



**Commissioning young people's  
counselling services in YIACS  
a toolkit for managers and  
fundraisers of YIACS**

*youth*  
**ACCESS**  
to information, advice and counselling

The national membership organisation for young people's information, advice, counselling and support services (YIACS) working with thousands of young people across the country on a daily basis

## Youth Access and YIACS

Youth Access membership agencies of Young People's Information, Advice, Counselling and Support Services (YIACS) are the largest provider of young people's counselling services across the UK; the biggest recruiter of paid and volunteer counsellors; offering counselling to thousands of young people aged 13 to 25 across the country on a daily basis. Counselling is free with many access routes into the service including drop-in, self or supported referral. Many YIACS provide these services 'under one roof', a model that is seen to be especially appropriate for young people.

Youth Access promotes the development, management, supervision and delivery of youth counselling in a framework of national quality standards and values and principles that set out young people's rights and entitlement to access services.

Youth Access expects its member agencies to provide services to young people within a nationally recognised quality standards framework implementing its 'values' and 'core principles'. Counselling services are also expected to be a member of the BACP or UKCP.

## The a2c project

This Youth Access toolkit for YIACS and its companion guide for Children Trust and health commissioners are the final products of the 'Access to Counselling project' (a2c) funded by the Department of Health. a2c aims to improve young people's access to a range of comprehensive emotional and mental health services by enabling voluntary and community sector youth counselling organisations to be effectively integrated into the planning and commissioning of local services.

The a2c project has been informed by an independent national evaluation of YIACS' by HarringtonYoung. This included a survey of YIACS in Youth Access membership, and telephone interviews with a selected sample of responding agencies and key individuals including commissioners.

The evaluation's findings<sup>1</sup> have been used to support YIACS' preparation and readiness to tender counselling services to Children Trusts and the health sector and to highlight the added value YIACS can offer young people through the:

- delivery of a national training programme to YIACS managers to support their engagement in commissioning activities;
- national dissemination of an interactive training handbook for YIACS available on the Youth Access website;
- production and dissemination of two national resources, this toolkit for YIACS, and a guide for Children Trusts and Health for the commissioning of counselling services in YIACS.



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We have attempted to ensure this guide is up to date and accurate. However, in a constantly evolving area there will inevitably be changes to policy, resources and organisations before the publication reaches you.

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**This publication is dedicated  
to Rowena Seddon for her  
unstinting support of youth  
counselling over many years.**

## foreword

**“A new landscape of youth structures and processes is being formed. A key element of this is the commissioning of services for young people from a variety of providers – voluntary sector, private sector and local authority.**

**This toolkit offers the busy manager and fundraiser a helpful resource to dip in and out of in the context of the new Joint Planning and Commissioning framework and the various outcomes now expected by government and local commissioners. It encourages agencies to build on what you already do well, your existing resources and equips you with information to put you on an equal footing with other providers.**

**The toolkit offers evidence, information, advice and guidance to assist agencies in presenting and demonstrating how youth counselling services in YIACS settings have a positive impact on young people’s emotional and mental health – meeting both local, national needs and targets, and delivering effective and efficient outcomes and benefits to the whole community. It complements a Youth Access guide to the commissioners of such services. ”**

(Tom Wylie, Chief Executive of The National Youth Agency)

## **glossary**

<b>AMHS</b>	Adult Mental Health Services
<b>BACP</b>	British Association for Counselling and Psychotherapy
<b>CAMHS</b>	Child and Adolescent Mental Health Services
<b>CORE</b>	Clinical Outcome Routine Evaluation (tool)
<b>DfES</b>	Department for Education and Skills
<b>DH</b>	Department of Health
<b>ECM</b>	Every Child Matters
<b>HoNOSCA</b>	Health of the Nation Outcome Scales for Children and Adolescents
<b>JPCF</b>	Joint Planning and Commissioning Framework
<b>LAs</b>	Local Authorities
<b>NICE</b>	National Institute for Health and Clinical Excellence
<b>NSF</b>	National Service Framework
<b>ODPM</b>	Office of the Deputy Prime Minister
<b>PCT</b>	Primary Care Trust
<b>SEU</b>	Social Exclusion Unit
<b>SLA</b>	Service Level Agreement
<b>TYS</b>	Targeted Youth Support
<b>UKCP</b>	United Kingdom Council for Psychotherapy
<b>VCS</b>	Voluntary and Community Sector
<b>YA</b>	Youth Access
<b>YIACS</b>	Youth Information, Advice, Counselling and Support Services
<b>YP</b>	Young People

## introduction to the toolkit

“Young people felt stronger, more stable and able to cope and had gained in self-confidence, self-respect and self-esteem. They were developing and sustaining relationships; feeling more in control of their lives; there was an increase in social functioning; a significant reduction in drugs and alcohol use and a clearer sense of self and direction. Significant improvements in their personal and social life were cited.”<sup>2</sup>

(Young people's outcomes in YIACS)

The *DfES/DH Joint Planning and Commissioning Framework* (DH/DfES, 2006) signals a shift to a more evidence based and outcome-driven set of services for young people. Service commissioning will stimulate a more competitive environment for the provision of services to young people; potentially bringing the VCS, public and private sectors into direct competition. This new agenda is likely to bring the reconfiguration of existing services and the development of new ones. Local authorities, through Children's Trusts will be seeking to provide effectively

for young people by purchasing the best possible services to meet identified need.

Where commissioners seek to purchase services to meet young people's emotional and mental health needs, it will require YIACS to demonstrate how counselling meets the related targets, outcomes and markers of good practice in *Youth Matters Next Steps* (DfES, 2006), the *Guide on Targeted Youth Support* (DfES, 2007), *Every Child Matters* (DH, 2004), the *National Service Framework for Children, Young People and Maternity Services* (DH, 2004) and the comprehensive CAMHS agenda.

It is hoped this toolkit will be a useful resource for YIACS managers and fundraisers. It has been produced to assist you in presenting and demonstrating how youth counselling services in YIACS settings have a positive impact on young people's emotional and mental health – delivering effective and efficient outcomes and benefits to the whole community.

## What is the toolkit?

This toolkit aims to assist YIACS to integrate their counselling provision in the planning and commissioning of local emotional and mental health services for young people. It is intended as a resource for busy managers and fundraisers in YIACS, on how to use your evidence and information to demonstrate to Children's Trust and health commissioners the agency's contribution to local, regional and national needs and targets.

The evidence and information contained in this toolkit has been informed by:

- Access to Counselling (a2c) project, *Key Findings briefing* (YA, 2006)
- Feedback from YIACS managers participating in training on the new commissioning framework (YA, 2006 to 2007)
- *The Joint Planning and Commissioning Framework (JPCF)*, (DfES/DH 2006)
- *Report of the Third Sector Task Force – Part II Outputs and Implementation* (DH, 2006)
- *Commissioning Framework for Health and Well-being – consultation document* (DH, 2007)
- *Youth Matters Next Steps* (DfES, 2006) and the *Targeted Youth Support Guide (TYS)*, (DfES, 2007).

Many commissioners will not be familiar with the YIACS service model; **the onus will be on you as managers and fundraisers to demonstrate** how counselling and the added value of other under-one-roof support services your agency provides, meets the needs of young people locally, and addresses national targets and priorities.

The evidential arguments for counselling and the nine step process of the Joint Planning and Commissioning Framework (JPCF) are central to this toolkit. The JPCF will drive the activities of Children Trusts and health, guiding commissioners to:

“ buy the right services for the right people at the right time to achieve their potential. ”

Commissioners are being challenged to prevent duplication and close service gaps by improving their planning and purchasing of services for young people:

“ The joint planning and commissioning framework is a tool for Children's Trusts to build services around the needs of children and young people – and to deliver their outcomes more efficiently and effectively. ” (*JPCF report March 2006*)

The three further reports informing this toolkit also provide guidance to Children Trusts and Health. All refer to the JPCF as the guidance to be used for commissioning children and young people's services. These are:

- The DfES *Targeted Youth Support (TYS) Guide* (DfES, 2007): As part of Youth Matters, this offers a framework to inform service design and implementation specifying the inclusion of counselling services to deliver TYS.<sup>3</sup>
- The Department of Health's consultation document *Commissioning Framework for Health and Well-being* (DH, 2007) for health commissioners (i.e. mental health commissioners in PCTs, primary and social care) states that the JPCF should be used to commission services that provide better outcomes for young people.<sup>4</sup>
- *The Report of the Third Sector Commissioning Task Force Group – Part II Outputs and Implementation* (DH, 2006) provides practical advice on how to commission third sector organisations and recommends the DfES–DH JPCF as the detailed guidance for commissioning children and young people's services.<sup>5</sup>

This toolkit for YIACS is complemented by another Youth Access resource aimed at commissioners. *Commissioning Counselling Services for young people – a guide for commissioners* (YA, 2007) written by Dr Cathy Street provides guidance on the commissioning of young people's counselling services in YIACS type settings.

