

« breaking down the barriers » a strategy in development



youth
ACCESS
to information, advice and counselling

The 'Breaking Down the Barriers' strategy is part of a three year programme of work funded by the Department of Health.

youth ACCESS

to information, advice and counselling

Youth Access is the national membership association for young people's information, advice, counselling and support services (YIACS) across the four countries of the UK.

Youth Access members are expected to provide services to young people within a national quality standards framework, which includes implementing the 'Values' and 'Core Principles' of young people's services.

Values

Youth Access believes that all young people have a right to make informed decisions through access to information, advice and counselling. It believes in services which:

- Respect the dignity and self-worth of each young person.
- Respect and value individual differences.
- Recognise and are sensitive to the growing autonomy of each young person.
- Respect every young person's right to be a voluntary participant in the helping process.
- Recognise the potential of each young person.

These values are expressed in a set of common features: YIACS services are offered on a confidential, self-referral basis, where young people can readily access a range of flexible help in an informal setting.

Core principles

Youth Access's statement of 'Core Principles' which member agencies agree to abide by are that:

- Young people are central to the service and member agencies are committed to responding to their needs.
- Young people have a right to access quality information, advice and counselling services.
- The basis on which young people are able to make use of a service is made clear to them individually and a contract is agreed where appropriate.
- YIACS aim to empower young people and treat them with respect based on an understanding of their individual culture and background.
- In all aspects of their work, member agencies aim to counter the discrimination and oppression faced by young people.
- Member agencies work towards equality of access for all young people for whom the service is designed.
- YIACS take all reasonable steps to ensure the safety and well-being of young people and staff in the agencies.
- Member agencies are committed to ensuring staff are competent to perform the range and depth of duties offered by the agencies and provide a framework for staff development that includes support, supervision and training. YIACS are committed to establishing and maintaining procedures for monitoring and evaluating the service they provide.

under one roof



information

advice

counselling

support

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)

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Publisher's note

We have attempted to ensure that this report is up-to-date and accurate. However, in a constantly evolving field there will inevitably be changes to policy and organisations before the publication is in your hands.

FOOTNOTE

¹ See back for list of contributors to the Breaking Down the Barriers Project (BDBP)

Supporting statements

on this page

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Breaking Down the Barriers strategy summary

The *Breaking Down the Barriers* (BDB) strategy is the final stage of a three-year programme of work led by Youth Access and funded by the Department of Health.²

The strategy aims to raise awareness of the mental health needs of 16 to 25 year olds, identify the need for improving and increasing existing counselling provision and promote the benefits of joint working between statutory mental health services (SMHS) and Young People's Information Advice and Counselling Support Services (YIACS).³

The strategy focuses on ten barriers identified in the Breaking Down the Barriers project's (BDBP) Key Findings⁴ publication (2001). Each barrier is highlighted and followed by a series of cross-sector recommendations from young people and the statutory and voluntary mental health sector. In addition, a working tool is offered containing suggestions devised by Youth Access which aim to help service providers, policy makers and commissioners develop centrally and locally a comprehensive integrated strategy to meet the mental health needs of 16 to 25 year olds.

Who should read the strategy?

- 
- Young People's Information, Advice and Counselling Services (YIACS)
 - Child and adolescent mental health services (CAMHS)
 - Adult mental health services (AMHS)
 - GPs and school nurses
 - Commissioners of young people's and young adults' mental health services
 - Policy-makers and planners
 - Local, regional and central government
 - Primary Care Trusts and Groups

Who and what has influenced the strategy?

Who helped shape the strategy?

- Young people
- YIACS
- CAMHS
- Social Services
- Local authorities, health authorities and NHS Trusts
- Primary Care Trusts and Groups
- The voluntary sector
- Central government departmental representatives

The BDB project advisory groups

- The Young People's Urban and Rural Reference Group and consultation groups
- The Professional BDBP Reference Group
- Youth Access National Executive BDBP subgroup

Context

- BDB Key Findings and case studies
- Related Government policy and initiatives
- Perceptions of young people, mental health and counselling.

The ten barriers

The ten barriers highlighted in this strategy were identified in the BDBP 'Key Findings' (2001), and are summarised below. The barrier sections provide information and evidence, challenges and recommendations to provoke much needed action on each barrier.

- Young people felt that poverty, homelessness, loss, discrimination, family or care breakdown significantly affected the way they felt about themselves. [p.14](#)
- Young people expected counselling to be boring, embarrassing or frightening because they did not have information about young people's counselling or YIACS. [p.19](#)
- Young people wanted quick and easy access to 'someone to talk to'. Counselling in young-people-friendly services was not as available as young people would like. [p.25](#)
- Young people living in rural areas had difficulty accessing YIACS because of poor public transport, no transport of their own and a lack of money to pay for taxis. [p.29](#)
- Some of the young people who were 'harder to reach' faced issues around identity and discrimination. Some felt disempowered, causing additional stress and anxiety. [p.32](#)
- Under half of all YIACS said they could get virtually no help for 16 to 18 year olds from CAMHS or AMHS in their area. [p.36](#)
- 16 to 25 year olds often experienced a mismatch between their needs and what was available to meet those needs. [p.40](#)
- YIACS identified professional value conflicts with the statutory sector as a barrier to joint-working and many wanted to attend forums, consultations and multi-agency groups but were unable to because of a lack of money, time and staff. [p.44](#)
- A lack of resources and inadequate and patchy services resulted in young people not being able to access the services they need. [p.48](#)
- YIACS used many different codes and guidance to define quality and good practice. [p.51](#)

The strategy's vision

Ten discrete elements of the strategy's vision have been identified through the project. Expressed as statements of intent, or desired outcomes, they are:

- Help to build and strengthen young people's emotional resilience and mental healthiness, particularly those exposed to risk factors, to support them to improve their environment and life choices.
- Ensure the development of an evidence base and nationally recognised evaluation tool on the effectiveness of young people's counselling and its role in strengthening emotional and mental healthiness to support, extend and improve existing counselling provision.
- Make sure that all young people, wherever they live, when unhappy, in distress or at risk, can access, quickly and easily, young people-friendly counselling services.
- Improve access to services for all young people in rural areas through improvements in public and community transport schemes and properly resourced virtual and mobile counselling services.
- Improve access to and develop the delivery of services to 'hard to reach' young people who often feel fearful, isolated, disengaged and hostile, in an enabling, respectful and sensitive way.
- Establish efficient cross-sector referral mechanisms, which ensure young people's speedy access to appropriate mental health provision.
- Sixteen to 25 year olds are entitled, as a basic

human right, to access age appropriate young people-friendly statutory mental health services based on their emotional and developmental needs and not the needs of the service.

- Sufficient resources, cross-sector training and support available to help overcome the professional value conflicts, lack of time, money and staff that operate as barriers to partnership and joint-working between YIACS and statutory mental health services.
- An equitable and transparent funding base to support young people's access to quality counselling services across England.
- All YIACS able to access adequate resources and support to implement appropriate quality standards and audit mechanisms in young people's counselling services.

Each of these elements is discussed in turn in the barrier section of this strategy report, starting on page ●●●●●●.

What next?

YIACS are uniquely positioned. They have the necessary skills and expertise to contribute to and deliver many aspects of the current Connexions and including the Youth Service Unit (YSU), Children and Young People's Unit (CYPU) and the Department of Health's (DoH) mental health National Service Frameworks (NSFs) policy and initiatives. However, YIACS' participation and contribution rely on their being able to attract the resources and support they need to develop their capacity.

THE BDB STRATEGY'S EIGHT IMMEDIATE PRIORITIES

The BDBP uncovered a huge agenda for change but recognised the need to focus on a number of key strategic priorities from which a change in policy and attitudes to young people's mental health can begin to take place. The BDB strategy's eight immediate priorities are:

- The DfES must champion across government the development of youth counselling services and their role in meeting young people's emotional and mental health needs.
- A funding stream must be identified which will support and nurture young people's and young adults' mental healthiness.
- The NSF for Mental Health and the Children's NSF need to address the specific mental health needs of young people and young adults (16 to 25), and include a comprehensive review of existing policy and the allocation of resources.
- A national evaluation should take place of the effectiveness and appropriateness of current provision for 16 to 25 year olds in statutory mental health services and YIACS.
- A nationally recognised evaluation tool for measuring young people's counselling outcomes should be adopted.
- Funding periods should be extended to five years with allocated funds for infrastructure costs.
- Targets and incentives should be attached to mental health initiatives and policy to stimulate joint working between YIACS and statutory mental health services.
- A secure national programme of development is needed to enable YIACS to meet Youth Access Quality standards.

FOOTNOTES

- 2 Department of Health, Section 64 funding (June 1999 to June 2002).
- 3 Examples of YIACS work with young people can be found in the ten barrier sections of this publication.
- 4 Wilson C, (2001). *Breaking Down the Barriers Key Findings*. Youth Access.

Policy context to the *Breaking Down the Barriers* strategy

The current context

The current changes being brought about by a range of policies and initiatives impacting on young people's lives are, on the whole, widely supported across the voluntary and statutory sectors. In particular, the Government's vision of help, support and guidance available to all young people through the new universal Connexions Service is a major step forward in tackling some of the gaps and problems for young people in accessing appropriate help and support.

The commitment to pushing forward a new agenda for children and young people's services is clear in a number of reports. They include the Social Exclusion Unit's (SEUs) Policy Action Team report on young people, which examined how Government can improve the way policies and services work for young people, and the more recent papers emanating from the Transforming Youth Work Agenda and the Children and Young People's Unit (CYPUs). In addition, the National Service Framework (NSF) for Mental Health and the NHS Plan have set out a vision for reform of mental health services to ensure 'comprehensive' and 'holistic' provision for all.

Yet none of the particular barriers that 16 to 25 year olds face trying to secure help and support for emotional and mental health problems is being sufficiently addressed. Indeed, it is possible that each of these separate initiatives may begin to develop its own agenda and start to pull in contradictory directions, further exacerbating the problems young people and young adults face.

If we are to tackle not only the existing gaps and barriers for young people, but also to prevent new problems occurring, there must be a co-ordinated, holistic approach to developing youth policy. This approach needs to be supported by central, regional and local government, and underpinned by effective joint working.

16 to 25 year olds

One of the primary reasons for focusing the work of the *Breaking Down the Barriers* project on 16 to 25 year olds was the growing body of evidence on the

gaps and difficulties experienced by this group. This includes a considerable quantity of anecdotal evidence coming from YIACS. The Mental Health Foundation's *Bright Futures* report, the SEU's *Bridging the Gap* and PAT 12 reports and more recently, *Young Minds Whose Crisis?*, the Mental Health Foundation's *Turned Upside Down* and the New Policy Institute's *Sidelined* all highlight the serious gaps in mental health policy and services and paint a particularly bleak picture for 16 to 25 year olds.

The level of public funding allocated to 16 to 25s is in stark contrast to the level of need indicated for this group. When young people are in need of help, they are often confronted by mental health services which are either inadequate, inappropriate or do not exist. Varying and inconsistent use of cut-off ages can result in young people being squeezed either into the end of children's mental health services or into adult services. Very few CAMHS are able to respond adequately to the 16 plus age group. Often AMHS do not consider them a priority and in many cases are unlikely to have the skills, approach or the appropriate setting in which to assess or provide a service for this age group.⁵

Central policy change – altering the shape of the problem

During the life of the *Breaking Down the Barriers* project there have been changes in central policy direction. The development of the Connexions Strategy, the emerging CYPUs strategy, the NSF for Mental Health and the currently developing NSF for Children will have an impact on young people's services. However, while these initiatives have started to alter the shape of the problem, they do not tackle it directly.

