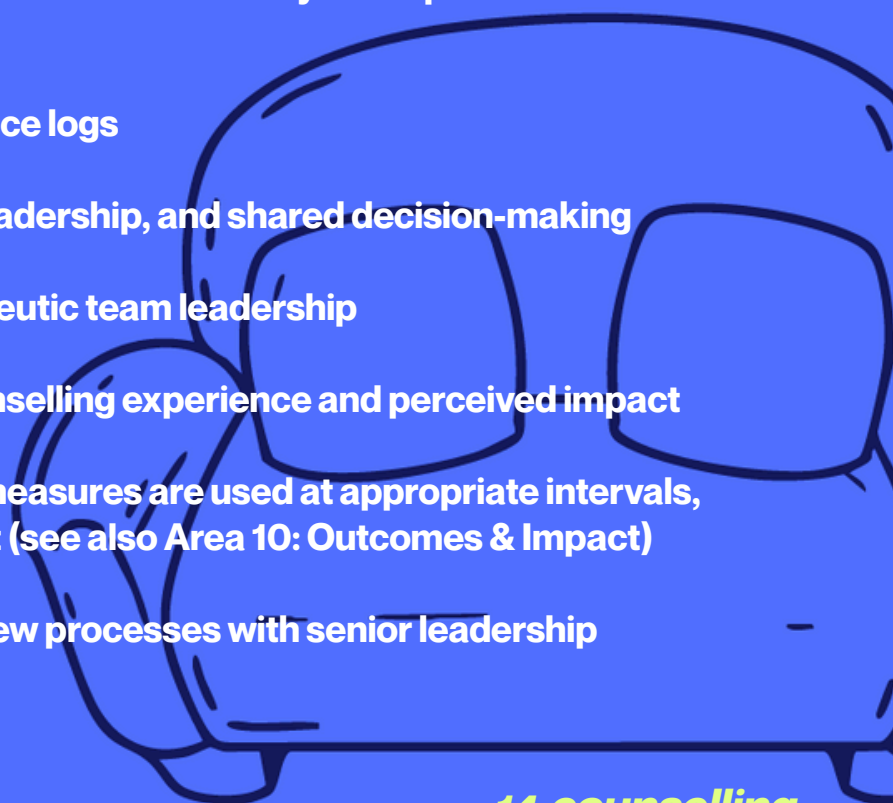
Note: For ease, the term “counselling” is used throughout this area to refer to the full range of psychological therapy modalities listed above that are evidenced-based and professionally accredited.



Evidence you could provide to demonstrate counselling quality:

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- Staff qualifications and proof of registration with relevant professional membership bodies (e.g. BACP, UKCP, BCP, HCPC, NCPS)
- Organisational accreditation with a recognised body (e.g. BACP service accreditation)
- Evidence of specific competence to work with children and young people (e.g. [BACP CYP Competence Framework](#) and NCPS CYP Competency Framework)
- Clear referral and eligibility criteria
- Assessment records or screening protocols
- Documentation of counselling models used (e.g. person-centred, CBT, integrative, art therapy, DBT, group-based approaches)
- Supervision logs for counsellors, including frequency and model (e.g. clinical vs line management)
- Details of external supervisors, including qualifications, professional registration, and alignment with service values and youth-specific competence
- CPD records and reflective practice logs
- Staff feedback on supervision, leadership, and shared decision-making
- 360° feedback on clinical/therapeutic team leadership
- Young people's feedback on counselling experience and perceived impact
- Policy confirming that outcome measures are used at appropriate intervals, proportionately and with consent (see also Area 10: Outcomes & Impact)
- Wait list monitoring data and review processes with senior leadership



- **Documented triage policies and processes**
- **Wait list strategies provided for young people (e.g. interim support offers, check-in processes during wait times, signposting of early intervention/self help resources)**
- **Clear and accessible complaints policy, known to staff and young people**
- **Support, induction, and supervision policies for trainee practitioners or those on placement**