The information contained in this toolkit assumes YIACS have decided to pursue funding under the new joint commissioning arrangements. While YIACS may choose not to pursue this route, the guidance in this toolkit will also support agencies in preparing bids for other 'outcome-led' funding streams.

## How to use the toolkit

This toolkit has been produced with the busy YIACS manager in mind. Its three sections are intended to be dipped into as and when required to enable YIACS to:

- prepare evidential arguments for counselling by drawing upon the growing body of literature about what ‘works’ in supporting young people – **go to Section 1, pages 11 to 15.**
- make the link with what you do and demonstrate you can meet the calls for evidence against each of the nine steps in the JCPF – **go to Section 2, pages 16 to 24.**
- consider preparations for tendering – **go to Section 3, pages 25 and 26.**

For example you:

- may need a quote on the benefits of early intervention and prevention on young people’s mental health – **go to Section 1, pages 12 and 13.**
- want to be more proactive and get information and data ready for a mapping exercise or to demonstrate how your agency meets local need and national targets – **go to Section 2, page 20.**
- need to know about tendering and want access to guidance on what is fair and good practice in contracting – **go to Section 3, page 25.**

## Policy context

*Youth Matters: Next Steps* (DfES, 2006) and its guidance on *Targeted Youth Support* (DfES, 2007), as part of the wider *Every Child Matters (ECM)* (DH, 2004) programme is currently the main policy driver. *The National Service Framework (NSF) for Children, Young People and Maternity Services* (DH, 2004), *Our Health, Our Care, Our Say* (DH, 2006) and the development of the Comprehensive Child and Adolescent Mental Health Services (CAMHS) Agenda are significant policies that now cross-cut with ECM and Youth Matters agendas. These and other related policies are summarised in Annex B (page 30).

“ We want to create a society in which all young people develop and progress, fulfilling their potential and making a positive contribution to their community. To achieve this we need to advance consistently with the Youth Matters strategy based on the ‘every child matters’ outcomes and build on existing good practice. This requires a step change in how we support young people ... through a comprehensive youth offer ... Our vision during transition to adulthood, is that every young person will be entitled to and be able to shape ... independent information, advice, counselling and support. ”<sup>6</sup>

Current policy recognises that no single agency can meet all young people’s needs and that a multi-agency approach is required based on commitment from the highest level in all agencies. One of the key messages is the need to transcend organisational boundaries to improve partnership working and thereby develop a shared commitment to improving young people’s emotional and mental health services.

The *Youth Matters Green Paper* (DfES, 2005) set out a vision of integrated youth support to meet the needs of vulnerable young people and to support their achievement of the five ECM outcomes by ensuring their access to a range of services delivered across different agencies ideally accessed via one pathway). *The Youth Matters Targeted Youth Support Guide* (DfES, 2007) describes the agencies that need to be involved in delivering these services:

“ Organisations involved in targeted youth support include ... youth services, schools, health services, VCS, Connexions, education, welfare, behaviour support, drugs and alcohol services, sexual health services, teenage parent support workers, special; educational needs coordinators (SENCOs), Child and adolescent mental health services, counselling services, information, advice and guidance providers, housing and housing support, youth offending services and the police. ”<sup>7</sup>





## section one

# Ten reasons why Children Trusts/health commissioners should commission counselling services in YIACS

The following offers ten points of evidence to help you make your case for the local planning and commissioning of counselling services for young people. These are drawn from the evidence base about young people's mental health, about the importance of psychological therapies and about what we know works for young people in terms of the style of service delivery. Point 10, Meeting ECM outcomes, outlines the five key outcomes of the programme – demonstrating how your service meets some or all of these is important in attracting the interest of commissioners.

### 1 Why counselling?

“Millions of people suffer from mild to moderate mental health problems, and treating them takes up about a third of a GP's time. Too many people are prescribed medication as a quick fix solution, but talking therapies work equally well and patients prefer them.”<sup>8</sup>

NICE, The National Institute for Health and Clinical Excellence issued guidance in 2005 on the treatment and management of depression in young people, recommending that those with severe or moderate depression be offered, as a first line treatment, a specific psychological therapy.<sup>9</sup> At the same time the Chief Executive of NICE and the Executive Lead for this guidance issued a statement stating:

“This guideline makes it clear that psychological treatments are the most effective way to treat depression in children and young people.”<sup>10</sup>

The Department of Health (DH) in its *Treatment Choice in Psychological therapies and Counselling* (DH, 2001) defines counselling as:

“a form of psychological therapy that gives individuals an opportunity to explore, discover, and clarify ways of living more resourcefully, with a greater sense of well being. Counsellors practice within the ... therapeutic approaches ... (for example) CBT, humanistic, art therapy, existential, drama therapy, personal construct and interpersonal therapy ...”<sup>11</sup>

The attached DH principle recommendations state that:

“patients who are adjusting to life events, illnesses, disabilities or losses may benefit from brief therapies such as counselling”

and that:

“there is evidence of counselling effectiveness in mixed anxiety/depression, most effective when used with specified client groups.”<sup>12</sup>

### 2 Why counselling for young people?

“Adolescent mental health in the UK is deteriorating ... Emotional problems such as depression and anxiety have increased for young people generally since the 1980s.”<sup>13</sup>

A 2005 NICE press release stated that an estimated 3% of adolescents suffer from depression in any one year. Symptoms include sadness, irritability and loss of interest in activities. Associated features include changes in appetite; sleep disturbance and tiredness, difficulty concentrating, feelings of guilt, worthlessness and suicidal thoughts. Depression can be treated through talking treatments.

Standard 4 of the NSF for Children, Young People and Maternity Services requires:

“ Primary Care Trusts and Local Authorities ensure ... a programme of mental health promotion in schools, connexions services and other community settings through the provision of information, advice, counselling services and evidence based interventions. ”<sup>14</sup>

The former Social Exclusion Unit’s report *Transitions: Young Adults with Complex Needs* (ODPM, 2005) concluded:

“ There is a wide consensus among service providers within the voluntary and community sector that psychological therapy or counselling for young people – on issues like depression, eating disorders, or bereavement – can be beneficial ... There is evidence that young adults benefit from counselling when they receive it ... Furthermore, clinical evidence exists which shows that adults receiving non-directive counselling significantly experienced a reduction in the short term compared to general practitioner care. ”<sup>15</sup>

### 3 What’s significant about adolescent brain development?

Current understanding of the young person’s brain points to the existence of a developmental period in which there is both an increased vulnerability to negative environmental experiences and enhanced receptivity to positive, including therapeutic and life experiences – both of which may carry long term consequences for adult life.<sup>16</sup>

Research suggests the brain is still developing up to the age of 25 and beyond, with the early adult years critical to the formation of self image, social skills and impulse control. The timing of the ‘normal’ maturation of brain structures suggest that society’s expectations for young people’s planning, organisational and self-regulatory capacities can be misplaced.<sup>17</sup>

There is accumulating evidence that the neuroplasticity of the developing brain, particularly during adolescence may be experience-dependent. This means the life experiences of each young person has a unique influence on the development of their brain and his/her current and future patterns of thinking, relating and behaving.<sup>18</sup> Increased awareness of the complex changes in the developing brain carries major implications for the types of interventions and policies designed to improve outcomes for young people and you may wish to comment on this when setting out the age range you work with and how your approach is appropriate to their stage of development:

“ Commissioners need to consider the specific needs of this age group when planning and commissioning services. Failure to do so may contribute to the development of mental healthy service users being stuck in a cycle of hopelessness, unable to realise their full potential. Services that address the psychosocial needs of young people include early intervention in psychosis teams and drop in services linked to Young People’s Information Advice, Counselling and Support Services (YIACS), resources which are not universally available. ”<sup>19</sup>

### 4 Why early intervention and prevention?

“ There is evidence to confirm that preventative measures are effective, as they reduce risk factors, strengthen protective factors and decrease the symptoms and onset of some disorders ... The importance of intervention at the earliest stage possible has also been recognised. ”<sup>20</sup>

Over the last decade, increasing information about the benefits of early intervention and prevention has emerged; this is a key theme in the extensive review undertaken by Fonagy and colleagues *What works for whom? A critical review of treatments for children and adolescents*<sup>21</sup> and also in more recently published work by Kurtz who notes:

“ although limited and sometimes contested, there is a growing body of evidence showing that mental health promotion, preventative approaches and early intervention can, and do, improve mental health and related outcomes for children and young people. ”<sup>22</sup>