The Connexions Service National Unit⁶ (CSNU) and the CYPUs have an ambitious and widely supported agenda to tackle many of the problems identified by the Social Exclusion Unit's report on young people. That has established a new cut-off age: the majority of young people will find that support and help provided in the context of these initiatives will end when they reach their nineteenth birthday.

The Department of Health's NSF for Mental Health

focuses on the mental health needs of working age adults from 16 to 64 years⁷ and clearly states that it only touches on the needs of young people. The NSF appears to expect young people's needs to be addressed through unspecified programmes in the NHS and Social Services. It is therefore likely that a sixteen-year-old unable to access a local CAMHS will have to fit into a generally inappropriate adult mental health service. The much hoped for Children's NSF also seems unlikely to address the specific mental health needs of 16 to 25 year olds, since its emphasis is on children and wider health issues. However, the need for age appropriate treatment settings and approaches is recognised in one area of mental health policy. The NSF guidance on developing Early Intervention Services for first episode psychosis encompasses 14 to 35 year olds and bridges age-related gaps in services by recognising this group's specific needs.

The inconsistencies are likely to become further marked as Connexions personal advisers start to work with young people across the country. They may find that they are unable to secure appropriate adult statutory mental health provision for the 16–19 year olds they are working with.

A similar challenge may also face the CYPU as it tries to secure the adoption of its recommended principles to provide equitable, inclusive and empowering services in a supportive and respectful manner for young people, within a mental health framework designed for adults.

Government policies on counselling and age

Department of Health (DoH)

The DoH supports counselling as a general therapeutic approach that has an accepted place in the range of interventions for children and adolescents.⁸

The Department accepts that, in general, adolescents have different mental health needs from adults and services should recognise and reflect this.⁹

The difficulties faced by many local CAMHS in providing adequate services has overshadowed attempts by the Department to draw attention to the age boundaries highlighted in the last report on mental health by the Health Select Committee. The Committee highlighted the numbers of local CAMHS working with young people from 16–21 years and in some cases up to 25 years. The CAMHS team in the Department of Health now expects the Children's NSF to address this issue and also the transition issues between services.¹⁰

The CAMHS team age range covering 0 to 18 year olds is not rigidly set. The adult section in the Mental Health Services Branch of the Department of Health covers working age adults from 16 to 64.

The Children and Young People's Unit (CYPU)

The CYPU recognises that most young people have some kind of difficulty during the growing up stage and that it is important they get easy access to support.¹¹ It believes there should be mainstream counselling and preventative services for children and young people.

The CYPU's strategic aim and vision is of a collective responsibility for securing the well-being of young people. In this, everyone has a duty to be clear about their respective contribution and where their accountability lies. The Unit hopes collective responsibility and comprehensive holistic responses will continue to improve services and prevent children and young people from falling through the gaps between agencies.

The CYPU usually defines children as under 12, young people as 13 to 18 and young adults as 19 plus, with no accountability once they become young adults on their nineteenth birthday.¹²

The Connexions Service National Unit (CSNU)

The CSNU recognises that the Connexions Partnerships' relationship with organisations like YIACS will be fundamental to the success of Connexions and that YIACS will have a vital contribution to make.

As part of the assessment process, the CSNU will expect personal advisers to support and encourage, where appropriate, any young person to seek specialist counselling and to refer them to a counsellor.¹³

The Connexions Service is for 13 to 19 year olds and positioned within the CYPU's vision of services for 0 to 19 year olds. The CSNU expects Connexions Partnerships to consider the post-19 transition.¹⁴

Is national policy being developed around age?

Although not intended, it appears national policy is being structured primarily around age, instead of need. In general terms, the definition of a child is being extended and that of a young person narrowed. The mental health needs of young people in transition to young adults and on through to adulthood are not being addressed.

In recent years, there has been an abundance of evidence concerning the extended transitions of youth. For the majority of the population, youth transitions have been extended well into the middle to late 20s. Routes to work, household formation and independent living have become more protracted, complex and full of risk and uncertainty (Furlong and Cartmel 97). Transitions involve numerous stepping stones on which young people can lose their footing, for a variety of reasons outside the obvious employment, domestic and housing transitions.¹⁵

Although leaving home is perhaps one of the most

significant transition events, around 90 per cent of 18 year olds are living with parents. When the move to independent living takes place, as it does for most young people between 16 and 25, there is a greater need to access practical services independently, rather than via parents or carers. This physical transition often precipitates a psychological transition that can require external support. Indeed the transition to independence is often accompanied by a greater need for services per se.

Implicit in this are the practical and emotional support needs of young people and young adults. This extends not only through their teens, but also beyond and illustrates why the needs of young adults are much wider than employment, education and training.¹⁶

A holistic approach to developing policy

A genuinely holistic approach to policy development requires that we confront the complex, everyday realities of young people's lives and engage more realistically with their circumstances and aspirations.

In *Joined-Up Youth Research, Policy and Practice*¹⁷, Bob Coles argues for a 'Youth Transition Model', that moves away from what is generally regarded as the three main status transitions: from school to work (the transition to employment); from dependence on families of origin to setting up families or households (the domestic transition) and from living in the parental home to living away from it (the housing transition). (Coles, 1995; Jones and Wallace, 1992).

Coles¹⁸ cites ten key ingredients for modifying the 'Youth Transition Model', which recognises that the 'transitions' of youth are both long and complex. The suggested perspective offers a holistic framework to assess how well youth policy and practice matches up.

A holistic framework to assess young people's policy and practice should:

- 1 Include childhood experiences – many of the factors which impact on (un)successful transitions occur within childhood rather than

simply at the point of transition.

- 2 Include the experiences of the 'young adult' – the main adult outcomes, employment, partnering and independent housing, may themselves be transitional, intermediate steps only. A model of youth transitions needs to extend into early adulthood; thinking more carefully about 'young adults' rather than youth.
- 3 Avoid linear assumptions – housing transitions are sometimes intermediate with returns to home. Full employment might be a temporary respite from unemployment. Domestic and household partnerships can break down. We cannot assume that once a positive status is achieved youth is over and adulthood and full citizenship achieved.
- 4 Avoid normative assumptions – the youth transition model assumes that getting a job and a house are good and important stepping-stones to adulthood and a family. But what about measures of self esteem, control and self-efficacy (emotional and mental healthiness)?
- 5 Focus on both sides of the careers equation – addressing young people's needs and the opportunities afforded them.
- 6 Examine both sides of the careers equation holistically – not only are the various strands of young people's lives joined-up, but so too should be the policies, agencies and practices seeking to promote their welfare.
- 7 Include young people as full participants in the process – engage young people in partnerships, policy development and evaluation.
- 8 Be grounded in a realistic appraisal of the social, familial and economic circumstances in which young people live.
- 9 Understand patterns of difference – the experiences of different groups of young people may be fundamentally different.
- 10 Be inclusive of all groups – not just focusing on those defined as vulnerable or at risk.

FOOTNOTES

5 Young Minds, (2001). *Mental Health Services for Adolescents and Young Adults – Policy*.

6 All references to the CSNU include the Youth Service Unit (a team within the CSNU) unless referred to separately.

7 Mental Health Services Branch DoH, adults' section consultation feedback (2002).

8 Department of Health, BDB consultation feedback (2001).

9 Ibid.

10 Department of Health CAMHS team in the Child Health and Maternity Branch of the Directorate for Children, Older People and Social Care, BDB consultation feedback (2001 & 2002).

11 Interview with CYPU (2001).

12 Ibid.

13 Interview with the CSNU (2001).

14 Ibid.

15 Coles B, (2000). *Joined-Up Youth Research, Policy and practice: a new agenda for change*. Youth Work Press.

16 Howarth C, Street C, (2000). *Sidelined: Young Adults' Access to Services*, New Policy Institute. Express Printing p.1.

17 Coles B, op. cit., (2000).

18 Coles B, op. cit., pp.12–14, (2000).

Introduction to *Breaking Down the Barriers* – a strategy in development

The *Breaking Down the Barriers* strategy will interest people differently as local areas, population mixes and services vary. The strategy focuses on ten of the main barriers impacting on young people's access to counselling and appropriate mental health services. The barriers were identified in the project's *Breaking Down the Barriers Key Findings* (2001).

Background to the strategy

YIACS – the current picture

YIACS have been bridging the gap between CAMHS and AMHS for the past 25 years. They are cost effective and are often highly valued by young people, the local community and other services they work with.

However, YIACS can vary tremendously. Many struggle from day to day, often with very limited resources. Some have teams of paid counsellors trained to work with young people while others rely on volunteer counsellors in training. Demand often outstrips the resources available. Furthermore, the often short-term nature of funding does not meet the essential core costs of YIACS, even for those which are better resourced. Against this background, it can be extremely challenging to balance delivery with the maintenance of quality services.

History and development of the strategy

The *Breaking Down the Barriers* project evaluated¹⁹ the response of YIACS to the mental health needs of 16 to 25 year olds²⁰ and explored the adequacy of counselling provision²¹ for young people. Four local models of joint working between SMHS and YIACS were examined in depth.

The analysis of the evaluation and interview data, produced in the *Key Findings*²² and *Case Studies*²³ publications, resulted in the ten barriers.

An England-wide consultation was conducted between August and October 2001 to obtain a range of cross-sector views on the Key Findings. Interviews were held with heads of policy and strategy at the Children and Young People's Unit and the Connexions Strategy Team – CSNU and a written consultation undertaken with the DoH. Two focus groups, one rural one urban, were set up to obtain young

people's views and a written consultation undertaken on each of the findings with SMHS, the voluntary sector and YIACS. The consultations were consistent with the Government Compact on good practice and adopted robust methods recognisable to both statutory and voluntary sector mental health services, to produce credible results.

The cross-sector information and recommendations²⁴ came from:

- CAMHS²⁵
- NHS Trusts and hospitals
- Statutory sector general – local authorities and youth offending services
- YIACS
- Voluntary sector general – national and local voluntary sector organisations
- The Young People's Urban and Rural Reference Group and focus groups
- The CYP, DoH, and the CSNU
- The Professional BDBP Reference Group

The use of both quantitative approaches (survey) for the Key Findings and qualitative approaches (for the Case Studies) produced the generalisable conclusions that statutory sector mental health services demand and which have not always been available from counselling services working with young people – an omission which has influenced perceptions of the value and status of Youth Access and its members in the past.

The ten barrier sections and the dynamic working tool

The ten barrier sections which form the central core of this publication provide evidence and information, identify challenges and suggest recommendations to provoke much needed action. The cross-sector recommendations and the Youth Access suggestions are intended to help kick start strategic action, inform policy, planning and decision-making and encourage the joined-up working and thinking necessary to implement change.

Each of the barrier sections is arranged as follows:

- The barrier from the project's key findings highlighted

- A summary of the current picture – this provides a snapshot of information and evidence to support the need for action.
- The strategy’s vision – a statement of what ideally needs to happen to overcome the barriers.
- Cross-sector views – a range of recommendations from SMHS, YIACS, young people and the voluntary sector suggesting ways to help dismantle the barriers.

