

Agenda Item No: 8

Committee: **Scrutiny Committee for Education**

Date: **23 July 2001**

Title of Report: [Scrutiny review of the health promotion of young people within the youth service - final report](#)

By: **Project board**

Purpose of Report: **For scrutiny committee members to receive the outcome of this scrutiny review and approve the final report from the project board**

Recommendation: Receive the final report and approve its findings and recommendations

1. Introduction

- 1.1. The project board established by the Scrutiny Committee for a Healthy Community in December 2000 is satisfied that it has engaged in sufficient consultation and evidence-gathering to be able to present the attached findings and recommendations.
- 1.2 The project manager, Claire Austin has completed the work in accordance with the project initiation document agreed by the project board on 11 January 2001.
- 1.3 The project board of Councillor Jon Freeman, Chair, Councillor Keith Glazier and Councillor Trevor Webb unanimously agreed this report.
- 1.4 It was agreed by the full committee on 14 December 2000 that this scrutiny review would be completed in May 2001 and, therefore, the final report would be presented to the first committee after the local elections. With the change of scrutiny committees, and because the youth service stands within education, the report is now presented to the Scrutiny Committee for Education.

2.0 Background information

- 2.1 This scrutiny review has looked at one aspect of the work of the youth service. It has sought to find out about the way in which health-related information, advice and guidance is given to young people who access youth services within East Sussex.
- 2.2 The report contains ten recommendations for action by the Education Department that will further develop the good work of the youth service in health promotion.

3.0 Recommendations

- 3.1 The committee is asked to receive this report and approve its findings and recommendations. The report will then go forward to the Cabinet meeting on 4 September 2001 and to the County Council on 4 December 2001.

Project Board: Councillor Jon Freeman, Councillor Keith Glazier,
Councillor Trevor Webb.

Project Manager: Claire Austin, 01273 481845, e-mail:
claire.austin@eastsussexcc.gov.uk

Roger Howarth
Scrutiny Lead Officer
01273 481327

2 August 2001

CTTE\



Scrutiny Review Health Promotion within the Youth Service

A report by the Scrutiny
Committee for a Healthy
Community*

*2000/01 structure. In the 2001/02 structure, the report will be settled by the Scrutiny Committee for Education

July 2001

CONTENTS

	Page
Project Board and Project Team	2
1. Introduction	3
2. Executive summary with key findings and recommendations	4
3. Main findings, supporting evidence and Recommendations	8
3.1 Questionnaire results	9
3.2 Evaluation of delivery of health promotion	10
3.3 Promotion of physical health through sports	12
3.4 Partnership working	13
3.5 Participation of young people	14
3.6 Continuous improvement	16
3.7 Corporate policy and strategy	17
3.8 Youth Service database	18
3.9 Support and advice on drugs and alcohol	19
3.10 Funding	20
4. Bibliography	21
5. Appendices	
Project initiation document	22
List of interviewees and contributors	26

Project Board and Project Team

PROJECT BOARD

Councillor Jon Freeman (Chair)
Councillor Keith Glazier
Councillor Trevor Webb

PROJECT MANAGER

Claire Austin, Chief Executive's Office

PROJECT OFFICER

Mark Preston, Development Officer: Youth Work, Education Department

SCRUTINY LEAD OFFICER

Roger Howarth

1. Introduction

- 1.1. This review looks at health promotion within the Youth Service. Health promotion and health education within the Youth Service focuses on the adolescent phase of young people. The emphasis is on helping young people gain the skills and knowledge to enable them to make informed choices.
- 1.2. There is no specific duty or power which directs the Youth Service to contribute to health promotion. However, there is a duty placed on local education authorities under the Education Act 1996 to secure adequate provision for children and young people of social, physical and recreational training and leisure time activities. In the light of this statutory duty, there is an expectation that the youth service will play a part in supporting the healthy development of young people. Local authorities have local discretion in determining the level of youth work provision which includes an emphasis on health promotion.
- 1.3. The responsibility for youth service policy development and policy implementation is the local authority's. East Sussex has devolved the provision of youth services to the 10 Community Colleges* that serve the rural areas of the county and 2 Area Youth Services (Lewes & Eastbourne: Hastings & Bexhill) that cover the urban coastal strip. There is local discretion available in determining the level of the general youth work provision as well as the emphasis on health promotion. Service level agreements set out in broad terms the level of youth work provision that each provider will be expected to provide within a stated catchment area. This will include health related provision. However, each provider will have a degree of autonomy to deliver according to the perceived and expressed needs of the young people living locally.
- 1.4. The Youth Service works alongside and supports a range of voluntary youth organisations that provide physical and sporting activities for young peoples' personal and social development.

