

More of the same?

A REPORT ON HOW VOLUNTARY SECTOR YOUTH
INFORMATION, ADVICE AND COUNSELLING SERVICES (YIACS)
ARE FARING IN THE CAMHS TRANSFORMATION AGENDA



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“One-stop-shop services based in the community...should be a key part of any universal offer, building on the existing network of YIACS”

Department of Health/NHS England, *Future in Mind*¹

“More of the same is simply not an option.”

NHS England guidance on CAMHS Transformation Planning²



¹ *Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing*, Department of Health and NHS England, March 2015; p. 43.

² *Local Transformation Plans for Children and Young People's Mental Health and Wellbeing: Guidance and support for local areas*, NHS England, August 2015; p. 9.

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1. Executive Summary

Context

Future in Mind, the Government report of the work of the Children and Young People’s Mental Health and Wellbeing Taskforce, set out “*what we need to do to overcome the status quo*”.³ One of the report’s proposals was to increase investment in the existing network of Youth Information, Advice and Counselling Services (YIACS) as a way of increasing the accessibility of services to young people.

The key mechanism for ensuring accountability in the distribution of new funding for children and young people’s mental health is the requirement for all Clinical Commissioning Groups (CCGs) to produce a local Child and Adolescent Mental Health Services (CAMHS) Transformation Plan in conjunction with local stakeholders. These Plans were originally scheduled to have been published by the end of November 2015, but, as at 15th January 2016, we were still unable to locate some areas’ Plans.

Our survey

This report provides findings from a survey of YIACS conducted in August and September 2015. The survey explored the state of YIACS’ funding and their relationships with commissioners, with a focus on how services were faring following the publication of *Future in Mind* and in the midst of what were ongoing local CAMHS Transformation Planning processes.

Key Findings

The report focusses on six key themes which are integral to any strategy to secure greater investment in YIACS: recognition; integration; transitions; transformation; co-production; and stability.



³ *Future in mind*, Foreword from Norman Lamb, p. 3.

1.1 Recognition

KEY QUESTION:

HAS FUTURE IN MIND LED TO GREATER RECOGNITION AND UNDERSTANDING OF THE VCS AND YIACS BY CAMHS COMMISSIONERS?

Our findings:

- 1.1.1 Two-thirds of YIACS felt that their service model was *valued* by commissioners, but only one in twenty said they believed that commissioners fully *understood* their service model.
- 1.1.2 One in five YIACS reported a positive early impact from *Future in Mind* on how they were valued by planners and commissioners.
- 1.1.3 More than half of YIACS reported having good links with CAMHS commissioners, but just 16% could say the same about their links with commissioners of adult mental health services.

1.2 Integration

KEY QUESTION:

IS THERE EVIDENCE OF MORE JOINED-UP PLANNING AND COMMISSIONING TAKING PLACE ACROSS SERVICE BOUNDARIES – OR ARE WIDER CUTS REDUCING AGENCIES' CAPACITY TO PROVIDE HOLISTIC SERVICES THAT CAN ADDRESS THE SOCIAL DETERMINANTS OF YOUNG PEOPLE'S MENTAL HEALTH?

Our findings:

- 1.2.1 YIACS consider the key to their success to be the holistic package of support they provide – including drop-in, counselling/mental health, advice/advocacy, sexual health, drug and alcohol services – which enables them to take an early intervention and prevention approach by tackling the social determinants of young people's mental health.
- 1.2.2 Whilst the last few years have seen a slight but gradual expansion of NHS funding for YIACS' youth counselling services, all other services provided by YIACS are on the decline as a result of a collapse in local authority funding and available funding is increasingly focussed on crisis interventions, meaning there is less resource for YIACS' early intervention work.
- 1.2.3 YIACS perceive mental health commissioners to lack understanding of the importance of their non-counselling services to their success in addressing young people's mental health.
- 1.2.4 General turbulence in local public services appears to be hindering effective joining up of commissioning across service boundaries.

1.3 Transitions

KEY QUESTION:

IS COMMISSIONING BECOMING MORE JOINED-UP ACROSS AGE BOUNDARIES AND MEETING THE MENTAL HEALTH NEEDS OF YOUNG ADULTS?

Our findings:

- 1.3.1 Whilst over two-thirds of funding awards to YIACS for providing youth counselling and mental health services enable YIACS to work with children under the age of 16 and a similar proportion with the 16-18 age group, only a minority of awards allow for work with young adults aged 19-25.
- 1.3.2 Whilst CCGs/CAMHS represent the single most common source of funding for YIACS' youth counselling and mental health services, they only accounted for 38% of such funding awards, with funding from charitable trusts and local authorities almost as significant.
- 1.3.3 Funding from statutory funders is still too often focussed on specific age groups, whilst that from charitable trusts tends to be the most flexible in terms of the age groups it enables YIACS to work with.
- 1.3.4 YIACS' expectations differed regarding the likelihood of *Future in Mind* leading to an expansion of services commissioned across the age range.

1.4 Transformation

KEY QUESTION:

ARE COMMISSIONERS TRULY COMMISSIONING FOR CHANGE AND CHANNELLING INVESTMENT TOWARDS COST-EFFECTIVE VCS MODELS, I.E. YIACS – OR ARE VESTED INTERESTS WITHIN THE NHS SYSTEM LEADING TO PROTECTIONISM?

Our findings:

- 1.4.1 YIACS' expectations of change as a result of *Future in Mind* varied considerably.
- 1.4.2 Nearly a third of YIACS felt optimistic about being meaningfully included in their local Transformation Plan – but a higher proportion felt pessimistic.
- 1.4.3 Cuts to local authority-managed public health budgets represent a significant barrier to achieving an overall increase in YIACS' statutory health funding.
- 1.4.4 Several YIACS expressed concerns about vested interests within local authorities and the NHS leading to increasing levels of protectionism and the exclusion of more effective voluntary sector services.

1.5 Co-production

KEY QUESTION:

ARE THE VIEWS OF YOUNG PEOPLE AND THE VCS BEING TRUSTED BY COMMISSIONERS AND BEING BROUGHT TO THE FOREFRONT OF PLANNING?

Our findings:

- 1.5.1 YIACS' level of involvement in the early stages of Transformation Planning varied considerably. However, only 10% said they felt 'central' to the process, whilst 12% said they felt 'excluded'.
- 1.5.2 Generally, YIACS felt that their influence over local commissioning processes and decision-making was limited.
- 1.5.3 Only 16% of YIACS said that their users' views had been sought as part of the Transformation Planning process.

1.6 Stability

KEY QUESTION:

WHAT IS THE CURRENT FINANCIAL POSITION OF YIACS – AND HOW ARE CURRENT FUNDING UNCERTAINTIES IMPACTING ON THEIR CAPACITY TO MEET DEMAND?

Our findings:

- 1.6.1 Whilst YIACS' income is holding steady overall, this masks local variation in experience. Slight increases in NHS funding are failing to replace reductions in local authority funding for most YIACS.
- 1.6.2 Many YIACS are anxious about their longer-term future viability due to continuing austerity and are facing a high degree of uncertainty as a result of short-term funding and chaotic commissioning.
- 1.6.3 YIACS overwhelmingly reported demand rising – attributed to an increase in young people presenting with complex, multiple mental health and social welfare problems and failures in statutory services. The majority of YIACS were not confident of meeting demand over the next 12 months.

Next Steps

As our survey was conducted in the relatively early stages of local CAMHS Transformation Planning processes, it was too soon for many YIACS to be sure to what extent they would either be included in the final plans or favoured in future commissioning processes.

We intend, therefore, to conduct a follow-up survey early in 2016 once all local Transformation Plans have been published.

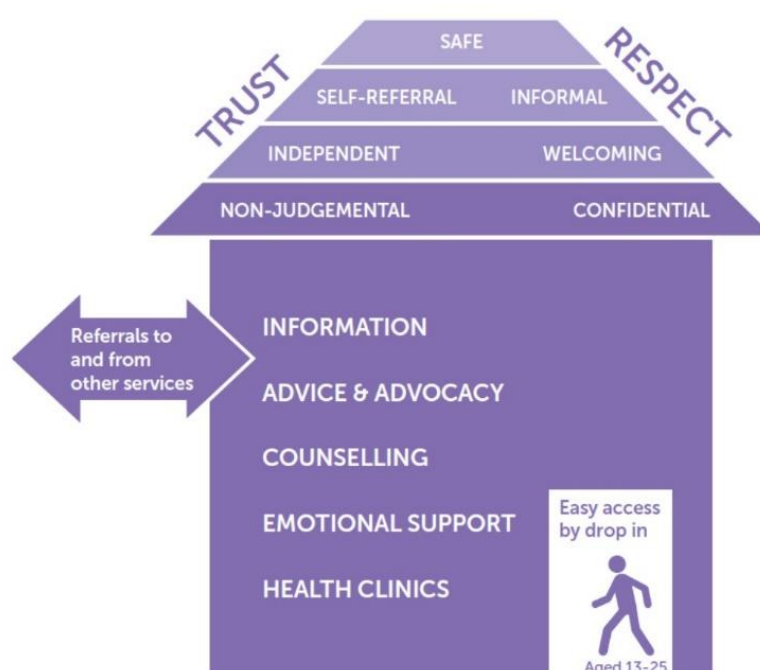
2 Introduction and background

2.1 What are YIACS?

Youth Access represents a national network of around 170 young people's information, advice, counselling and support services (YIACS), 85-90% of which are managed by voluntary sector organisations.

YIACS support young people on issues as diverse as mental health, sexual health, relationships, homelessness and benefits. YIACS grew out of a need to bridge both the gaps and failings of statutory and adult-oriented services in meeting the needs of young people.

YIACS: an integrated health & wellbeing model



YIACS services vary according to local need, but share the following features:

- A range of interventions delivered 'under one roof'
- Young person-centred
- Open to a wide age range, e.g. 13 to 25
- Holistic approach, meeting multiple and complex needs
- Multi-disciplinary teams, providing wrap-around support
- Flexible access routes, including through open door 'drop-in' sessions and self-referral
- Free, independent and confidential

Through interventions such as counselling and other psychological therapies, advice work, health clinics, community education and personal support, YIACS offer a unique combination of early intervention, prevention and crisis intervention for young people.

2.2 Purpose of this report

This report sets out the findings from a regular 'State of YIACS' survey conducted by Youth Access in August and September 2015. See section 3 for details of the survey methodology.

As in previous years, the surveyed investigated:

- The impact on YIACS of the current funding environment
- Changing demand from young people for YIACS services
- YIACS' evolving relationships with service commissioners

Additional questions were added to the survey this year to capture the impact of *Future in Mind* and YIACS' experiences of CAMHS Transformation Planning – and this year's report contains a focus on these issues.

Youth Access intends to use the evidence contained in this report to:

- Raise awareness of young people's evolving needs for advice and counselling services and YIACS' capacity to meet demand
- Highlight the reality of local planning and commissioning processes for local YIACS
- Campaign for policies that will ensure young people's needs for advice and counselling services are met

2.3 Context



Tracking the state of YIACS

Youth Access has been tracking the state of YIACS since 2009 and has published a series of reports.⁴ This is the sixth report in that series.