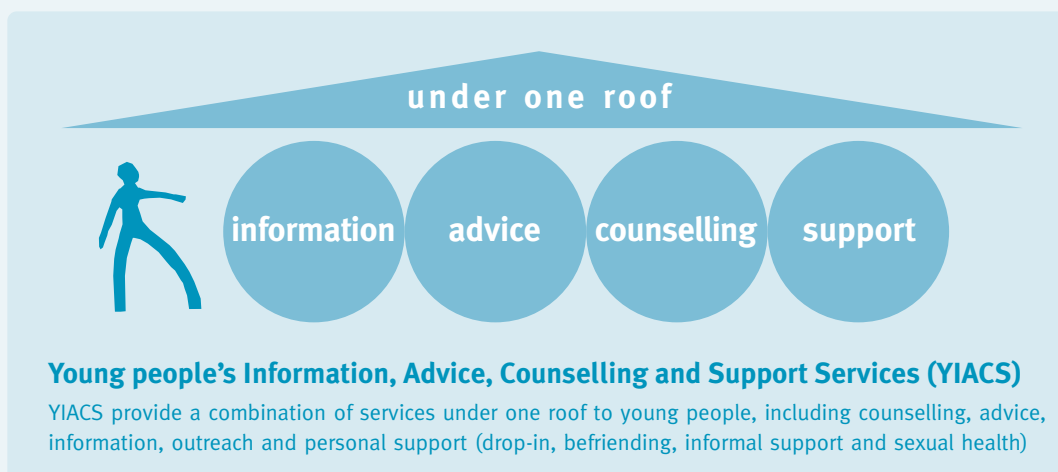
- Youth Access recommendations – a table contains the key aims of the strategy and suggested actions which have evolved from the work of the project. Together with the cross-sector recommendations, the table is intended for use as a dynamic working tool. It aims to help users develop an integrated strategy to meet young people’s emotional and mental health needs by identifying actions and partners.

THE YIACS MODEL



The majority of YIACS provide an under one roof service model²⁶ in a holistic framework of early intervention and prevention and offer:

- A confidential, non-judgemental and young-person-friendly service.
- A safe and secure environment.
- A continuum of helping interventions provided through multi-disciplinary teams for 11 to 25 year olds.
- Access to discrete counselling, information, advice, personal support²⁷ and outreach services.
- Flexibility – can offer regular and/or occasional contact plus a seamless transition across in-house services 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 those young people who need extra help accessing YIACS or 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 if requested on obtaining external support for the family.



FOOTNOTES

- 19 Wilson C, (2001). *Breaking Down the Barriers Key Findings*.
- 20 YIACS generally work with young people aged from 11 to 25, this project focused on 16 to 25s.
- 21 It was not within the parameters of the BDBP to evaluate the application of counselling practice in YIACS – see counselling section recommendations for evaluation and research needed in this area.
- 22 72% of YIACS and 69% of young people using YIACS responded to the survey or participated in interviews – see *BDBP Key Findings*.
- 23 See Wilson C, (2001). *Breaking Down the Barriers Case Studies: joint-working between YIACS and SMHS*. Youth Access. Helped shape and inform the strategy.
- 24 Details of the consultees are included in the list of contributors to the BDBP at the end of the strategy.
- 25 CAMHS responses were separated from the NHS to focus on the providers’ response and the commissioning feedback separately.
- 26 Of the 360 YIACS across England only 151 provide counselling.
- 27 Personal support services include a range of helping activities, including befriending, individual and group work to reduce a young person’s sense of social and personal isolation with practical help to develop independent living skills.



Tackling risk and strengthening young people's emotional resilience²⁸

BDB key finding and barrier²⁸

Most *young people felt that living in poverty, experiencing homelessness, discrimination or death and loss, sexual abuse and family or care breakdown significantly affected the way they felt about themselves.*

“It’s essential that a child or young person has a doctor or dentist. Shouldn’t it also be essential from the beginning that there is someone concerned about your emotional well-being? You are taught to look after your health – your teeth – but you are not taught to look after your emotional state.”
(Urban Young People’s Consultation Group)

The current picture

There are approximately 7.2 million 14 to 24 year olds in the UK;²⁹ no precise figures for the 16 to 25 age group exist. Recent studies agree that one in five young people³⁰ suffer from a wide range of mental health problems and that one adult in six³¹ suffers from some form of mental illness. Mental illness costs in the region of £32 billion in England each year.³²

More than 150,000 young people are out of school on fixed term exclusion (1 to 45 days) at any one time. Over 8 per cent, nearly 300,000, of 18 to 24 year olds are unemployed. A fifth of 16 to 24 year olds experience homelessness at some time in their lives. There are 20,000 to 50,000 carers in the UK aged under 18. Approximately 55,300 children (five per 1,000) are currently looked after by their local authority, of which 6,300 are in children’s homes. There are 90,000 teenage conceptions a year. The age of onset for drug use is getting younger, with cocaine use increasing sharply for 16 to 29 year olds. Ten per cent of young men aged 18 to 24 are alcohol dependent. The proportion of young women aged 18 to 24 who drink regularly (more than 14 units per week) increased from 15% to 22% from 1984 to 1996. Twenty eight percent of young women aged 20 to 24 admit being assaulted by a partner. One in six young people aged 14 to 25 are the victims of violent crime each year. Over 15,000 calls a year are made to Childline about

sexual and physical abuse. Forty per cent of offenders are under the age of 21 and a quarter are under 18.³³

Risk factors increase the likelihood of a young person developing a mental health problem. Resilience is the shielding factors a young person may be able to access to reduce the impact of the risk factors on their mental health. Risk and resilience factors are either related to the characteristics of the young person, their family, the community they live in or the life experiences they have.³⁴

The SEU has defined some of the risk factors young people face, drawing on research conducted all over the world. Within family or care they include poor parenting, family conflict, low income and poor housing. In school they are low achievement, truancy and exclusion. In the community, growing up in a disadvantaged neighbourhood and getting involved in risky behaviour.³⁵ Research shows that just as many young people who experience poverty, poor family support, low educational attainment and other problems live outside deprived neighbourhoods as in them. Therefore it is important to look at disadvantage wherever young people live.³⁶ Poverty, unemployment, the psychiatric disorder of parents, physical and emotional neglect were identified by the Child Poverty Action Group as risk factors that have an adverse impact on young people’s mental health.³⁷

Studies in the UK and the USA show that exposure to a range of risk factors has been associated with increased problems in adolescence and adulthood. These risk factors increase the probability of developing a mental health problem. One risk factor can lead to the probability of developing a mental health problem at 1 to 2 per cent; with three risk factors the likelihood is increased to 8 per cent, with four or more it rises to 20 per cent.³⁸

Social and economic issues are best dealt with early. Action on poverty should be linked with early intervention initiatives to improve young people’s situations and opportunities.

Resilience can be built and supported in young people through the development of personal characteristics, good communication skills, an ability to reflect, and a positive approach to problem solving.³⁹

The strategy's vision

To help build and strengthen young people's emotional resilience and mental healthiness, particularly those exposed to risk factors, to support them to improve their environment and life choices.

Overcoming the barriers

For anything to change in a young person's life, it is likely that their environment needs to change as well. Strengthening the support networks of young people and the communities in which they live, and building their self-esteem is essential to increase young people's resilience. Early intervention through more practical support for the family and young people is needed. This might include access to parenting schemes, access to external support and advice for young people in care, low cost housing for families and young people, zero tolerance of domestic violence, antipoverty schemes, community support centres and respite. Other useful interventions might be education programmes in schools and youth clubs, for parents, teachers and young people on how to combat the risk factors and build resilience.

Young people need more information on the national curriculum, about the sorts of mental health problems that can arise. They want access to practical advice on looking after their mental health, understanding emotions and leaving home safely.

Schools are a unique arena able to identify young people at risk and link them into the support they need. Schools should develop or build on practical partnerships within their community, for example with mentoring schemes, family support services, outreach, and counselling and advice services.

There should be younger adult mental health services for 16 to 25 year olds that help young people gain control over their lives and encourage personal coping. Where young people can easily access counselling or just talk to someone through self-referral, drop-in, or on the phone accessible at night and the week-ends.

It is essential that young people have access to appropriate counselling and support services to help address problems that could lead to escalating mental ill health. Access to a range of non-stigmatising young-person-friendly mental health services should be improved. There should be more qualified and experienced young people's counsellors who can work in a variety of locations at convenient times for young people. Counselling services need to be closely linked with advice, information and

support services to tackle relevant risk factors at the same time, such as homelessness, lack of confidence, self-esteem and low income. There is a need to increase detached, outreach and community workers in YIACS to bring appropriate services to harder to reach young people.

There is overwhelming agreement that a multi-disciplinary approach between health, education and social care professionals, community and voluntary sector organisations is vital. Local YIACS offering counselling should work with CAMHS, the Primary Care Trust, education services, social services and the Youth Service developing for example more multi-disciplinary early intervention projects.⁴⁰

The phrase **mental ill health has negative connotations for many young people**, who may not seek help even if they perceive themselves as mentally ill. Emotional well-being is suggested by young people as a more helpful term. Mental health campaigns to promote awareness should also be ongoing year round not just for one week.

Extra funding for training and support services is needed, for school nurses, educational psychologists, GPs and all professionals involved in identifying mental health issues at an early stage. Counsellors should be invited into schools (to PSHE classes) to share information and provide training, information and support to teachers.

A massive programme of investment is needed in Tier 1 and 2 services⁴¹ working with children, young people and families to identify needs more effectively and ensure closer working together. County and district local councils need to make additional finance available to tackle the risk factors through schools, health centres, YIACS and local community groups and to provide support to marginalised and excluded young people. Government commitment and funding is needed to set up YIACS where there are gaps and support young people's counselling services on a long-term basis. Additional funding to improve staff levels in YIACS and improve collaboration between schools, voluntary agencies and statutory services is necessary to ensure a unified framework of support for young people.

“If you're a young person in care, you are automatically identified as a problem just because you are in care. You are made to feel different and you end up feeling different even if you shouldn't. People are not very humane towards you.”
(Young People's Rural Consultation Group)

Towards a strategy – a working tool

The following action table is a working tool designed to help users develop an integrated strategy that will


meet young people’s emotional and mental health needs.

The left hand column outlines the key aims of the strategy developed by Youth Access from the Breaking Down the Barriers Project. In the second column are suggested actions developed by the project for consideration.

The third and fourth columns are blank. It is hoped that these will be used as part of organisational or departmental planning processes, helping stimulate joint planning and policy making with partners, relevant practitioners, young people and other organisations.

<i>Key aims of the BDBP strategy</i>	<i>Action</i>	<i>Action we need to take</i>	<i>Partners/Departments we need to involve</i>
To increase the capacity of policies, initiatives and planning to tackle the risk factors relating to young people’s mental health and promote resilience amongst young people.	<ul style="list-style-type: none"> • The development of a universal tool to measure the impact of policies and initiatives on tackling risk and building resilience amongst young people. 		
To strengthen the NHS Plan targets to reduce health inequalities through prevention and intervention services.	<ul style="list-style-type: none"> • The NHS Plan Implementation Groups should include YIACS at all levels of planning and decision making to formulate appropriate targets for young people and young adults. • Each of the 500 new ‘one stop primary care centres’ to work with local YIACS, Connexions ‘one stop shops’ and SMHS to develop joint programmes to tackle risk factors in the locality and bridge gaps in services. • The appointment of young persons specialists in Accident and Emergency Departments, to improve the treatment and after-care of young people and young adults who self-harm or are at risk of suicide. 		
To ensure that the emotional and mental health needs of 16 to 25 year olds are met.	<ul style="list-style-type: none"> • A duty⁴² placed on health and local authorities to participate in a universal needs assessment of young people and young adults. The findings to be dovetailed with other mapping exercises including Connexions and the Community Legal Service to plan and deliver appropriate provision. • A cross-departmental national strategy to support the mental healthiness and emotional well being of 16 to 25 year olds, which would include the shortfall in current expenditure and the need to improve the appropriateness, effectiveness and quality of current provision, across the sectors. • Youth Access in collaboration with its members and other agencies to secure funds to systematically collect national data on young people using YIACS and their changing mental health needs to inform local and national policy. • The CSNU needs to overcome a perception that the Connexions strategy is not concerned with young people’s emotional well-being and mental healthiness. 		
To ensure that every young person can access help, support and good quality counselling in a safe and secure environment.	<ul style="list-style-type: none"> • Local authorities and health authorities to support implementation of the Youth Service Pledge through the delivery of comprehensive, generic, confidential counselling, information and advisory services to young people.⁴³ • Government to respond to the UK Youth Parliament’s Manifesto⁴⁴ recommendation that: ‘An extensive network of support, advice and counselling needs to be set up for all young people ...’ 		



