

Young People Friendly - Guidance for Services



young people friendly

1. Introduction

- 1.1 The Young People Friendly quality assurance template provides a framework for you to assess how well your service meets the needs of young people.
- 1.2 The standards are based on the Department of Health's You're Welcome quality criteria and are designed to help commissioners and providers of health services improve the suitability of NHS and non-NHS health service provision for young people. In order to achieve Young People Friendly, verification is necessary.
- 1.3 As the Young People Friendly quality assurance standards align to those of You're Welcome, they reflect good practice guidance based on local practice and evidence, of what has been found to improve patient experience and health outcomes for young people. Applying the standards also helps ensure effective use of NHS and public health services.
- 1.4 There are six themes included in the Young People Friendly template: Themes one to five focus on topics relevant to health services in general practice, primary, community and acute settings and should be completed by all services (unless specified by your local coordinator). Theme six only needs to be completed if you are a sexual and reproductive health service (including general practice). If you are a specialist and targeted child and adolescent mental health service (CAMHS), you will also need to complete a further section (see appendix 1). Your local verifier will be able to advise you on this further.

2. How to use the Young People Friendly Template

- 2.1 Complete the service details on the front page.
- 2.2 Consider each statement (standard) under the theme areas and using this guidance document, provide as much detail as you can on how your service achieves these standards using the 'Evidence' boxes. You are not required to provide a portfolio of evidence such as actual policy documents or posters.

- 2.3 If you feel that your service does not currently achieve some of the given standards under the various themes, please use the 'Action required' box to provide details of planned improvements. State what will be done, by whom and when you expect to achieve the actions. Even if your service already meets the standard, you can still use this box to provide details of service improvement work.
- 2.4 Submit the completed template to your local verifier, who will then arrange to visit your service in order to verify the evidence provided. They will also provide further support if required to help with any service improvements.
- 2.5 Once your service has been verified as meeting the Young People Friendly standards, the template will be signed off and your service will be notified that it has achieved the accreditation.
- 2.6 Remember, engaging and involving young people in the evaluation and development of a service is essential. Please ensure that you include evidence of young people's involvement throughout the process.

Young People Friendly Standards – Additional notes and examples of evidence

1. Access and Environment		
Standard (link to You're Welcome standard - numbers indicated)	Notes	Examples of Evidence
a) The service is accessible to young people by public transport and at times convenient to them (1.1, 1.2)	Most established services do not have a choice about location. This item aims to ensure that within constraints, young people have the best possible access, at times convenient to them, where possible.	Publicity (can be print, electronic or media forms), building layout, feedback from young people.
b) When making appointments and attending consultations, young people can express a preference about how they wish to be seen (1.3, 1.4)	<p>Young people may express a preference about where they are seen, who they are seen by, attending with the support of a friend or partner, who and how many people are present during discussion, examination and treatment and the gender of the staff member they are seen by.</p> <p>Young people are also routinely offered the opportunity to be seen on their own without the presence of a parent or carer.</p> <p>Young people under 16 should be able to make an appointment for themselves without their parent's or carers consent. These issues are important in specialist services where the involvement of a parent or carer is desirable for treatment. A responsive approach to young people's needs is applied unless there are overriding serious risks relating to factors such as known staff safety or child protection issues. Fraser or Gillick competences are assessed during the appointment with a service provider, not at the point of making one.</p>	
c) Where appropriate, there are opportunities for self-referral and clear lines of referral to specialist services as required (1.5)	<p>This question is for all services that could reasonably be expected to accept self-referral – such as genitourinary medicine (GUM), CAMHS tier one or drug and alcohol services</p> <p>Self-referral could include by telephone, drop-in or text. It is important for young people to be aware of care pathways</p>	