*Community Colleges:

Claverham Community College
Beacon Community College, Crowborough
Hailsham Community College
Heathfield Community College
Ringmer Community College
Robertsbridge Community College
Thomas Peacock Community College, Rye
Seaford Head Community College
Uckfield Community College
Uplands Community College, Wadhurst

2. Executive summary

- 2.1 Health promotion is one of the cornerstones of youth work provision. Most of the Youth Service provision is related in some way to promoting the health and well being of young people although there are no specific plans or targets that set out what health related programmes should be delivered within youth work settings.
- 2.2 Although there is no specific duty or power that directs the Youth Service to contribute to health promotion, there is an expectation that the youth service will play a part in supporting the healthy development of young people.
- 2.3 There is no dedicated central budget for specific health promotion work and all activities relating to health education are supported from normal funding. It is recognised that the Youth Service has limited financial and human resources with which to cater for the increasing demands on their time and expertise.
- 2.4 The lack of dedicated resources has, to some extent, been overcome by the enthusiasm, hard work and efforts of staff and volunteers in the Youth Service. But it is inevitable that the programme of health education work has had to be tailored to fit the available time and resources. However, the consensus view amongst service managers is that the Youth Service team health education activities represent value for money.
- 2.5 The Youth Service share of the Education Department budget is 0.96%. In 2000/01 this amounted to £2.01m. This places East Sussex Youth Service in the lower quartile of the table of 112 local authorities, compiled by a youth service audit, detailing overall funding of youth services in 2001.
- 2.6 The Youth Service budget is allocated, on a formula basis, to 2 specific Area Youth Services and 10 Community Colleges. The formula is based partly on the estimated number of young people (13 to 19 year olds) living in the respective catchment areas. In the case of Community Colleges, the formula includes fixed and variable costs. In the year 2001/02 the Service will receive an increase in budget in line with inflation.
- 2.7 Despite the limited resources, recent local and national initiatives have enabled the Youth Service to emphasise the promotion of health-related issues within its programme of activities. For example, the Youth Service;
 - is involved in the drive to reduce teenage pregnancy rates;
 - encourages young people to follow a healthy lifestyle;
 - provides advice, guidance and support on sexual health matters;
 - has curriculum programmes that highlight the dangers of drug and substance misuse;
 - is establishing 'drop-in' centres to provide contraception and advice to young people;
 - contributes positively to the mental health of young people by raising their self-esteem and developing self-confidence.
 - engages young people in sport and leisure pursuits to promote physical wellbeing.

2.8 Several innovative health-related projects undertaken by the Area Youth Services and Community Colleges have attracted funding from external sources. For example, £20,00 in Hastings for the project on sexual health; £25,000 to fund mobiles to aid drugs and sexual health work, and £10,000 to fund a health promotion bus to serve the Rye district.

2.9 The devolution strategy means that each provider has a degree of autonomy to deliver the service according to the perceived and expressed needs of the young people living locally. There is a service level agreement between the Youth Service and each Community College and Area Youth Service. The current service level agreements are being revised and the new versions are scheduled to be place by August 2001.

2.10 The Youth Service has:

- 18 (full time equivalent) workers *
- 20 - 30 volunteers *
- 250 part time workers* (Currently the majority of staff employed by the youth service to carry out frontline work are part-time.)

* These members of staff are in contact with approximately 10,000 13 to 19 year olds across the county. This represents 25% of the 13 to 19 age range in the county.

2.11 All staff play a role in the wider responsibility of promoting the health and well-being of young people.

A central team, comprised of two full time development officers, and a 0.5 training officer, and managed by the Manager for Community Education, is based at County Hall. The team provides:

- strategic planning;
- allocation of resources;
- co-ordination, advice and support to both the statutory and voluntary sectors;
- training for all youth service staff;
- monitoring.