Key aims of the BDBP strategy	Action	Action we need to take	Partners/Departments we need to involve
	<ul style="list-style-type: none"> • The recognition of young adults as a group with specific needs, as part of a review of Standard One – mental health promotion, the NSF for Mental Health. • CSNU and DoH to work with Youth Access and its members to use the Youth Access Standards as the basis for the development of a young-person-friendly counselling quality mark. 		
To improve the knowledge and skills base of front-line staff.	<ul style="list-style-type: none"> • The development of a national training module for staff working with young people on risk factors and interventions that build resilience. • All frontline staff in contact with young people to have access to locally agreed service and referral protocols between mental health providers, Connexions partnerships, the local authority and health authority. 		

OFF CENTRE – HACKNEY, LONDON



www.offcentre.org.uk

Off Centre was established in 1974 to provide counselling services for young people in the London Borough of Hackney. While this activity remains at the heart of its work it also specialises in innovative projects that are designed to transform the prospects of the most disadvantaged young people in the borough. This includes work with young people with learning difficulties, refugees, those who are homeless and those who have mental health problems. The projects within the service are organised as:

- **Individual counselling** Includes one-off crisis sessions, short term contracts (up to 12 weeks) and longer terms contracts for up to 2 years (occasionally longer depending on need) plus work in the following areas: (Registered for quality – implementing the Youth Access Quality Standards)
- **Childhood abuse** Innovative work to deal with trauma as a result of childhood sexual, physical and emotional abuse.
- **Self harm** Includes specialised counselling work and a ‘fast track’ response for 13–17 year olds who attempt suicide linked with Homerton A&E (funded through the Primary Care Trust).
- **Teenage pregnancy** Part of the government’s Sure Start Plus service for teenagers who may be pregnant – providing counselling and advice, referrals to sexual health and support to young parents.
- **Sexual health** Satellite counselling service based at young peoples sexual health clinics (funded through the Health Authority).

- **Substance misuse** Support for students and teachers in connection with drug related incidents at school funded through the Drug Action Team.
- **Creating space** Creative Arts Therapies specifically for young people who have a learning disability and/or mental health needs.
- **Group support** Therapeutic groups focusing on peer support to reduce isolation, building confidence and increasing life skills.
- **Schools programme** Group work to discuss bullying, relationship difficulties and stress. This links up with the Healthy Schools Initiative and is part of the Citizenship curriculum.
- **Information and advice services** On a range of issues to address health inequalities, employment issues and access to affordable accommodation. (Currently working towards the Community Legal Service Quality Mark).
- **Homelessness** For 18–25 year olds who are homeless and experiencing mental health problems. This service is particularly aimed at helping young men who self harm, care leavers, refugees and those at risk of sleeping rough.
- **Advocacy** Enabling young people to access key services and mediation for homeless young people.

Other work:

- **Transform** Placements, support and training for newly qualified counsellors seeking accreditation or business start-up. This is expanding during 2002 to include creative and complementary therapies funded through the European Regional

Development Fund, the Tudor Trust and City Parochial Foundation.

■ **User forum** Users take a lead in the development of all activities. Mainly conducted through the 'User Forum' this has recently included the production of a video about mental health and designing a new web site for the charity. Opportunities are sought for young people to talk with decision-makers – recent opportunities included discussions with MPs Diane Abbott and Glenda Jackson regarding direct access to accommodation for young people.

■ **Involvement in initiatives** There are a number of major national and local Government initiatives that relate closely to Off Centre's objectives. They include a range of regeneration programmes with a focus on the needs of young people particularly from black and ethnic minority communities and those with additional needs. Off Centre is well placed to take an active role in ensuring the success of these programmes which include: Connexions, Community Legal Service, Sure Start Plus, Teenage Pregnancy Strategy, CAMHS Strategy, Health Action Zone, Health Improvement Plan (HIMP), Drug Action Team, Supporting People,

Healthy Schools Initiative and Neighbourhood Renewal.

■ **Partnerships** Hackney Social Services, Hackney Primary Care Trust, The Kipper Project (East End Focus), Enterprise Careers Service, Sexual Health Services (CHYPS), Youth Net UK (free 24 hour internet access for young people), FT.Com. Representation/steering groups: Health and Social Care Forum, Children's Board, Children and Young People's Special Interest Group, Self Harm Forum, Asian Women and Mental Health, Teenage Pregnancy Steering Group, Mental Health Promotion in Schools, Enterprise Careers Executive Board.

■ **Funding** Off Centre is funded through a variety of sources including London Borough of Hackney, Children, Families and Adult Community Services, East London and the City Health Authority, City and Hackney Primary Care Trust, Bridges House Estates Trust, Esmee Fairbairn Charitable Trust, The Goldsmiths' Charity, Tudor Trust, City Parochial Foundation, European Regional Development Fund, smaller trusts and companies plus individual donors.

FOOTNOTES

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31 Department of Health, (1999). *The National Services Framework – Mental Health*.

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33 Social Exclusion Unit, (2000). *National Strategy for Neighbourhood Renewal, Report of PAT 12: Young People*, pp.16–24.

34 Coles B, (2000). *Joined-Up Youth Research, Policy and Practice: a new agenda for change*, Youth Work Press.

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36 SEU, op. cit., p.12 (2000).

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38 The Mental Health Foundation, (1999). *Bright Futures: Promoting Children and Young People's Mental Health*.

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40 The Youth Enquiry Service, Plymouth.

41 The 'Tiered' Approach – the idea of four tiers of services recommended by the HAS report *Together We Stand*, (1995) offers a model of an informal tier and tiers one to four for a whole range of styles and levels of specialism in delivering comprehensive Child and Adolescent Mental Health Services. See Mental Health Foundation's (1999) *Bright Futures*, pp.133–135.

42 Department for Education and Skills, (2001). *Transforming Youth Work*, DFES Publications.

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Counselling in YIACS – strengthening young people’s emotional and mental healthiness

BDB key finding and *barrier*

Young people would see a counsellor again because it met their needs. They saw a counsellor for a variety of reasons for example: to get help with low self-esteem and lack of confidence; depression; family problems; difficult behaviour; self-harm; suicide attempts; substance misuse; eating disorders; bullying; harassment or discrimination; problems in care or in leaving care; unemployment; exclusion from school and teenage pregnancy. However, *many young people expected counselling to be boring, embarrassing or frightening because they didn’t have information about young people’s counselling or YIACS.*

“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 as a problem child. I hit rock bottom and had to go in to hospital. Nobody wanted to listen to me and it’s only now since coming to this YIAC, I could get my life back. If it wasn’t for counselling I don’t know where I’d be right now.”
(Young People’s Consultation)

The current picture

The support mechanisms on which young people have traditionally depended have been weakened in significant ways. Family ties have, for many, become more fluid or more fragile. One in four children born in the 1970s experienced the break-up of their parents’ marriage by age 16. One in 12 children currently live in step-parent families and around one in five children live in single parent families.⁴⁵ Over the past 10 years, contact with grandparents and other relatives has fallen.⁴⁶ There has been less access in schools and elsewhere to help with problems connected to young people’s personal lives because of limitations on resources and the need to prioritise the most acute cases.⁴⁷ Recent studies also highlight how general youth work has failed to meet

its objectives in providing counselling to young people and recommend that priority is given to the role of counselling in young people’s services.⁴⁸

Youth Access defines counselling as 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 the world, to create a greater awareness of their personal resources and of their ability to affect and cope with their life. All counselling staff are expected to be trained to perform their responsibilities competently and in accordance with national standards. For example, they will be expected to have attended accredited British Association of Counselling and Psychotherapy Diploma, Certificated and NVQ Counselling training programmes.⁴⁹

“A randomised controlled trial of non-directive counselling and cognitive behaviour therapy (CBT) compared the clinical effectiveness of GP care and GP based therapies for depressed patients 18 plus (of which 18% were 18 to 25). The research found that CBT and non directive counselling were equally effective in this setting. Patients were more satisfied with counselling and therapy because it was a more effective treatment for depression in the short term achieving a faster resolution of symptoms for moderately severe depression.”
(*British Medical Journal*, 2000)⁵⁰

The DoH defines counselling as a form of psychological therapy, which gives individuals an opportunity to explore, discover and clarify ways of living more resourcefully, with a greater sense of well-being. Counselling may be concerned with addressing and resolving specific problems, making decisions, coping with crisis, working through conflict, or improving relationships with others. Counsellors may practise within a number of therapeutic approaches, for example humanistic, interpersonal, cognitive, psychoanalytic, systemic, eclectic, integrative,

existential, and art and drama therapy. However, most are counsellors who are influenced by the humanistic, process-experiential and psychodynamic principles.⁵¹ Psychological therapies show benefits for a wide range of mental health difficulties for young people,⁵² producing evidence of counselling effectiveness with anxiety and depression. The clinical outcomes for young people with major depressive disorder after short-term psychotherapy were found to be effective. Most young people improved regardless of the type of therapy, which included cognitive, systemic and non-directive similar to person-centred.⁵³

The range of counselling offered in YIACS is very wide, from holistic through to Rogerian, humanistic, psychodynamic, analytic, cross-cultural and cognitive. Some YIACS have developed their own models such as Geldard and Geldard – a proactive approach to counselling adolescents.⁵⁴ YIACS measure good practice and quality in the delivery of counselling using the Youth Access Quality Standards, mental health indicators, the British Association of Counselling and Psychotherapy's Code of Ethics and Good Practice, their own codes and guidance or that of local authorities.⁵⁵

Further research is needed into the use of recognised evaluation tools that measure the effectiveness of counselling for young people and into an accreditation system to monitor the quality of counselling being provided across YIACS.⁵⁶ The Psychological Research Centre at the University of Leeds argues that the use of the CORE Data System⁵⁷ has the potential to strengthen significantly the evidence base to support and develop continued service expansion of counselling services. The CORE system has considerable strengths for profiling how counselling can be an effective treatment, and meets clinical governance requirements for monitoring the NSF Standards.

Youth Access services (YIACS) can often provide confidential and unstigmatising counselling and support for young people.⁵⁸ Almost every young person said they would see a counsellor again and use the same YIACS again, because counselling had met their needs. Counselling helped young people to feel stronger, more stable and able to cope, to gain in self-confidence, self-respect and self esteem. The staff they saw were friendly, and they were not judged and felt supported.⁵⁹

The strategy's vision

To ensure the development of an evidence base and nationally recognised evaluation tool measuring the effectiveness of young people's counselling, its role in strengthening emotional and mental healthiness, and to support, extend and improve existing counselling provision.