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1. Access and Environment continued...		
Standard	Notes	Evidence
d) The service is provided in accordance with the Disability Discrimination Act 2005 (1.7)	<p>The service is easily accessible by people with any form of physical disability or sensory impairment.</p> <p>Disability support aids are fully functional and freely available to assist service users. Reasonable adjustments are made where required. This includes learning disabilities.</p>	<p>Publicity materials (print and other media) on disabled access, staff training records. Communication and mobility aids shown to be functional, availability advertised in building and all staff are trained to use.</p>
e) Services are provided to marginalised and socially excluded young people (1.8)	<p>If specialist services are required, young people are referred.</p> <p>Examples may include:</p> <ul style="list-style-type: none"> - unaccompanied asylum seekers who are minors - looked-after children and care leavers - teenagers living in neighbourhoods where there are high levels of teenage pregnancy and evidence of health inequalities - young people from black and minority ethnic communities - lesbian, gay bisexual and trans-gendered young people - teenage parents - young people with long term health needs <p>All services are equally open and welcoming to girls and boys/young men and women.</p>	<p>Statistical monitoring, evaluation and young people's feedback.</p>
f) Care is delivered in a safe, suitable and young people friendly environment (4.1, 4.5) ¹	<p>Young people are not asked any potentially sensitive questions where they may be overheard, for example, in the reception, waiting or ward areas. It may be helpful to have a line on the floor at reception behind which a queue forms, in order to enhance privacy.</p> <p>All appropriate staff working or volunteering as part of the service have cleared Criminal Records Bureau (CRB) checks and have undertaken child protection training.</p> <p>A safe environment includes psychological and physical safety.</p>	<p>Staff training, reports of mechanisms such as mystery shopping, publicity materials, young people's views, patient surveys.</p>

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1. Access and Environment continued...		
Standard	Notes	Evidence
g) The reception, waiting and treatment areas are young people friendly (4.2)	<p>The reception, waiting and treatment areas are accessible and young people friendly, comfortable and welcoming. There is a range of recreational activities appropriate for young people. In accordance with Health and Safety regulations, these are maintained and kept in working order.</p> <p>Specific targeted reading material could include health issues, www.ruthinking.co.uk, www.nhs.uk/LifeCheck/Pages/TeenLifeCheck.aspx, locally produced teen magazines. There could be a young people's notice board and information rack in waiting areas. It is important to consider that young people have a range of literacy levels.</p>	Reading materials, multi-media (refreshed regularly). Staff training, reports from mechanisms such as mystery shopping.

2. Staff Training, Attitudes, Confidentiality and Consent		
Standard (link to You're Welcome standard numbers indicated)	Notes	Examples of Evidence
a) All staff who are likely to come into contact with young people receive appropriate training on understanding, engaging and communicating with young people (5.1)	Guidance includes 'Core dimension 1: Communication' from the NHS Knowledge and Skills Framework (Department of Health, 2004).	Staff training records, training guides, reports of mechanisms such as mystery shopping, young people's views.

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2. Staff Training, Attitudes, Confidentiality and Consent continued...

Standard	Notes	Evidence
<p>b) Appropriate staff members receive training, supervision and relevant appraisal to ensure they are competent to work with young people (5.2, 5.3, 3.2)</p>	<p>Competent to:</p> <ul style="list-style-type: none"> - Discuss necessary and relevant health issues with young people and understand the health needs of young people in the context of people's lives and relationships - Work with parents/carers/family and friends where appropriate in culturally appropriate ways - Make appropriate referrals when necessary - Manage sensitive and/or difficult consultations - Support young people in making their own informed choices <p>An NHS e-learning for health application 'Adolescent Health' produced by the Royal College of Paediatrics and Child Health (RCPCH) is available via the RCPCH website. This is supported by the Department of Health.</p> <p>Appropriate appraisal, supervision and support are offered to staff who provide services for young people. Supervision can contribute to assessing whether staff are supporting achievement of young people friendly services and whether the related principles are part of the individual's ethos.</p> <p>Members of staff routinely receive inter-disciplinary training on the issues of confidentiality and consent and issues pertaining to seeing young people without a parent/carer present. Inter-disciplinary training is undertaken in line with local safeguarding children arrangements to ensure that approaches to safeguarding are in line with Working Together to Safeguard Children (WTtSC).</p>	<p>Staff training records, training guides, appraisal records.</p> <p>Service protocols, supervision records.</p> <p>Confidentiality policy.</p>