Our previous report, *Picking Up The Pieces* (November 2013), found that YIACS' finances had stabilised after several very difficult years, but that many key services were still being scaled back whilst demand continued to rise relentlessly. YIACS were adapting admirably to the changing environment, with many managing to diversify their income whilst protecting front-line services. The overall picture was one of YIACS picking up the pieces from other services. The demise of Connexions, failings in Social Services, redefinitions of CAMHS criteria, the continued inaccessibility of adult mental health services and cuts to youth services were all leading to increased referrals to YIACS from statutory professionals, such as GPs, social workers and mental health staff. In an

increasing number of areas, the local YIACS was becoming seen as the one place left with the expertise to support young people with a range of complex health and social welfare problems.

⁴ *The impact of the recession on young people and on their needs for advice and counselling*, Youth Access, 2009; *Under Strain: how the recession is affecting young people and the organisations which provide advice, counselling and support to them*, Youth Access, 2010; *Results of a survey on the funding situation of Youth Information, Advice, Counselling and Support services*, Youth Access, 2011; *Stretched to the Limit*, Youth Access, 2012; *Picking Up The Pieces*, Youth Access, 2013.

Mental health policy

This year, the key question we wanted to explore was whether the publication of *Future in Mind* – the Government report of the work of the Children and Young People’s Mental Health and Wellbeing (CYPMHW) Taskforce – and subsequent CAMHS Transformation Planning were likely to lead to increased involvement of YIACS in local CAMHS provision and, ultimately, to increased investment in YIACS.

“WHAT WE NEED TO DO TO OVERCOME THE STATUS QUO”

NORMAN LAMB MP

The CYPMHW Taskforce was set up in 2014 by Norman Lamb MP, the then Minister of State for Care and Support in the Coalition Government, in order to “look at how to improve the way children’s mental health services are organised, commissioned and provided and how to make it easier for young people to access help and support, including in schools, through voluntary organisations and online”.⁵

Lamb described *Future in Mind*, which was published in March 2015, as setting out “what we need to do to overcome the status quo”.⁶ One of the report’s proposals was to increase investment in the existing network of Youth Information, Advice and Counselling Services (YIACS) as a way of increasing the accessibility of services to young people:

“Provide a key role for the voluntary and community sector to encourage an increase in the number of one-stop-shop services based in the community. They should be a key part of any universal local offer, building on the existing network of YIACS (Youth Information, Advice, and Counselling Services). Building up such a network would be an excellent use of any identified early additional investment.”⁷

YIACS were also identified as leading the way in provision of services that broke down arbitrary age barriers and promoted smooth transitions for young adults.

Youth Access hailed the publication of *Future in Mind* as ‘A landmark moment for YIACS’.⁸

In his March 2015 Budget, The Chancellor, George Osborne, announced £1.25 billion of additional funding for children and young people’s mental health over five years. Shortly following the 2015 General Election, the incoming Minister with responsibility for young people’s mental health, Alistair Burt MP, stated that children and young people’s mental health was his top priority and that he was committed to taking forward the vision set out in *Future in Mind*.⁹

This is therefore a highly significant period for the YIACS sector. The help and support that YIACS provide for young people with mental health issues has often been under-valued by local mental health commissioners and NHS CAMHS providers, despite emerging evidence that YIACS are a highly effective and efficient form of mental health provision.¹⁰

“FUTURE IN MIND...A LANDMARK MOMENT FOR YIACS”

YOUTH ACCESS

The proposals in *Future in Mind* present an unrivalled opportunity to develop and improve young people’s access to YIACS. However, there is no certainty that local CAMHS planning and commissioning processes will result in any of the additional investment announced finding its way to voluntary sector YIACS.

⁵ <https://www.gov.uk/government/groups/children-and-young-peoples-mental-health-and-well-being-taskforce>

⁶ *Future in mind*, Foreword from Norman Lamb, p. 3.

⁷ *Future in mind*, p. 43.

⁸ <http://www.youthaccess.org.uk/news/a-landmark-moment-for-yiacs/>

⁹ <https://www.gov.uk/government/speeches/the-royal-college-of-psychiatrists-international-congress>

¹⁰ *YIACS: an integrated health and wellbeing model*, Youth Access, 2015.

CAMHS Transformation Planning

Future in Mind proposed the development and agreement of Transformation Plans which will clearly articulate the local service offer as the key mechanism for delivering change in CAMHS provision.

In May 2015 NHS England wrote to all CCGs to outline its Children and Young People's Mental Health Transformation Programme "to significantly reshape the way services for children and young people with mental health needs are commissioned and delivered across all agencies over the next 5 years in line with proposals put forward in *Future in Mind*. These include prioritising investment in those areas that can demonstrate strong leadership and ownership at local level through robust action planning and the development of publicly available Local Transformation Plans for Children and Young People's Mental Health and Wellbeing."¹¹

Thus, these local Transformation Plans represent the first test as to whether YIACS can now expect to be better recognised and integrated into the local system of support for young people. One of the key messages included in NHS England's guidance to CCGs on Transformation Plans was that "more of the same is simply not an option".¹² Every CCG was originally required to publish its Transformation Plan by the end of November 2015, but this deadline slipped to 31st December. As of 15th January 2016, we were unable to locate many areas' Transformation Plan, although we have been advised by NHS England that they should have been published.

For those charged with leading the local Transformation Planning process, the last few months have been a period in which to develop and set out a blueprint for change. For YIACS, the Plans will act as a measure of whether or not the process has marked the start of something different – or simply 'more of the same'.

3 Survey Methodology

3.1 Online questionnaire

We issued an electronic survey. This can be viewed at:

<http://survey.constantcontact.com/survey/a07ebblzw4lichqf6i9/start>

3.2 Sampling and solicitation methods

We contacted 170 agencies delivering front-line information, advice and counselling services to young people, requesting that they respond via the online questionnaire. An email invitation was sent to a total of 446 email addresses, of which 58 (13%) bounced and did not reach the recipient. Two 'reminder' emails were issued.

3.3 Data collection period

The survey opened on 30th July 2015 and closed on 11th September 2015.

3.4 Survey response rate

Responses were received from 55 agencies during the period, representing a response rate of 32%. It cannot be assumed that respondents were representative of all YIACS.

¹¹ <https://www.england.nhs.uk/wp-content/uploads/2015/05/transformation-plans-guid-lett.pdf>

¹² *Local Transformation Plans Guidance*, p. 9.

4 Findings

4.1 Recognition

KEY QUESTION:

HAS FUTURE IN MIND LED TO GREATER RECOGNITION AND UNDERSTANDING OF THE VCS AND YIACS BY CAMHS COMMISSIONERS?

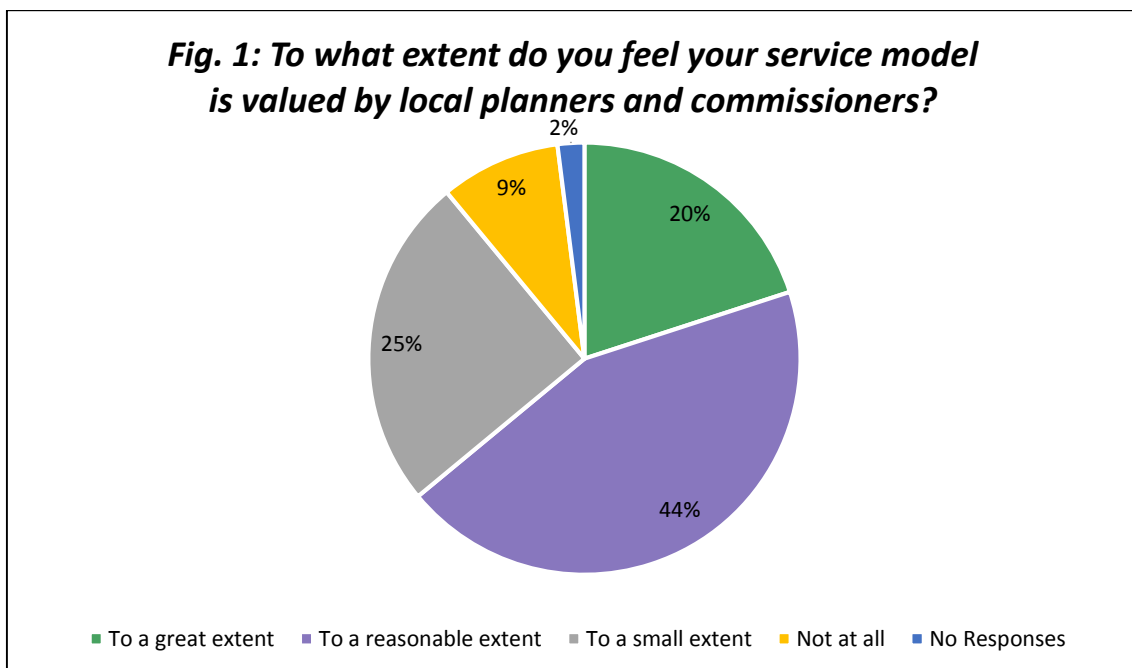
Future in Mind said:

“Crucially, we must make it much easier for a child or young person to seek help and support in non-stigmatised settings. This is where the voluntary sector can be so valuable.”¹³

“[Making mental health support more visible and easily accessible for children and young people]...by every area having ‘one-stop-shop’ services, which provide mental health support and advice to children and young people in the community, in an accessible and welcoming environment. This would build on and harness the vital contribution of the voluntary sector.”¹⁴

Our survey findings:

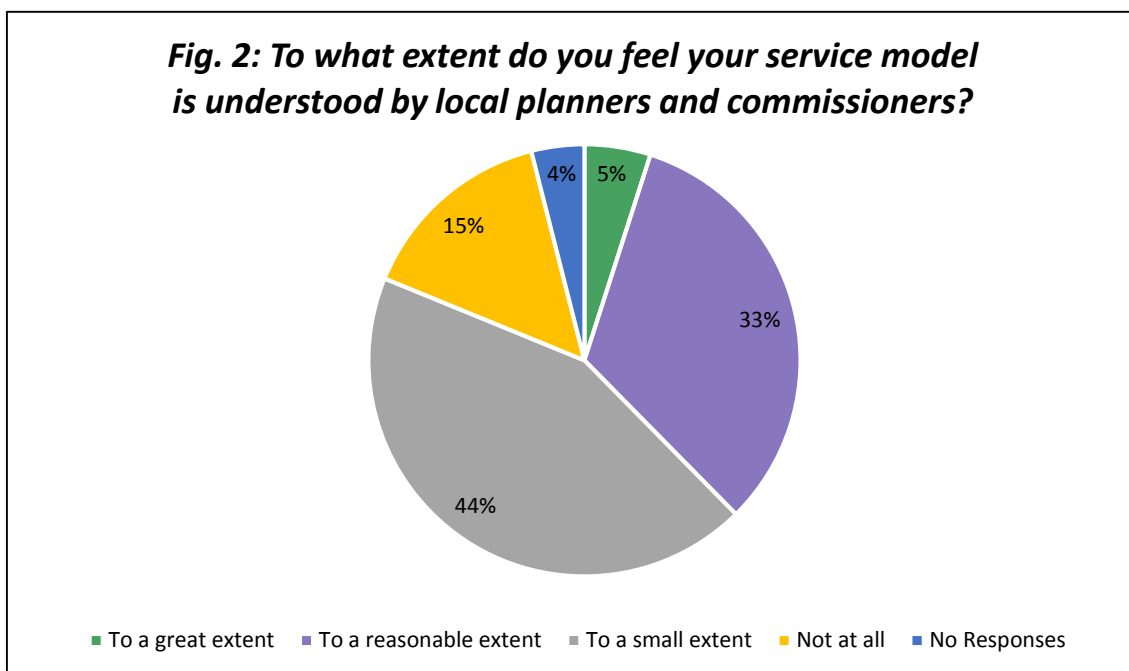
4.1.1 The majority of YIACS (64%) felt that their service model was *valued* by commissioners to either ‘a great extent’ (20%) or ‘a reasonable extent’ (44%). (See Fig. 1.)