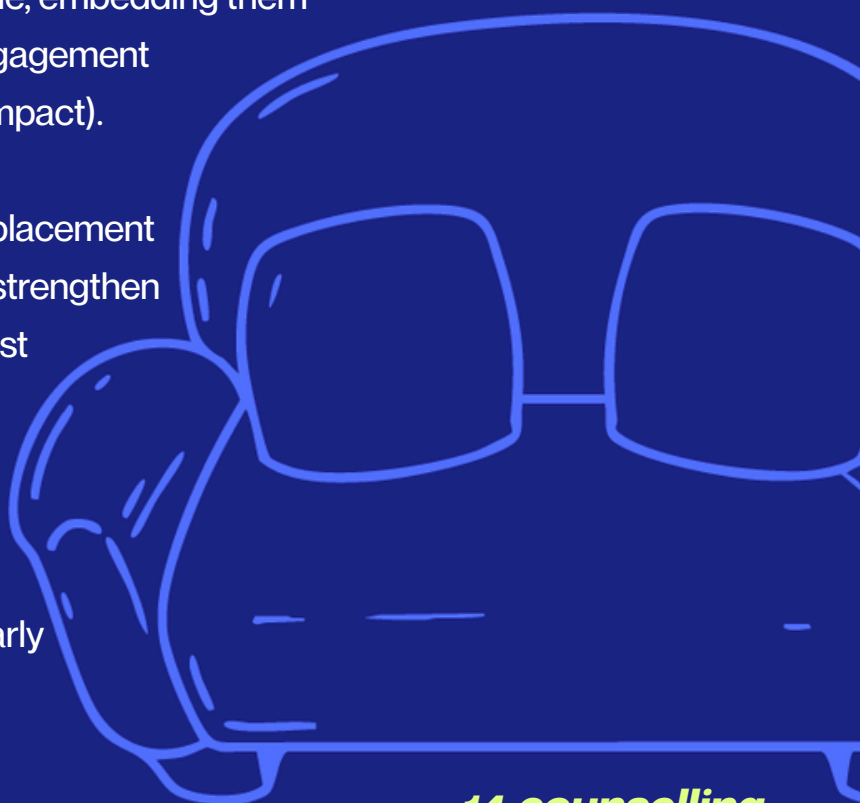


What are the challenges, tensions, and variations with this area of focus?

Defining counselling is essential so it is clearly structured as therapeutic work delivered by registered professionals such as those accredited by BACP, UKCP, NCPS or HCPC. There can be ambiguity around what constitutes counselling versus other supportive interventions. Some funders, schools, and even internal teams may use the term “counselling” loosely to describe any form of emotional support for young people. This creates risks, both in misrepresenting what is offered and in undermining the professional safeguards required for formal counselling work. Conversely, there is a risk of over-medicalising youth work, wellbeing programmes, or other relational supports by forcing it into clinical language or structures. Hubs must navigate this tension with clarity and care.

The key challenge in using outcome measures in counselling is to ensure that they support rather than disrupt person-centred care. Outcome tools can help track change, support 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. High-quality hubs use outcome measures in partnership with young people, embedding them in the therapeutic process to enhance engagement and understanding (see 10 Outcomes & Impact).

Many hubs rely on trainee counsellors or placement students to meet local demand. This can strengthen workforce development but requires robust supervision, induction, and governance to ensure both safety and consistency. Supervision structures must include access to qualified external supervisors with youth-specific competence, particularly for smaller or resource-limited services.



Variation in therapeutic approaches also shapes practice. Hubs may use a range of models such as CBT, integrative, or creative therapies, which can enrich provision but require clear leadership and shared principles to maintain coherence and quality.

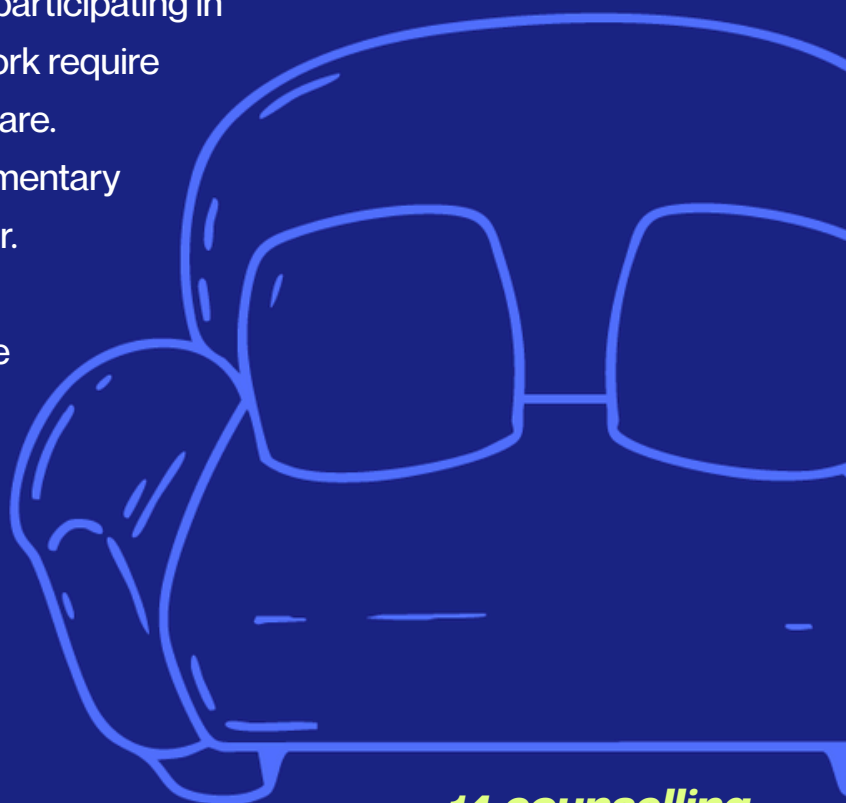
Effective waiting list management is a challenge for all organisations providing counselling services. Ethical practice means maintaining regular review, signposting to appropriate resources, offering interim support where possible, and providing transparent communication so that young people remain safe and connected while waiting for counselling.

Transparent, accessible, and youth-friendly complaints processes are another marker of quality and accountability for counselling. Hubs should view complaints not as failures but as opportunities for learning and service improvement (see 9 Service Learning & Improvement).

