Unit 15: Designing Adolescent Services

Adolescent-Friendly Language
CHARACTERISTICS OF YOUTH-FRIENDLY SERVICES

WHO has established that youth-friendly services are:

• **Equitable**: All adolescents, not just certain groups, are able to obtain the services they need including adolescents with disabilities, refugees, migrants, adolescents from poor and remote areas.

• **Accessible**: All adolescents, including adolescents with disabilities, are able to obtain the services that are provided.

• **Acceptable**: Health services are provided in ways that meet the expectations of all adolescent clients.

• **Appropriate**: The health services that adolescents need are provided.

• **Effective**: The right health services are provided in the right way and make a positive contribution to the health of adolescents.
HEALTH PROVIDER AND STAFF COMPETENCIES

• Health providers must be trained and equipped to reflect on how community social norms, local attitudes, beliefs and values influence the delivery of youth SRH and how their intersection with specific vulnerability factors (such as gender, disability, ethnicity, etc.) may result in additional barriers.

• To be able to offer disability-inclusive services, all staff need to be trained on how to best communicate with persons with different types of disabilities and provide them accommodations as needed. More information available in the “Adolescents with disabilities” chapter.

• All staff must be oriented on providing confidential, non-judgmental friendly health services to all adolescents.

• All staff must treat all young people with respect and demonstrate non-judgmental attitudes toward all regardless their gender, disability, age, ethnicity, etc.

• All health providers must be aware of and apply laws and policies related to youth SRH access and choice, including those that allow young clients to receive services without the consent of their parents or spouses.
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UNIVERSAL DESIGN

Services should follow the principles of Universal Design in order to ensure meaningful access to services to the widest number of clients, including adolescents with disabilities and vulnerable individuals. Universal design means the process of creating products (services, devices, environments, systems, and processes) which are usable by people with the widest possible range of abilities.

The accessibility of facilities that were not developed following the principles of Universal Design can be improved through accommodations. Accommodations include different modifications and adjustments that ensure persons with disabilities can enter the facilities and use the services on an equal basis with others. These include but are not limited to: installing ramps, enlarging toilet stalls to accommodate wheelchairs and adding grab bars, providing sign language interpretation, braille, large print, and easy-to-read materials. Accommodations are not necessarily costly and can be done through the use of local materials and with the support of local Organizations of Persons with Disabilities.
HEALTH FACILITY CHARACTERISTICS

• Hours are convenient for young people of all genders.
• Services are conveniently located so that young people of all genders can access them
• SRH services, including contraceptives, are offered for free or at an affordable price for young people.
• There are short waiting times for services.
• Counseling and treatment rooms guarantee both auditory and visual privacy.
• *Where needed*, specific times, days, or spaces may be set aside for young people, so that they can avoid being seen by the community.
DESIGN CHARACTERISTICS

• Information, education, and communication materials are available for young people and accessible to all—including youth who face communication barriers, such as young persons with disabilities and young people with low literacy skills. According to the local resources available, adapted materials may include but are not limited to easy to read documents, images, videos with captions, Braille, and large print and audio materials.

• Community health workers/peer educators are available onsite and/or in the community and provide or link young people to health services.
DESIGN CHARACTERISTICS

• A diverse group of young people are involved in the design and monitoring of quality services, including adolescents with different types of disabilities.

• A discussion platform is organized in order to set up a list of shared indicators to monitor and evaluate the quality, youth friendliness, and accessibility of services.

• Written guidelines exist and are well-known and applied by all staff providing services to young people.

• Drop-in clients are welcomed and/or appointments can be quickly arranged.