Overcoming the barriers

There is overwhelming agreement that **greater awareness of the uses of counselling, its effectiveness and its impact on young people's mental health is crucial.** There needs to be more research and improved dissemination of current findings. A vital part of the way forward is to develop an evidence base and share information on the effectiveness of counselling and the use of recognised evaluation tools that successfully measure counselling outcomes. Further qualitative research should be funded and published in this area. Routinely undertaking outcome research with young people undergoing counselling will increase recognition of qualitative evidence based practice, which can be used to inform purchasing strategies. Research and evaluation is required into evaluation tools that can successfully measure hard and soft counselling outcomes for young people. The establishment of a UK-wide user-friendly database for national data collection on young people's emotional and mental health needs would also help to develop a stronger evidence base.

Dissemination of the BDBP findings to and via Government, through health promotion, in the media – articles, TV, video, radio and the web – their inclusion in related policy and initiatives, through training and at conferences, in school and at parent's evenings, was recommended. There was a unanimous view that the findings must be targeted at Primary Care Trusts, mental health commissioners in all agencies, the mental health NSF leads for Local Implementation Teams (LITs), the Young People's Tsar for mental health, GPs, CAMHS, schools, hospitals, social services inspectorate and departments, local authorities, Youth Offending Teams (YOTs), trainers, schools and youth services, health, parents, mentors, decision makers, statutory and voluntary sector mental health services, young people, and youth workers.

The young people's findings should be published in young people's magazines, schools, record shops, clubs and clothes shops to start a debate. Youth Access should run a conference led by young people who have had counselling to target commissioners and providers.

Attitudes to emotional well-being and mental health should be explored more in schools. Counselling should not be seen only as a problem-solving activity but as life developing. Negative professional and public attitudes to mental health and counselling should be challenged nationally. Breaking down defensive attitudes in schools is needed via PSHE classes and staff meetings. Ofsted Inspections should be equally concerned with the development of emotional literacy, the promotion of mental healthiness and the effectiveness of signposting young people with mental health needs to support services to improve their chances of better performance in school.

Young people who have had counselling can contribute to dispelling myths by sharing their experiences in young people's settings. This should be backed up by a national campaign driven by young people targeted at young people. This should explain what counselling is, and be discussed and debated on young people's television programmes, in the media and be supported by counselling service open days. An interesting and dynamic website using NSPCC guidance on internet safety could provide information on counselling, how it can be accessed safely, plus guidance on how young people can look after their mental and emotional healthiness.

Counselling can be a frightening word to young people. Providing listening, befriending, community based models such as peer listening can offer some young people a more informal introduction.

Accessible and flexible services offering drop-in, advice, information, counselling and support under one roof can contribute to dismantling fear and demystifying counselling. A nationally agreed definition of counselling should be used which is understandable by and accessible to all young people. A clear distinction should be made between the provision of counselling, the use of counselling skills and the use of listening skills.

Youth worker training in the use of basic counselling skills needs improving. Evidence of young people's emotional and mental health needs should be incorporated in teacher training courses, youth work courses and Connexions personal adviser training. The BDBP findings should be sent to providers of counselling training.

Central Government support for mainstream counselling in organisations like YIACS was viewed by SMHS as an essential early intervention initiative to make sure young people get the help they need at the right time. Services should not be limited to people with a mental illness because of a lack of resources.

The DFES, the DoH and funders generally need to understand the **adverse impact different funding schemes and criteria** operating locally, regionally and nationally have on the development of good practice and quality in young people's counselling services. A regulatory body for YIACS that pushes up the quality of counselling provision, providing quality control and assurance with essential resources, is vital.


“There should be a national advertising campaign to look after your mind in the way people are encouraged to look after their hearts.”
(Young People's Consultation)

Towards a strategy – a working tool

The following action table is a working tool designed to help users develop an integrated strategy that will meet young people's emotional and mental health needs.

The left hand column outlines the key aims of the strategy developed by Youth Access from the Breaking Down the Barriers Project. In the second column are suggested actions developed by the project for consideration.

The third and fourth columns are blank. It is hoped that these columns will be used as part of organisational or departmental planning process, helping stimulate joint planning and policy making forums with partners, relevant practitioners, young people and other organisations.

Key aims of the BDBP strategy	Action	Action we need to take	Partners/Departments we need to involve
To ensure that the increasing needs ⁶⁰ of 11 to 25 year olds for high quality counselling, advice and information services is met.	<ul style="list-style-type: none"> • Support for an effective national policy and an appropriate funding stream to end patchy and variable counselling services to be promoted by the CSNU, the CYPU and the Mental Health Tsar at the cross-cutting Government Working Groups. • The CSNU to work with Youth Access to promote established good practice in the YIACS⁶¹ ‘under one roof model’ across Connexions Partnerships, particularly the development of ‘one stop shops’. • Establish a national young people’s commissioner to implement the CSNU and the CYPU’s vision of access to mainstream counselling services for young people. • Implement recommendation 16 of PAT 12⁶² – by developing adequate specialist therapeutic social care and mental health services for young people to back up the operations of the Connexions service. • Counsellors and mental health practitioners working with young people must be specifically trained. 		
To help secure a reliable national counselling evidence base	<ul style="list-style-type: none"> • The DoH should commission research into the effectiveness of counselling interventions provided in a YIACS context. The research should also include multi-disciplinary services provided in YIACS between CAMHS and AMHS (such as the Early Intervention Service in psychosis at Plymouth YES). • The DoH should recommend that the National Institute for Mental Health in England commissions research into effective tools for measuring young people’s counselling outcomes in voluntary sector mental health services, and investigate the use of Teen CORE,⁶³ given the adult version’s wide use in SMHS. • Youth Access to seek funds to set up a project to commission action-based research and evaluation of counselling interventions, effectiveness and practice in YIACS. 		
To increase awareness and understanding of counselling as a specifically defined intervention.	<ul style="list-style-type: none"> • Youth Access to secure funding to respond to SMHS, the CYPU, young people and others’ need for a nationally agreed definition of counselling, counselling skills, listening skills, mentoring and buddying. • YIACS need to secure funding to establish local and regional networks to strengthen, develop and promote good practice in counselling delivery in YIACS. 		
To encourage implementation of the CYPUs recommended new framework for monitoring outcomes for children and young people.	<ul style="list-style-type: none"> • The adoption of a similar framework across Government and all mental health services for young people and young adults. • The framework should become a requirement for young people’s mental health services in the NSFs for Mental Health and Children. • Data collected through the CYPU framework on emotional and mental health should be widely disseminated and prompt reviews of related cross-cutting Government policy. 		
To broaden the view of mental health as being more than diagnosable mental illness.	<ul style="list-style-type: none"> • CYPU’s definition,⁶⁴ which takes into account young people’s emotional well-being, the building of resilience, self-esteem and self-confidence and the development of emotional literacy, should be adopted cross-departmentally. 		

Key aims of the BDBP strategy	Action	Action we need to take	Partners/Departments we need to involve
To help young people access up-to-date information about YIACS services.	<ul style="list-style-type: none"> Youth Access should secure funding to develop and promote a virtual and paper directory of young people's information advice, counselling and support services across England. 		
To ensure the development of seamless mental health policy and initiatives to join up the gaps for 16 to 25 year olds in the NSF for Children and Adult Mental Health.	<ul style="list-style-type: none"> Government should implement the Pat 12 suggestion that departments should move towards the development of comprehensive policies and services for young people without overlaps and gaps, based on evidence, ensuring prevention becomes a higher priority for services.⁶⁵ The adoption of a holistic framework to assess how well youth policy and practice matches up – see Coles suggestion.⁶⁶ 		



YOUTH ENQUIRY SERVICE (Y.E.S.) – PLYMOUTH



Y.E.S. started in 1991, primarily as a counselling service for young people aged 13 to 25 in a street-based agency in the city of Plymouth. It is one of the largest YIACS in the country with seventeen different projects.

The agency's mission is to assist young people in living healthy, secure and satisfying lives, by enabling and supporting young people to make informed decisions. The service uses a holistic approach, providing needs-based services that aim to improve the economic, social and emotional well being of young people in the area.

Y.E.S. services include:

- **Insight** An early intervention service for 16 to 25 year olds experiencing their first episode of psychosis. A multi-disciplinary team: a community psychiatric nurse, OT, clinical psychologist, psychiatrist and key workers, work with young people experiencing severe mental health issues for up to two years. A recovery model is used to help young people manage their symptoms and to reduce hospitalisation.
- **Counselling** Ongoing person-centred counselling sessions, drop-in sessions in Y.E.S. plus outreach to geographically isolated areas and school based counselling for 13–25 year olds. The counsellor's task is to enable the young person to access their own inner resources rather than guide or advise them. (Registered for quality – implementing the Youth Access Quality Standards)
- **Accommodation, information and advice (including benefits)** Aims to empower young people to secure accommodation to meet their needs and offers support in completing relevant forms, acting as a go between and advocate on their behalf.

- **The Junction** A sexual health advisory service designed for young people, including under 16s, providing access to a GP and nurse on site, offering contraceptive advice, free pregnancy tests, emergency contraception, and information on sexually transmitted infections.
- **Sure Start Plus** Based at Y.E.S. and working with young teenage parents and pregnant teenagers.
- **Street legal** A solicitor is on site once a week for young people who need free legal advice.
- **Personal development** Programmes are run by staff certified by the Adventure Activities Licensing Authority, Raleigh International and offer a range of programmes which enable young people to increase their self-confidence and build on their skills through a range of outdoor activities, youth achievement schemes and personal development.
- **Volunteer training** Volunteers are an integral part of Y.E.S. Often the training they receive at Y.E.S. can be the first step towards training for a career in caring or community work. Many volunteers go on to complete higher education courses or find employment.
- **Child advocacy** A service for young people who would like the support of a Child Advocate at an impending Child Protection Case Conference, or a statutory review for 'looked after' young people. The opportunity is available to access other support, information or counselling from in-house services.
- **Youth mentoring** A project to build positive, trusting and supportive relationships with young people who may have been in trouble with the law. Mentoring provides an unbiased adult to

listen to their point of view and take time out to understand them. The project matches up young people with adult mentors to provide support.

■ **Appropriate adults** This project works in conjunction with the Plymouth Youth Offending Team ensuring the rights of young people aged 10–16 are adhered to whilst in police custody,

making sure the interview is conducted fairly and the young person gets legal advice. Follow-up support and links to other Y.E.S. services are offered.

■ **Funding** Acquired from a variety of sources, usually short-term, with some renewable contracts.