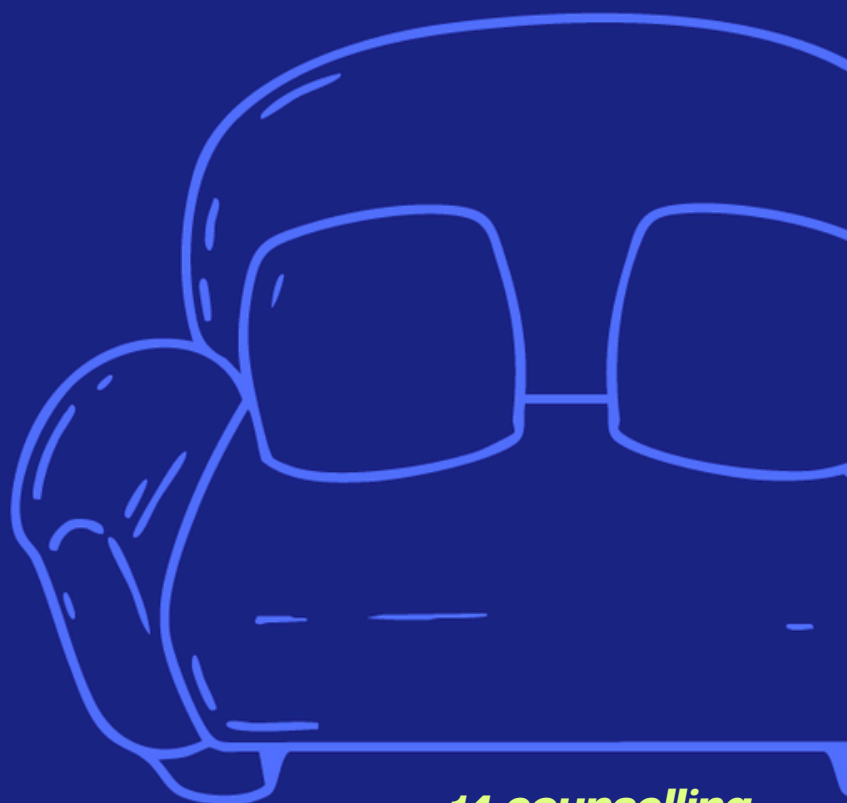
This framework explicitly values both clinical and non-clinical contributions as essential. Some of the most effective hubs seamlessly combine the two with mutual respect and shared supervision cultures, creating integrated models of care that respond to the full range of young people's needs. A young person may receive formal therapy while also engaging with a trusted youth worker and participating in creative, peer-led groups. Both forms of work require professional judgement, boundaries, and care.

These are not separate tracks but complementary layers of support that reinforce one another.

Variation in delivery is shaped by workforce availability, funding, and local need. Some hubs include embedded clinicians; others partner with external providers or focus more on non-clinical models. Caseloads for counsellors may differ from those in non-clinical roles and should be



acknowledged in workforce planning. The goal is not uniformity but integrity and transparency: providing the right kind of support, at the right time, for the young people who need it.



Wellbeing



Definition

Wellbeing support refers to evidence-informed mental health interventions delivered by trained practitioners working at an early-intervention or low-intensity level. This includes roles such as Children and Young People’s Wellbeing Practitioners (CYWPs), Education Mental Health Practitioners (EMHPs), or equivalent staff trained in structured psychological support. Interventions are time-limited, goal-focused, and developmentally attuned.

Wellbeing support is distinct from both counselling and informal support, and practitioners operate with defined competencies and scope. Delivery settings may include drop-in centres, schools, GP surgeries, or Accident and Emergency departments.



Evidence you could provide to demonstrate wellbeing quality:

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- **Documentation of structured, evidence-informed protocols (e.g. CBT-informed strategies, guided self-help, psychoeducation)**
- **Clear definition of wellbeing roles and their scope of practice**
- **Records of regular supervision, reflective practice, and CPD**
- **Young people's feedback on the helpfulness, accessibility, and clarity of wellbeing support**
- **Evidence of wellbeing practitioners contributing to service design, quality improvement, or multidisciplinary team discussions**
- **Protocols or materials that clearly distinguish wellbeing roles from counselling or informal support**
- **Data showing take-up and outcomes of wellbeing interventions (including young person-defined goals or validated tools)**
- **Staff feedback on wellbeing roles, career development, and team integration**



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

Wellbeing support occupies a vital space between informal help and formal counselling. It offers structured, evidence-informed interventions early, before difficulties escalate, and plays an important role in making psychological support accessible to more young people. A challenge can be ensuring that this work is clearly defined, well supported, and valued within the hub as a skilled professional practice.

Clarity of role and scope is essential. When wellbeing practitioners are embedded across settings such as counselling services, schools, CAMHS, or Accident and Emergency departments, it is vital that other staff understand the purpose and limits of the role and refer appropriately. With strong supervision and communication, this diversity strengthens integration, but without it, practitioners may feel pressured to work beyond their training or without adequate support. High-quality services provide clear role descriptions, training pathways, regular supervision tailored to wellbeing competencies, and ongoing dialogue across teams to maintain shared understanding.

Supervision and professional development are central to quality practice. Wellbeing practitioners often work to tight session targets in fast-paced environments, leaving less time for reflection or shared learning. Structured supervision and accessible CPD opportunities help maintain confidence, ensure safety, and prevent burnout, particularly for early-career practitioners or those delivering manualised interventions repeatedly.

Variation across hubs reflects workforce capacity, geography, and commissioning arrangements. Some services have established wellbeing teams with strong links to counselling and CAMHS, while others operate short-term projects



dependent on local funding. Investing in these roles as part of a long-term workforce strategy supports retention, continuity, and career progression.