The benefits of early intervention and prevention in the short term have been noted in a number of recent reports, for example, in the 2006 report by the British Medical Association Board of Science *Child and Adolescent Mental Health*, the importance of early intervention in psychosis is noted since it:

“ can prevent initial problems, reduces the risk of suicide ... and improves long-term outcomes. ”

The longer-term adverse consequences of not intervening in people’s mental health have also been highlighted – for example in *Young Minds A Call to Action: Commissioning Mental Health Services for 16–25 year olds*:

“ There is an economic cost to not providing, as well as in providing, services to meet the needs of young people. Long-term mental health problems manifest themselves in childhood and adolescence. ”

Similar points emerge from work at the Nuffield Foundation and the Social Exclusion Unit's report *Mental Health and Social Exclusion* (ODPM, 2004). Enhancing health and educational outcomes will benefit young people in the shorter term, but will of course benefit all of us in the longer term. A significant proportion of young people with mental health problems will go on to be adults with not just ongoing mental health problems, but also a range of other poor outcomes: difficulties with relationships, employment, and involvement in crime and social exclusion. Research has shown that at age 28, people with continuing high levels of antisocial behaviour cost society up to 10 times more than those with no problems. These are the costs of public services such as extra educational provision, foster and residential care, and unemployment benefits, quite apart from the personal costs to the individual.<sup>23</sup>

In 2004, the Layard Report *Mental Health: Britain's Biggest Social Problem?* (Prime Minister's Strategy Unit), set out the considerable economic costs to the country as a whole, with Lord Layard calling for extra provision of psychological therapies (on the basis that there is a significant lack of psychological therapies within the NHS). These economic costs are also graphically illustrated by the following:

“ The total loss of output due to depression and chronic anxiety is some £12 billion a year – 1% of out total national income. Of this the cost to the tax payer is some £7 billion. ”<sup>24</sup>

## 5 Why offer counselling in a YIACS model?

“ The majority of YIACS provide a comprehensive under-one-roof service model which offers a combination of free, easy to access, responsive, universal and targeted specialist counselling services, as well as advice, information, outreach, and personal support to young people in a holistic framework of early intervention and prevention. Most YIACS operate in young people friendly shop-fronted high street settings. ”<sup>25</sup>

Counselling offered in a YIACS-type setting is not restricted to one model and offers a range from holistic, through to person-centred, humanistic, solution focused, psychodynamic, analytic, cross-cultural and cognitive.<sup>26</sup> Young people seeking help for emotional and mental health needs/problems can easily drop-in or self refer to a professional counsellor or other mental health services in a non-stigmatising young people-friendly setting. This style of service provision fits well with the growing evidence about what young people want from services and find acceptable (and thus are likely to

engage with)<sup>27</sup> and this is something you may wish to focus on in preparing your evidence.

The national definition of counselling provided in YIACS-type settings can be found in the Youth Access Quality Standards:

“ Counselling is an activity voluntarily entered into by a young person who wants to explore and understand issues in their lives which may be causing difficulty, pain and/or confusion. The boundaries of the relationship are identified and an explicit contract agreed between the young person and the counsellor. The aim is to assist the young person to achieve a greater understanding of themselves and their relationship to their world; to create a greater awareness of their personal resources and of their ability to affect and cope with their life. ”<sup>28</sup>

YIACS provide additional added value to young people accessing counselling by also offering quick and easy access to a range of other services within the agency:

“ Young People's Information, Advice and Counselling services (YIACS) ... are generally non-statutory services and are often provided by voluntary sector organisations ... within a national quality standards framework. YIACS generally provide a range of services for young people, helping with problems such as drugs, issues around homelessness and sexual health, as well as mental health issues. These services tend to be very young-person-focused and accessible, featuring drop-in services, a one-stop-shop approach, and self referral. ”<sup>29</sup>

## 6 Why young people value YIACS

There are a number of features of YIACS that young people often comment positively about, that it may be worth drawing out in making your case for the service you provide.

Youth Access's *Breaking Down the Barriers: a strategy in development report* (YA, 2002) sought the views of 90 young people accessing YIACS across the country. Young people said they:

“ want quick and easy access to 'someone to talk to', who can provide confidential, practical help and support that is non-judgemental and young person friendly. They want to take the route best suited to them based on their immediate priorities. In reality, some young people accessed counselling immediately, whilst others took different routes in the agency, accessing information, advice, outreach or personal support before seeing a counsellor, selecting what was easiest or more practical for

them first. Counselling in young people friendly services wasn't as available as young people would like. ”<sup>30</sup>

This project found that half of the above young people accessed counselling immediately, whilst others accessed it later via another service in the agency. Young people's choices reflected their priorities, approaching the advice service first if they had problems with housing and homelessness, whilst others saw a counsellor immediately for emotional problems, rape or sexual abuse. The under-one-roof model enables young people to take practical steps toward addressing complex issues at a pace they can manage. Offering a choice of entry points provides an opportunity for a young person to feel safe in the environment before accessing counselling.

The high level of involvement of young people in feedback processes typically found in YIACS, is also noteworthy. This fits well with the national policy agenda to develop service user involvement and there are many mechanisms within YIACS that you may wish to mention, including feedback and information collection sheets, the self assessment tool for young people in the Youth Access Quality Standards, user groups, reviews and evaluation of interventions.

Findings from Youth Access's work highlight that in YIACS providing opportunities for young people to share their appreciation and frustration with the service, to have their views, opinions and ideas valued and recognized, young people show increased confidence, self esteem and the development of new skills, enabling them to become more independent and empowered. The results for YIACS include: the development of more responsive services; fresh perspectives and new ideas about provision and policy; better assessment of service reach and take-up and improved evidence of needs met and the gaps. The success of this approach is illustrated by the following:

“ I've had a nervous breakdown. They diagnosed me with schizophrenia but I had chronic depression due to my background. I'd been sexually abused and I tried to talk to my mother about it but she wouldn't listen. She labelled me a problem child. I hit rock bottom and had to go into hospital. Nobody wanted to listen to me and it's only now since coming to this YIACS, I could get my life back. If it wasn't for counselling I don't know where I'd be right now. ”<sup>31</sup>

## 7 Why YIACS support partnership working

“ One of the great strengths of commissioning from the third sector is its ability to add value through the access to services. These include engagement and empowerment of service users and groups, the provision of information and advice on needs not directly covered by the contract, and support to access other services. Third sector organisations often have great potential to further add value to services by working in partnership with other organisations. ”<sup>32</sup>

One of the major themes running through the Children Act 2004, and all subsequent initiatives, is the need for effective partnership across the range of different agencies to ensure consistent, co-ordinated support for young people.

YIACS have a long history of established partnership working offering responsive multi-disciplinary solutions with other providers for example, Housing Associations, the Prison and Offending Service, Nurses, CPNs, GPs, local CAMHS and SMHS teams to ensure ease of access for young people.

“ Support for INSIGHT-EIS was given, because we are not in it for self-interest and we were willing to give up resources or some level of control or some power to make it work. I could have set it up in the NHS and not seconded staff to YES (Youth Enquiry Service), but the priority here is service development for young people ... we came as an honest broker. If we can do this, it helps to create a culture where in the future there will be support for a service wherever it is based because it is the most appropriate provider for the client. ”<sup>33</sup>  
*(Director for Mental health and Learning Disability, Plymouth Community Services NHS Trust)*

## 8 Why YIACS are committed to service quality and improvement

Youth Access developed National Quality Standards for YIACS in 1998. The standards are nationally recognised across the youth community, voluntary and statutory sector. There are a total of 17 standards and corresponding self-assessment tools. The standards provide for example, a nationally recognized definition of counselling and of counselling assessment.<sup>34</sup> Each standard has a 360 degree self assessment tool which requires feedback on all aspects of the service including young people, practitioners, managers, executive committee members and external stakeholders.

Guidance issued to Inspectors of Youth Service

Inspections in 2007 on making judgments about the practice of youth counselling services and the sort of evidence to look for, recommends the use of the Youth Access National Standards.<sup>35</sup>

“ There are both ethical and practical issues to be considered when making judgements about the practice of youth counselling services. Inspectors can still assess the impact of counselling on young people without needing to observe a live counselling session. Here are some examples of the evidence you should look for:

- evidence of a service working towards recognised national standards such as Youth Access Quality Standards and/or the BACP Code of Ethics and Practice;
- counselling assessment practice and training and supervision arrangements;
- feedback processes for young people;
- the use of outcome monitoring tools, e.g. nationally recognised tools Teen CORE and CORE;
- opportunities to speak to young people themselves outside of the session – they may be current or past service users. ”

Evidence based practice in YIACS utilises a range of resources, tools and guidance. This can include: NICE guidance; national and local research findings; evaluation data and feedback collected from young people before during and after counselling; the use of counselling outcome tools (for example, CORE and Young people’s CORE formally Teen CORE); counsellor and supervisor review data and importantly outcome feedback from young people (their stories and experience) for example, case studies or the Youth Access National Quality Standards assessment tool.