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2. Staff Training, Attitudes, Confidentiality and Consent continued...		
Standard	Notes	Evidence
c) There is a written policy on confidentiality and consent to treatment and this is made explicit to young people, parents and carers (3.1, 3.3, 3.4) ¹	<p>Policy is consistent with the current NHS Confidentiality Code of Practice and GMC good medical practice guidance. The policy includes a clear protocol for Safeguarding concerns and possible breaches of confidentiality policies. The policy supports how staff will work with parents and carers where appropriate, whilst respecting the confidentiality of the young people.</p> <p>These policies are made explicit to young people, parents and carers supported by appropriate publicity materials. It is helpful to test information to ensure that it is clear and accessible to young people. Posters may also be displayed in waiting rooms and every consultation room and space.</p> <p>All staff routinely explain the confidentiality policy to young people and to their parents or carers (with the young person's consent). Audits/review of confidentiality and consent protocols to be undertaken at least annually. Refer to Fraser or Gillick competency guidance.</p>	<p>Written policy, staff training records, audit/review records.</p> <p>Posters, displays, reports of mechanisms such as Mystery Shopping.</p> <p>Staff guidelines, information resources.</p>
d) Where required, arrangements are in place to enable young women with unplanned pregnancies to be seen immediately by a practitioner, to enable impartial discussion of options (1.6)	<p>Where any member of staff is ethically opposed to abortion, relevant professional guidance for those with conscientious objections is applied.</p> <p>Relevant staff include reception staff, who need to be aware of protocols and refer young women to practitioners known not to have objections to abortion. These arrangements are explicitly publicised to young people through the service information and visible posters. Pathways are developed that include signposting to abortion services.</p>	<p>Protocols, publicity information.</p>
e) All staff routinely explain who they are and what services they can/cannot provide to help young people (4.3)	<p>The service considers the physical and cognitive ability of the young people and where necessary, takes into account the effects of sedation and analgesia and mental health state. The service ensures young people's privacy and dignity are maintained during discussion, examination, treatment and care.</p> <p>Staff make appropriate written materials available during discussions.</p>	<p>Views of young people, service information materials.</p>

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3. Involvement of Young People		
Standard (link to You're Welcome standard numbers indicated)	Notes	Examples of Evidence
a) Young people are routinely consulted in relation to current services, relevant new developments and included in patient satisfaction surveys (7.1)	<p>Processes are in place to ensure that young people's views are included in governance service design and development.</p> <p>A range of approaches can be taken, including surveys, focus groups, client questionnaires, discussions in schools etc. Appropriate links are made with local youth support service staff who are supporting the participation of young people.</p> <p>It may be helpful to make use of local youth parliaments, patient and public involvement forums and school councils (see the National Youth Agency's Hear by Right website – http://hbr.org.uk) for examples of approaches to involving young people.</p>	Consultation reports/action plans.
b) The service invites all clients to give their opinions of the services offered and these are reviewed, acted upon and reported back to clients (7.2)	This may include a suggestions or comments box with pen and paper in the waiting area, as well as online feedback. It is important that procedures are clear and openly displayed. It is helpful to have a young people friendly complaints procedure.	Policy for collecting and responding to client feedback, relevant examples, complaints procedure publicity.
c) Young people are routinely involved in reviewing local service provision against quality criteria for young people friendly health services (7.3)	<p>This includes annual or ad hoc surveys where some or all of the young people friendly standards are included. Where available, the service is part of monitoring and evaluation schemes, including mystery shopping, window shopping, patient panel etc.</p> <p>It is important that the service has actively sought feedback from young people and can demonstrate that it regularly provides information about comments and has made changes as a result of feedback, in line with young people's suggestions where appropriate. All appropriate staff need to know and understand procedures.</p>	Survey reports, mystery shopping reports, reports of young people's patient panels.