Finally, effective wellbeing practice depends on balancing structure with flexibility. Evidence-informed protocols bring consistency and accountability, but they must be delivered with warmth, empathy, and responsiveness to each young person's needs and context. When this balance is achieved, wellbeing support bridges the gap between everyday challenges and specialist care, providing early, meaningful help that is both accessible and person-centred.



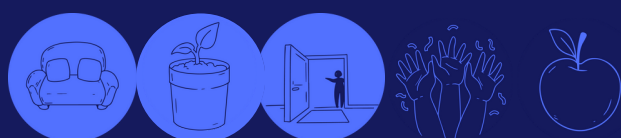
Drop-in & information, advice & guidance



85

Definition

Rights-based, practical support for young people on issues such as housing, finances, benefits, education, and employment. Information, Advice, & Guidance (IAG) is accessible, accurate, youth-centred, and empowering, often serving as a gateway to wider services. High-quality IAG may be delivered in-person, digitally, or both, with equal attention to effectiveness, accessibility, and relational care across all formats.



Evidence you could provide to demonstrate drop-in, information, advice, and guidance quality:

- Advice Quality Standard accreditation with Advice Services Alliance UK
- The Matrix Standard accreditation with the Department for Education
- Training records showing staff are qualified and up to date in providing information, advice, and guidance (IAG) to children, young people, and young adults
- Evidence of mental health awareness training for advice workers, including how to recognise distress and refer appropriately
- Documentation of triage and referral processes
- Policies for minimum staffing thresholds
- Documentation of processes for managing high demand
- Service data on reach, demand, and resolution rates
- Outcome tracking (e.g. pre–post measures, goal attainment records)
- Case studies showing resolution of practical issues
- Safety protocols for managing high-risk incidents
- Young people’s feedback on accessibility, usefulness, and empowerment
- Records of integration between IAG and therapeutic/youth work services
- If providing regulated financial advice, evidence of FCA authorisation or documentation of partnership with an FCA-authorised organisation



- Evidence of clear and accessible signposting to external services, both digitally (e.g. through the hub’s website or online directories) and physically (e.g. flyers, posters, or leaflets in waiting areas)
- Documentation specifying whether IAG is delivered in-person, digitally, or both (including details of how quality, accessibility, and user experience are maintained across formats)



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

Drop-in Information, Advice, and Guidance (IAG) services are often the first point of contact for young people seeking help, making them both accessible for young people but sometimes high pressure for staff. Staff need to be able to respond quickly to a wide range of issues while maintaining accuracy, safety, and respect for young people's autonomy. The challenge is to offer open-door access without becoming overwhelmed by demand, ensuring that every interaction is both practical and empowering for young people.

Quality and consistency can be difficult to sustain in fast-paced, unpredictable environments. Advice workers often manage diverse and complex issues, from housing and benefits to education and employment, while also encountering young people in distress. Staff need training not only in technical advice standards but also in recognising and responding to emotional or mental health needs appropriately. They must understand how these systems operate across both children's and adults' services to provide accurate, joined-up guidance as young people move through different stages of life. It is essential that advice staff have clear referral routes, and close working relationships with therapeutic and youth work teams to ensure young people receive holistic, coordinated support.



Balancing accessibility with safety is another tension. Drop-in spaces must remain open and welcoming, yet staff must manage safeguarding risks and set clear boundaries. Managing high demand, maintaining confidentiality, and ensuring young people are seen promptly all require careful coordination and adequate staffing.

Variation across services reflects local demand, workforce capacity, and accreditation status. Some hubs hold recognised standards such as the Advice Quality Standard or Matrix Standard, while others operate strong internal systems but lack formal accreditation. Both can provide high-quality advice if governance, supervision, and ongoing training and support for staff are in place.

Digital delivery has expanded access but also presents new challenges in ensuring security, confidentiality, and relational care online. Whether in person or virtual, effective IAG depends on skilled staff who listen, problem-solve, and help young people navigate systems with confidence.

At its best, drop-in advice work is both practical and transformative for young people. It addresses urgent needs while building trust, often serving as the bridge that connects young people to further help and opportunity. When done well, IAG services embody the core values of hubs: accessible, respectful, and empowering for every young person who walks through the door.



Youth work & outreach



Definition

Youth work is an educational practice that supports young people's personal, social, and emotional development. It builds trusted relationships through voluntary engagement in community, schools, colleges, and outreach settings.