## 9 Why provide age appropriate and sensitive services for young people in YIACS?

“ What is important here is the person not their age. What was needed was a service not hung up on the problem of age. YES was the ideal location because it does not operate these age limits and works very well with young people up to 25. ”<sup>36</sup>

Although public services are meant for everyone, young people with complex needs and those making the transition from childhood to young person and adulthood often find themselves faced with

traditional services that do not meet their needs: services are age-specific, tailored to children or adults only, are not easy to access, i.e. you can’t just drop-in, they don’t provide outreach, or are generally not young person friendly. Policy and programmes are predominately targeted at specific age groups or problems, there are relatively few examples of public services that address the needs of 16 to 25 year olds in the round or ensure an effective transition from youth services to adult services.<sup>37</sup>

The SEU report on young adults with complex needs identified these issues and highlighted services that can look at the person and the range of the problems they face, and which work collaboratively and across organisational boundaries.

“ Something that is going to support you in work and housing but also like mentally counsel you and help you – so it goes through everything. ”<sup>38</sup>

Youth Access and several YIACS are highlighted in the report as promising examples of services that overcome access issues and stigma, as well as being culturally appropriate. YIACS are described as good examples of holistic services pulling together to work with young adults with complex needs under-one-roof.

## 10 Meeting the outcomes of Every Child Matters (ECM)

In gathering information about your service and preparing bids for funding, it is likely to be of interest to commissioners if you can demonstrate how the counselling you provide meets some or all of the five key outcomes of Every Child Matters: Change for Children programme. For all children and young people’s commissioners this programme will be high on the policy agenda.

The outcomes are:

- **being healthy** – enjoying good physical and mental health and enjoying a healthy lifestyle;
- **staying safe** – being protected from harm and neglect;
- **enjoying and achieving** – getting the most out of life and developing the skills for adulthood;
- **making a positive contribution** – being involved in the community and society and not engaging in anti-social or offending behaviour;
- **economic well-being** – not being prevented by economic disadvantage from achieving their full potential in life.



## section two

# Action checklist – information and evidence for the commissioning of YIACS available at [www.youthaccess.org.uk](http://www.youthaccess.org.uk)

“ Services which are age-specific, dedicated services for young people and young adults are not universally available. ”

In a Call to Action, Young Minds suggests that commissioners should constantly be asking themselves:

“ what would I want for myself as a young person, or for a member of my family? ”<sup>39</sup>

The action checklist is based on recommendations made by YIACS and commissioners in the a2c project, the principles and nine step model of the JPCF, the cross-cutting guidance from the DH Commissioning framework for health and well-being and principles for commissioning third sector providers.

### The context to commissioning counselling services in YIACS

Beverly Hughes, Minister for State for Children and Families, on the JPCF (2006):

“ The framework sets out clearly and simply the most important steps towards the development of a comprehensive and integrated system of support for children, young people and families ... We strongly believe that commissioning services effectively is a vital step in achieving the best outcomes for all children and young people. We want to see a diverse range of provision, drawing on the expertise of a wide range of providers and taking account of the views and concerns of the community. ”

Patricia Hewitt, Secretary of State for Health at the Kings Fund Commissioning conference (2007), described some of the key element commissioners will be looking for from new providers. They include services that:

- demonstrate they improve the quality of care

- support client choice
- promote equality and diversity
- promote and spread locally best practice
- provide EI and prevention
- best value
- best care
- best outcomes
- provide something that takes the demand off other services in primary care or SMHS.

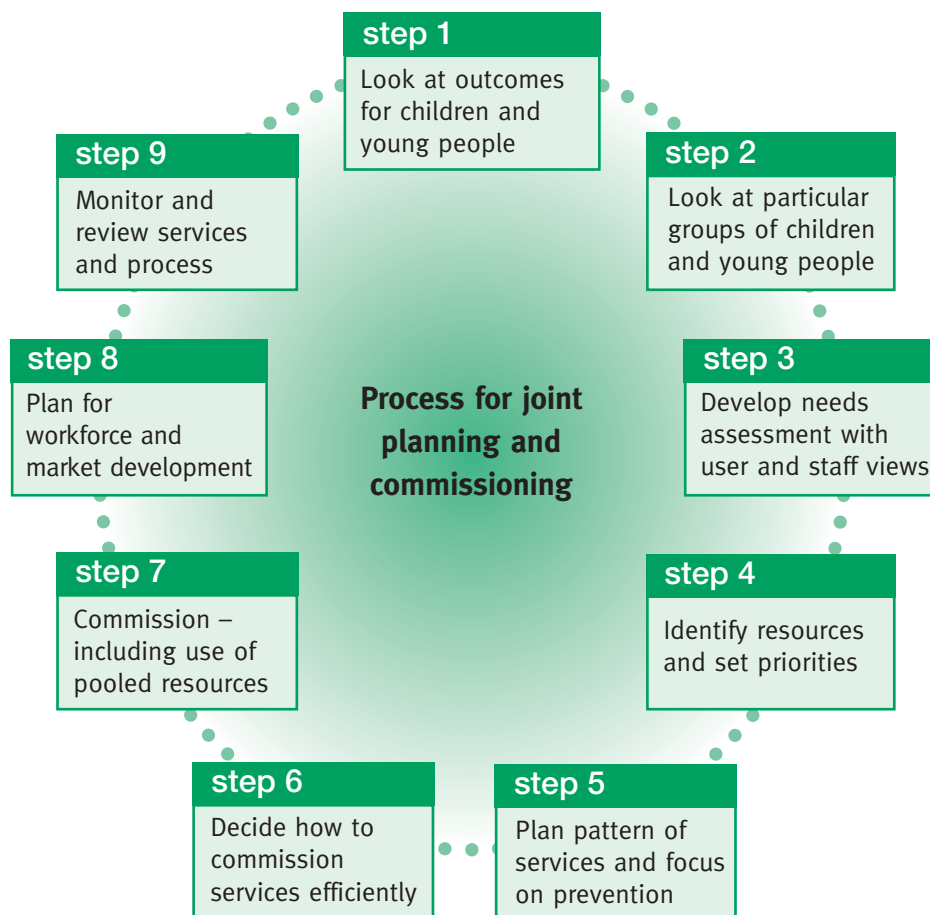
The Third Sector Commissioning Task Force Group<sup>40</sup> identified commissioners' views on the competitive advantage they hoped the third sector could provide over other sectors including its:

- ability to be locally sensitive and to respond flexibly to the diverse needs of local communities and minority groups;
- innovative, imaginative and motivated approach to continuously evolve to better suit the individual needs of service users and carers;
- financial competitiveness;
- additional value to clients through its access to wider community resources when providing additional preventative and ancillary care.

### Using the action checklist

The action checklist will help your agency to demonstrate how it meets the calls for evidence of counselling effectiveness and contributes to the outcomes, priorities and markers of good practice of: ECM<sup>41</sup>, Youth Matters, Comprehensive CAMHS<sup>42</sup>, and the NSF for Children and Young People standards 4<sup>43</sup> and 9.<sup>44</sup>

The action checklist is structured around the nine step process in the JPCF, which Children Trusts and health commissioners will use to commission services for young people in your area. The checklist is available on the Youth Access website and can be downloaded.



Managers and fundraisers, or the agency as a whole can use the action checklist (on-line or by using the attached tables) to assess the agency's readiness to; provide data to local needs assessments; promote its service and impact, assess how the service meets local and national outcomes and targets, identify what else needs to be done for example, cost your service and consider how to use

existing service and evaluation information and data to demonstrate to commissioners the benefits and outcomes for young people and the community.

The section on ten reasons for commissioning counselling provides you with examples of national evidence you can also include to support your tender/bid.

**Toolkit action checklist: getting ready**

<i>Before you start, check that you know:</i>	<i>FM/PM/UM*</i>	<i>Action – and who is responsible</i>
• location of the local joint commissioning unit for CYP		
• structure of the Children Trust and the people on it		
• new joint commissioning approach in your local area or how to find out about it		
• current services commissioned locally to respond to YPs emotional and MH needs		
• the actual budget available for YP locally		
• local priorities in your child and young people's plan		
• local needs assessment or mapping exercises being conducted		

\* Fully Met/Partly Met/Unmet

**1** The first step of the joint planning and commissioning (JPC) process requires Children Trusts to look at the current pattern and recent trends of outcomes for local children and young people against national and relevant local comparators. It is very important that YIACS have data available on how their agency meets the outcomes and related targets. Firstly, to contribute to needs assessment to influence the current and future baseline of local young people's needs and secondly,

to demonstrate how the agency's services contribute to meeting those outcomes and targets.