2.12 The health promotion of young people, particularly in rural areas, is supported through mobile provision. Mobiles are often staffed by professionals from the Health Authority working in partnership with youth workers. The aim is to bring health promotion information to a wider number of young people, who have no access to permanent youth centres or meeting places, in areas such as rural Rye and North Wealden.

2.13 This review has involved extensive consultation with service users and providers including the distribution of a questionnaire to a sample of young people and youth workers. The review has identified nine recommendations arising from evidence and findings. These recommendations seek to build-on the existing framework within the service and suggest ways in which the service delivery could be improved while recognising that resource limitations may impact on the speed of the recommendations' implementation.

2.14 Key findings

- The range of delivery, level of resourcing and importance of health promotion being provided for young people, is rated by young people as 'good' to 'very good'. However, there are differing levels of service amongst the areas which reflect their differing strategies.
- Sporting activities support young people in making contact and building up relationships with each other and the Youth Service.
- There are currently some good examples of partnership working within the Youth Service, but the working arrangements vary across the county.
- There are encouraging examples of young people participating in their own health promotion. Peer trainers offer one of the most effective ways of informing young people on health issues such as sex and relationship education.
- The curriculum development model offers a great deal of potential in helping young people develop a range of social and life skills that enable them to achieve independence.
- The Youth Service does not have set targets nor systems in place to establish a minimum standard of health education delivery and seek a common understanding of quality and good effective practice.
- There are examples of good practice in health promotion in the county but there is also the potential to share this good practice and develop guidelines further.
- The information held on the Youth Service database is not being used to identify either health promotion issues or to measure the level of health education delivery.
- There is a lack of consistency in the level of provision in drugs and alcohol education across the county. However, mobiles and detached workers are playing a key role in improving service delivery in the rural areas while the planned guidelines document will improve consistency.
- The health promotion of young people within the Youth Service is regarded as a core activity. However, no dedicated funding exists to support this work, except where an area has sought sponsorship or accessed regeneration funding.

2.15 Recommendations

- The Manager, Community Education should;
 - develop a corporate policy which give clear guidelines to youth service providers on health promotion;
 - establish agreed targets to ensure that there are minimum standards of service delivery of health promotion across the county;
 - initiate a programme to encourage the sharing of good practice and build on the existing framework of activities;
 - evaluate the peer training pilot with a view to introducing the scheme into other areas in the county.

- The central Youth Service team should;
 - provide a facilitating role for colleges and areas to seek opportunities to develop and strengthen partnership working with other agencies especially Health Authorities;
 - work with the relevant Community Colleges to raise the level of service provided in Robertsbridge and Claverham.
 - investigate the potential for further development and research on the full contribution sport can make to young people's development and recommend a policy;
 - monitor the progress of the Curriculum Development Model and assess its effectiveness.

- There is potential for developing the database and using it for planning and development purposes. The Youth Service should consider how the database could be used in the health promotion.

3. Main findings and supporting evidence

The Scrutiny Committee and the Project Board set out a number of aims and objectives for this review in the Project Initiation Document (PID) (attached as appendix 1). This report outlines the evidence gathered and the Board's findings, using the aims and objectives as the key headings.

Evidence was drawn from a programme of one-to-one meetings between relevant officers and the Project Manager and an information gathering session between the Project Board and an invited panel of senior managers involved in youth work.

A questionnaire was used to obtain evidence from service users and other stakeholders on their perceptions of health service promotion with the Youth Service.

The evidence gathering programme is detailed in appendix 2.

3.1 Questionnaire results

3.1.1 The questionnaires were distributed via the Community Colleges and Area Youth Services.

Questionnaire returns:

- 140 (44%) from 320 distributed to young people.
- 30 (38%) from 80 distributed to youth workers.