¹³ *Future in mind*, Foreword from Norman Lamb, p. 3

¹⁴ *Future in mind*, p. 17

4.1.2 Despite many YIACS perceiving that they were valued by commissioners, only 5% said they believed that commissioners *understood* their service model 'to a great extent'. (See Fig. 2.)

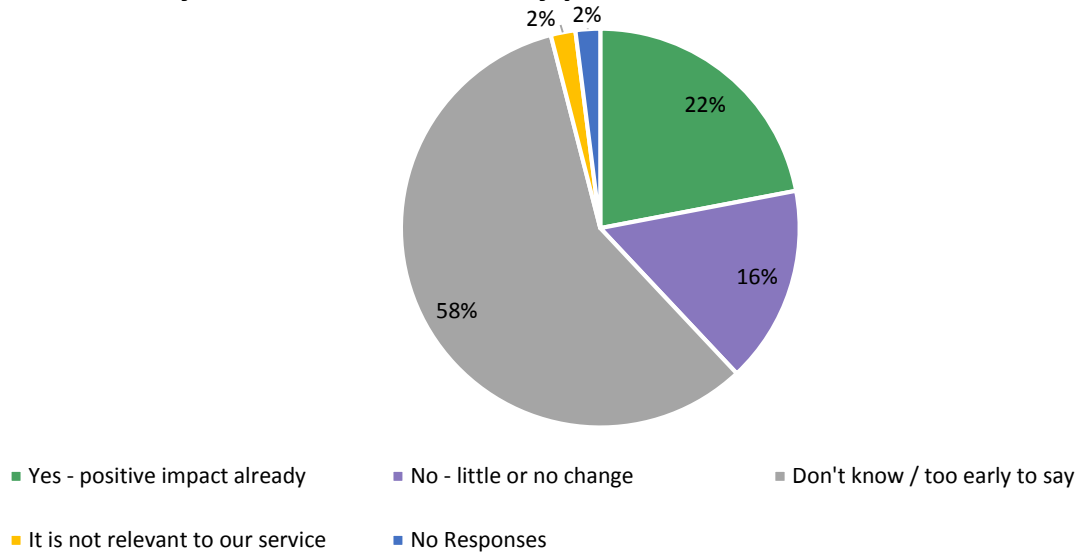


“There is still insufficient understanding of YIACS and the high quality we often work to. We are lumped in with the VCS and many can't distinguish between our high standards and general youth support. NHS can feel threatened by us. The other challenge is that we don't identify ourselves as a "mental health" agency, so this also confuses people as they think this label must be prominent to be a mental health services. Our integrated approach conflicts also with the way things like sexual health and drugs/alcohol are commissioned!”

4.1.3 We then asked YIACS about the impact of *Future in Mind* on how their service is valued by planners and commissioners. One in five reported a positive impact already on how they were valued, but it was too early for many respondents to gauge the impact. (See Fig. 3.)

“It feels like we are being appreciated more and that this may benefit and expand the services in the future.”

Fig. 3: Has Future in Mind and CAMHS Transformation Planning guidance from NHS England made any difference to how your service is valued by planners and commissioners?



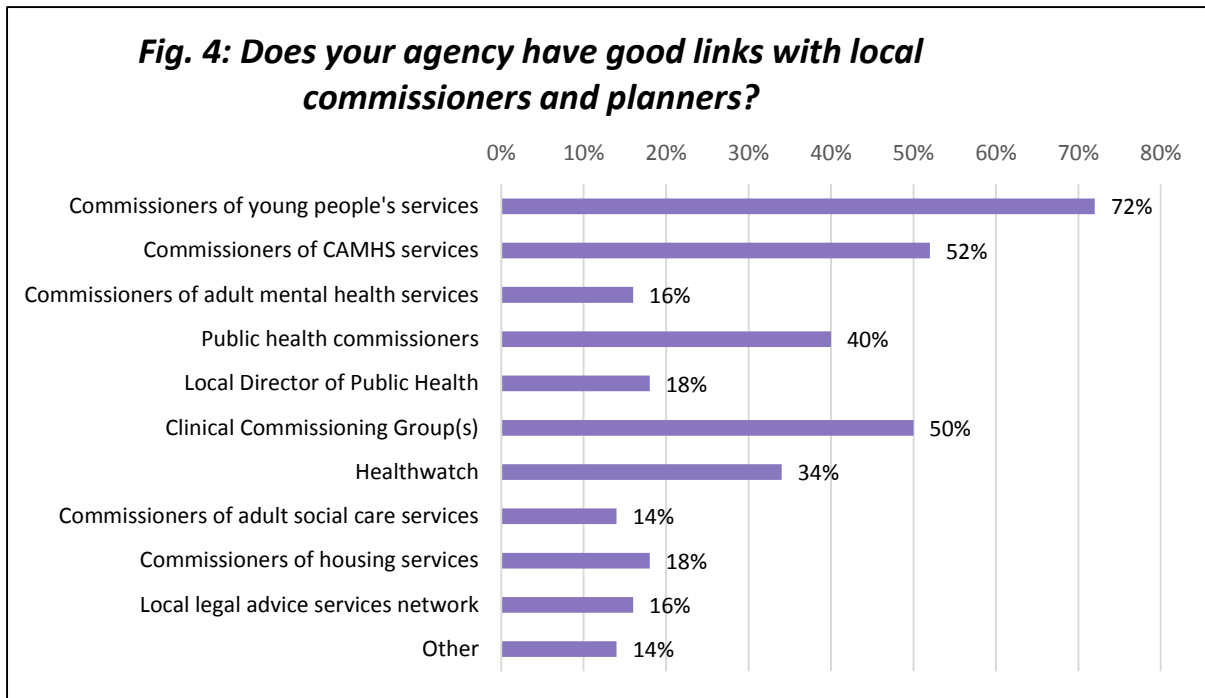
4.1.4 YIACS reported having good links with a wide range of local commissioners, decision-makers and influencers. (See Fig. 4)

4.1.5 YIACS were still most likely to have close relationships with commissioners of young people’s services, although, reflecting major reductions in investment in youth services, there has been a substantial fall in the proportion of YIACS reporting good links in this area (from 96% in 2013 to 72% in 2015).

4.1.6 Although YIACS tend to support young people up to the age of 25, they were far more likely to have links with CAMHS commissioners (52% reported good links) than with commissioners of adult mental health services (just 16%).

“Youth services are reduced in this Borough. Relationships with CAMHS improving and being invited to more meetings.”

4.1.7 The proportion of YIACS reporting good links with CCGs continues to improve (from 15% in 2012; and 35% in 2014; up to 50% in 2015), although some YIACS reported specific difficulties in contacting CCGs.



Conclusion:

4.1.8 This survey was conducted too early to gauge the full impact of *Future in Mind* and CAMHS Transformation Planning on how YIACS are valued and understood by commissioners. The early evidence does not suggest it has had the kind of seismic overnight impact that we might have hoped for. Nevertheless, a significant minority of YIACS report an improvement in how they are valued and more YIACS now report good relationships with CCGs. There is a clear need to improve YIACS' links with adult mental health commissioners.

4.2 Integration

KEY QUESTION:

IS THERE EVIDENCE OF MORE JOINED-UP PLANNING AND COMMISSIONING TAKING PLACE ACROSS SERVICE BOUNDARIES – OR ARE WIDER CUTS REDUCING AGENCIES' CAPACITY TO PROVIDE HOLISTIC SERVICES THAT CAN ADDRESS THE SOCIAL DETERMINANTS OF YOUNG PEOPLE'S MENTAL HEALTH?

Future in Mind said:

"[We must not] focus too narrowly on targeted clinical care, ignoring the wider influences and causes of rising demand"¹⁵

"children, young people and their families may find it particularly difficult to access appropriate services, or services may not be configured to meet their psychosocial needs."¹⁶

¹⁵ *Future in mind*, Foreword from Simon Stevens, CEO of NHS England, p. 7.

¹⁶ *Future in mind*, p. 31.

Transformation Planning guidance said:

“Local Transformation Plans should demonstrate they provide evidence of effective joint working both within and across all sectors including NHS, public health, LA, social care, youth justice, education and the voluntary sector”¹⁷

- 4.2.1 YIACS consider the key to their success to be the holistic package of support they provide, which enables them to take an early intervention and prevention approach by tackling the social determinants of young people’s mental health. Recent research identified strong associations between mental illness in young people, ‘everyday’ social problems and disadvantage,¹⁸ leading Youth Access to call for NHS investment in voluntary sector advice services to address the social determinants of young people’s mental health.
- 4.2.2 YIACS typically provide a wide range of services, with 90% providing counselling/mental health services, three in four providing advice and drop-in services and significant numbers also providing sexual health or drug and alcohol services. However, whilst the last few years have seen an increase in the proportion of YIACS providing counselling services, the numbers providing all other types of services have been diminishing. (See Table 1.)

Table 1: The range of services provided by YIACS

	2011	2015	Change since 2011
Drop-in services	83%	74%	-9
Advice/advocacy/IAG services	80%	76%	-4
Counselling/mental health services	78%	90%	12
Sexual health services	63%	56%	-7
Drug/alcohol services	44%	36%	-8
‘Other’ services[1]	87%	81%	-6

[1] ‘Other’ services include: housing and homelessness-related services and accommodation projects; community education and life skills projects; projects focusing on specific groups of young people (e.g. young carers, young refugees, care leavers); general youth work; and gangs-related work.

- 4.2.3 YIACS once again this year report funding from local authorities to be collapsing and that available funding is increasingly focussed on crisis interventions with young people (with increasingly complex needs), meaning there is less resource for their early intervention work. Health funding to YIACS, meanwhile, is slightly more likely to be increasing than reducing. Few YIACS are experiencing a stable funding situation. (See Table 2.)