Commissioners will use data collected across the outcome and target areas with the results of local needs assessments and mapping (drawing on the views of young people and their families, local communities and frontline staff) to influence the design, planning and commissioning priorities of the Children Trust.

## step 1


<b>Commissioners: Look at outcomes for children and young people</b>	<i>FM/PM/ UM*</i>	<i>Action – and who is responsible</i>
<ul style="list-style-type: none"> <li>Do you collect data on young people's health (emotional and mental health and well being)?</li> </ul>		
<ul style="list-style-type: none"> <li>Do you link the evidence (data) collected in the agency to demonstrate your contribution to meeting YPs local and national targets and outcomes?</li> </ul>		
<ul style="list-style-type: none"> <li>Do you contribute data from your agency on the young people:               <ul style="list-style-type: none"> <li>– you see that statutory services would traditionally describe as 'harder to reach'?</li> <li>– your agency would specifically like to reach not currently accessing the service?</li> </ul> </li> </ul>		
<ul style="list-style-type: none"> <li>Have you and young people been consulted about and contributed to the local needs assessment and mapping exercise?</li> </ul>		
<ul style="list-style-type: none"> <li>Are you on any local strategic partnership groups or the CVS where you can demonstrate the YIACS performance against local and national targets and access opportunities to meet commissioners?</li> </ul>		
<ul style="list-style-type: none"> <li>Are you on an accessible data base where the Children Trust and health commissioners can access a list of all the services and support groups in the local area?</li> </ul>		
<ul style="list-style-type: none"> <li>Do you receive information regularly on forthcoming tenders, potential commissioning opportunities and events for third sector agencies to meet and talk to their local commissioner?</li> </ul>		
<ul style="list-style-type: none"> <li>What proactive approaches does the agency use to get data to commissioners on YPs needs locally and how they meet current targets?</li> </ul>		

\* Fully Met/Partly Met/Unmet

**2** The second step for Children Trusts is to look at the overall picture of outcomes for particular groups of young people. The data collected from you and other agencies creates the area profile, determines local priorities (i.e. inform Local Area agreement negotiations, the Children and Young People's Plan), which then underpins commissioning decisions. In analysing the data and information, commissioners will be assessing universal needs, as

well as the specific needs of specific groups of young people and whether they need a different service design/approach. This is the opportunity for the agency to provide data to demonstrate the universal needs and specific and targeted needs (emotional and mental health) you meet and why young people need a diversity of approaches to service provision and/or additional support and why it results in good outcomes.

## step 2

Commissioners: Look at particular groups of children and young people	FM/PM/ UM*	Action – and who is responsible 
<ul style="list-style-type: none"> <li>• What are the other needs (then emotional and mental health) the agency address?</li> </ul>		
<ul style="list-style-type: none"> <li>• Can you contribute data from your agency on:               <ul style="list-style-type: none"> <li>– age range, gender, ethnicity, sexual orientation, learning difficulty, disability, looked after status of YP using your services?</li> <li>– geographical location you cover?</li> <li>– access routes to your service?</li> </ul> </li> </ul>		
<ul style="list-style-type: none"> <li>• What are the specialist services you provide (internal, in partnership, external and through outreach)?</li> </ul>		
<ul style="list-style-type: none"> <li>• What is distinctively different about the service you provide and how does it provide better outcomes to young people (i.e. groups traditionally perceived as 'harder to reach' that don't use other services e.g. CAMHS)?</li> </ul>		
<ul style="list-style-type: none"> <li>• Are there issues you tackle that are specific to where you are located in the community and the ease in which your services are accessed?</li> </ul>		
<ul style="list-style-type: none"> <li>• Can you describe the values and principles which underpin the delivery of a young person centred, age and psychologically appropriate service (what is unique) in the agency – for example:               <ul style="list-style-type: none"> <li>– Promotes self esteem, empowerment and builds on young people's internal and external resources and strengths.</li> <li>– Confidential, non-judgmental and young-person-friendly service.</li> <li>– Welcoming, safe and secure non-stigmatizing environment.</li> <li>– A holistic approach offering a continuum of helping interventions provided through multi-disciplinary teams for 13 to 25 year olds.</li> <li>– Access to discrete counselling, information, advice, personal support and outreach services for all young people.</li> <li>– Flexibility – can offer regular and occasional contact plus a seamless transition across services in-house based on need, at the young person's own pace with a variety of entry points.</li> <li>– Self-referral to the agency and supported referrals for young people who need extra help accessing YIACS or being referred on to other services.</li> <li>– Access to SMHS provision provided in a multi-agency young-person-friendly framework in some YIACS (for example, early intervention services for young people with psychosis).</li> <li>– Respect and a service that values difference and is responsive to different needs and choices.</li> <li>– Respect for the young person's right to be a voluntary participant in any helping process and recognition of each young person's potential.</li> <li>– Information and support on obtaining external support for the family if requested.</li> </ul> </li> </ul>		

\* Fully Met/Partly Met/Unmet

**3** Children Trusts are expected to get the real picture on the ground by getting the views of young people, the local community and their families. The VC and youth sector is in a strong position to help focus on local needs and outcomes and to assist planners and commissioners to understand local trends and causal relationships. YIACS can help to broker the

relationship between planners and young people and should offer their skills as specialist advisors to Children Trusts for example, around your knowledge of local need, your understanding of delivering young person-centred services and how to maximise meaningful user involvement in the planning and the design of services.

### step 3

<b>Commissioners: Develop needs assessment with user and staff views</b>	<i>FM/PM/ UM*</i>	<i>Action – and who is responsible</i>
Can you provide evidence that demonstrates the active participation of YP in your agency? For example: <ul style="list-style-type: none"> <li>• feedback mechanisms and processes</li> <li>• represented on the management committee</li> <li>• involved in the design and delivery of services</li> <li>• involved in the recruitment of staff</li> <li>• self assessment tool in the standards</li> <li>• other</li> </ul>		

\* Fully Met/Partly Met/Unmet

**4** YIACS will need to have inputted into the early steps 1 to 3 above and have a voice at local strategic partnership groups to have any impact on what's included in the Children and Young People's Plan (CYPP). The plan will reflect the results of the

needs assessment results and national and local priorities, including those in the Local Area Agreement. Key drivers in the CYP plan will be the ECM agenda and outcomes, Youth Matters and the NSF for Children, Young People and Maternity services.

### step 4


<b>Commissioners: Identify resources and set priorities</b>	<i>FM/PM/ UM*</i>	<i>Action – and who is responsible</i>
Do you have a promotional information pack about the service that contains, for example: <ul style="list-style-type: none"> <li>• the organisation's aims and objectives?</li> <li>• your agencies link to YA, use of the core values and national standards?</li> <li>• up-to-date Annual Report?</li> <li>• information on the services offered and the fit with current comprehensive CAMHS, ECM and NSF standards and targets? (See Annex B policy)</li> <li>• up-to-date breakdown on who uses the service and what you provide?</li> <li>• statistical and outcome information about your service's effectiveness?</li> <li>• case studies of YPs success stories?</li> <li>• new initiatives?</li> <li>• agency's strategic aims for the next three to five years?</li> <li>• identified needs you will be seeking funding for in the near future (based on evidence/needs assessment)?</li> <li>• membership of other bodies for example, BACP, UKCP?</li> </ul>		
Who the key people are in my locality that I need to develop relationships with for example, Commissioners, Children Trusts reps. and how will I do this?		
What strategic planning, partnership groups or networking groups do I need to be on?		
Who is the contact that needs to be representing our agency's interests if I cannot sit on the group/forum?		

\* Fully Met/Partly Met/Unmet

**5** Children Trusts will use the mapping and needs assessment information to plan the pattern of service most likely to secure priority outcomes. They will commission services that increasingly focus on prevention and early intervention; offer quality,


efficacy and demonstratable benefits to young people. YIACS are in a strong position to evidence how their counselling and other support services meet this agenda.