Summary of questionnaire results:

- **71% of young people surveyed had been in contact with the Youth Service in the previous week.**
- **75% of young people surveyed rated the health promotion service they access as 'good' or 'very good'. Interestingly, the youth workers were a little less positive, rating it 'good' (37%) and 'average' (46%).**
- **Sex and relationship education; peer pressure, bullying and substance abuse were considered to be the most important health promotion issues by both young people and youth workers. No one issue took precedence.**
- **47% of youth workers surveyed believe that the health promotion service varies across the county.**
- **47% of youth workers spend at least 45% of their time on health promotion issues.**
- **Young people appear more willing to listen to their peers, than either their parents or those in the teaching profession.**

3.1.2 Detailed information obtained from the returned questionnaires is included in supporting information which is available in the Members' Room.

3.2 Evaluation of the delivery of health promotion within the Youth Service

The evaluation included an examination of the eligibility criteria used to determine the nature and level of service, and ascertained the extent to which they are economically efficient and affordable.

Devolution of the Service

- 3.2.1 The strategic management of the youth service is a central function maintained by the Local Education Authority on behalf of the County Council. Heading the service is the Manager, Community Education who is responsible for policy development and policy implementation. The manager is supported by a 2.6 strong central Youth Service team.
- 3.2.2 However, the responsibility for actual provision of a youth service to young people is devolved to the 10 Community Colleges, which cover predominantly the rural areas, and 2 Area Youth Services which serve the coastal strip. This strategy means that there is now greater autonomy for local decision making and less control from the centre.
- 3.2.3 The review has identified that the service is operated and managed in slightly different ways as a result of the policy of allowing flexibility for providers to satisfy the different local needs. There is local variation in overall practice and this variation is also reflected in the way in which activities related to the health promotion of young people are devolved and delivered. The review has also identified that there is a variation in the way in which health information is being presented to young people across the county.
- 3.2.4 There are no specific eligibility criteria for health promotion within the Youth Service. Young people access what they need and their needs can vary from area to area. On the whole, the Youth Service provides a wide range of health promotion information supported by well-trained and experienced youth workers. However, the information gathered through the questionnaire and interviews with staff shows that, in reality, provision of information is better in some areas than others.
- 3.2.5 The Project Board recognised that there is a lack of dedicated funds directed to health promotion. They concluded that health education and promoting the health and well-being of young people make the current provision affordable providing staff continue to see it has a priority and is within their remit. There is no evidence, from the questionnaires and interviews, to suggest that the provision of health education is not efficient or cost effective. It was noted that in the 140 returned questionnaires, 50% of young people rated the health promotion service as 'good' and 24% 'very good'.
- 3.2.6 The Board also concluded from the questionnaires that devolution of the service had led to areas developing differing strengths. This in turn had resulted in differing levels of service. Examples of good practice included;
 - Hastings and Bexhill Area Youth Service which is perceived as a strong provider. The Service has a good reputation for partnership and joint protocols with other agencies. Experienced sexual health workers are contributing to the reduction of teenage pregnancies in the area.

- The Youth Team at Seaford Community College plays an important part in promoting a healthy lifestyle amongst the young people of Seaford. The Team has worked with local doctors to provide a teenage appointment system, and 'drop-in' facility at their local health centre.
- The mobile provision (4 buses) within the Youth Service is now being strengthened to provide an improved service to young people in rural areas of the county.
- In the Lewes and Eastbourne area, there is an information shop in Lewes and a bus operating in the Newhaven district. These services give young people in the area access to health information and advice. Health education activities in Eastbourne centre around the youth clubs and youth centres.

3.2.7 However, evidence from visits, interviews with staff, and the results of the questionnaire show that other areas, in particular Robertsbridge and Claverham, do not provide a similar level of service in health promotion as the examples quoted above. This is borne out by evidence of the internal reviews carried out in 2000/2001. If the youth service management desire a consistency, additional work needs to be done to raise the level of service provided in these areas.

Key finding 1:

The range of delivery, level of resourcing and importance of health promotion being provided for young people, is rated by young people as 'good' to 'very good'. However, there are differing levels of service amongst the areas which reflect their differing strategies.

Recommendation 1

The central Youth Service team should work with the relevant Community Colleges to raise the level of service provided in Robertsbridge and Claverham.