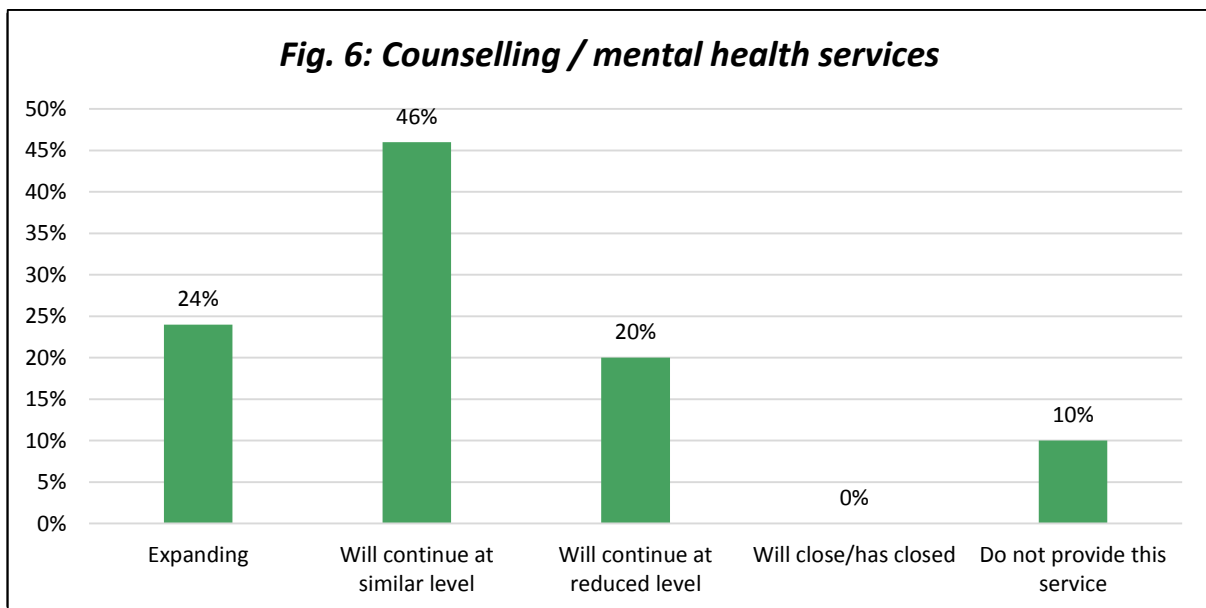
Table 2: How YIACS are being affected by cuts to statutory funding streams in 2015/16, compared to 2014/15

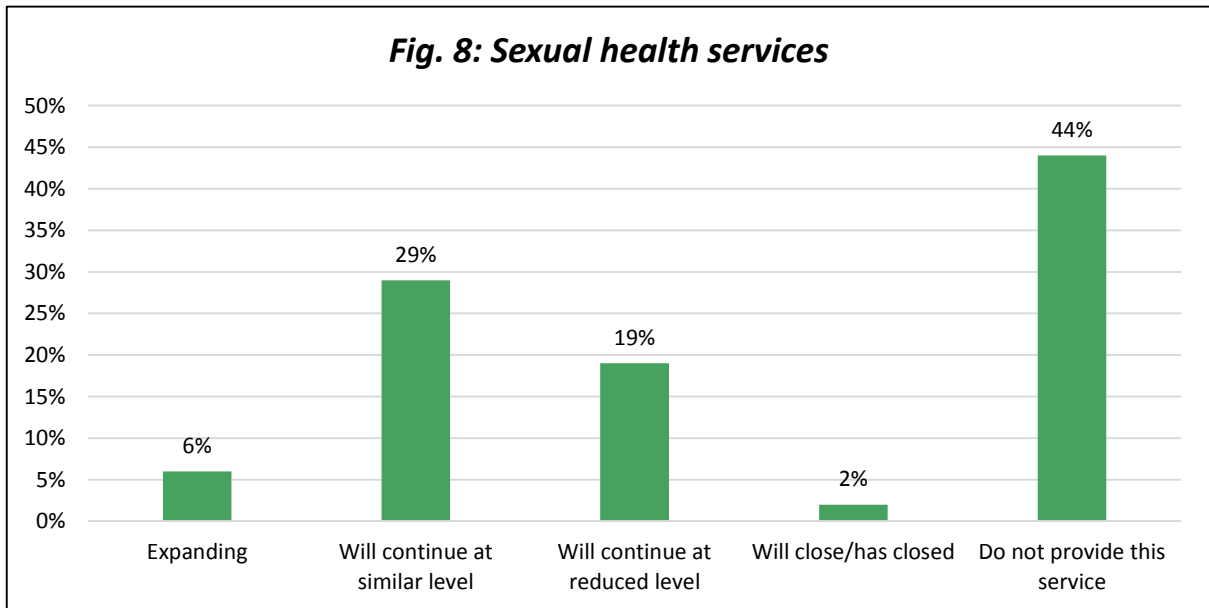
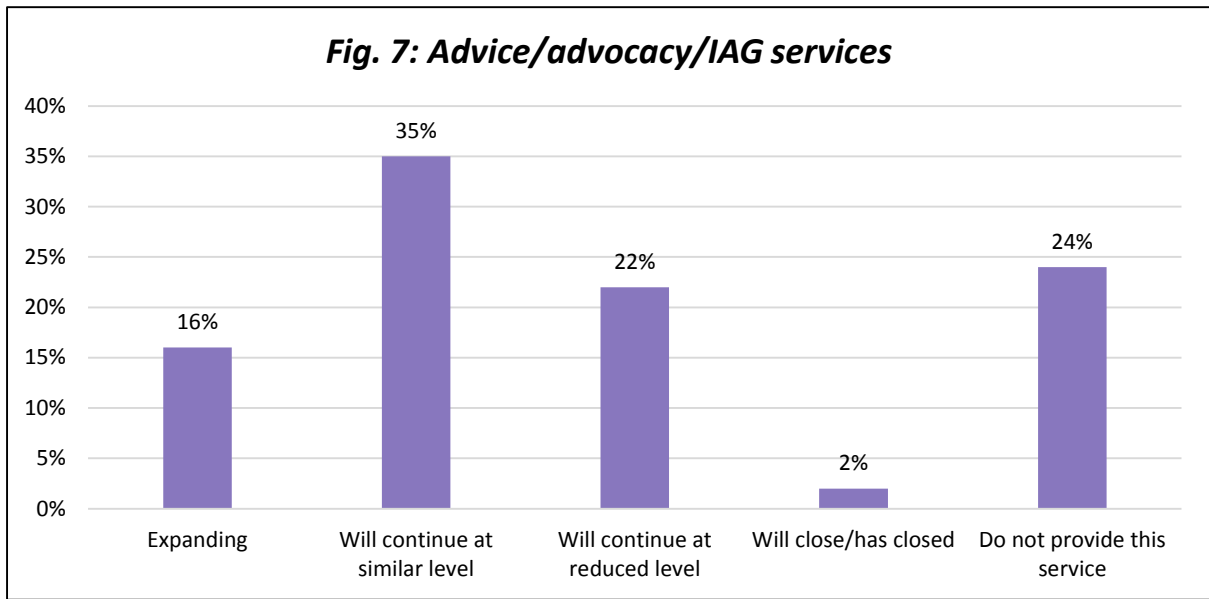
¹⁷ *Local Transformation Plans Guidance*, p. 21.

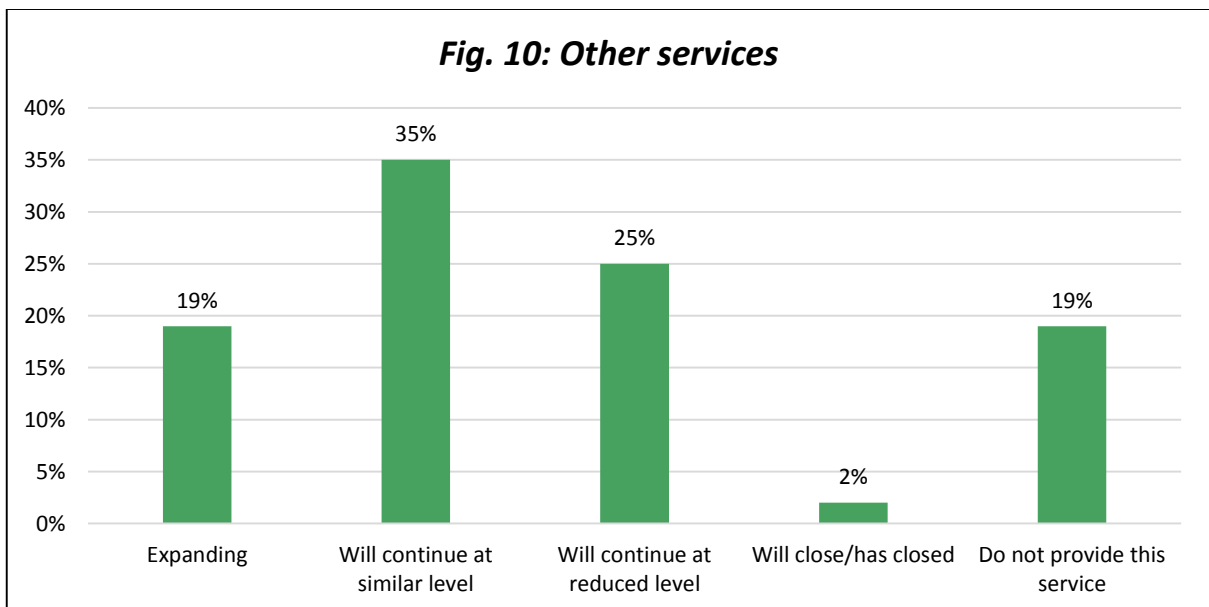
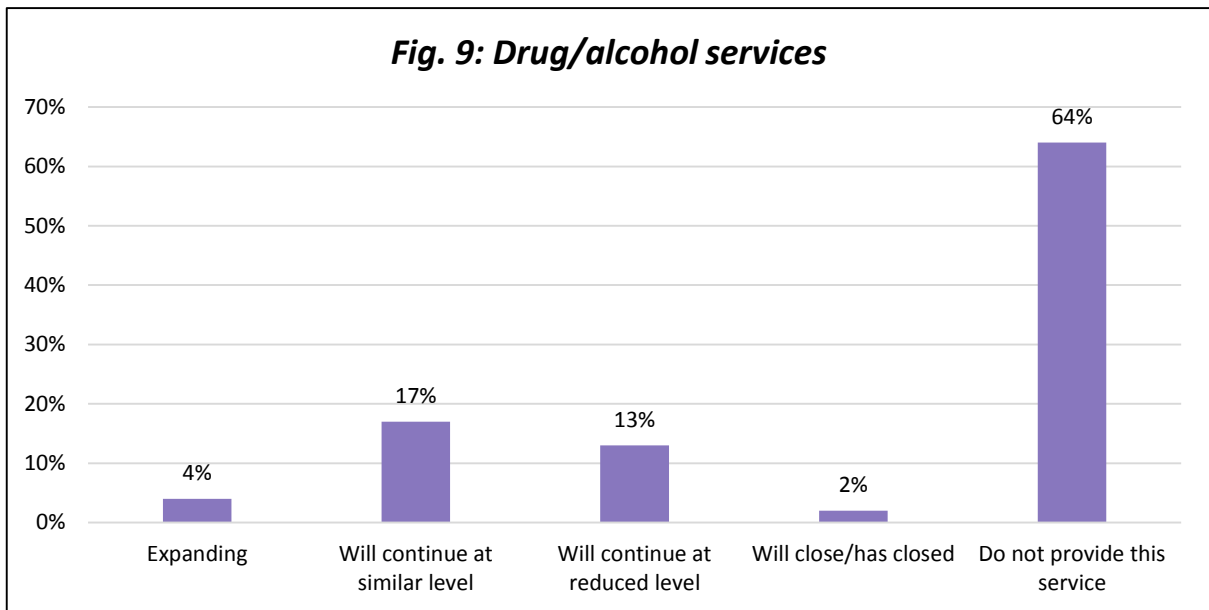
¹⁸ *Health Inequality and Access to Justice: Young People, Mental Health and Legal Issues*, Professor Pascoe Pleasence, Dr. Nigel J. Balmer and Dr. Ann Hagell, Youth Access, 2015.