• Youth-friendly services are publicized and promoted in the community.
Different YFS Models
MODEL 1: STANDALONE CLINIC

• A completely separate health center/clinic dedicated to serving adolescent and youth with a range of clinical services.
• May also include peer educators or counselors for onsite counseling, as well as measures to promote services among young people in the immediate area.
• Most common in cities or urban areas with a high volume of young clients to offset/justify costs.
• High-volume clinics located in urban areas are the easiest setting where accessibility surveys can be implemented, Universal Design principles applied, and accommodations introduced, as the additional related costs can be better justified and/or rapidly recuperated due to high demand.
MODEL 2: SEPARATE SPACE FOR YFS

- SRH services for young people provided in a separate room or separate building by specifically trained providers, and/or
- Specific services for young people offered on specific days or times in a public or private facility.
- Typically depends on a dedicated YFS provider who offers a wide range of integrated SRH services.
- May include a separate YFS waiting area or “youth corner” with information, education, and communications materials, peer educators or counselors, or separate triage and reception areas for young clients.
- May also include subsidized pricing for young clients.
- Most common in larger health centers or hospitals that have sufficient space.
- In these dedicated spaces, an accessibility survey to identify the barriers faced by youth with disabilities can be easily implemented, Universal Design principles applied, and accommodations introduced.
MODEL 3: MAINSTREAMED YFS

• Services mainstreamed within existing services through a range of service delivery points in a public or private health facility.
• Requires that all (or most) health providers and support staff in the health facility are trained to offer youth friendly services to young people as part of their routine service delivery.
• Can be offered at any level of health facility, including primary care facilities.
• May also include promotion strategies to attract young clients, coordination with peer educators and counselors, and tailored information, education, and communications materials for young people.
• Mainstream YFS that are also disability-inclusive should be considered as the final goal to successfully reach all young people.
MODEL 4: MOBILE OUTREACH SERVICES

Services offered in strategic locations close to the people that most need them. Can include:

- Mobile clinics (a full range of services offered in a specially equipped van/bus),
- Satellite clinics (a full range of services offered in an existing non-health space on a routine basis),
- Services offered by a mobile team of health providers at lower level health facilities that don’t routinely offer those services, such as implants or IUD insertions, and
- Other non-routine outreach events.
MODEL 4: MOBILE OUTREACH SERVICES

• Can be offered in non-health settings to reach targeted groups of young people, possibly including schools, workplaces, prisons, military facilities, sports clubs or events, shelters for street youth, and others.

• Need to be promoted and tied to awareness-raising about types of services to be offered.

• Inclusive mobile outreach services are very effective at covering the last mile between health facilities and clients, as they manage to serve all those clients who live far away from clinics and cannot benefit from accessible or affordable transportation to reach them independently.
MODEL 5: COMMUNITY-BASED SERVICES

• Some youth-friendly services can be offered outside of static health facilities by peers or by community health outreach workers who have been trained and are supported to offer a range of SRH services.

• Services may include counseling, select contraceptive methods (condoms, combined oral contraceptives, emergency contraception, injectables), HIV counseling and treatment adherence support, and referrals and vouchers for other services.

• In this model, peers may be peer educators or “peer providers” and are adolescents or youth with similar characteristics as the target population. Community health outreach workers are lay health workers, usually adults, who are trained to provide a range of services at the community level.
MODEL 6: DRUG SHOPS AND PHARMACIES

• Young people increasingly seek sexual and reproductive health supplies and counseling directly from pharmacies and drug shops both in the private and public sector.
• Can be easily accessible, fast, and relatively anonymous, but may also come with associated fees and costs.
• Can be considered a model of delivering youth-friendly services if staff members are trained to provide accurate, non-judgmental, disability-inclusive and comprehensive counseling to adolescents and youth.
• Frequently linked to social marketing campaigns that drive demand for particular commodities or brands.
MODEL 7: SRH SERVICES IN NON-HEALTH SETTINGS

• Model varies from place to place to accommodate the conditions of the setting and the needs of the target population.

• Offered in a range of different non-health settings where there is a large adolescent and youth population.

• The accessibility of the services needs to be ensured to allow the highest number of youth to benefit from the proposed services.