3.3 Promotion of physical health through sports and fitness activities and their contribution to the Youth Service.

3.3.1 The Youth Service does not have a policy on what should be an agreed level of provision of sport activities within the service. The level of provision varies depending upon the interests of the individual Youth Workers and the resources available to them. There are some good examples throughout the county such as;

- The Youth Service undertake activities for the Duke of Edinburgh Award, as well as arranging and providing floodlit football, table tennis etc.
- Hailsham Community College arranged a football tournament as a way of providing opportunities for the Youth Service to inform young people about the dangers of substance misuse.
- In both Hastings and Hailsham, 'Sport England' funding was obtained to provide an activity programme.
- Other areas use such events to raise awareness that participation in sport is beneficial not just to keep fit, but as a way of socialising and making contacts with contemporaries.

Key finding 2:

Sporting activities support young people in making contact and building up relationships with each other and the Youth Service.

Recommendation 2

The central Youth Service team should investigate the potential for further development and research on the full contribution sport can make to young people's development and recommend a policy.

3.4 Partnership Working

- 3.4.1 Evidence from interviews and visits by the project manager has shown that the Youth Service has established good working relationships with key agencies, in particular the Health Authority, Police, Youth Justice and Youth Offending Teams. In particular – but not exclusively - this is through most of its area services

However, the East Sussex and Brighton and Hove Health Authority believe that in certain areas of the Youth Service the partnership arrangements are working very well, and the relationship between the two is excellent. However, in other areas there is scope and opportunity for creating and developing partnership working.

Examples of good practice:

- Working with general practitioners (GP's) to provide emergency contraception and advice for young people.
- Providing training to these GP's on young people's rights.
- Lewes area is currently working alongside the Sussex Careers Service to assist young people with exam stress, as well as providing help and information to young parents. They have also built up partnerships with the local districts and boroughs which has provided valuable support for work on Health Promotion issues.

Key finding 3:

There are currently some good examples of partnership working within the Youth Service, but the working relationships vary across the county.

Recommendation 3:

The central Youth Service team should provide a facilitating role for colleges and areas to seek opportunities to develop and strengthen partnership working with other agencies especially Health Authorities.

3.5 Participation of young people

3.5.1 There are good examples in the Youth Service of the participation of young people in interesting and beneficial projects. Various projects and initiatives are being undertaken across the county, to encourage greater participation by young people, particularly as a way of communicating information to their peers on such topics as substance abuse, HIV / AIDs, teenage pregnancy and contraception.

3.5.2 A particularly successful project in Hastings, Seaford, Eastbourne, and Uplands involves 4 teams of young people, usually aged around 15-17 who have been trained and developed as 'peer trainers'. Their role is then to inform their peers and younger age groups about health and relationship issues. As indicated in the returned questionnaires, young people suggest they are more willing to listen to their peers rather than their parents or those in the teaching profession.

In Rye, young people are involved in refurbishing a van which will provide a regular mobile health promotion service.

Young people involved with a health clinic in Seaford were also involved in designing the appointment cards and others have designed publications advertising the activities being run by the Youth Service in their area.

3.5.3 The Youth Service has recently implemented a county-wide curriculum development model (CDM) that will assist providers plan and evaluate their work with young people. The model represents a progression of young peoples' involvement with youth workers from initial contact through to being able to do things for themselves and other young people. The ultimate objective is having young people training young people.

Key finding 4:

There are encouraging examples of young people participating in their own health promotion. Peer trainers offer one of the most effective ways of informing young people on health issues such as sex and relationships education.

Key finding 5:

The Curriculum Development Model offers a great deal of potential in helping young people develop a range of social and life skills that enable them to achieve independence.

Recommendation 4:

The Manager, Community Education should evaluate the peer training pilot with a view to introducing the scheme into other areas in the county.

Recommendation 5:

Monitor the progress of the Curriculum Development Model implementation and assess its effectiveness.

- 3.6 The County Council's arrangements for securing continuous improvement in the delivery of health service promotion in the Youth Service.**
- 3.6.1 There are a number of Youth Service activities, including internal reviews, using Ofsted criteria, and analysing client questionnaires, which are used to assess whether the service is performing to certain standards.
- 3.6.2 However, the Youth Service currently does not have specific targets for health promotion although it does contribute to corporate targets set out in the Educational Development Plan and the Drugs and Alcohol Action Team (DAAT) action plans.
- 3.6.3 No targets identifying levels of provision, quality of service or agreed standards have been set. This creates a difficulty in ensuring continuous improvement in service delivery across the county.