FOOTNOTES

- 45 SEU's comment on J. Graham, comment on J. Bynner, (1998). Contribution to the *Comprehensive Spending Review of Provision for Young Children*, supporting papers. Volume 2, HMT.
- 46 SEU's comment on F. McGlone, A. Park and K. Smith, (1998). *Families in Kinship*, Family Policy Studies Centre.
- 47 DSS, (1999). *Opportunity for all: Tackling Poverty and Social Exclusion*, First annual report 1999 (Cm 4445), TSO.
- 48 SCRE, (2002). *Evaluating Youth Work with Vulnerable Young People*.
- 49 Youth Access, (1998). *Quality Standards for Youth Information, Advice, Counselling and Support Services*. (Youth Access membership requirement).
- 50 *BMJ* Volume 321 2 (December 2000).
- 51 The Department of Health, (2001). *Treatment Choice in Psychological Therapies and Counselling, Evidence Based Clinical Practice Guidelines*.
- 52 BACP have commissioned a systematic review on Counselling Young People available spring/summer 2002.
- 53 BACP – CPR, (November 2000). *Evidence Based Mental Health*, Vol 3. p.108.
- 54 Mancroft Advice Project, Norwich, provides information, advice and counselling (using the Geldard and Geldard approach) for 11 to 25 year olds. See Geldard C, Geldard D, (1999). *Counselling Adolescents*, Sage publications (1999) on this approach.
- 55 Wilson C, (2001). *Breaking Down the Barriers Key Findings*. Youth Access.
- 56 *Ibid*.
- 57 Mellor-Clark J, Connell J, Barkham M, (2001). *Counselling outcomes in primary health care: a CORE system data profile*, Psychological Therapies Research Centre, University of Leeds.
- 58 Coles B, (2000). *Joined-Up Youth Research, Policy and Practice: a new agenda for change*, Youth Work Press.
- 59 Youth Access, *op. cit.*, (2001).
- 60 Evidenced in the BDBP Key Findings, Pat 12, *Bright Futures and Sideline*, *op. cit.*
- 61 See snapshot examples of YIACS and the services provided under one roof, highlighted in boxes at the end of the barrier sections.
- 62 SEU, (2000). National Strategy for Neighbourhood Renewal, *Report of PAT 12: Young People*, p.40.
- 63 The CORE System is the first UK standardised audit and evaluation measure designed for generic use across a wide range of psychological therapy professions and settings. The data analysis technique determines the effectiveness of counselling using the method of reliable and clinically significant change. Teen CORE is a version of the adult tool to measure outcomes for young people having counselling.
- 64 CYPUP, (2001). *Building a Strategy for Children and Young People*, pp.22–23.
- 65 SEU, *op. cit.*, (2000).
- 66 See end of policy context section in this strategy for suggested framework outline and further information referenced in footnotes 15, 17 and 18.



Access to counselling services for all young people

BDB key finding and barrier

Young people want quick and easy access to ‘someone to talk to’, who can provide confidential, practical help and support that is non-judgmental and young-person-friendly. They want to take the route best suited to them based on their immediate priorities. In reality, some accessed counselling immediately while others took different routes, accessing information, advice, outreach or personal support before seeing a counsellor, selecting what was easiest for them first. *Counselling in young-people-friendly services was not as available as young people would like.*

“It is essential to maintain the current level of different routes to counselling. It is vital to the well-being of young people to be able to access a range of supportive services through choice and what’s easiest to them. Young people may use different means to access help.”
(YIACS Consultation)

The availability of services and access to them depends above all else on where a young person happens to live. The availability of services often relies more on the energy of local voluntary sector organisations, and on the voluntary sector funding policy of a local authority, than on any objective measure of population needs.⁶⁷

There is increasing recognition that untreated or persistent mental health problems in childhood and adolescence are associated with continuing or chronic mental health problems in adult life.⁶⁸

In YIACS, half the young people accessed counselling immediately, while others accessed it later via other services in the agency. Most young people’s choice of other service reflected their priorities, for example they might approach the accommodation service if they had problems with housing and homelessness. Some accessed what was easiest for them first. Others felt unable to cope or carry on and wanted counselling immediately for emotional problems, rape or sexual abuse. In general, counselling in young-people-friendly services was not as available as young people would like.⁶⁹

The CYPU recognises that the majority of children and young people have some kind of difficulty in their growing-up period and that it is important that they get early access to support. There should be mainstream counselling and preventative services.⁷⁰ The Connexions Service is also concerned to ensure that young people seeking specialist counselling via the personal adviser can access appropriate provision.⁷¹

The best services and programmes are planned, focused and persistent, with early intervention, and intensive action at key transition points, offering easy access, a sustained following through and entry back into services.⁷²

The strategy’s vision

To ensure that all young people, wherever they live, when unhappy, in distress or at risk have quick and easy access to young-people-friendly counselling services.

Overcoming the barriers

Young people need to have sufficient information to be able to select access routes to the most appropriate provision for them. Access to different services must be obvious, open, easy and maintained through resource support. Consultation with young people about the best way to meet their needs and to deliver accessible services to them is essential.

The **‘under one roof’ approach** – offering a range of services in the same building – can enable young people to take practical steps towards addressing complex issues at a pace they can manage. Young people have a choice of entry points, providing an opportunity to feel safe in the environment before they access counselling. By being offered drop-in, information or advice about the services on offer, they can become familiar with the environment and staff before accessing counselling. Other activities should be available so that first steps in talking about issues are learned easily.

A young men's motorbike group and rap-led group talking about young men's issues made it easier for participants to access counselling services in the organisation later. Services need to be flexible and responsive, based in young people's communities, in multi-setting services, and work out of hours to prevent stigma.

Information about self-referral and routes to YIACS needs to be promoted locally and supported nationally through an advertising campaign across the sectors with central government support. Services working with the most socially excluded and vulnerable, especially those permanently excluded from school, need to be aware that young people needing help may not think they have a problem or understand its effects. Young people may need enormous support to recognise the problem and to access the help they need.

Access to counselling should be based on young people's needs and the type of service they want. Access should not rely on the attitudes of the referring professional or agency towards counselling. Young people's experiences of problems accessing counselling should be taken into account in the development of new and existing provision. The involvement of young people is crucial in setting up services.

YIACS could be better promoted and efforts made to ensure accessing counselling is a more normal activity. Initiatives such as peer support schemes, buddying activities, nurture groups and social skills training at school are especially relevant.

Interagency co-operation, **networking-protocol and referral strategies should be agreed between all relevant agencies** working with young people (even if self-referral). Their aim should be to identify, improve and increase access through routes into different services. Specialist counselling services for young people, which are not based in a YIACS, need to be closely linked to YIACS advice and information services, to make sure referral routes to counselling are seamless. In some areas the waiting times for young people in severe distress, including those who have attempted suicide, are totally unacceptable and have to be tackled locally and centrally. Joint protocols should also be developed between outreach and detached youth workers, front-line housing and mental health care practitioners and YIACS to increase young people's access to appropriate provision. Better informed and improved links between YIACS and staff in contact with young people in tier one services who can signpost or refer

on to YIACS services across tiers two and three is essential.⁷³ Counsellors need to be linked to the Connexions system for the 16 plus age range to ensure personal advisers provide the link to specialist counsellors in YIACS and prevent young people falling through the gaps.

In some instances, skills and knowledge are being diverted from YIACS, where they are badly needed, to Connexions. It would be better to use those skills and knowledge to bring together the two services, which need each other.

Funding needs to be increased to maximise opening times and identify and prioritise ways of reaching young people. Additional resources are needed to improve access in rural areas, tackle public transport problems, increase the availability of counsellors trained to work with young people, shorten waiting lists, offer more same-day appointments and childcare facilities. There is a need to look at existing pay-scales for counsellors and to improve and develop more counselling services to put YIACS on a secure footing in every community.

YIACS need to be resourced properly to maintain and develop an effective rural and urban network. A designated number of YIACS should be open 24 hours a day, seven days a week, in strategic locations, based on need and accessibility to cover both urban and rural areas. To complement this service there should be a 24-hour call centre and web access for young people, staffed by young people's counsellors, with access to a national database of young people's services and fast-track access to statutory mental health services.

Towards a strategy – a working tool

The following action table is a working tool designed to help users develop an integrated strategy that will meet young people's emotional and mental health needs.

The left hand column outlines the key aims of the strategy developed by Youth Access from the Breaking Down the Barriers Project. In the second column are suggested actions developed by the project for consideration.

The third and fourth columns are blank. It is hoped that these will be used as part of organisational or departmental planning processes, helping stimulate joint planning and policy making forums with partners, relevant practitioners, young people and other organisations.

<i>Key aims of the BDBP strategy</i>	<i>Action</i>	<i>Action we need to take</i>	<i>Partners/Departments we need to involve</i>
To ensure young people have access to the services they need.	<ul style="list-style-type: none"> • The caseloads and training needs of Connexions personal advisers must be rigorously assessed to ensure that young people in the greatest need are enabled to access help and support at a pace and level that is right for them. 		
To ensure young people have access to a range of quick, easy and flexible routes into counselling services.	<ul style="list-style-type: none"> • Connexions Partnerships wanting to provide a single, non-stigmatising route into a coalition of services for all young people need to ensure that personal advisers make links with local YIACS to provide the necessary support to young people to self-refer and to agree referral protocols. • Personal advisers must familiarise themselves with the range of services YIACS offer and the different routes young people can take inside the agency to access counselling at their own pace. • Statutory mental health services need to link up with personal advisers and familiarise themselves with their local YIACS to ensure young people get access to the services they need quickly and easily. • Personal adviser training must include identification of young people's emotional and mental health needs, the level of support needed and appropriate services to refer to. • Inclusion of YIACS in the Department of Health's Evidence Based Clinical Practice Guidelines would help to dismantle some of the barriers preventing GPs and other mental health professionals from referring young people to YIACS for counselling. 		
To develop the capacity of YIACS to provide quality counselling services to young people across the country.	<ul style="list-style-type: none"> • Primary Care Groups and Primary Care Trusts should work with local YIACS and Youth Access to implement their responsibilities for promoting and responding to the health needs of young people locally. • Where gaps in counselling services are identified, Connexions and the DoH Mental Health Monies allocated to PCTs should be used to develop new services and improve existing YIACS for 11 to 25 year olds. 		
To ensure that the prejudice, stigma and discrimination attached to mental ill health is tackled nationally.	<ul style="list-style-type: none"> • The DoH should develop a cross-cutting strategy, supported by legislation to tackle the stigma and discrimination young people with mental ill-health face. • Emotional literacy should form part of the primary and secondary curriculum with inclusion in the Citizenship programme to help develop positive attitudes to mental health. 		



The Warren is a community resource centre for young people aged 16–25, based in Hull. It offers informal education opportunities, a counselling, information and advocacy service, music and arts facilities, a childcare project, and an affordable café. The Warren also supports and encourages young people to create the best opportunities possible in order to meet their needs and develop their potential, including issue-based work (for example, work with young women, young men, lesbians, gay men and bisexuals, young parents, and young asylum seekers). The involvement of young people in all areas of decision-making is central, and resources are prioritised for young people who are socio-economically deprived and marginalised. It has an ‘open door’ policy and all activities and services are free.

The counselling, information and advocacy section is an open access service available between 10am and 4pm, Tuesdays to Fridays. The advice work has become part of the Community Legal Service’s Quality Mark Scheme. Young people access the section for a wide range of reasons, and it is not obvious to anyone else why they have come. This can make it easier to ask for counselling. There are 350–450 contacts each month.

The approach to counselling and other services to young people is a person-centred one. This means the quality of the relationship with young people is of great importance. The project works with young people at their pace, on the terms that they and the project can manage, trusting that they are the experts in their own lives.

The Warren recently evaluated its counselling service. The person-centred approach was highly valued by users. Successful outcomes identified by young people included:

- Being able to express their feelings.
- Reducing risky, self-harming, dangerous and suicidal behaviour.
- Being able to manage day-to-day living more fully.
- An increased ability to have more meaningful intimate relationships.

The majority of counselling work at the Warren involves working with the impact of childhood trauma, separation and loss, transition issues, and the impact of mental illness.

The project also works with young people who are in crisis. It endorses some of the findings of the BDBP report, such as the difficulty in finding emergency mental health services for 16 to 19 year olds, and for young people who also have issues with drug use.