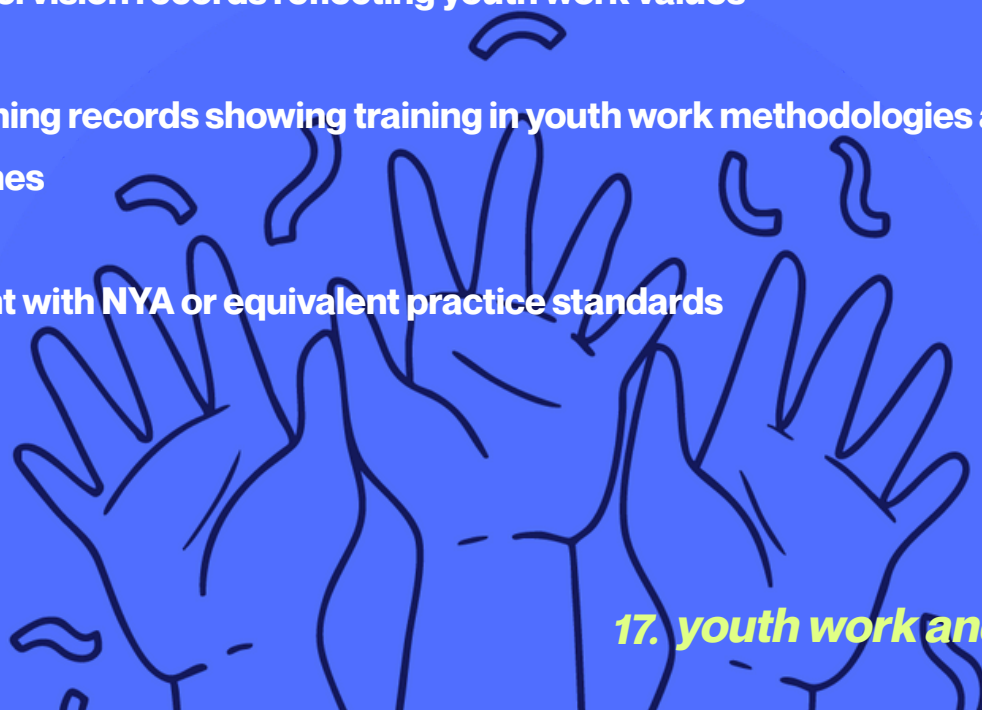
Youth work creates inclusive spaces for young people to explore identity, develop their voice, and gain life skills. It supports young people to explore their place in society, and to work through challenges they may be facing. It may include one-to-one or group support, creative or social activities, peer-led projects, or advocacy.

Youth work is not therapy or counselling, though it may complement them. It is guided by careful attentiveness to the wishes, preferences and ideas of young people, and is grounded in values of respect, participation, and equality.



Evidence you could provide to demonstrate youth work & outreach quality:

- Records of youth work delivery by qualified or experienced practitioners
- Attendance and engagement data for youth work and outreach activities
- Outreach activity logs (e.g. school, street, community settings)
- Evidence of co-production with young people on outreach programmes
- Young people's feedback on youth work activities and quality of staff relationships
- Case studies showing impact on participation, identity, or connection
- Documentation of embedded presence in communities or schools
- Evidence of outreach to marginalised or disengaged groups
- Staff supervision records reflecting youth work values
- Staff training records showing training in youth work methodologies and approaches
- Alignment with NYA or equivalent practice standards



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

Youth work and outreach are at the heart of many hubs, offering relational, preventative, and community-based support for young people who may never enter formal services. Delivering this work sustainably is challenging. It depends on trust, time, and local knowledge, yet is often constrained by short-term funding and targets that undervalue the slow, relational nature of change.

Outreach workers often work with young people facing multiple challenges such as unstable housing, financial hardship, school exclusion, family conflict, drug and alcohol use, and early involvement in criminal activity. Their work requires skill, insight, and emotional resilience. Maintaining personal safety and sustainability in these roles demands strong supervision, reflective spaces, and supportive team structures. The concept of *mattering* from Billingham and Irwin-Rogers (7) is particularly relevant here: youth workers help young people feel that they matter, to themselves, to others, and to society, countering the marginalisation that can drive risk and despair.

High-quality youth work is guided by the [National Youth Agency Standards](#) and grounded in values of participation, equality, and respect. Practitioners often bring lived experience of the issues young people face, using this insight to build authentic connections and foster hope. This work should be recognised as skilled and professional, not as secondary to more clinical or educational models.



Variation in delivery reflects geography and community context. Rural services may struggle with travel and visibility, while urban teams navigate crowded public environments and competing priorities. Across all settings, consistent training, safeguarding, and integration with counselling and advice teams are vital so that young people can move seamlessly between informal and structured support.

When youth work is respected and resourced, it acts as the connective tissue of the hub, reaching those at the margins, building trust, and restoring a young person's sense of mattering in the world.



Physical health



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Definition

Some organisations 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.

Support is provided for low to moderate levels of need, with clear referral pathways for higher-intensity care. Where physical health needs escalate or become complex (e.g. eating disorders requiring multidisciplinary care), appropriate NHS or specialist services must be involved. Co-located services should enhance, not replace, specialist care, and work in partnership with the hub to ensure safe, youth-centred support.

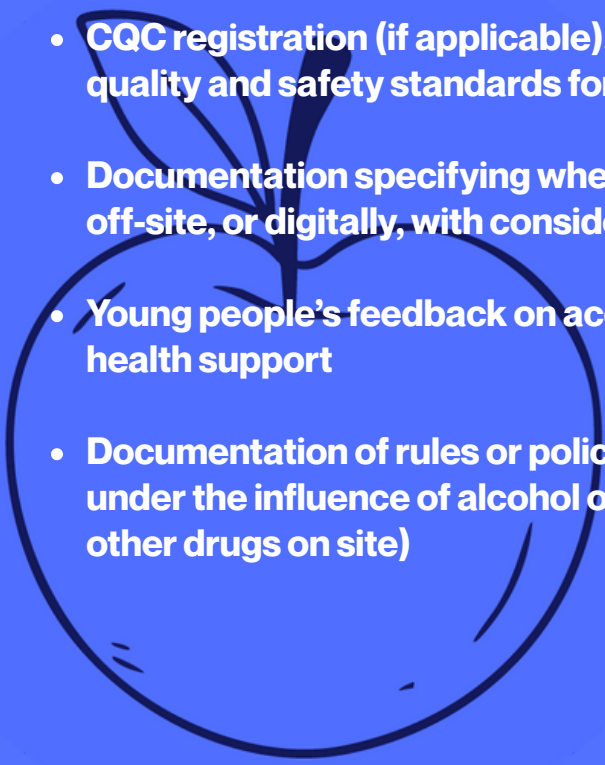
Organisations may also integrate physical and mental health through activities such as nature-based groups, walking clubs, or social prescribing. Rules and boundaries (e.g. around entering the building under the influence of alcohol or other drugs) should be clearly communicated.