Key finding 6:

The Youth Service does not have set targets nor systems in place to establish a minimum standard of health promotion service delivery and seek a common understanding of quality and good effective practice.

Recommendation 6:

The Manager, Community Education should establish agreed targets to ensure that there are minimum standards of service delivery of health promotion across the county.

3.7 Corporate policy and strategy

- 3.7.1 The Youth Service has various policies, statements and guidelines related to health education and health promotion. The department is currently drawing up two new guidelines document for youth workers. One will be on sex and relationship education in informal settings and will set out the local and legal requirements as well as the minimum level of provision. The second is on drug education and will cover policy as well as practice in a variety of informal settings. These guidelines are expected to be distributed in Autumn 2001.
- 3.7.2 There are also local policies outlining the type of service being provided by the Youth Service. Two good examples of these are found in Crowborough – Beacon Community College, and Newhaven District Youth Service.
- 3.7.3 However, there appears to be no clear corporate policy on a variety of elements of health promotion. There are no guidelines for youth workers to know of which activities should be supported. It is recognised a corporate policy would need to be developed through consultation between colleges and youth worker colleagues.

Key finding 7:

There are examples of good practice in health promotion in the county but there is also potential to share this good practice and develop guidelines further.

Recommendation 7:

The Manager, Community Education to initiate a programme to encourage the sharing of good practice and build on the existing framework of activities.

Recommendation 8:

The Manager, Community Education should develop a corporate policy which give clear guidelines to youth service providers.

3.8 Youth Service database

- 3.8.1 The Youth Service has a centrally managed database that provides information for each youth work provider on the number of attendance's per week, the number of different young people reached in a year, the level of staffing and the total annual income and expenditure. The collation of this information provides a number of cost indicators and ratios that are required by the Department of Education each year.

Key finding 8:

The information held on the Youth Service database is not yet being used to identify either health promotion issues or to measure the level of health education delivery.

Recommendation 9:

There is potential for developing the database and using it for planning and development purposes. The Youth Service should consider how the database could be used in the health promotion service.

3.9 Support and advice currently given on drugs, alcohol and substance misuse to young people.

- 3.9.1 There are good policies in place which outline the role the Youth Service can take in providing advice on substance misuse. The guidelines document being produced on drug education will cover policy as well as practice.
- 3.9.2 There is also very good guidance and training for Youth Workers on what to do when confronted with a young person taking drugs. The Youth Service is currently revising their drugs and substance misuse guidelines, and these should be available later on this year. The revision of the guidelines is funded by the Drugs and Alcohol Action Team.
- 3.9.3 Evidence obtained from interviews and the questionnaires sent out to youth workers, sexual health workers and the young people themselves, suggests that, on the whole, the support and advice currently being given by the Youth Service in these areas is rated as 'good' to 'very good'.
- 3.9.4 Because of the devolved nature of working arrangements, the provision of drugs education, and sex education etc, can frequently be ad hoc, as interviews and investigations throughout this review have shown. However, the planned guidelines should improve the consistency of service delivery across the county.
- 3.9.5 The provision of mobiles, staffed with Health Authority trained youth workers, and detached outreach workers, are bringing information about health promotion issues to the attention of a larger number of young people, particularly in the rural areas.

Finding 9:

There is a lack of consistency in level of provision in drugs and alcohol education across the county. However, mobiles and detached workers are playing a key role in improving service delivery in the rural areas while the planned guidelines document will improve consistency.

3.10 Funding for the Youth Service budget

- 3.10.3 Funds are allocated to the two Area Youth Services and the 10 Community Colleges on a formula based partly on the numbers of young people in a particular area. No specific funds are allocated for health promotion activities, although funding has been obtained from external agencies such as the Health Authority and Police for specific projects.

Key finding 10:

The health promotion of young people within the Youth Service is regarded as a core activity. However, no dedicated funding exists to support this work, except where an area has sought sponsorship or accessed regeneration funding.