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4. Publicity and Joined-Up Working		
Standard (link to You're Welcome standard numbers indicated)	Notes	Examples of Evidence
a) The service provides information in a variety of languages and formats including leaflets for young people, which are kept up to date (2.1, 2.3, 2.5)	<p>Information appropriate to young people should include:</p> <ul style="list-style-type: none"> - What the service offers and how to access it - What will happen when the service is accessed - How the service links to other services, how to access them and appropriate onward referral - How to make comments, compliments and complaints - Who else will have access to any information that the young person shares with the service - Circumstances under which information may be disclosed or shared <p>Information provided by the service is updated at least annually or to reflect significant changes to service details. It is good practice to ensure that young people have had input into the development of the publicity materials.</p> <p>A local assessment will tell you if resources are required in community languages.</p>	Publicity/publicity materials – print and other media, views of young people.
b) In accordance with the Disability Discrimination Act 2005, service publicity material is available in forms that can be easily understood by young people with learning disabilities, physical disabilities and sensory impairment (2.2) See Disability Discrimination Act 2005		Publicity/publicity materials – print and other media, views of young people with learning/physical disabilities or sensory impairments.
c) Service materials make clear young people's entitlement to a confidential service and opportunities to attend a consultation on their own with or without the involvement of a parent or carer (2.4)	Publicity materials make clear any limitations to confidentiality with regard to safeguarding legislation.	Publicity/publicity materials – print and other media, views of young people.

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4. Publicity and Joined-Up Working continued...		
Standard	Notes	Evidence
d) Where possible, other relevant services for young people are co-located within the service. If not, information is provided about other local service provision (6.1)	<p>All staff should be familiar with local service provision and arrangements for referral.</p> <p>This could include sexual health, contraceptive services; youth support services and possibly children's care services, particularly 'Leaving Care' teams.</p>	Signposting/publicity materials, referral protocols.
e) Information about the service is provided to other relevant organisations and to key professionals working with young people (6.2)	Key professionals include the range of service providers who work with young people. Information is regularly updated (e.g. annually, or as service changes occur)	Mailing lists, meeting minutes, protocols.

5. Health Issues for Young People		
Standard (link to You're Welcome standard numbers indicated)	Notes	Examples of Evidence
a) As appropriate, consultations routinely promote healthy lifestyles (8.1)	<p>Including:</p> <ul style="list-style-type: none"> - Smoking cessation - Healthy eating and weight management - Alcohol misuse - Long term health needs - Substance misuse - Mental health or emotional health and psychological wellbeing concerns - Sexual and reproductive health <p>For parents and carers, Speakeasy and Family Lives are useful resources</p>	Support materials, publicity materials.

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5. Health Issues for Young People continued...		
Standard	Notes	Evidence
b) Staff/the service ensures that the emotional, psychological and spiritual needs of young people are met. A clear referral pathway is identified for young people with identified emotional and mental health concerns (8.2)	<p>The pathway includes specialist CAMHS input where appropriate.</p> <p>Emotional and psychological support to be provided by a designated person trained in counselling skills if not a qualified counsellor. 'Choosing what's best for you' is an example of a helpful resource for young people.</p>	Referral pathways, evidence of publicity/publicity materials.
c) The service prepares young people for the transition from health services designed for children and young people to adult health services, consistent with current Department of Health guidance (8.3, 8.4, 8.5)	<p>This section does not apply to services provided across all age ranges.</p> <p>Clear procedures should be in place.</p> <p>Specific attention should be given to the needs of young people with long-term health needs.</p> <p>In most mainstream NHS services, the transition is most likely to take place between the ages of 16 and 18 years. The DH 'Transition: moving on well' good practice guide advocates putting young people at the centre of transition planning.</p> <p>Appropriate staff members are trained to help young people and their parents or carers, with the transition to adult services from the age of 12 onwards.</p> <p>All young people with ongoing needs have an individual transition plan. Transition plans will usually include a named key-worker for each young person who will provide continuity during the transition process.</p> <p>The service provides publicity material specifically outlining the transition to adult services. The material is attractive to young people and is presented in a young people friendly way. It is helpful to ensure that young people have contributed to the development of materials.</p>	<p>Procedures, meeting minutes.</p> <p>Staff training records, induction policies.</p> <p>Information materials, evidence of young people's involvement in publicity development.</p>