■ **Other services** Therapeutic group work using psychodrama provides an opportunity to look at past, present and future issues, without being punished for making mistakes – often described as a rehearsal for life.

■ **Funding** The counselling, information and advocacy section is funded through a three-year service level agreement with the city council, and through Quality Protects money administered by social services, and focused on young people in need. The Quality Protects money is reaching the end of a three-year funding period.

FOOTNOTES

67 New Policy Institute, (2000). *Sidelined, Young Adults Access to Services*, Express Printing.

68 The Mental Health Foundation, (1999). *Bright Futures*.

69 Wilson C, (2001). *Breaking Down the Barriers Key Findings*. Youth Access.

70 Interview with the CYPU (2001).

71 Interview with the CSNU (2001).

72 SEU, (2000). *National Strategy for Neighbourhood Renewal*, Report of PAT 12; Young People, The Stationery Office, p.64.

73 *Bright Futures*, op. cit., pp.133–135 (1999).



Counselling for young people in rural areas

BDB key finding and barrier

Young people living in rural areas had difficulty accessing YIACS because of poor public transport, no transport of their own and a lack of money to pay for taxis. They did not want to ask parents or carers for a lift because they did not want them to know they were seeing a counsellor.

“The internet could help alleviate isolation through providing counselling online for young people isolated in rural areas. Developing peer to peer support could overcome the need for ‘someone to talk to’ and if counsellors were mobile they could travel to different places each day.”
(Young People’s Rural Consultation Group)

The current picture

In recent years there has been a growing recognition that transport can represent a significant barrier to social inclusion. People in need often experience serious difficulty getting around. They are much less likely to have access to a car than the general population. Regular and reliable public transport services are not available in every community. Public transport is sometimes unaffordable for people on low incomes or simply does not take people where they need to go.⁷⁴

Transport issues are central to access, as is isolation and a lack of money. Insufficient staff to offer outreach services to young people in isolated areas, short or restricted opening hours and services closed at week-ends and in school holidays can compound access problems. Further barriers YIACS identified in rural areas, include suspicion or stigma associated with church-based agencies and difficulties in obtaining a mix of counsellors appropriate to the local client group.⁷⁵

Many rural communities are going through difficult changes. Basic services have been overstretched and successive Governments have failed to tackle the problem. Over the past twenty years, post offices have disappeared, council houses been sold off, rural schools closed and village bus services cut.⁷⁶

Even when services are available in nearby town centres, it is often difficult for young people living in rural areas without independent transport to reach them during opening hours.⁷⁷

The strategy’s vision

To increase access to services for all young people in rural areas through improvements in public and community transport schemes and properly resourced virtual and mobile counselling services.

Overcoming the barriers

Statutory mental health services and the voluntary sector agree that there should be county-wide accessible YIACS able to provide counselling in rural areas. Services based in local towns can be extended to rural areas in a number of ways – from a bus, from a shared building or site, through home visits with mobile counsellors. Mobile YIACS can access rural towns and villages providing contained services in separate rooms offering counselling, information, advice and website access.

Suicide rates are high among young men in rural areas. Vulnerable young men may find it easier to access help through a telephone counselling line, or online facilities provided in mobile or small village cyber cafes.

The development of more peer to peer support networks in rural areas could go some way to meeting the initial need for someone to talk to. Services should utilise parish councils’ good will to obtain non-stigmatising space in rural venues to run drop-ins and establish outreach pilots.

Geographical gaps and boundary limitations need to be bridged to reduce rural isolation for young people. Effective solutions might be more partnership working to gain support and the sharing of resources such as counselling banks, buildings, mobile units, transport and satellite services.

There is a need to improve transport generally and

particularly rural transport systems. YIACS serving rural areas may need to obtain resources to provide some sort of transport to the service, or a counsellor to the young person. It is essential that Youth Access and YIACS ensure the Breaking Down the Barriers findings are fed into the development of current central and local transport policies and consultations that will impact on young people.

There is an overall need to provide funding to improve rural services, transport and access to services for young people. **Funders need to develop criteria to support comprehensive rural initiatives**, outreach work, mobile resources (counselling units), and satellite provision for pilot sites and extended opening times. Rural YIACS need to build into funding bids additional costs for travel and time to support young people's access to services through travel subsidies or free bus tickets.

The Single Regeneration Budget should be linked to local initiatives to make health and information services accessible in rural settings for young people. More funding could be used to improve access in rural settings through the production of a directory of services, a web site and a helpline.

“Some young people need to be helped to feel good about themselves. The local county council needs to be behind services like this for young people. Government funding and lottery funding should be spread out as equally as possible across the country.”

(Young People's Rural Consultation Group)

Towards a strategy – a working tool

The following action table is a working tool designed to help users develop an integrated strategy that will meet young people's emotional and mental health needs.

The left hand column outlines the key aims of the strategy developed by Youth Access from the Breaking Down the Barriers Project. In the second column are suggested actions developed by the project for consideration.

The third and fourth columns are blank. It is hoped that these columns will be used as part of organisational or departmental planning processes, helping stimulate joint planning and policy making forums with partners, relevant practitioners, young people and other organisations.

Key aims of the BDBP strategy	Action	Action we need to take	Partners/Departments we need to involve
To make a holistic assessment of young people's service needs in rural areas.	<ul style="list-style-type: none"> Each parish council⁷⁸ with local voluntary and statutory mental health services has a duty to identify young people's mental health needs and ensure service access and delivery in their locality. These results need to be dovetailed with Connexions and the Regional Rural Forums⁷⁹ and the Children and Young People's Sub-Group of the Rural Affairs Forum for England findings. 		
To ensure the emotional and mental health needs of young people living in rural and isolated communities are addressed in every related Government policy.	<ul style="list-style-type: none"> In rural proofing government policy the Rural Advocate⁸⁰ has a duty to make sure the mental health needs of young people living in rural and isolated communities are on the rural agenda and linked to every related policy and decision. The Rural Advocate should make sure that the Government's cross-cutting working groups⁸¹ consider carefully action on the interim rural findings⁸² of the SEU's project on transport and social exclusion to bridge the gaps in young people's access to services. The Rural Affairs Forum for England at national and regional level need to ensure the inclusion of young people's mental health needs in local policy and actively monitor the gaps. 		
To identify and tackle the gaps in rural counselling provision.	<ul style="list-style-type: none"> Connexions Partnerships should disseminate the results of their mapping of young people's counselling and advice provision, to rural mental health leads, commissioners and relevant agencies. Successful models of Connexions pilots in rural areas need to be widely disseminated.⁸³ The Joint Rural Commissioning Board has a duty to familiarise itself with the gaps in 		



Key aims of the BDBP strategy	Action	Action we need to take	Partners/Departments we need to involve
	<p>counselling services for young people in rural communities and dovetail results with the Connexions Partnerships' findings.</p> <ul style="list-style-type: none"> • The new GP mobile services and primary care one stop centres with internet, telelinks and 100 internet points need to work with the youth sector to ensure young people in rural areas have access to and are linked in to these resources. 		
To provide resources and support to young people and YIACS to overcome barriers to access.	<ul style="list-style-type: none"> • Funders should establish criteria to enable applicants to apply for a proportion of funding to cover young people's travel costs to the service, and for staff travel costs to provide off-base outreach services. • The Rural Transport Partnership project with its responsibility to develop tailor-made community transport solutions should include solutions for young people, engaging them in the process. • The National Strategy for Neighbourhood Renewal through its recommended strategic partnerships charged with the responsibility for young people's needs must ensure joint-working is strengthened across geographical boundaries to assist young people's access to counselling in rural areas. 		



THE WHEELZ PROJECT – TAVISTOCK, DARTMOOR



The Wheelz Project is Devon Youth Association's new mobile information and advice service for young people living in rural locations throughout Devon, based at Tavistock on the edge of Dartmoor. The project is part of Youthwise, a youth advice centre that provides information, advice and counselling for 13 to 25 year olds.

The aim of the project is to establish an accessible and effective mobile youth resource to reach young people aged 13–19 living in scattered and isolated rural villages in Devon. The mobile service will provide access to a range of information, advice, support, counselling, educational, welfare, employment and leisure services.

The project operates from a self-contained 7-metre

walk-on exhibition unit, which can be partitioned to provide a quiet area for counselling and one-to-one work. It is towed using a 12 seater Land Rover giving Wheelz the versatility to leave the unit on site and still have a vehicle to provide a service in another area at the same time.

The mobile will be staffed by a multi-agency team to ensure young people have access to a wide range of expertise and skills responsive to their needs. The team will include a drugs worker, detached youth worker, counsellors and staff from the Youth Advice Centre, Connexions and community education.

The project has been funded by Cornwall and Devon Connexions for the next 18 months after which future funding is dependent upon the success of the project.

FOOTNOTES

74 SEU, (2001). *Transport and Social Exclusion* project consultation.

75 Wilson C, (2001). *Breaking Down the Barriers Key Findings*. Youth Access.

76 John Prescott, Deputy Prime Minister, (2000). *Our Countryside Our Future*, DEFRA.

77 New Policy Institute, (2000). *Sidelined, Young Adults Access to Services*, Express Printing.

78 The Rural White Paper recommends that parish councils are representative of all parts of their community and work closely with voluntary groups in towns and villages.

79 The Regional Rural Forums (formerly Rural Sounding Boards) were set up to monitor the regional and local delivery of policy in rural areas.

80 The Rural Advocate who has direct access to the Prime Minister, his Ministers and attends the Cabinet Committee on Rural Affairs has a key part to play in rural proofing policy decisions and implementation.

81 DoH, CYP, CSNU and the Youth Services Unit.

82 The interim general findings (including the rural dimension) of the SEU transport and Social Exclusion Project are available at www.socialexclusionunit.gov.uk.

83 A number of Connexions pilots in the SW are sited in YIACS and are operating in rural areas – dissemination of the projects' results in successfully engaging young people in rural areas would be helpful.



Improving services for ‘harder to reach’ young people

BDB key finding and barrier

Some of the young people who were ‘harder to reach’ faced issues around identity and discrimination. Some felt disempowered, causing additional stress and anxiety. Areas identified included tackling macho behaviour, the bottling up of feelings that led to violence, social isolation, addiction, feeling excluded, the effects of war trauma, chaotic lifestyles, intercultural issues, low self-esteem and cultural conflicts.

“Societal and cultural barriers often make it very difficult for young men to seek support.”
(YIACS, East of England, Key Findings)

The current picture

The ‘joined up nature’ of social problems is one of the key factors underlying the concept of social exclusion. It includes low income, but is broader and focuses on the link between problems such as unemployment, poor skills, high crime, poor housing and family breakdown. Policies are only effective when these links are properly understood and addressed.⁸⁴

Social exclusion is something that can happen to anyone. But certain groups, such as young people in care, those growing up in low-income households, with family conflict, who do not attend school, and people from some minority ethnic communities, are disproportionately at risk of social exclusion. There are particular times when people are more vulnerable, such as when leaving home, care or education.⁸⁵

Young people from minority ethnic groups often experience greater poverty, poorer public services and in some cases the additional recovery from the trauma of being a refugee and having to learn a new language.⁸⁶

For most of the population, youth transitions have been extended well into their middle to late 20s. Even so, many young people do still cease education

and training at 16 or earlier, leave home (including running away from home or care) in their mid to late teens, and become householders and parents while still in their teens. Early youth transitions often result in adverse consequences; unemployment, homelessness, social isolation and teenage pregnancy.⁸⁷

Most of those ‘looked after’ in the local authority care in foster or residential homes are discharged from care and asked to live independently at the age of 16. This group are likely to have few, if any, qualifications, become unemployed, experience failed tenancies and homelessness, and become parents of at least one child by the age of 18. ‘Looked after’ young people are also over-represented among those excluded from school. Truancy and school exclusions have also been linked to substance and drug misuse, and involvement in crime.