	Increasing	Reducing	Not affected	None received/sought
Local Authority funding (excluding Public Health)	2%	63%	23%	12%
Health funding (incl. Public Health / CCG / CAMHS / AMHS)	29%	25%	23%	23%
Central Government	7%	9%	16%	68%
Other statutory sources	7%	23%	23%	47%

4.2.4 We asked YIACS to tell us about their ability to sustain their different services this year (2015/16) compared to last year (2014/15), based on the levels of funding they had actually secured at time of responding. As in each of the previous four years, we can see a clear pattern in which funding for YIACS' youth counselling services is faring significantly better than that for their other services. (See Figs. 5 to 10.) Whilst YIACS' counselling services have slightly expanded overall in the last few years, their drop-in, advice, sexual health and drug and alcohol services have undergone a steady decline. (See Appendix 1 for trends from 2011 to 2015.)







4.2.5 YIACS' comments demonstrate that they perceive mental health commissioners to lack understanding of the importance of their non-counselling services in general, and of their drop-in and advice services in particular.

“The work that the coalition and current government have done on transforming young people’s mental health provision has a lot of potential, but I think it depends how authorities / CCG’s interpret how changes are going to be made/funded. There needs to be a similar strategy for

youth advice where funding is identified if the new transformative services are to have the benefit of support of good youth advice. The need to support advice has to be made clear to local authorities in order for them to incorporate it into their commissioning.”

4.2.6 Many YIACS report that general turbulence in their local public services is preventing any effective joining up across service boundaries.

“The continuing reorganisation of services – yet another is happening in the autumn – means planning beyond 3-6 months is impossible.”

“Everything is under review at the moment and there are local authority reviews of social work, youth work and mental health services. This means there is a lack of clarity on the future direction.”

4.2.7 However, a few YIACS report that they are being seen by commissioners as key to successful integration of services.

“[Our city] is embracing the YIACS model and believes that integration cannot and will not be realised without significant involvement from YIACS”

4.2.8 YIACS also report that there is next to no funding available for their core organisational costs. This both inhibits their ability to provide an integrated service and puts them at a disadvantage when competing for contracts with large national charities and NHS trusts.

Conclusion:

4.2.9 Whilst funding for youth counselling services is generally holding up, YIACS’ capacity to sustain their core operations, address the social determinants of young people’s mental health and take an effective holistic approach is being steadily undermined by local authority cuts to their wider services. YIACS’ integrated model and young people’s inter-related needs require integrated commissioned, but there is little evidence of effective joined-up planning taking place across service boundaries. However, the timing of the survey may have been too early to pick up on the full effect of CAMHS Transforming Planning processes, so this is an issue to explore in more depth in our follow-up survey.

4.3 Transitions

KEY QUESTION:

IS COMMISSIONING BECOMING MORE JOINED-UP ACROSS AGE BOUNDARIES AND MEETING THE MENTAL HEALTH NEEDS OF YOUNG ADULTS?

Future in Mind said:

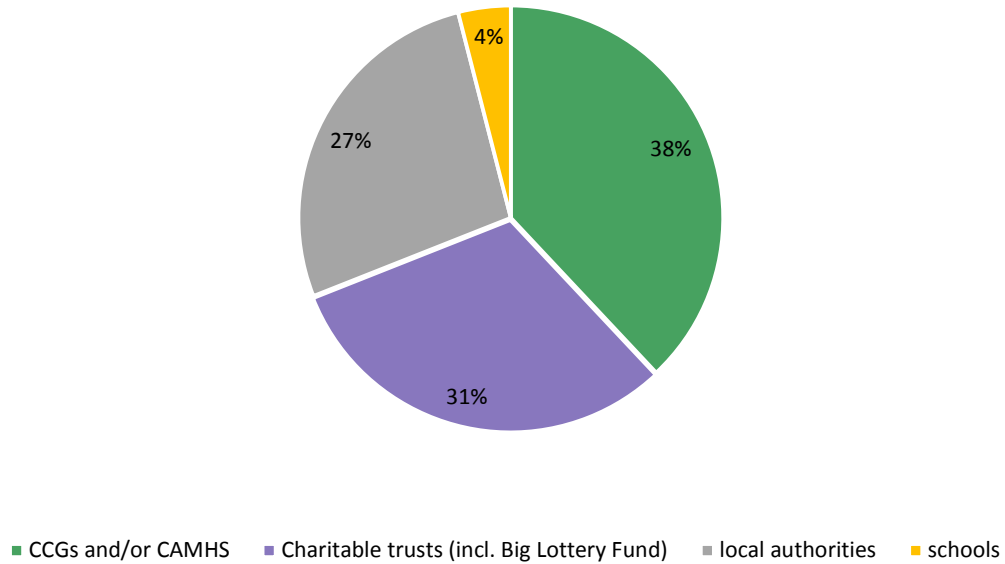
“Young people transferring from children and young people’s mental health services differ from those leaving physical services in that, for many, adult mental health services are either not available or not appropriate.....Youth Information Advice and Counselling Services (YIACS) usually operate over the age of transition, often up to the age of 25....We recommend flexibility around age boundaries...with joint working and shared practice between services to promote continuity of care”¹⁹

Our survey findings:

- 4.3.1 We asked YIACS to tell us where their funding for counselling and mental health services was coming from and with what age groups they were funded to work.
- 4.3.2 The most common sources of funding were CCGs and/or CAMHS, which accounted for 38% of counselling/mental health funding awards by number. Charitable trusts (including Big Lottery Fund) accounted for 31% of awards, with local authorities contributing 27%. The remaining 4% of awards came from schools.

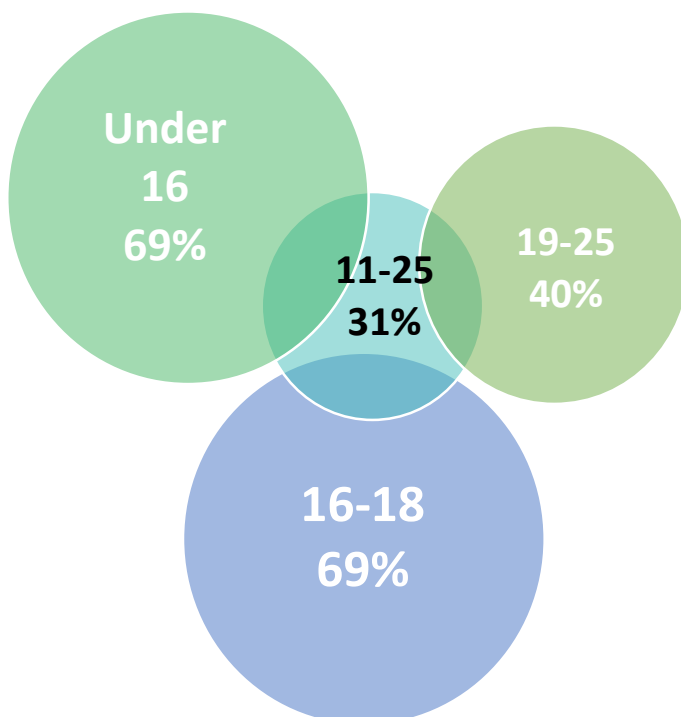
¹⁹ *Future in mind*, p. 48.

Fig. 11: Funding sources for YIACS' counselling and mental health services (as a percentage of total number of funding awards to YIACS for counselling/mental health services)



4.3.3 69% of funding awards to YIACS for counselling and mental health services enabled work with young people under the age of 16 (typically 11-15 or 13-15 year-olds) and a similar proportion (69%) targeted 16-18 year olds. Rather fewer awards (40%) allowed for work with young adults aged 19-25. Just under a third of funding awards were for services working right across the 11-25 age range (31%).

Fig 12: Target age range of funding awarded to YIACS for providing counselling and mental health services (Figures represent the percentage of the total number of funding awards)



- 4.3.4 Funding from charitable trusts tended to be the most flexible in terms of the age groups it enabled YIACS to work with.
- 4.3.5 A few YIACS indicated that they expected to see services commissioned across a wider age range in the future, but others were less optimistic.

“Local commissioners are committed to providing a 0-25 year old CAMHS in future.”

“Commissioners do seem to be aware of Future in Mind report but hugely disappointing to see a new commission being released after this report went public which only allows for service to 18 – this is my biggest worry about the extent to which commissioners really get the transition issue.”

Conclusion:

- 4.3.6 It is encouraging that nearly a third of all funding awards to YIACS for counselling and mental health services already allow for work across the entire 11-25 age range. However, funding from statutory funders (both in the NHS and local authorities) is still too often focussed on specific age groups, there is too little funding focussed on the key young adult group and there is little evidence of joint commissioning across CAMHS and AMHS. It will be interesting to see how this changes following the implementation of Transformation Plans.

4.4 Transformation

KEY QUESTION:

ARE COMMISSIONERS TRULY COMMISSIONING FOR CHANGE AND CHANNELLING INVESTMENT TOWARDS COST-EFFECTIVE VCS MODELS, I.E. YIACS – OR ARE VESTED INTERESTS WITHIN THE NHS SYSTEM LEADING TO PROTECTIONISM?

Future in Mind said:

“[To improve access]...Provide a key role for the voluntary and community sector to encourage an increase in the number of one-stop-shop services based in the community. They should be a key part of any universal local offer, building on the existing network of YIACS (Youth Information, Advice, and Counselling Services). Building up such a network would be an excellent use of any identified early additional investment.”²⁰

“there are barriers in the system itself which prevent change”²¹

“Developing an effective local system of care and support requires access to diverse and flexible services....our assessment is that those local areas exhibiting best practice...have harnessed the strength of the voluntary and community sector.”²²

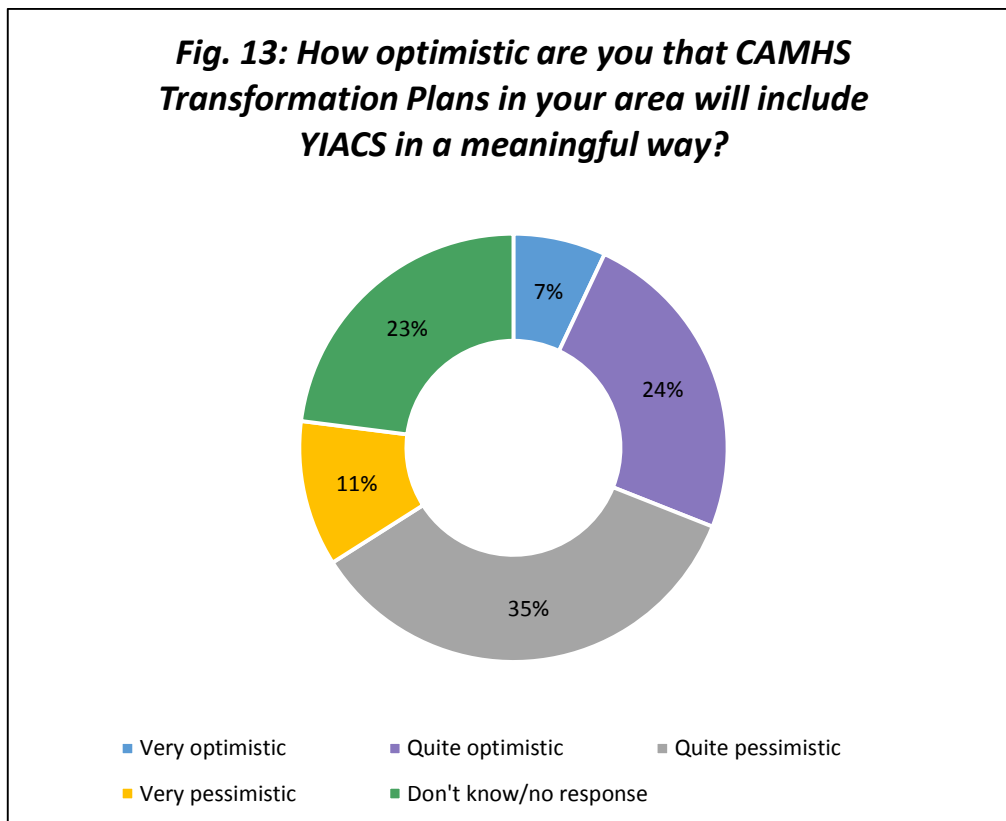
²⁰ *Future in mind*, p. 43.