Recommendation 10:

The Manager, Community Education should clarify plans and targets for what health-related programmes should be delivered within youth work settings, other than externally funded projects.

Bibliography

Sex Education – Guidelines for Curriculum Development

Sex Education – Guidelines for Youth Service

Young People in East Sussex, Brighton & Hove – Survey Report 1999

Healthy Schools – The National Healthy School Standard Newsletter – Edition 7 – Summer 2000

Haven Youth Mobile Project – Protocol – 1996

INIT – Hastings & Bexhill Area Youth Service magazine for Young People

Online Mobile Project – Policy & Procedures – Crowborough Youth Services
- September 2000

East Sussex LEA – Education through PE, Sports and Sports Development

“From our point of view” – a survey of attitudes & lifestyles of Young People in the East Sussex Rural Development Area – October 1999

East Sussex & Brighton & Hove Drug Action Team – Young Person’s Drug & Alcohol Use Survey 2000 – draft report December 2000

East Sussex Youth Service – Education, Drugs and Youth Work – February 1998

Sexual Health Strategy 1999-2002 – East Sussex, Brighton & Hove Health Authority

Teenage Pregnancy Strategy for East Sussex, Brighton & Hove – March 2001

Project Initiation Document

1. Background and critical commentary on the Pre-review Position Statement

- 1.1 There is no specific duty or power which directs the LEA Youth service to contribute to health promotion. However, there is an expectation that the Youth Service will play a part in supporting the healthy development of young people.
- 1.2 LEA's have local discretion in determining the level of youth work provision which includes an emphasis on health promotion.
- 1.3 There are some national and local objectives, such as halving the number of teenage pregnancies of under 18 year olds by 2010, and work is underway to ensure that there is a teenage pregnancy strategy in place by March 2001.
- 1.4 The quality of youth work has been established in an OFSTED Framework for Inspection of Youth Work, although there is no specific reference to health promotion.
- 1.5 The health promotion of the of the Youth Service contributes to the healthy relationships agenda.
- 1.6 The PSE (Personal/Social/Educational) Team can make a contribution to the health service provision through their work links with schools and the Youth Service.

2. Quality Requirements

- 2.1 This review will be carried out in accordance with project management principles, using the PRINCE2 methodology adopted by the County Council. It will also follow the guidance laid out in Driving Continuous Improvement through Best Value, ESCC's Best Value Handbook, December 1999.

3. Aims and Objectives

- 3.1 The aims and objectives are to:
 - 3.1.1 Evaluate the delivery of health service promotion within the Youth Service including an examination of the eligibility criteria used to determine the nature and level of service, and ascertain the extent to which they are economic efficient and affordable.
 - 3.1.2 Examine the promotion of physical health through sports and fitness activities and their contribution to the Youth Service.
 - 3.1.3 Gather evidence from service users and other stakeholders on their perceptions of the health service promotion within the Youth Service, in order to inform planning and future performance.

- 3.1.4 Examine the County Council's arrangements for securing continuous improvement in the delivery of health service promotion in the Youth Service.
- 3.1.5 Examine the current database held on the Youth Service provision and consider whether additional information is required and if so, what methods of collection would be appropriate.
- 3.1.6 Examine the support and advice currently given on drugs, alcohol and substance misuse to young people.

4. Deliverables

- 4.1 Monthly highlight reports to the Project Board
- 4.2 Progress reports to each meeting of the Scrutiny Committee for a Healthy Community (hereafter 'the Scrutiny Committee')
- 4.3 A detailed report to the Project Board and the Scrutiny Committee setting out the review's findings, making appropriate recommendations as to the future configuration of health service promotion within the Youth Service and incorporating any suggested performance indicators and/or targets to assist in improving performance.

5. Scope

- 5.1 The review will cover all aspects of the provision of health education within the Youth Service, including the misuse of substances such as drugs and alcohol
- 5.2 The review will examine the key activities managed and consider the effectiveness and economic management of resources – both human and financial
- 5.3 The review will assess the links with other services and consider the service issues identified in the pre-review position statement in relation to their effect on the efficiency and effectiveness of the service.