**step 5**

<b>Commissioners: Plan pattern of services and focus on prevention</b>	<i>FM/PM/ UM*</i>	<i>Action – and who is responsible</i> 
<p>Can you demonstrate how your counselling provision and other support services provide early intervention and prevention interventions and contribute to meeting the ECM outcomes and other central and local government targets for example, teenage pregnancy, health promotion, suicide prevention. For example, 13 to 25 year olds can access through self referral:</p> <ul style="list-style-type: none"> <li>• Holistic early intervention and prevention services that address YPs practical needs as well as emotional, mental health and development needs (to meet ECM outcomes + NSF STD 4).</li> <li>• Range of emotional and mental health interventions (identify counselling/therapy offered) and support services (to meet NSF STD 4, ECM outcomes and Comprehensive CAMHS principles).</li> <li>• Emotional and mental health service that is constantly responsive to YPs changing needs by using needs audits to improve service design and delivery (to meet Comprehensive CAMHS Heading – Principles + Range of Services).</li> <li>• Self referral service to all young people in the agency’s local community including ‘harder to reach YP’ (meets Comprehensive CAMHS Principles and Workforce and skills, ECM outcomes, NSF STD 4)</li> </ul>		
<p>The counselling service demonstrates a high level of quality, efficacy and professionalism in its delivery to YP through:</p> <ul style="list-style-type: none"> <li>• Providing accessible information to YP about the counselling service and how to access it.</li> <li>• Its membership of Youth Access and BACP or UKCP.</li> <li>• Services offered within the Youth Access core characteristics and values of YPs services.</li> <li>• Implementation, regular use of and evaluation of the Youth Access Quality standards related to counselling.</li> <li>• Implementation of the BACP Ethical Framework.</li> <li>• The use of complaints policy and procedure and professional investigating bodies.</li> <li>• Professionally recognised trained and accredited counsellors (BACP and UKCP).</li> <li>• Staff and volunteers regularly CRB checked.</li> <li>• Case work supervision of counsellors meets specified hours requirement (for example BACP or UKCP).</li> <li>• Regular line management of counsellors.</li> <li>• Agreed reporting protocols between case work supervisors and line managers.</li> <li>• Systems to allocate, case record, refer, monitor, review and assess need and risk.</li> <li>• Protocols to refer YP to SMHS where counselling is not the appropriate intervention or where needs have changed and vice versa from SMHS to YIACS.</li> <li>• Continuous professional development and training appropriate to working with YP.</li> </ul>		

*continued*

## step 5 *continued*


<b>Commissioners:</b> <b>Plan pattern of services and focus on prevention</b>	<i>FM/PM/ UM*</i>	<i>Action – and who is responsible</i> 
<ul style="list-style-type: none"> <li>• Opportunity for YP to feedback, to evaluate results and contribute to the development of the agency.</li> </ul> <p>(Evidence for the above demonstrates you meet the Comprehensive CAMHS Principles of Training and Development and Organisational Arrangements, NSF Standard 4 + 9 and ECM outcomes)</p>		
<p>The counselling service can demonstrate the effectiveness and the benefit of counselling as an intervention to YP via:</p> <ul style="list-style-type: none"> <li>• pre and post counselling data collection (including assessment) methods;</li> <li>• YP’s CORE, Teen CORE, Adult CORE or other outcome tool results;</li> <li>• the system/methods used to analyze data/information collected;</li> <li>• YP’s success stories;</li> <li>• researched evidence local and national (see section 1 on evidential arguments) of the effectiveness of counselling;</li> <li>• a good practice service respected and valued by YP, the community and other organisations;</li> <li>• other.</li> </ul> <p>(Evidence for the above demonstrates you meet Comprehensive CAMHS Workforce and Skills and NSF STD 9)</p>		

\* Fully Met/Partly Met/Unmet

**6** The joint commissioning unit will make decisions on how best to purchase or provide services, including drawing in alternative providers to widen options for example, those able to straddle boundaries such as age, offer wider service choice, provide easy access, supported referrals to other

services and increase efficiency. Children Trusts have been advised that smaller providers such as the VC and youth sector can be well placed to deliver, competitive, responsive, efficient and effective services and they should follow guidance in the ‘Compact’.<sup>46</sup>

## step 6

<b>Commissioners:</b> <b>Decide how to commission services efficiently</b>	<i>FM/PM/ UM*</i>	<i>Action – and who is responsible</i> 
<p>Can you demonstrate the agency is:</p> <ul style="list-style-type: none"> <li>• able to work across local boundaries for, e.g. age, referral and area co-terminosity?</li> <li>• responsive to young people’s needs and choice of service/intervention?</li> <li>• works in partnership with other agencies to ensure young people do not fall through the gap?</li> <li>• impact in relation to diverse needs of the community?</li> <li>• strives to reach every young person in the community including those that are ‘harder to reach’ identified by the agency?</li> </ul>		
<p>Can you identify:</p> <ul style="list-style-type: none"> <li>• agency learning/training and support needs in the new competitive contracting market?</li> <li>• the full cost of services that ensure sustainability – i.e. using full cost recovery?</li> <li>• what the agency needs to do to demonstrate how what it does achieves outcomes?</li> </ul>		

\* Fully Met/Partly Met/Unmet

7 Local Area agreements are able to bring together all local authority and some health budgets for children and young people into a single pot. Pooled budgets provide Children Trusts with several opportunities: to focus on meeting young people's

needs, rather than who is going to pay for it; to join up services and make monitoring arrangements less bureaucratic. However, it is anticipated this joint budget partnership could take some time to develop locally.

### step 7

<b>Commission – including use of pooled resources</b>	<i>FM/PM/UM*</i>	<i>Action – and who is responsible</i>
Agencies need to be proactive and act strategically during the development of their Children Trust: <ul style="list-style-type: none"> <li>• How much thinking and planning time do you need to put aside each week to prepare your agency for commissioning purposes?</li> <li>• Which staff will this involve and why?</li> <li>• Who will be the contact person for the Children Trust?</li> </ul>		
Have you sent out your promotional information pack to Commissioners and Trusts about the agency's work. (See Step box 4 for contents)		
Can you identify the key individuals and organisations that are keen supporters of the work and consider of these who you could work in partnership with or as part of a multi-disciplinary team to respond to the identified emotional and mental health needs of YP in your area?		

\* Fully Met/Partly Met/Unmet

8 The Joint Commissioning process includes development of the workforce and changes in local processes and ways of working to improve delivery. Workforce planning should include the VC and youth sector and cover skills and training, management, accountability and other areas. Children Trusts will use Best Value practice to map young people's services of which there will be several thousand in each PCT and

LA commissioning area. Each LA and PCT will have to jointly maintain an accessible database (*Our Health, Our Care, and Our Say*) of every support group and service. This database is likely to be used to communicate regularly with the VC and youth sector about forthcoming tenders, potential commissioning opportunities and events where you can meet your local commissioners.

### step 8


<b>Commissioners: Plan for workforce and market development</b>	<i>FM/PM/UM*</i>	<i>Action – and who is responsible</i>
Have you identified your staff training and development need/s? Do I/or relevant staff need training on: <ul style="list-style-type: none"> <li>• negotiation and presentation skills?</li> <li>• current policy context?</li> <li>• researching, recording and disseminating service evidence and outcomes?</li> <li>• tendering, procurement, service specifications and contracting?</li> <li>• responding to tenders, agreeing contracts and service level agreements?</li> <li>• other?</li> </ul>		
Are you: <ul style="list-style-type: none"> <li>• on the LA, PCT database?</li> <li>• receiving information regularly about forthcoming tenders and commissioning opportunities?</li> <li>• being invited to events to meet local commissioners?</li> <li>• on relevant local strategic partnership or networking groups?</li> </ul>		

\* Fully Met/Partly Met/Unmet

9 The results of self assessment, Annual Performance Assessment and Ofsted Joint Area Reviews will establish if the Children Trust is delivering outcomes. The results will also help determine which commissioned services are working

well or not, if the needs assessment was accurate and if the Children and Young People’s Plan is being properly implemented and achieving local outcomes for young people.

**step 8**

<b>Commissioners: Monitor and review services and processes</b>	<i>FM/PM/ UM*</i>	<i>Action – and who is responsible</i> 
Are your current monitoring and evaluation systems robust enough to demonstrate you can provide the information necessary to: <ul style="list-style-type: none"> <li>• demonstrate you are delivering against the agreed contract targets?</li> <li>• show directly YPs’ views of the service and how there needs were met under the contract?</li> <li>• substantiate young people’s active contribution to responsive service design and delivery?</li> </ul>		

\* Fully Met/Partly Met/Unmet



## section three

# Guidance on preparations for tendering and the principles of contracting

“ One of the key strengths of the third sector, and why efforts are being made to increase the possibilities of commissioning from it, is its ability to innovate. Third sector organisations work best in the commissioning process if they have the scope to think outside the norm, based on their contact with service-users. ” <sup>47</sup>

The Third Sector Commissioning Task Force Group<sup>48</sup> has identified **seven principles** for contracts between commissioners and third sector agencies that are fair and balanced. These should be familiar to your Children Trust or PCT commissioner – if not pass them on. They include:

- **Efficiency** Contracts should enable the purchaser/s to achieve quality services at value for money
- **Sustainability** Contracts need to embody a general approach to a proper working relationship which fosters sustainable, long-term provision (where appropriate) in the interests of service users
- **Proportionality** Contracts should aim to achieve what is necessary or highly desirable in the simplest possible way. Document length should be reduced as much as possible and the ‘kitchen sink’ approach abandoned
- **Suitability** Contracts should reflect the service that is required and the actual agreement between the parties
- **Simplicity** Departures from plain English need plain English explanations
- **Fairness** Contracts should reflect a fair and proper balance between purchaser and provider. Risk should be properly allocated
- **Equality** Contracts should be the same for every sector.