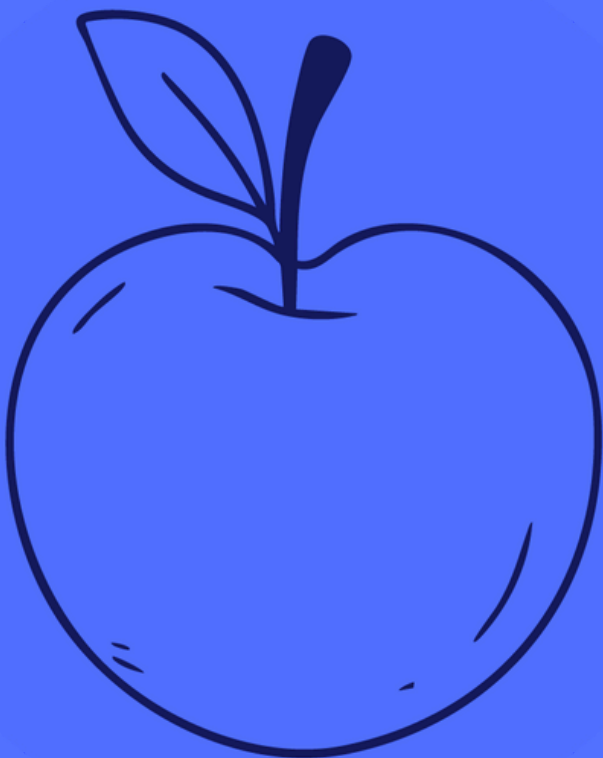
Evidence you could provide to demonstrate physical health quality:

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- **Partnership agreements or Memoranda of Understanding (MOUs) with local providers**
- **Documented referral routes to health services (e.g. GPs, sexual health, substance use, sleep/nutrition services)**
- **Young people's feedback on accessibility, trust, and outcomes of physical health support**
- **Logs of health promotion or education sessions delivered**
- **Records showing health practitioners are registered with appropriate professional regulatory bodies**
- **Data on service uptake and attendance for health-related support**
- **Documentation of co-location arrangements with NHS or specialist clinics**
- **Evidence of holistic biopsychosocial approaches used in care planning**
- **CQC registration (if applicable), or internal audit showing alignment with CQC quality and safety standards for clinical care spaces**
- **Documentation specifying whether physical health support is offered on-site, off-site, or digitally, with consideration of youth experience in each format**
- **Young people's feedback on accessibility, trust, and outcomes of physical health support**
- **Documentation of rules or policies about young people entering the building under the influence of alcohol or other drugs (and/or consuming alcohol or other drugs on site)**



- **Evidence of access to basic health products (e.g. sanitary pads, contraception, hand sanitiser)**
- **Evidence of holistic biopsychosocial approaches or integrated activities (e.g. walking groups, healthy snack provision, and social prescribing (e.g. gyms or sports groups))**



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

Physical and mental health are inextricably linked, and hubs often play a vital role in addressing both together. As non-clinical environments, hubs must be clear about what health support they can provide safely and where referral to NHS or specialist services is required. Clear referral pathways, strong local partnerships, and alignment with clinical governance standards (see 8. Clinical Governance & Risk Management) are essential to maintaining safety and quality.

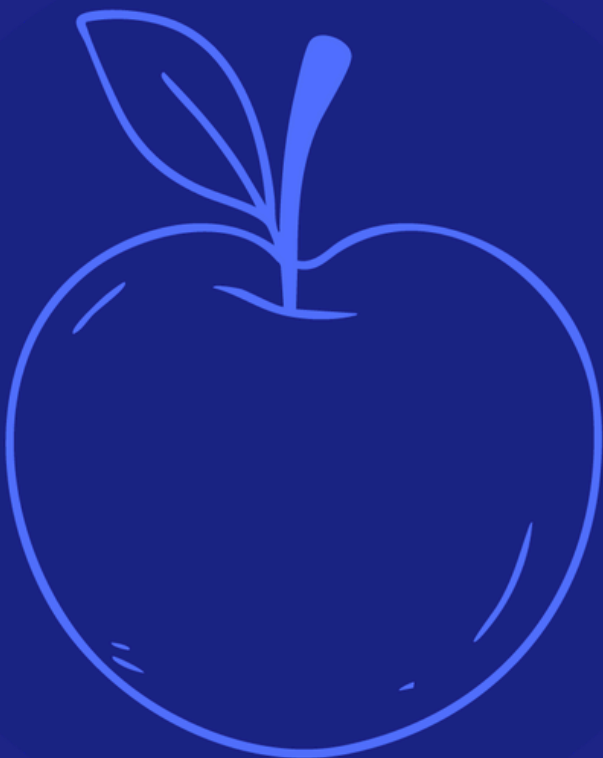
Some hubs host or collaborate with co-located services such as sexual health clinics, drug and alcohol treatment, GPs, or eating disorder teams, alongside practical wellbeing activities like walking groups or healthy cooking classes. These partnerships can expand access to care, particularly in rural areas where visiting services can offer more timely local support. However, high standards of governance, supervision, and clinical fit-out must be upheld across all physical health delivery.