²¹ *Future in mind*, Foreword from Norman Lamb, p. 3.

²² *Future in mind*, p. 59.

Our survey findings:

- 4.4.1 The ultimate test for the YIACS sector of the difference made by *Future in Mind* is whether it leads to greater investment in YIACS. The survey was conducted too early to gauge actual changes in commissioning patterns, so we asked YIACS how optimistic they were that CAMHS Transformation Plans in their area would include YIACS in a meaningful way.
- 4.4.2 Nearly a third (31%) felt optimistic that Transformation Plans in their area would include YIACS, but respondents were more likely to feel pessimistic (46%). (See Fig. 13)



- 4.4.3 We asked YIACS to tell us how they were faring in the early stages of CAMHS Transformation Planning in their area. Comments revealed wide disparities in experiences – with some YIACS filled with hope that greater investment would come their way, whilst others were less optimistic that significant change would result.

“I have been able to start a dialogue with the Commissioner for CAMHS in our target borough. I am hoping we can look at commissioning scope through this new dialogue.”

“New CCG Commissioning opportunities are two years in the making and, although there is some acknowledgement that services can be provided through a range of different providers, I don't see any changes happening soon. So, for projects like ours, it's important to try and secure funding until future opportunities become available, even then, we will not be able to apply for tenders on our own, we will need to be part of a consortium bid. I'm not sure what the future will be for us. Projects like ours will only be missed once they are gone!”

“We are being told that CAMHS need our support, but that they have no money because their budgets are being cut. The GP's are doing the same, which puts us under considerable strain trying to meet the needs of our community.”

“We have been involved in initial meetings about Transformation Plan but unclear yet how much we will directly benefit as [local authority] seem to feel they already have services to meet FiM recommendations (i.e. ourselves and the other local YIACS) and therefore are looking to focus new resources on addressing autism waiting list and early intervention (under 5s). We are arguing high need for new resources for us to meet increasing demand.”

“CCG are going to give us some funding this year for the first time. We are also part of the CYP-IAPT with one trainee.”

“Future in Mind agenda is contributing to additional funding in the borough, however whether this will reach our service at TIER 2 remains to be seen as service currently out to tender”

“It's looking positive that a one-stop-shop/YIACS model is now included in the evolving transformation plan which we've been well involved in. The CCG have been very inclusive in looking at the future of MH services – but then I guess that's what we'd expect if there's a full JSNA taking place!”

“There are distinct differences between the approach of the various authorities in which we work. At the moment [local authority 1] seem to be most aligned and enlightened about emotional well-being and a complete tier 2 service re-design which is being led by the third sector YIACS.”

“Local authority discussions about our future shape and direction have been taking place at the same time as a major change in the provider for mental health services in the City. It remains to be seen how much involvement the new provider [Foundation Trust from another area] will want with existing local services.”

4.4.4 Cuts to local authority-managed public health budgets appear to represent a significant threat to achieving an overall improvement in YIACS' statutory health funding.

“I have just received a letter from Public Health stating that our current funding is likely to be reduced based on the recent £200m reduction highlighted by the Department of Health.”

“Unfortunately, the CCG is leaning towards using all the funding to maintain CAMHS, and our public health commissioned service may therefore be at risk after this year. It feels as if the cuts to CAMHS may jeopardise the shifting of resources to early intervention work. Our Public Health commissioner is really keen to persuade [local authority] to more widely support the development of our YIACS model, but we may end up being a casualty of the power struggle between the Public Health prevention agenda and the CCG medical model of specialist CAMHS.”

4.4.5 Several YIACS expressed concerns about vested interests within local authorities and the NHS leading to increasing levels of protectionism:

- Some commissioners are perceived to be prioritising the protection of their own and colleagues' jobs above meeting young people's needs, which some YIACS perceive to have fallen well down commissioners' list of priorities.
- NHS Trusts were accused of giving CAMHS work to themselves rather than involving the VCS, regardless of respective track records.
- Some commissioners are seen as preferring to award tenders to large national organisations or their own spin-out organisations.

“With pressures on Local Authorities to make savings, we have found them less likely to fund small and medium organisations. Local Authority officers are more concerned with protecting their own positions than spending money externally. Where they are looking outside, it is generally to their own 'Spin Out' organisations or their ex-colleagues. Commissioners seem to understand little of the services they wish to commission or the needs of service users and will often use a specification that has been created elsewhere in the country even though the needs may be very different.”

“The main fear is that NHS providers will try to mimic the [YIACS] model and do it badly.”

“There needs to be an independent inspector looking out how austerity measures are applied. Frontline services are being closed and there is no clear reason as to what stays and what goes. It's all down to the middle manager with the loudest voice or sphere of influence not on the needs of the public.”

“The government need to put a pot of money aside for the voluntary sector youth counselling, information/advice services. This money should not be distributed via clinical commissioning groups. It would be better if it was managed by either BBC Children In Need or Comic Relief who are used to dealing with the voluntary sector. I think it is important that government and local authorities link up with these as it would be a fairer way of distributing the money. Also more cost effective than all the money that is wasted by commissioners holding endless meetings with additional wastage and red tape that is not necessary.”

Conclusion:

4.4.6 In some areas, the signs that greater investment in YIACS will follow on from Future in Mind are extremely positive. However, in general, YIACS are quite distrustful of local commissioners' capacity to invest monies according to need and in the most effective services – and of the underlying rationale and motivations for commissioning decisions. Cuts to local authority budgets (including Public Health) and increasing pressure on NHS resources may prove particularly unhelpful in this context.

4.5 Co-production

KEY QUESTION:

ARE THE VIEWS OF YOUNG PEOPLE AND THE VCS BEING TRUSTED BY COMMISSIONERS AND BEING BROUGHT TO THE FOREFRONT OF PLANNING?

Future in Mind said:

“We believe that asking people who use services what they think about what happens now is vital. They are the ones who know what needs to change.”²³

NHS England’s Transformation Planning guidance said:

“Local Transformation Plans should demonstrate they have been designed with, and are built around the needs of, CYP and their families”²⁴

“Plans [must] evidence: ...arrangements for engagement and partnership working including with children, young people and those who care for them”²⁵

“Who is leading the development of this Plan? (...Please list wider partnerships in place, including with the voluntary sector....)”²⁶

Our survey findings:

- 4.5.1 We asked YIACS to tell us how they had been involved in the early stages of Transformation Planning in their area. (See Fig. 14)
- YIACS were most likely to have been invited to meetings (45%) or to have submitted evidence or commented on plans (39%).
 - Only 10% of YIACS said they felt central to the CAMHS Transformation Planning process.
 - Just 16% of YIACS said that their users’ views had been sought – raising questions about how exactly CCGs have been involving young people in their plans.
 - 37% of YIACS said they had had ‘no involvement’ so far.
 - 12% of YIACS said they felt ‘excluded’ from the Transformation Planning process.

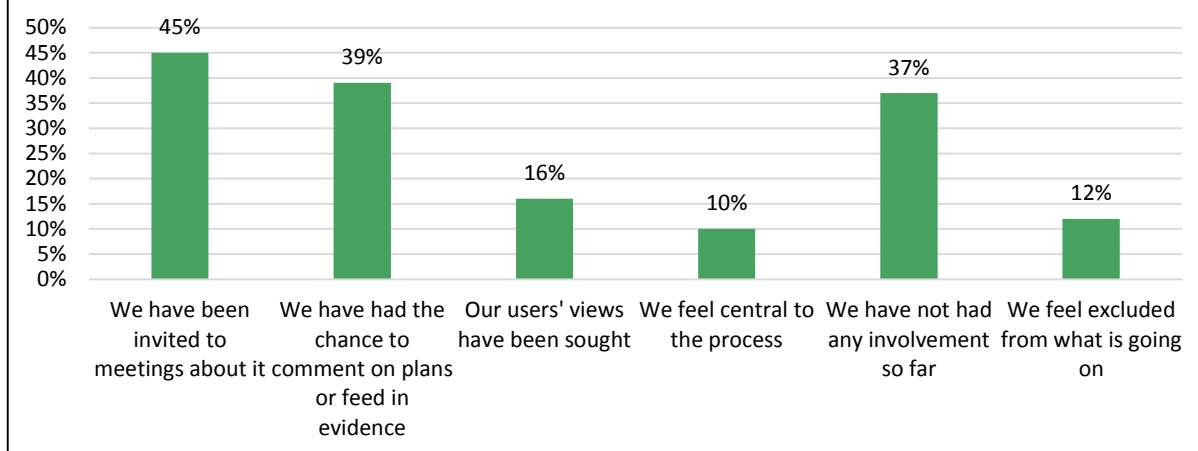
²³ *Future in mind*, p. 9.

²⁴ *Local Transformation Plans Guidance*, p. 21.

²⁵ *Local Transformation Plans Guidance*, p. 23.

²⁶ *Local Transformation Plans Guidance*, p. 27.

Fig. 14: What involvement or influence have you had so far in CAMHS Transformation Planning?



“In June 2015, staff from our service were asked by CCG to be part of the reference group for the local Transformation agenda. We have contributed information and statistics to the self-harm group by email, but as yet have not been invited to attend any other meetings.”

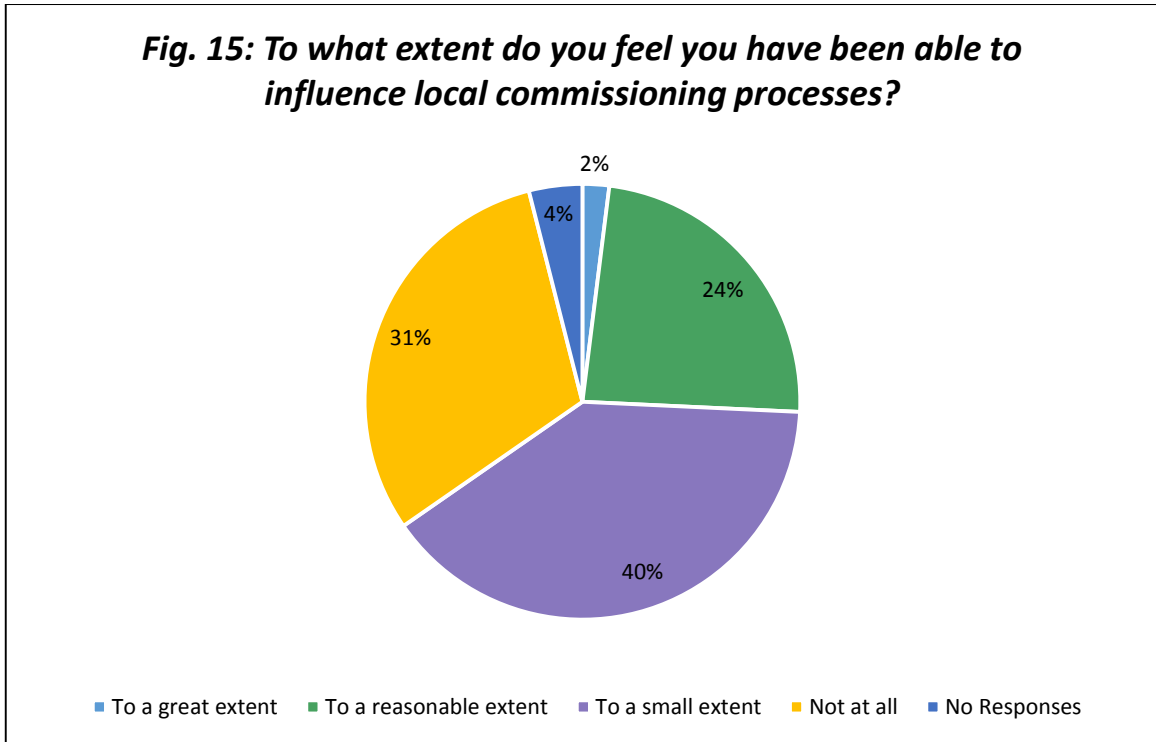
“We have attended one event and combined with the other YP counselling services in the county to produce numbers of YPs seen last year along with top 5 presenting issues they have. We wrote a piece evidencing the work the YP services in the county do and how they address the requirements of the Transformation Plan, but we have had no feedback yet.”