6. Risk

- 6.1 The major risks are:
 - ◆ Insufficient resources to complete the review within designated timescales.
 - ◆ External factors outside the remit of the review, e.g. statutory changes. Illness.
 - ◆ Internal work pressures cause by staff shortages and heavy workloads.

7. Cost and Resourcing

7.1 The resources, and associated opportunity costs, required are currently estimated to be as follows:

	Stage 1 Days	Stage 2 Days	Stage 3 Days	Stage 4 Days	Stage 5 Days	Totals	Est. cost £'s
Project Manager	4	10	6	3	2	25	6250
Project Officer	1	5	2	2		10	3000
Other Team Members							
Totals	5	15	8	5	2	35	9250
Project Board x 3	3 hours	9 hours	6 hours	6 hours	3 hours	27 hours	

8. Reporting Arrangements

8.1 The Project Board will comprise the following;

Councillor Trevor Webb.
Councillor Jon Freeman
Councillor Keith Glazier

8.2 The Project Manager will be Claire Austin, Personnel Policy Manager, Corporate Personnel. The Project Officer will be Mark Preston – Development Officer: Youth Work

9. Timescale

9.1 This review is included in the Best Value 2000/01 timetable of review.

9.2 A more detailed plan is provided in the Project Outline Plan. It is anticipated that this review will begin immediately and be concluded at the Scrutiny Committee meeting. Thereafter the final report will go to the Cabinet and County Council in May 2001

10. Stages of the Project

10.1 This section is more fully detailed in the Outline Plan. However, in summary it is envisaged that the project will comprise the following key stages:

- ◆ Stage 1- compilation of detailed planning documentation, including identification of information requirements, timescales, milestones and associated resource needs.

- ◆ Stage 2 – consultation with stakeholders affected by the review, including representatives of staff, independent sector providers, service users and their carers.
- ◆ Stage 3 – evidence gathering and analysis, including interviews with expert witnesses; identification of benchmarks; and comparative analysis of costs, quality measures and performance indicators.
- ◆ Stage 4 – preparation of final report, following consultation with stakeholders. The report will include any proposals for Best Value improvements in the service.
- ◆ Stage 5 – submission of final report for consideration by project Board and Scrutiny Committee.

11. Comments from recognised staff groups

11.1 Comments on this draft project brief have been formally requested and a response received. Trade Unions will be formally consulted at Stage 3 of the process.

- ◆ Contact Officer: Roger B. Howarth, Lead Officer Scrutiny Committee for a Healthy Community. (Tel 01273 481327 or e-mail roger.howarth@eastsussexcc.gov.uk)
- ◆ Project Manager Claire Austin, Personnel Policy Manager, Chief Executive's Office (Tel 01273 481845 or e-mail claire.austin@eastsussexcc.gov.uk)

Appendix 2

List of Interviewees and contributors

ESCC:

Joe Bodman, Community Education Manager
Mark Preston, Development Officer, Youth Service
Chris Owen, Manager, PSHE Team
David Weaver, Area Manager – Newhaven and Eastbourne
Hilary Lewis, Area Manager- Hastings and Bexhill
Jan Murphy, Haven District Youth Service
Mary Schmoller, Hampden Park Youth Centre
Pat Bowen, Information Shop – Lewes
Adrian Parker, Beacon Youth Club, Beacon Community College
Jane Spencer, Community Education Manager, Seaford Community College
John McKenzie, Youth Development, Uplands Community College
Belinda Wilson, Youth Worker in Charge, Uplands Community College
Bob Lake, Sports Development Officer
Steven Betts, District Youth Worker, Ringmer Youth Club

External Organisations:

A group of 15 year olds, Beacon Youth Club
Peer Assessment Group, Seaford Community College
Mark Price, Senior Lecturer, University of Brighton
Jane Mezzone, Commissioning Manager – HIV, East Sussex, Brighton & Hove Health Authority

Project Board evidence gathering session attendees (Wednesday 25 April 2001):

Joe Bodman, Manage Community Education
Graham Wells, Vice Principal & Head of Community Education Department, Uplands Community College
Hilary Lewis, Manager, Hastings & Bexhill Youth Service
Chris Owen, Manager PSHE