Providing sexual health services is especially important, as many young people prefer to access these through trusted community settings. Services must balance accessibility with care and pragmatism, ensuring that young people feel welcome and supported rather than stigmatised or exposed for accessing sexual and reproductive healthcare.



Hubs must also be equipped to manage unplanned physical health crises. While first aid-trained staff are essential, young people in distress may attend hubs rather than medical settings because they feel safest there. Clear protocols for assessment, transfer, and liaison with NHS services such as A&E, urgent care, or GPs are therefore critical.

At their best, hubs approach physical health as part of holistic wellbeing. By offering youth-friendly, non-judgemental support and strong clinical partnerships, they provide a bridge between everyday life and the wider health system, turning accessibility into opportunity for early, integrated care.





Methods: how we built the Quality Framework

The Youth Access Quality Framework was built with hubs and young people to be practical and easy to use. From the beginning, we worked alongside hub staff and young people with lived experience to design an evidence-based tool grounded in real-world practice. The process combined academic rigour with collaboration and co-design, using established research methods while keeping the voices of hubs and young people at the centre.

Building with Services

The Approach

Our approach was based on Utilisation-Focused Evaluation (UFE), developed by Michael Quinn Patton (8). This method starts with a simple question: who will use this, and how? It ensures that tools are designed for practical use by the people delivering and improving services (9).

We also drew on complexity science, which recognises that hubs operate within dynamic and interconnected systems involving education, health, social care, and community settings (10–12). This perspective helped us focus on flexibility and learning rather than fixed definitions of quality.

Finally, we used an appreciative inquiry approach to identify and amplify what is already working well (13). Rather than emphasising deficits, this approach encouraged hubs to reflect on their strengths and build on them, creating a quality framework that is both developmental and affirming.

What We Did

We worked closely with hubs across England through interviews, workshops, consultation, and governance meetings.

Scoping interviews:

We conducted eight semi-structured, one-hour online interviews with senior staff (CEOs or managers) from Youth Access member hubs. Participants were purposively selected to reflect a range of sizes, geographic locations, and urban and rural contexts. Interviews explored how each hub defined and measured quality, what they were most proud of, current challenges, and how a quality framework might be used in practice. Data were thematically analysed and compared with existing research on quality in youth, community, and healthcare settings. Insights from this analysis shaped the first draft of the quality areas of focus.

National hubs workshop:

A structured, 90-minute online workshop brought together 38 participants from a diverse range of hubs across England in June 2025. Attendees were invited from Youth Access membership and from hubs participating the government's Shared Outcomes Fund research project. All attendees received a draft of the quality framework beforehand.

The workshop was structured in three parts:

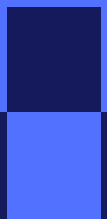
1. Overview of the development of the quality framework to date.
2. Small-group discussions using appreciative inquiry, where participants shared examples of practice they were proud of and reflected on how these aligned with the draft quality domains. The small group sessions were facilitated by our three Youth Engagement Co-designers with support from Youth Access staff.
3. Real-time feedback using Mentimeter on how the quality framework could be used and improved.

Public consultation:

A three-week public consultation in July 2025 invited feedback from services, funders, commissioners, government partners, and young people. A full draft of the Youth Access Quality Framework along with an accessible visual summary was published online, alongside a structured feedback form. Forty detailed submissions were received, analysed, and discussed with the Steering Group. These directly informed the final revisions.

Steering Group governance:

Monthly Steering Group meetings provided oversight and guidance throughout the project. The group included senior representatives from five hubs, alongside youth work and academic experts, ensuring transparency, accountability, and relevance to practice.



Co-design with young people

Youth co-design was at the heart of this project. Evidence shows that when young people shape the systems that support them, services are more effective, trusted, and sustainable (14–16). We drew on best practice in co-design, including the [Youth Access Guiding Principles for Youth-Led Social Action](#) and [Lundy’s Model of Participation](#), and youth advisory models in mental health research (17,18).

Three paid Youth Engagement Co-designers were employed throughout the project. Each brought lived experience of using hubs and a range of creative and analytical skills. They were supported through tailored access adjustments, professional development opportunities, and fair pay for their time (19,20).

The Co-designers led creative workshops with young people in Manchester, Croydon, and online, reaching 38 participants recruited through local hubs. Activities included drawing exercises (“the weather in your head”), circles of support mapping, and open discussions about when support had felt most and least helpful. Food, drinks, and wellbeing support were provided, and all young participants were paid for their time. Safeguarding and risk management processes were managed in partnership with the host hubs.

The Co-designers also took part in reviewing academic literature, analysing workshop data with support from the project lead, and presenting their findings to the Steering Group. They reviewed the Youth Access Quality Framework line by line to ensure youth voice was embedded throughout. They produced a creative “You Said, We Did” zine to share back with all young people attending workshops, showing how their insights shaped the final quality framework.

External consultation

To ensure the quality framework reflected system-wide perspectives, we also engaged with funders, commissioners, and standards bodies.