The contract should contain in its attached schedules:

- **A list of definitions and interpretations** to avoid confusion and misunderstanding

- **Service specification** with the emphasis on outcomes rather than process. It should include for example:
  - description of the services
  - outcomes expected (specifying corresponding dates)
  - places/s where services are to be provided
  - condition in which building/s are to be kept and maintained
  - days and times services are available
  - description of service users
  - explanation of how service users access the service
  - timing of referrals and of access
  - explanation of how the provider will seek to meet Service Users needs
  - number of service users who may access or be referred to the service during what periods
  - special delivery requirements
  - special equipment to be used
  - special personnel requirements
  - key performance indicators.

Other schedules should cover:

- **Commissioners’ obligations and facilities** – describing what the commissioner has agreed to provide and any other obligations it has agreed to perform.
- **Office and contact details**
- **Related legislation and guidance**
- **The policies of the providers** For example: confidentiality and data protection; protection of young people; supervision; grievance; health and safety, diversity
- **Performance Review procedure** with specified date and time – the purpose of the review will be to ascertain whether the provider is complying with the terms of the contract and in particular the

service specification and performance indicators, to identify any failings and agree how to rectify them, and identify how the service can be improved for the benefit of Service Users.

“ Third sector organisations have great potential to further add value to services by working in partnership with other organisations ... Commissioners should explore with third sector organisations whether further added value could be achieved by the inclusion of additional organisations in delivery partnerships ... appropriate remuneration should be paid for quantifiable added value benefits, under the principles of Full Cost Recovery. ”<sup>49</sup>

## conclusion

### Seven good practice tips

It is hoped this toolkit will be a valuable resource to YIACS. The concluding good practice tips aim to support the quality, finance, sustainability and independence of YIACS in the context of the new JPCF.

#### 1 NCVO Performance Improvement Hub

This supports third sector organisations to: create better quality organisations; to develop staff professionally; find out what works well in performance improvement and to share learning. The Hub offers:

- links to the NCVO website, resources and training information.
- training courses on quality assurance, strategic planning, benchmarking or monitoring and evaluation, practical understanding of performance tools and models.
- action learning sets – The Hub can work with you to set up an action learning set in your area with a group of peers to work together to find solutions to issues you are each facing in your work.
- visits programme – to learn from each other about what works in helping organisations achieve more. The Hub can match you up with an appropriate organisation and provide assistance towards your costs.
- E-community – debate issues, raise questions and share ideas and experiences online  
[www.performancehub.org.uk](http://www.performancehub.org.uk)

#### 2 VCS Engage programme

The purpose of this programme is to engage the VCS in the new joint framework for planning, commissioning and delivering services for children, young people and families. This will be achieved through:

- tailored training packages, equipping the sector with the skills and knowledge they need to engage

with LAs and work within the ECM and Youth Matters agenda.

- support on models of effective contracting.
- access to regional development managers to support VCS involvement, identify ongoing support and infrastructure needs and increase understanding within Government Offices and the statutory sector, of issues affecting the VCS  
[www.vcsengage.org.uk](http://www.vcsengage.org.uk)

#### 3 Full cost recovery and general finance

The NCVO Finance Hub offers access to high quality information, advice and support on funding and finance. It provides training and resources:

- Introductory guide to the main principles of Full Cost Recovery with a simple stage by stage guide of how to calculate costs and decide what to include as overheads.
- A pack of six guides on specific area of funding or finance, including case studies, tools and signposts to resources to assist organisations in their search for long-term financial sustainability.
- Briefing papers on public spending rules  
[www.financehub.org.uk](http://www.financehub.org.uk)

#### 4 Costing your counselling service

- See the Youth Access website for a series of slides from BACP on cost calculations for developing counselling services in primary care at [www.youthaccess.org.uk](http://www.youthaccess.org.uk), follow links to members area then resources, then funding resources
- The figures for salaries (April 2006–07) are those from the Agenda for Change which need to be revised every year. For annual pay band changes go to [www.unison.org.uk/file/A3538.pdf](http://www.unison.org.uk/file/A3538.pdf)

## **5 Protecting Third Sector independence**

The report of the Third Sector Task Force group provides guidance on the relationship between the third sector and commissioners and the observance of the 'Compact' by commissioners. It encourages the continuation of the VCS' ability to be openly critical and to campaign against policy, since it is its clients who are the customers of public services, not providers or commissioners. See report (p.21) for guidance.

[www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4...](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4...)

## **6 Find a local influential champion for the agency**

For example, your MP or a local councillor

## **7 New Commission for Equality and Human Rights**

(will replace the Equal Opportunities Commission in 2007)

Look out for new guidance from the Equalities Review including a new framework for the measurement of inequality. Commissioners will require providers to adopt the same principles under which they are required to operate to further adopt the equalities agenda

[www.eoc.org.uk](http://www.eoc.org.uk)

## annexes

### annex A End notes

- 1 Youth Access, (2006). *Access to Counselling Key Findings*. Youth Access.
- 2 Wilson C, (2001). *Breaking Down the Barriers Key Findings*. Youth Access. p.10.
- 3 Department for Education and Skills, (2007). *Targeted Youth Support: A guide*. DfES Publications. p.3.
- 4 Department of Health, (2007). *Commissioning Framework for Health and Well-being*. London: DH Publications. p.30.
- 5 Department of Health, (2006). *Report of the Third Sector Commissioning Task Force: Part II Outputs and Implementation*. London: DH Publications.
- 6 National Youth Agency, (2007). *Creating Integrated Youth Support and Development, a joint statement from the National Youth Agency, The Association of Principle Youth and Community Officers and the National Association of Connexions Partners*.
- 7 TYS, *op. cit.*, (2007). p.3.
- 8 Patricia Hewitt. Health Secretary, (May 2006). Press release: *More Counselling, More Therapy, Less Medication to Treat Depression*.
- 9 The National Institute for Health and Clinical Excellence (NICE), (2005). 'Depression in Children and Young People: identification and management in primary, community and secondary care'. *Clinical Guideline 28*.
- 10 NICE Press Release, (2005/022). Issued 28 September 2005.
- 11 The Department of Health, (2001). *Treatment Choice in Psychological Therapies and Counselling*. London: DH Publications. p.5.
- 12 *Ibid.* pp.3-4
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- 44 NSF STD 9: Vision is to work in partnership to promote the mental health of young people, provide EIS based upon the best available evidence from staff with the appropriate range of skills and competencies (Annex B Policy summaries).
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## annex B Resources

### Policy summaries

Aspects of the policy below have been used to shape the evidence, checklist and tips sections in the toolkit to ensure relevance to your agency.

### NSF for Children, Young People and Maternity Services (2004)

The NSF contains 11 standards, of which Standard 4 growing up into adulthood and Standard 9 the mental health and psychological well-being of children and young people contain markers of good practice that impact most on YIACS work.

**Standard 4** Growing Up into Adulthood's vision is that all young people have access to age-appropriate services which are responsive to their specific needs as they grow into adulthood.

**Standard 9** The vision is to see an improvement in the mental health and psychological well-being of children and young people and their access to the best available services and care.

[www.dh.gov.uk](http://www.dh.gov.uk)

### Department of Health planning framework Improvement, Expansion and Reform (2002)

Sets out the expectation that a comprehensive child and adolescent mental health service (CAMHS) will be available in all areas by 2006 and outlines the priorities for 2005/06–2007/08 and how the range of mental health needs of children and young people will be met from within services whose prime purpose is to deliver mental health care or from other services.

[www.youthaccess.org.uk](http://www.youthaccess.org.uk) (members page, resources, good practice resources to access training pack for access to counselling that contains information and references on comprehensive CAMHS)

**ECM aims and outcomes** Every Child Matters: Change for Children is a new approach to the well-being of children and young people from birth to age 19. The Government's aim is for every child, whatever their background or their circumstances, to have the support they need to achieve the five key outcomes.

Local authorities will be working with its partners, through Children's Trusts, to find out what works best for children and young people in its area and act on it. They will need to involve children and young people in this process, and when Ofsted inspectors assess how local areas are doing, they are expected to listen especially to the views of children and young people themselves.