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5. Health Issues for Young People continued...		
Standard	Notes	Evidence
d) The care and support of young people with complex needs are considered in the context of their cognitive ability and chronological age (8.6)	This should include assessment of physical, psychological and emotional needs.	Staff training records, procedures.
e) In order for parent/carers to discuss health issues with young people, they are provided with relevant information and support, in ways that are sensitive to different cultures and religions (8.7)		
f) As appropriate the service ensures pain relief is an explicit part of young people's care (4.4) <u>Please note: this standard is only applicable to services that prescribe/ administer pain relief</u>	Staff are trained in pain management (including use of pain management tools). Young people are provided with information and options to enable them to make informed choices regarding pain relief management. All staff should be aware of pain management procedures. Specific services such as an acute setting should evidence advanced knowledge and training and the use of pain management tools. The range of pain relief options are effectively communicated to young people and where possible, the young persons' views are central to the decisions about their pain relief.	Protocols, feedback from young people.

6. Sexual and Reproductive Health Services (this section only needs to be completed if you are a sexual and reproductive health service, including general practice)		
Standard (link to You're Welcome standard numbers indicated)	Notes	Examples of Evidence
a) A range of sexual health services is offered, including sexually transmitted infection (STI) testing treatment. Where STI services are not available on-site, there are clear, integrated care pathways for seamless referral to other services or clinicians (9.1, 9.2)	<p>The following sexual health services should be offered:</p> <ul style="list-style-type: none"> - Chlamydia screening: opportunistic screening and treatment of young men and women, with referral pathways for partner notification - Contraception: accurate information about the full range of contraception, including reversible long-acting methods of contraception - Free condoms: with information and guidance on correct use - Emergency hormonal contraception - Pregnancy testing: free and confidential pregnancy testing and the opportunity to obtain accurate and unbiased information about pregnancy options and non-directive support - Abortion: referral for NHS-funded abortion services - Antenatal care: referral <p>For non-specialist services, links are in place with Genitourinary Medicine (GUM) services for support such as contact tracing. 'Opportunistic' means that the service is offered as part of a range of services attended by young people. Pathways are developed that include signposting to services where forms of contraception that cannot be provided on-site may be accessed. Pathways are developed that include signposting to abortion services.</p>	<p>Service publicity materials, views of young people.</p> <p>GUM service outline, care pathways.</p>
b) Young people are offered appropriate information and advice to help them develop their ability to make safe, informed choices. This includes advice to help them develop the confidence and skills to delay early sex and resist peer pressure (9.3)	<p>It may be helpful to provide staff with training e.g. training to help young people delay early sex and resist peer pressure.</p>	<p>Service procedures/guidance, staff training.</p>

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6. Sexual and Reproductive Health Services continued...		
Standard	Notes	Evidence
c) Appropriate, easy-to-understand information is available on a range of sexual health issues, including contraception, STIs, relationships, use of condoms and sexuality (9.4)	The information should make it clear that prescriptions for contraception are free. It may be helpful for young people to be involved in the selection of information. Pathways into other sexual and reproductive health providers are signposted.	Materials, young people's involvement – evidence of participation and involvement.
d) Appropriate staff receive training, supervision and appraisal to ensure that they are able to talk to young people about sexual health issues (9.5)	This includes the following: <ul style="list-style-type: none"> - Able to talk to young people about sexual health issues, including delaying sex - Knowledgeable about the full range of contraceptive options, promoting positive sexual health, preventing pregnancy and STIs - Clear about what they can and cannot do to help young people - Clear about who they are able to help - Able to recognise and respond to different sexual health needs such as those relating to gender, sexual orientation, ethnicity and age - Able to recognise and facilitate informed consent and work within Fraser guidelines 	Young people's views, staff training records.
e) The service will see young people who are not ordinarily registered with them in order to provide sexual health advice and contraception, including emergency contraception (9.6)		Publicity materials

¹The following are helpful guides to safe, secure and confidential provision:

- Staying Safe: Action Plan (DCSF, 2008)
- Common Core of Skills and Knowledge for the Children's Workforce (DfES, 2005)
- Safeguarding Children and Young People: Roles and Competences for Health Care Staff (Royal College of Paediatrics and Child Health, supported by DH, 2006)
- Best practice guidance for doctors and other health professionals on the provision of advice and treatment to young people under 16 on contraception, sexual and reproductive health (DH, 2004)
- Working Together to Safeguard Children (HM Government, 2006)
- 0-18: guidance for all doctors (General Medical Council, 2007)
- Consent: patients and doctors making decisions together (General Medical Council, 2008)
- Confidentiality and Young People Toolkit (Royal College of General Practitioners, 2006)
- Seeking consent: working with children (DH, 2004)

References

Department of Health (2011) You're Welcome Self Review Tool. Accessed via http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_126813

Further Information

Department of Health (2011) Quality criteria for young people friendly health services: Best Practice Guidance http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_126813

Related Documents

Other documents relevant to this guidance: Young People Friendly: Quality Assurance Template; Young People Friendly: Guidance for Services; Young People Friendly: Equality Impact Assessment; Young People Friendly: Logos and Templates.

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Appendix 1

Theme 7: CAHMS, Emotional and Mental Health Services

(Guidance notes for theme 7 overleaf)

- a) Young people, their parents and carers are offered appropriate information and advice to help them make safe, informed choices (10.1, 10.2, 10.3)
- b) Appropriate staff receive training and appraisal to ensure they are able to offer advice in a young people friendly way (10.4)
- c) Services are flexible about involving other people in the assessment and treatment process, particularly at first contact (10.5)

CAHMS, Emotional and Mental Health Services: Evidence:

CAHMS, Emotional and Mental Health Services: Actions Required:

7. CAHMS, Emotional and Mental Health Services		
Standard (link to You're Welcome standard numbers indicated)	Notes	Examples of Evidence
a) Young people, their parents and carers are offered appropriate information and advice to help them make safe, informed choices (10.1, 10.2, 10.3)	<p>The information explains the roles of professionals that young people may encounter in mental health services.</p> <p>The service provides young people, their parents and carers with:</p> <ul style="list-style-type: none"> - Advice to help informed decision making - Information materials to help informed decision making - Information and advice to help young people make treatment choices based on informed consent <p>All staff routinely discuss choices with young people and their families. These discussions take place at the beginning and throughout therapeutic contact. Focusing on young people's choices allows them to feel listened to, reduces their sense of powerlessness and improves their engagement with health services. Discussions can seek to elicit the young person's wishes and feelings about what would be useful to them.</p> <p>The service makes routine attempts to provide flexibility about involving other people in the assessment and treatment processes.</p>	Service information materials, views of young people.
b) Appropriate staff receive training and appraisal to ensure they are able to offer advice in a young people friendly way (10.4)	<p>Training and appraisal ensures that staff are:</p> <ul style="list-style-type: none"> - Able to talk to young people about mental health issues and a range of support and treatment options - Clear about what they can and cannot do to help young people and who they are able to help - Able to recognise and respond to different therapeutic needs such as those relating to gender, gender identity, sexual orientation, ethnicity and age, disability, religion or belief - Able to recognise and facilitate informed consent 	Service information materials, views of young people.

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7. CAHMS, Emotional and Mental Health Services continued...		
Standard	Notes	Evidence
c) Services are flexible about involving other people in the assessment and treatment process, particularly at first contact (10.5)	<p>Young people are offered appropriate information and advice to help them understand what can be achieved without parental or family involvement wherever this is considered to be therapeutically beneficial. Refusal of consent to family involvement is accepted unless there is serious risk to the young person's welfare.</p> <p>Even when assertive action is needed, there is some flexibility about what choices can be made available and which treatment the young person would like to receive. Even in cases where the overriding serious risks lead to compulsory treatment, young people should always be offered appropriate information and advice to make treatment choices based on informed consent.</p> <p>Wherever family involvement is considered therapeutically beneficial, young people are routinely offered appropriate information and advice to help them understand what can be achieved without parental or family involvement.</p> <p>Even when assertive action is needed, there is some flexibility about what choices can be made available and which treatment the young person would like to receive.</p> <p>It is important that every effort is made to encourage the young person to involve relevant family members as part of ongoing support.</p>	Views of family members/young people, consent forms.