# NOBODY LEFT OUTSIDE

Improving healthcare access for marginalised people

# Service Design Checklist

Version 1.1 April 2020

## Purpose

This Checklist is intended for use by service providers and policymakers to design and deliver targeted health and social services that are accessible to people in marginalized, underserved communities who are risk at vulnerability, namely: homeless people, LGBTI people, people who use drugs, prisoners, sex workers and undocumented migrants. It is also intended for use by communities (e.g. civil society organizations and patient groups) to help them advocate for improved access to health and social care services.

The sections in the Checklist are not expected to be equally relevant to remits of service providers and policymakers. An indication of the expected direct relevance of each section to these stakeholders is given as follows:

- ~Possibly relevant
- ✓Relevant
- ✓✓Very relevant

The items in this Checklist may apply to services designed for any of the aforementioned communities. The accompanying Guidance Document provides further explanation and guidance regarding most items, including on specific considerations for particular communities.

The Checklist is structured according to the World Health Organization [Health Systems Framework](#).[1]
It is intended as a guide and is not necessarily exhaustive.

| **A. Service delivery** <br><br> **Aim: Design and deliver an easily accessible service that meets the needs of the communities for whom it is intended.** <br><br> Relevance: **Providers** ✓✓  **Policymakers** ✓ | Yes | No | Not relevant / Comments |
|---|---|---|---|
| **DESIGN STAGE** | | | |
| A1. Were people from the target community involved in the design of the service? | | | |
| **Has the design of the service taken into account the:** | | | |
| A2. Health and social care needs of the community? | | | |
| A3. Existing barriers to service access for the community, identified by the community and/or service users? | | | |
| A4. Existing barriers identified by healthcare staff in delivering services to the community? | | | |
| A5. Existing resources and skills within the community? | | | |
| A6. Relevant clinical practice guidelines and/or best practices? | | | |
| **SERVICES PROVIDED** | | | |
| A7. Does the service provide integrated access (co-located or linked) to the range of health services (including testing, treatment, prevention and supportive care), social services and legal services needed by the community? | | | |
| A8. Are the physical and psychological needs of each service user systematically assessed on an individualized basis and in an appropriate manner? | | | |
| **ACCESSIBILITY AND ADAPTATION** | | | |
| **Is the service made easy to access and use by the community by:** | | | |
| A9. Providing community-based and/or mobile clinics? | | | |
| A10. Having convenient opening hours? | | | |
| A11. Providing child-friendly waiting areas? | | | |
| A12. Providing physical accessibility for people with reduced mobility? | | | |
| A13. Providing sex- or gender-segregated spaces and services that are safe and accessible for trans, nonbinary, and intersex persons? | | | |
| A14. Being provided on an anonymous or confidential basis? | | | |
| A15. Not requiring users to provide formal identification to access the service? | | | |
| A16. Being free-of-charge to users? | | | |
| A17. Providing user-friendly information in plain language on the available health, social and legal services and users' rights to access these, translated into relevant languages and sufficient for them to make informed choices? | | | |
| A18. Being suitably tailored to be sensitive to users' sexuality, ethnicity, migration status, culture, faith, gender, housing status and lifestyle? | | | |
| A19. Offering users the option to choose which gender of staff member they see. | | | |
| A20. Providing trained interpreters for relevant languages during consultations? | | | |
| A21. Offering users assistance with completing forms or other documents? | | | |
| A22. Being promoted and signposted effectively within the community? | | | |
| A23. Providing incentives (eg, financial) for users to use the service? | | | |
| A24. Using digital tools with evidence of benefit to help link people to care? | | | |
| **PEER SUPPORT** | | | |

| | Yes | No | Not relevant / Comments |
|---|---|---|---|
| A25. Does the service use peer care and support by community members? | | | |
| A26. Are peer support workers adequately compensated for their services? | | | |

## B. Health workforce

**Aim: Prevent and address discrimination and ensure workforce is enabled to deliver the service.**
Relevance: **Providers** ✓✓ **Policymakers** ✓

| | Yes | No | Not relevant / Comments |
|---|---|---|---|
| **Do *all* staff members receive education and training on:** | | | |
| B1. Health and social care needs and challenges among underserved communities? | | | |
| B2. Users' rights to health and social services, and principles of non-discriminatory equal access? | | | |
| B3. Sensitivity regarding relevant cultural, faith, gender and lifestyle matters among user communities? | | | |
| B4. Communication skills (including appropriate terminology)? | | | |
| B5. Stress management? | | | |
| B6. Conflict management? | | | |
| B7. Do healthcare staff receive suitable training to deliver the necessary services according to current evidence-based guidelines and best practices? | | | |
| B8. Is the training provided to healthcare staff accredited for continuing medical education? | | | |
| B9. Are peer support workers given suitable training to fulfil their roles? | | | |
| B10. Are healthcare staff and peer support workers given peer-to-peer support, supervision or psychological aid, if necessary? | | | |
| **Do workforce training programmes include contributions from:** | | | |
| B11. People from the target community? | | | |
| B12. Professional peers ('champions')? | | | |

## C. Health information systems

**Aim: Check that the service is used by the community and meets users' needs.**
**Relevance**: **Providers** ✓✓ **Policymakers** ✓

| | Yes | No | Not relevant / Comments |
|---|---|---|---|
| C1. Are people from the target community involved in how the service is assessed? | | | |
| **Are suitable systems in place to monitor the:** | | | |
| C2. Usage of the service by the communities? | | | |
| C3. Quality and impact of the service provided? | | | |
| C4. Is there a formal process to capture users' feedback on the service, including complaints? | | | |
| C5. Are feedback loops in place to ensure that monitoring and user feedback help to improve the service? | | | |
| C6. Are data gathered (with consent and in a data protection-compliant manner) for research and advocacy purposes? | | | |
| C7. Does the service apply quality standards? | | | |

| **D. Medical products & technologies** Aim: Ensure that all service users have equitable access to care. Relevance: **Providers** ✓✓ **Policymakers** ✓✓ | Yes | No | Not relevant / Comments |
|---|---|---|---|
| D1. Do care protocols, guidelines and policies provide all service users with equitable and barrier-free access to medical products and technologies according to the best possible, evidence-based standard of care that is locally available? | | | |

| **E. Financing** Aim: Ensure the service is adequately and sustainably resourced. Relevance: **Providers** ✓ **Policymakers** ✓✓ | Yes | No | Not relevant / Comments |
|---|---|---|---|
| E1. Are services adequately financed based on an accurate, up-to-date local needs assessment? | | | |
| E2. Is the service sustainably financed for a suitable timeframe? | | | |
| E3. Does service financing take an intersectoral perspective based on the needs of the community? | | | |

| **F. Leadership & governance** Aim: Ensure service is suitably led and governed, with community involvement Relevance: **Providers** ~ **Policymakers** ✓✓ | Yes | No | Not relevant / Comments |
|---|---|---|---|
| F1. Are people from the target community involved in the leadership and governance of the service? | | | |
| F2. Does the service reflect international standards regarding human rights, equity, non-discrimination and confidentiality? | | | |
| F3. Is there a supportive legal framework and policy environment? | | | |
| F4. Is there a National Action Plan regarding health and social care for the community, developed with involvement of the community? | | | |
| F5. Is the service operated under the Health authorities (rather than the Interior or Justice authorities)? | | | |
| F6. Do Health and Social Services authorities, and relevant government agencies, collaborate in the delivery of the service? | | | |
| F7. Does the service have accountable, transparent leadership and governance? | | | |