Funders and commissioners workshop:

Representatives discussed how they assess quality and identified gaps in current approaches. They emphasised the need for robust outcomes measurement that captures both quantitative and qualitative impact, alongside stronger external validation to provide assurance on service quality and overall impact.

Standards body interviews:

We held structured conversations with the Advice Services Alliance (ASA), British Association for Counselling and Psychotherapy (BACP), and National Youth Agency (NYA) to understand their approaches to quality assurance in information, advice and guidance, counselling, youth work, and safeguarding. A brief desktop review of other frameworks in the sector helped ensure complementarity and avoid duplication.

Academic review

The Youth Access Quality Framework is grounded in a review of academic and grey literature on hubs in the UK and internationally (see Appendix B for a plain-language summary of evidence). Sources included quality improvement literature, youth participation research, and translational health sciences approaches that link research and practice.

Quality Improvement Processes

The quality framework draws on established approaches to quality improvement across health and social care in the United Kingdom. These approaches share a focus on continuous learning, practical implementation, and organisational culture rather than compliance alone.

In developing the quality framework, we reviewed and adapted lessons from a range of existing UK models. In primary care, approaches such as the Quality and Outcomes Framework (QOF), clinical audit, and peer review systems have long been used to monitor and improve quality. However, these systems often focus more on measurable outputs over other relational or experiential outcomes. The quality framework aims to build on the strengths of these models while widening the definition of quality to begin with principles that centre the youth work ethos of hubs as essential to their delivery and impact.

The [NHS Experience of Care Improvement Framework](#) provided further guidance. Its emphasis on understanding experiences of care from both staff and service users shaped the inclusion of young people's feedback and lived experience as central sources of quality evidence. Review of social care standards and existing voluntary sector evaluation frameworks helped ensure that the approach would be feasible for community-based, non-clinical services.

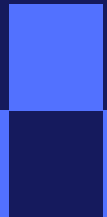
We also drew on work on quality improvement by The Health Foundation, particularly their reports [The Habits of an Improver – Thinking About Learning for Improvement in Healthcare](#) and [Quality Improvements Made Simple](#) which emphasise how improvement requires more than performance targets. These reports highlight the importance of creating a learning culture, using evidence to inform change, and building staff capability to lead improvement from within organisations. These ideas directly informed the quality framework's focus on reflective learning, workforce development and staff wellbeing, and the relational environment that makes high-quality care possible.

To support continuous development, the quality framework incorporates principles from the *Plan-Do-Study-Act (PDSA)* model of improvement (21,22). This iterative approach encourages hubs to test changes in practice on a small scale, study the outcomes, and adapt accordingly. By doing so, services can learn quickly, share insights, and embed improvement in everyday work rather than as a one-off exercise.

Taken together, these influences create a quality framework that values both accountability and learning. It encourages services to reflect on what works, share good practice, and make steady, evidence-informed improvements over time. Rather than imposing a single model, it offers a shared language and structure for growth across diverse youth services.

Summary

By combining academic evidence, practitioner expertise, and youth co-design, this project produced a quality framework that is both rigorous and practical. It recognises the complexity of youth mental health systems while celebrating the strengths of the voluntary and community sector, supporting continuous improvement, and better outcomes for young people.



Literature Review: the evidence for hubs

The global evidence base for hubs:

- The Lancet Psychiatry Commission on Youth Mental Health identifies hubs as a leading model for service reform (2)
- A global scoping review of over 100 studies found that effective hubs share five features (1):
 1. Early access and intervention, often without formal referral.
 2. Youth engagement in design, delivery, and governance.
 3. Young person friendly environments that feel safe, welcoming, and non-clinical.
 4. Evidence-informed, stepped-care approaches that match supports to young people's needs.
 5. Strong local partnerships linking health, education, social care, and community services.
- While the academic literature on hub-like models in the UK emerged in the early 2000s (1), many youth information, advice, and counselling services operating today trace their origins back to the mid-1960s, and Youth Access itself was founded in 1975.

Research shows that hubs in England can:

- Reach young people who might not engage with statutory services, especially from marginalised groups (3)
- Provide counselling services that create significant reductions in distress on outcome measures, and are acceptable to diverse groups (5)
- Improve self-reported wellbeing and keep young people engaged over time (4)

The Shared Outcomes Fund evaluation reports that:

- Young people describe hubs as approachable, holistic, and complementary to NHS care (23)
- Hubs fill a local gap with immediate, low-threshold help, but sustainability and reach are limited by funding, staffing, and pathways into NHS services (24)
- Hub models are promising for access and outcomes, but future research needs greater rigour and consistency in study designs (25,26)

International research can offer insights for developing national hub models:

- Australia (headspace): National standards, youth engagement, and clear outcome measures have supported consistent quality across more than 150 centres (27–29). Ongoing lessons include integration with primary and tertiary care and managing the rising complexity of young people’s needs (30).
- Canada (ACCESS Open Minds): Youth and family participation, collaborative governance, and cross-sector mapping has been key to sustaining services and ensuring continuous learning (31–33). Ongoing lessons include balancing national consistency with local flexibility and embedding continuous learning through shared data systems (34,35).

The Youth Access Quality Framework builds on this national and international evidence base, translating what works for young people into practical standards that define and improve quality across hub services.



Appendix C

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
NCPS	National Counselling and Psychotherapy Society
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

Term	Definition
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.

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