“We are very involved with the Transformation Plan and are influencing what is put together, but ultimately the only real measure of success will be if the additional funds are invested in YIACS and there is no guarantee.”

“Everything is being reviewed right now, so we've been trying to feed in as much as we can, forward briefings and so forth.”

4.5.2 Generally, YIACS felt that their influence over local commissioning processes and decision-making was limited, with only one respondent considering the extent of their influence as ‘great’. (See Fig. 15)

Fig. 15: To what extent do you feel you have been able to influence local commissioning processes?



“In truth I don't personally feel I have any kind of influence or power in relation to the local CAMHS Transformation Planning. I have faith that we are being considered, but only for what we can provide at a cheap rate.”

“I have sent in papers and ideas and we have led consultation projects, but we feel out of the loop in terms of where decisions are being made and how to influence them.”

Conclusion:

4.5.3 There is little evidence that YIACS and their users were involved in the early stages of Transformation Planning to the extent expected of CCGs by the Department of Health and NHS England. Where YIACS were involved, they generally had low levels of confidence about their ability to influence local commissioning processes.

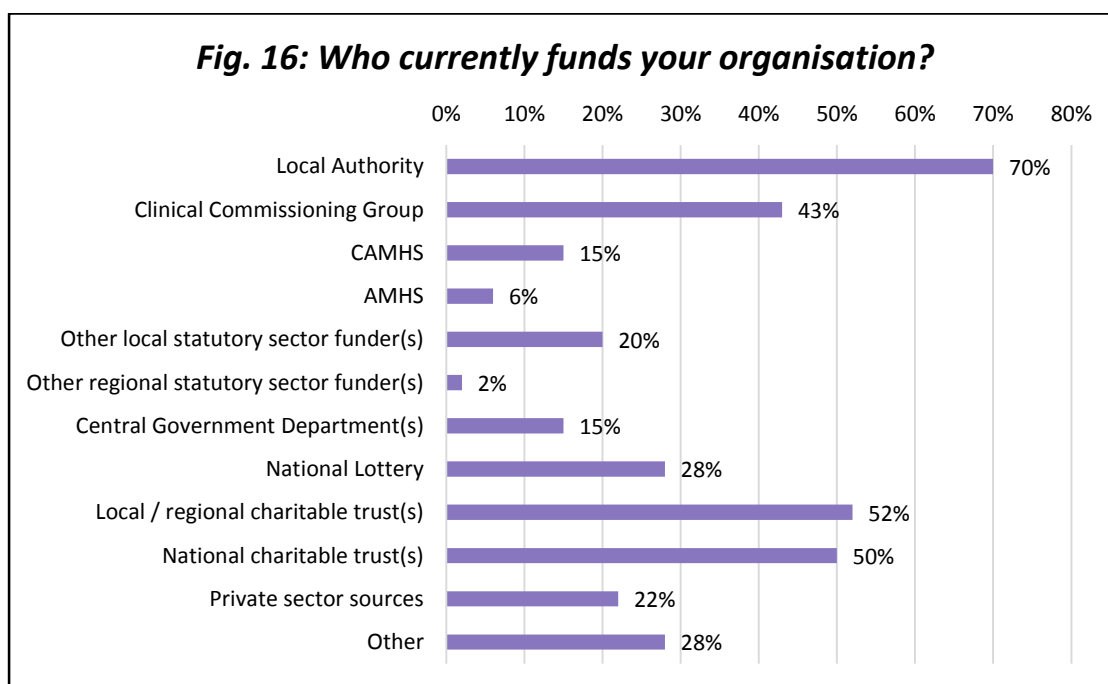
4.6 Stability

KEY QUESTION:

WHAT IS THE CURRENT FINANCIAL POSITION OF YIACS – AND HOW ARE CURRENT FUNDING UNCERTAINTIES IMPACTING ON THEIR CAPACITY TO MEET DEMAND

4.6.1 Sources of YIACS' income

- YIACS' main source of income remains local authorities (see Fig. 16), but this is diminishing rapidly and is increasingly subject to competitive tendering processes. There are major fears for the viability of organisations that are reliant on local authority funding.
- Funding from health sources is slightly increasing overall, although 25% of YIACS report reductions.
- YIACS are becoming increasingly reliant on charitable trust funding, but there is increasingly intense competition for relevant grant pots.



4.6.2 Income trends

- YIACS whose income last year (2014/15) ended up being higher than the year before slightly outnumbered those whose funding went down. (See Fig. 17)
- Roughly equal numbers of YIACS expected their income this year (2015/16) to rise as to fall. (See Fig. 18)
- No YIACS expected their organisations to close down in the next 12 months, but a quarter were not certain of their survival. (See Fig. 19.)
- Many YIACS are anxious about their long-term future viability due to continuing austerity and the lack of funding for core costs. Many fear the cancellation of expected tenders and in-year cuts to existing grants and contracts from local authorities.
- The short-term nature of much available funding is having a major impact on agencies' ability to plan ahead.

Fig. 17: How did your actual income in 2014/15 compare to that in the previous year 2013/14?

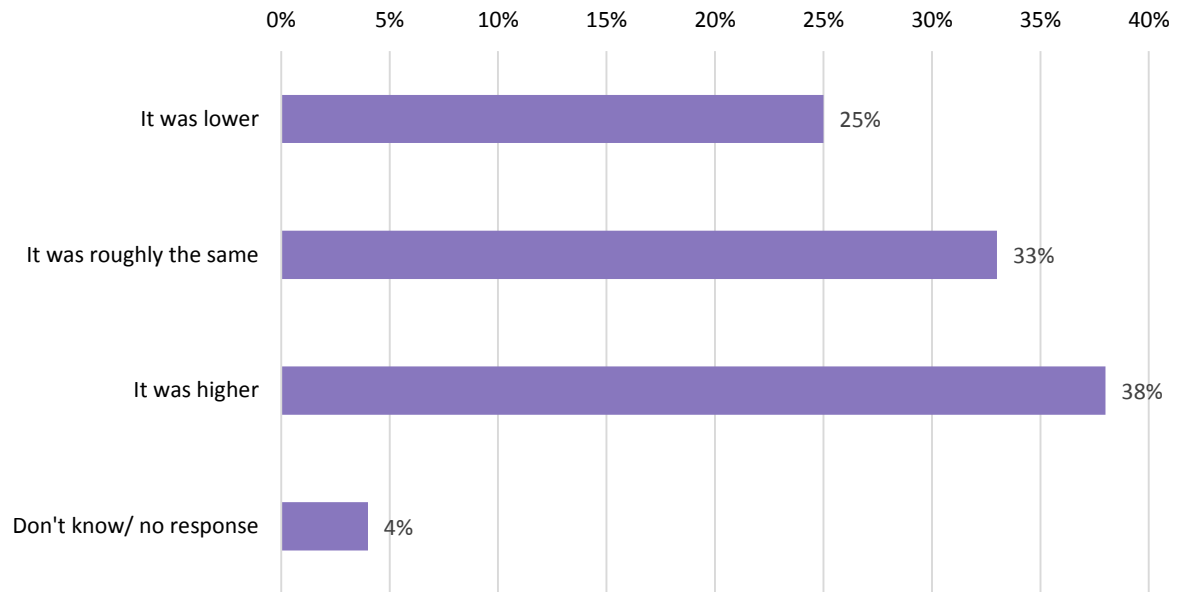


Fig. 18: How do you expect your overall income in 2015/16 to compare with that for 2014/15?

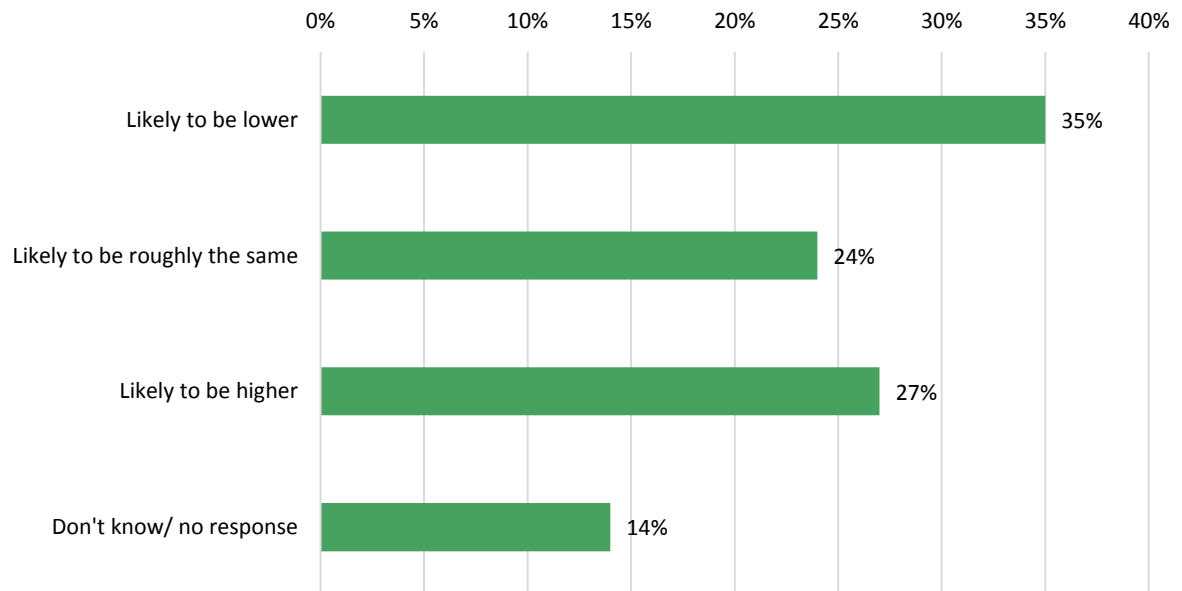
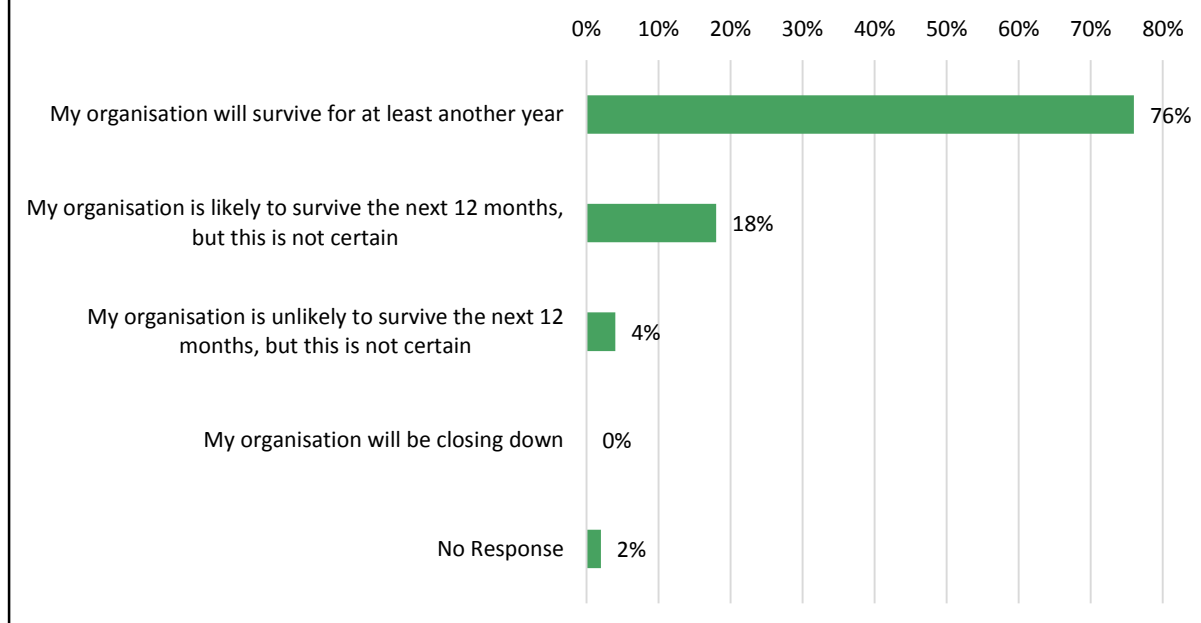