**Children's Trusts** are located within LAs and every area should have a Children's Trust by 2008. The Children's Trust approach is enshrined within the ECM, Youth Matters and the Children Act 2004 and is seen as the main vehicle for inter-agency change and improved outcomes across the country for children and young people. Children's Trusts include children and young people's health services, social care, and related public, voluntary and community services. They have a responsibility to ensure that the planning and commissioning of children and young people's services is carried out by a single body with agreed strategies and a pooled budget.

[www.everychildmatters.gov.uk](http://www.everychildmatters.gov.uk)

### **Common Assessment Framework for Children and Young People (2006)**

The Common Assessment Framework (CAF) is a standardised generic approach to conducting an assessment of a child or young person's additional needs and deciding how those needs should be met. It can be used by practitioners across children's services in England. It is intended to provide a simple process for a holistic assessment of a child and young person's needs and strengths, taking account of the role of parents, carers and environmental factors on their development. It is consensual and children and young people will have the opportunity to discuss what aspects of information may or may not be shared. Agencies are still expected to do their own assessments for example an initial interview or counselling assessment.

[www.everychildmatters.gov.uk](http://www.everychildmatters.gov.uk)

### **Youth Matters Next Steps (2006)**

Contains a range of proposals that require Children Trusts, local authorities and the voluntary sector to work together to provide 'something to do, somewhere to go, someone to talk to' for young people. The proposals include access to a range of activities, information, advice and guidance and targeted and specialist support in appropriate and accessible settings to be commissioned by Children Trusts.

[www.dfes.gov.uk/publications/youth/pdf/Next%20Steps.pdf](http://www.dfes.gov.uk/publications/youth/pdf/Next%20Steps.pdf)

### **Targeted Youth Support: A Guide (2007)**

The guide informs commissioners on the design and delivery of services providing targeted youth support (TYS). It does not make requirements on local authorities but offers practical help in the form of guidance on what should, rather than must, be provided. The majority of Children Trusts and other related commissioners are likely to follow it and it will certainly be worth using to back up YIACS

arguments for the funding of advice, counselling and other support services.

<http://www.everychildmatters.gov.uk/IGoo206>

### **Joint Planning and Commissioning Framework (2006)**

Effective joint planning and commissioning is at the heart of improving outcomes for children and young people through Children Trusts. No single agency is expected to deliver all the five outcomes for children and young people by working in isolation. In principle joint commissioning should be developed wherever the meeting of identified needs requires contributions from two or more Children Trust partners. The guidance on the duty to cooperate (Inter-agency Cooperation to Improve the Wellbeing of Children: Children's Trusts) sets out an overview of joint planning and commissioning in nine steps for commissioners to follow, which has been used in this guide to inform the checklist section.

[www.everychildmatters.gov.uk/planningandcommissioning](http://www.everychildmatters.gov.uk/planningandcommissioning)

### **The Department of Health Commissioning Framework for Health and Well-being (2007)**

The framework is a tool for practical action of which a core theme is the partnership between particularly PCT's, practice based commissioners and the third sector. The report highlights the continued importance of effective commissioning for children and young people in the context of good evidence that investment in their health leads to improved educational outcomes, resulting in a greater chance of fulfilling their potential and of achieving stable relationships and economic security in later life.

[www.dh.org.uk](http://www.dh.org.uk)

### **Office of the Third Sector**

The Prime Minister announced a new Office of the Third Sector in May 2006. The Government defines the third sector as non-governmental organisations which are value-driven and which principally reinvest their surpluses to further social, environmental or cultural objectives. It includes voluntary and community organisations, charities, social enterprises, cooperatives and mutuals. The Third Sector Task Force Group has issued good practice guidance for commissioners to ensure they see the sectors added value and understand better what it has to offer.

[www.cabinet-office.gov.uk/third\\_sector](http://www.cabinet-office.gov.uk/third_sector)

### **Regulation and National Occupational Standards for Counselling**

The White Paper on the regulation of health professionals including counsellors – called 'Trust Assurance and Safety' sets out a programme of reform of the UK regulation of health professionals.

The regulation of counsellors and other psychological therapies is high on the government's agenda. Core competencies will form a vital part of standard setting.

[www.dh.gov.uk](http://www.dh.gov.uk)

**ENTO**, a standard setting body for the development and maintenance of National Occupational Standards, has responsibility for revising the Counselling National Occupational Standards and Skills for Health are looking at NOS for Psychological therapies. Both reviews are likely to have an impact on the core competencies used to inform the regulatory framework. The regulation of counselling and the setting up of the national register is expected to be implemented between 2008 to 2009.

[www.bacp.co.uk](http://www.bacp.co.uk)

## Supporting resources

Supporting reports and guidance on commissioning in the sector and youth policy can be found on the Every Child Matters website ([www.everychildmatters.gov.uk](http://www.everychildmatters.gov.uk)) and the Department of Health website ([www.dh.gov.uk](http://www.dh.gov.uk)). Both websites provide updated information on guidance and any new toolkits which may help your preparations for tendering.

BACP Ethical Framework (2001)

[www.bacp.co.uk](http://www.bacp.co.uk)

The Joint Planning and Commissioning Framework for Children, Young People and Maternity services (DH/DfES 2006)

[www.everychildmatters.gov.uk/planningandcommissioning](http://www.everychildmatters.gov.uk/planningandcommissioning)

Department of Health (2006), Our Health, our Care, our Say: A new direction for community services.

[www.dh.gov.uk/PolicyAndGuidance/OrganisationalPolicy/Modernisation/OurHealthOurCareourSay/fs/en](http://www.dh.gov.uk/PolicyAndGuidance/OrganisationalPolicy/Modernisation/OurHealthOurCareourSay/fs/en)

The Children Act 2004

[www.dfes.gov.uk/publications/childrenactreport](http://www.dfes.gov.uk/publications/childrenactreport)

The Compact on relations between government and the voluntary and community sector (VCS) in England

[www.cabinetoffice.gov.uk](http://www.cabinetoffice.gov.uk)

Report of the Third Sector Commissioning Task Force. Part II Outputs and Implementation (DH 2006)

[www.dh.gov.uk/PublicationsandStatistics/Publications/PolicyandGuidance/PublicationsPolicyandGuidanceArticle/fs/en?CONTENT](http://www.dh.gov.uk/PublicationsandStatistics/Publications/PolicyandGuidance/PublicationsPolicyandGuidanceArticle/fs/en?CONTENT)

Targeted youth support: a guide (DfES 2007)

[www.ecm.gov.uk/IGOO206](http://www.ecm.gov.uk/IGOO206)

Transitions: young adults with complex needs. (SEU 2005)

[www.socialexclusionunit.gov.uk/downloaddoc.asp?id=785](http://www.socialexclusionunit.gov.uk/downloaddoc.asp?id=785)

Youth Access National Quality Standards for YIACS provides for example: a definition of counselling and counselling assessment and standards for providing counselling, conducting counselling assessments, supervision and case recording etcetera.

[www.youthaccess.org.uk](http://www.youthaccess.org.uk)

Youth Matters Next Steps (DfES 2006)

[www.des.gov.uk/publications/youth/pdf/Next%20Steps.pdf](http://www.des.gov.uk/publications/youth/pdf/Next%20Steps.pdf)

## The YIACS offer to young people

The majority of YIACS offer a comprehensive under-one-roof or one stop shop service providing all young people with an easy and accessible pathway to a combination of counselling, advice, information, outreach, and personal support in a holistic framework of early intervention and prevention offered in:

- a confidential, non-judgmental and young-person-friendly service
- a safe and secure environment
- a continuum of helping interventions provided through multi-disciplinary teams for 13 to 25 year olds
- access to discrete counselling, information, advice, personal support (befriending, individual and group work, practical help to develop independent living skills) and outreach services
- flexibility – can offer regular and occasional contact plus a seamless transition across services in-house based on need, at the young person's own pace with a variety of entry points
- self-referral to the agency and supported referrals for young people who need extra help accessing YIACS or on being referred on to other services
- access to SMHS provision provided in a multi-agency young-person-friendly framework in some YIACS (for example, early intervention services for young people with psychosis)
- respect and a service that values difference
- respect for the young person's right to be a voluntary participant in any helping process and recognition of each young person's potential
- information and support on obtaining external support for the family if requested.



**Young people's Information,  
Advice, Counselling and  
Support Services (YIACS)**

YIACS provide a combination of services under one roof to young people, including counselling, advice, information, outreach and personal support (drop-in, befriending, informal support and sexual health)

# Commissioning young people's counselling services in YIACS a toolkit for managers and fundraisers of YIACS

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