Fig. 19: Do you expect your organisation to survive the next 12 months?



4.6.3 Changing demand

- YIACS overwhelmingly reported demand rising yet again (as every year since 2009) – 89% said that overall demand had increased in the previous 12 months; 11% said it was ‘roughly the same’; and none reported decreasing demand. (See Fig. 20)
- The majority of YIACS were not confident of meeting demand over the next 12 months.

“Whatever we do to increase our capacity, we still can’t keep pace with demand”

“We have had to develop and equip our workforce to be competent to take on increasing complexity in case work and cope with increasing demand”

“Staff are under intolerable pressure”

- Key areas of increasing demand were:
 - Mental health – including common mental health problems such as anxiety and depression, but also more severe mental health problems, self-harm and suicidal ideation.
 - Social welfare problems – housing, homelessness, benefits, debt and, increasingly, destitution.

“Our main priority now is to increase the capacity of our counselling service due to the increase in demand.”

“We are supporting more and more young people with social issues impacting on their mental wellbeing, e.g. housing, benefit sanctions, homelessness is increasing”

“Huge increases in sanctions and benefits advice”

“Young people turning up hungry with no money at all”

- The influence of digital and social media has emerged strongly in our survey for the first time.

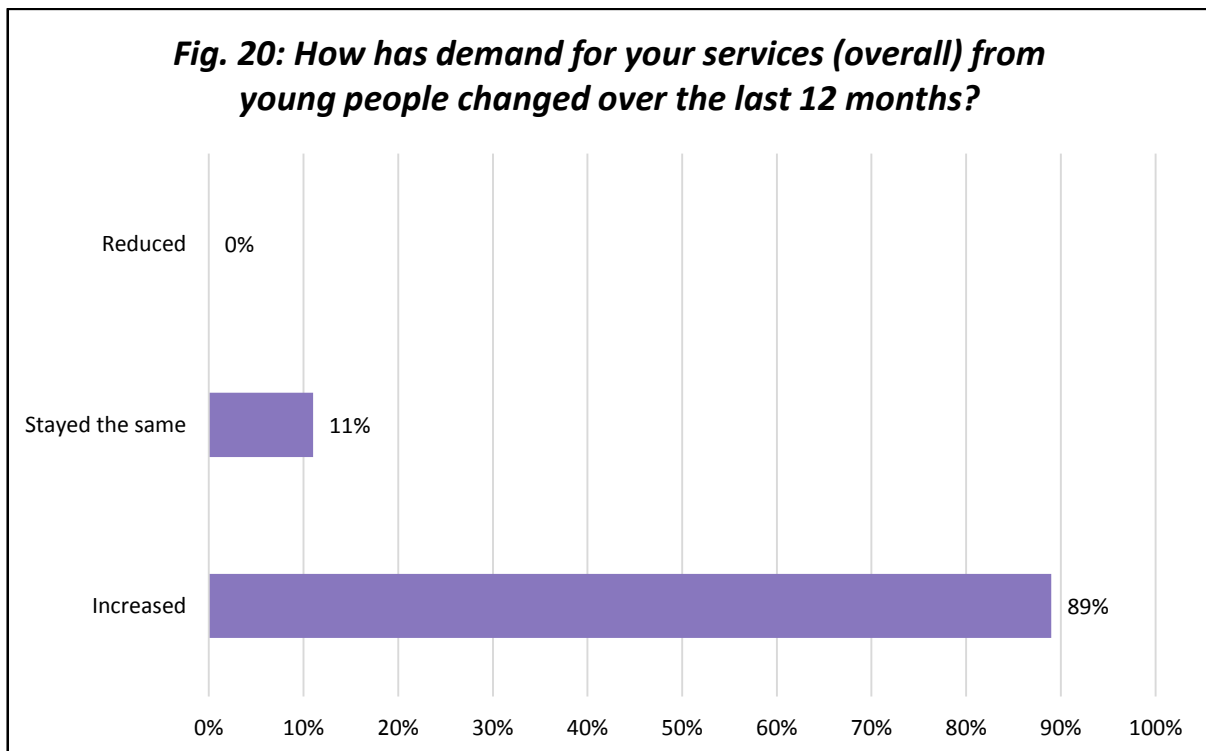
“The influence of social media is increasing in terms of bullying and victimisation and pressure to be part of social groups.”

- Many YIACS cited an increase in complex, multiple problems and young people in risky situations who aren't being picked up by other services or are only given ineffective or short-term help by statutory services.
- Many agencies cited increased referrals from GPs, Children's Services, CAMHS, social workers, teachers in schools and colleges. This was attributed partly to local authority cuts and increased referrals from the remaining statutory services. There was no funding following clients from these services to the YIACS.

“Referrals have doubled over the last 2 years, from around 1,000 young people to over 2,000.”

“Our local CAMHS services have upped their criteria, so cases which we consider serious are bounced back to us on referral.”

“Our city still has an underdeveloped Personality Disorder network, so these clients often present in counselling”



4.6.4 Uncertainty

- The key theme emerging from responses is the high degree of uncertainty faced by many YIACS as a result of short-term funding and occasionally chaotic commissioning.

“Our funding is short term from one year to the next, often not knowing until the eleventh hour whether or not it is to be renewed. We have had no increase for many years and so in real terms funding has reduced year on year.”

“Most funding opportunities are back to one year only, time limited, targeting etc. which does not help charities maintain stability.”

“I am hopeful that we will be around next year, although our funding has been on an annual basis for the last four years, which has been a little stressful, although not uncommon across the sector.”

Conclusion:

4.6.5 Although there are signs that NHS spending on YIACS' counselling and mental health services is holding up, if not slightly increasing, this is counterbalanced by the collapse of local authority funding which has previously resourced YIACS' wider services. The prospect of continuing austerity and the uncertainty created by short-term funding represent significant threats to the stability of YIACS, their holistic service model and their capacity to meet ever-rising demand.

5. Next Steps

The result of local Transformation Planning processes will shape the futures of many YIACS over the next few years, so this is a critical agenda for our sector.

As our survey was conducted in the relatively early stages of local Transformation Planning processes, it proved to be too soon for many YIACS to be sure to what extent they would either be included in the final plans or favoured in future commissioning processes.

We intend to re-contact all respondent organisations again once local Transformation Plans have been published in order to conduct a follow-up survey. This will enable us to examine progress against the themes explored in this report.

In addition, we will continue to:

- develop the evidence base for the effectiveness and cost-effectiveness of YIACS;
- advocate for investment in young people's mental health services to better reflect the evidence base on effective models of delivery;
- support individual YIACS in their endeavours to be recognised as key providers of young people's mental health services.

For **further information** about our work, please contact us:

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Appendix – Trends - Key Indicators

We have been running regular surveys of YIACS over the last few years, enabling tracking of trends against a number of key indicators

Theme	Indicator	2011	2012	2013	2015	Trend
Funding sources	Percentage in receipt of funding from:					Reducing reliance on LA funding; increasing income from private sector; trust funding steady
	- local authority	90%	83%	78%	70%	
	- national charitable trusts	n/a	48%	53%	50%	
	- private sector	n/a	9%	16%	22%	
Income in last financial year	Net 'increased' vs. 'reduced' compared to previous year	-78	-30	-4	+13	Income increasing slightly for first time
Expected income next year	Net 'higher' vs. 'lower' compared to current year	-78	-42	-22	-7	Still negative, but improving
Organisational survival expectations	Net 'will survive' or 'likely to survive' for at least another year vs. 'closing' or 'unlikely to survive'.	+76	+100	+92	+91	Stable – most organisations reasonably positive
Specific services	Net 'expanding' vs. 'reducing/closing'					
	- Drop-in	-62	-23	-32	-17	Steady reduction – but slight improvement in trend this year
	- Advice	-70	-7	-34	-11	Steady reduction – but improvement in trend this year
	- Counselling	-44	+3	+5	+5	Holding steady – v. slight improvement again
	- Drugs/alcohol	-72	-17	-40	-29	Steady reduction – but slight improvement in trend this year
	- Sexual health	-57	-12	-39	-26	Steady reduction – but slight improvement in trend this year
	- Other services	-67	+12	-5	-9	Holding steady – slight deterioration this year
Demand	Net 'increased over last year' vs. 'reduced'	+80	+81	+82	+87	Demand rising consistently
- Change						
- Capacity to meet	Net 'expect to meet demand' vs. 'do not expect to meet demand'	-15	-2	-8	-6	Capacity to meet demand holding steady
Commissioning	Net 'great/reasonable	n/a	-43	-50	-46	Little change from previous years – YIACS' perception of influence
- Influence over						

	extent' vs. 'small extent/none'					over commissioning remains moderate
- YIACS model understood	Net 'great/reasonable extent' vs. 'small extent/none'	n/a	n/a	n/a	-20	n/a
- YIACS model valued	Net 'great/reasonable extent' vs. 'small extent/none'	n/a	n/a	n/a	+30	n/a
- Future in Mind impact	Net 'positive impact' vs 'little/no change'	n/a	n/a	n/a	+6	n/a
- YIACS' inclusion in CAMHS transform. plans	Net 'very/quite optimistic' vs. 'quite/very pessimistic'	n/a	n/a	n/a	-14	n/a

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