Black, Asian and minority ethnic groups were identified by just under a third of YIACS as hard to reach in their localities. A quarter identified young people isolated in rural areas. Young men, young people excluded from school and non-attenders, ‘looked after’ young people and care leavers were also identified by some YIACS as ‘hard to reach’.⁸⁸

The best services and programmes are thought through from the perspective of the young person, including the most marginalised. They are based on a robust understanding of both risk and protective factors that is, they build on a knowledge of why young people get into trouble and what helps support them when things have gone wrong. These programmes are ‘joined up’, addressing all the dimensions that matter to young people’s development.⁸⁹

The strategy’s vision

To improve the delivery of youth counselling services to ‘hard to reach’ young people who may feel fearful, isolated, disengaged and hostile, and to do so in an enabling, respectful and sensitive way.

Overcoming the barriers

Some young people find it extremely difficult to ask for help and will need a lot of support both to recognise their problems and then to cross over the threshold of a mental health service. If a young person with low self-esteem and little confidence meets with an inappropriate approach, the result can be further alienation and rejection of help. But if the service seems relevant and likely to benefit the young person, it may work. Young people who are isolated, in crisis or under stress need to be provided with information, time and support to engage them in the services they need. The needs of the 'harder to reach' young person are often complex. Services aimed at helping them need to be sensitive to young people's concept of self, the position they are in and the effort required to seek help and engage in a relationship.

Statutory mental health services identified the need to develop ways of working which are more likely to promote engagement with 'hard to reach' young people. They include challenging negative attitudes towards mental health, letting young people know it is okay to ask for help and that it is positive to ask for support when needed.

It is important to provide early intervention combined with a strategy promoting mental healthiness. This should happen before young people arrive at the point of exclusion in schools and the family.

Young people can easily lose social attachments and feel a sense of isolation, for example following re-housing as a result of leaving care or homelessness after breakdown of communication in the family.

There was overwhelming agreement across the sectors that young men in particular need access to positive messages. Various widely-held myths need to be challenged, such as that being a man means you have to bottle up your feelings or conform to a definition of masculinity based on physical and emotional hardness. A high profile media campaign involving personalities in sports and the music industry could be launched to promote the benefits of emotional literacy for all.

Both statutory and voluntary sector mental health providers recognise the benefits of finding ways to involve 'hard to reach' young people in the planning, development and evaluation of services. All outreach and detached work must link into specialist emergency and voluntary services. Drop-in provision should be available out of hours and at night for chaotic users and young people in crisis, based in

their communities. Services must be provided appropriately and sensitively, offering less stigmatising and more accessible interventions. An example would be using the one-stop, young-person-friendly and culturally-specific YIACS model, mobilising it to go out to link with 'hard to reach' young people, and offering them services they need such as someone to talk to, laundry, a shower, access to health care and free condoms, information or advice.

Current local and central Government initiatives need to be broadened to include assertive outreach and different ways of reaching young people. There needs to be a policy of services accepting all young people, or providing active support to refer on to another service those whose needs cannot be met. Some providers may also need to challenge the perception that their services are not available to 'hard to reach' young people.

The splits between services must be reduced: inter-service division is very unhelpful for 'hard to reach' young people and sometimes increases rates of crisis and suicide. Access issues must also be tackled by more joint-working. Multi-pronged approaches through consultation, liaison and improved partnership between out-of-school agencies, Connexions Partnerships, statutory services, community centres, pubs, clubs and local community partnerships, YOTs, probation and children's homes are essential.

A collective strategy and training programme should be developed at national, regional and local levels between health, social services, the voluntary and community sector to bring everyone together to improve access to help for all 'hard to reach' young people. Joint-training offering a more informal approach for professional groups such as social workers, school nurses, mental health staff and YIACS could lead to shorter waiting lists and better outcomes. Some counsellors need to be more street-wise and more youth workers need to be trained in the use of counselling and listening skills and linked in to YIACS. A support programme for young people is needed, to develop young people's emotional literacy and tackle the bottling up of emotions, macho stereotypes and aggressive and violent responses to problems. Counsellor training programmes need to cover the different needs of young people, cross-cultural working, transitions to a new country, and working to transform violent, abusive and bullying behaviour.

Funding should be targeted and ring fenced to meet 'hard to reach' young people's specific needs, for example for staff with language skills, specialist minority ethnic posts, rural outreach staff, drug and alcohol workers, targeted outreach services and for the provision of out of hours mobile counselling.

“Racism is part of the cultural make up of the town. This can result in young people not wanting to make themselves visible in accessing our services in the town centre.”
(Yorkshire and Humberside YIACS)

Towards a strategy – a working tool

The following action table is a working tool designed to help users develop an integrated strategy that will meet young people’s emotional and mental health needs.

The left hand column outlines the key aims of the strategy developed by Youth Access from the Breaking Down the Barriers Project. In the second column are suggested actions developed by the project for consideration.

The third and fourth columns are blank. It is hoped that these will be used as part of organisational or departmental planning processes, helping stimulate joint planning and policy making forums with partners, relevant practitioners, young people and other organisations.

<i>Key aims of the BDBP strategy</i>	<i>Action</i>	<i>Action we need to take</i>	<i>Partners/Departments we need to involve</i>
To focus attention on the gaps that obstruct young people’s access to help.	<ul style="list-style-type: none"> • Young people who have the worst experiences of school and are the most suspicious of official intervention must have access to the most experienced and skilled personal advisers. They must be skilled at identifying young people’s range of needs and be able to respond flexibly. • The CSNU must adopt a universal monitoring system to enable national data to be captured on the success or failure of any referrals made by personal advisers. • All personal advisers need to be familiar with the range of routes into YIACS to enable vulnerable young people to access help at a pace and in a form that best suits their needs. • Personal advisers working with young people with high support needs must continue to carry low caseloads to ensure they can properly meet those needs and engage appropriate services. • Every statutory and voluntary sector organisation has a duty to implement Standard One of the NSF for Mental Health by ensuring they operate an open door policy, and refer on to an appropriate service if they cannot meet the young person’s needs. • The new crisis mental health teams (NHS Plan) need to familiarise themselves with the work of YIACS and establish referral arrangements. • The Neighbourhood Renewal Local Strategic Partnership groups must ensure that all the key stakeholders are working with the CYPU and Connexions Partnerships to identify and respond effectively to social exclusion in their area. 		
To ensure young people vulnerable to social exclusion have easier ways in to access counselling and advisory services.	<ul style="list-style-type: none"> • The Connexions and CYPU Strategic Partnerships must ensure they have the right community representatives on their groups to establish the gaps in service access and to respond appropriately to the needs of vulnerable young people in the community. 		
To make a reality of young people’s right to access information and support to nurture their mental healthiness.	<ul style="list-style-type: none"> • The development of a national cross-cutting strategy, which promotes and develops children and young people’s emotional literacy, self-esteem, self-confidence and mental healthiness. • The strategy also needs to tackle the macho protectiveness, violence, isolation and fear that can hinder mental healthiness. 		



Base 51 is a drop-in centre working with young people aged 12 to 25, living within Nottinghamshire. Base 51 is a project of the Charitable Company HINT (Health Information for Nottinghamshire Teenagers), and although independent it works closely and in partnership with local authorities, health, and other national and local services. A board of directors with a full time manager and three team leaders, 10 full-time and 6 part-time staff members, a sessional GP and a small team of volunteers operate the agency.

Base 51 is open 6 days a week, housed in a large purpose-designed building that consists of a large open area, used for meetings, relaxing and low-key support work. It has services located to the sides, such as the cafe, crèche, laundry, showers, and offices for counselling, health and medical consultations, resettlement, housing and benefits advice, resettlement work, education and computer access and individual consultations offering privacy for young people. The centre sees approximately 800 individuals a year in the following main services:

■ **Counselling** One full-time team leader and 15 volunteer counsellors offer counselling for up to 250 young people a year. Last year over 1,900 individual counselling sessions and assessments were offered, with over 1400 taken up. All counselling is person-centred and offered for as long as it is agreed to be useful. The project also provides crisis drop-in sessions, and clients experiencing serious risk of self-harm or suicide are able to access out-of-hours help via phone support. Referrals for counselling come mainly from young people self-referring, social services, hostel workers, education staff, mental health services and GPs. (Registered for Quality – implementing Youth Access's Quality Standards)

■ **Drop-in services** Drop-in sessions are held 6 days a week, where young people can come without prior appointment, for advice, information, medical consultations, sexual health advice, support, or befriending – as well as to use the cafe, laundry or showers. The drop-in is staffed by youth workers and volunteers trained in providing specific advice

on housing, benefits, substance misuse, education and training. The staff are also skilled at sign-posting young people to specialist services both in-house (to the GP, a counsellor or nurse) or externally to local agencies (such as the drug rehabilitation clinic). The drop-in has 11,000 contacts from young people each year.

In addition to the drop-in, Base 51 offers closed groups to specific young people such as the Young Parents Group, a Rough Sleepers session including a free meal, LGB51 (a group for young lesbians, bisexuals and gay men) and the Users Forum, who contribute their input into service provision.

■ **Under 18s Services** In recognition of the specific needs of this group of young people, Base 51 has a team of staff dedicated to providing appropriate services to users under 18. The outreach team undertakes street-based work with vulnerable young people missing from home or care. The youth homelessness worker concentrates on preventing youth homelessness and advises under 18s in need of accommodation. The learning support worker offers practical educational and life-skills help to young people aged 12–19 based on their individual learning needs. Recently the agency has taken on the role of being a Connexions pilot scheme, and one of the staff is now training to become a personal adviser to young people under 19.

■ **Homelessness services** Base 51 has a full-time outreach worker as part of the local contact and assessment team working on the streets and in day-centres, supporting rough sleepers into appropriate accommodation and training.

■ **Funding** The organisation is core funded through its partnership with Nottingham City Council, which provides a three-year service level agreement contract. Other funding comes from the Health Authority, DTLR, the Tudor Trust, Children in Need and the project has recently been nominated as the designated charity for New College Nottingham. All the funding is on a three-year cycle.

FOOTNOTES

84 SEU, (2001). *Preventing Social Exclusion*.

85 Ibid.

86 Platt L, Noble M, (1999). *Race, Place and Poverty: Ethnic Groups and Low Income Distributions*, YPS/Joseph Rowntree Foundation.

87 Coles B, (2000). *Joined-Up Youth Research, Policy and Practice; a new agenda for change*, Youth Work Press.

88 Wilson C, (2001). *Breaking Down the Barriers Key Findings*. Youth Access.

89 SEU, op. cit., (2001).



Providing appropriate, efficient and speedy referrals

BDB key finding and barrier

Most YIACS have informal referral arrangements with Child and Adolescent Mental Health Services (CAMHS) and a few with Adult Mental Health Services (AMHS). ***Under half said they could get virtually no help for 16 to 18 year olds although a few had established formal referral arrangements with CAMHS that worked well.***

“16 to 18 year olds need specifically designed adolescent mental health services as neither child nor adult services are appropriate for their needs. It is short sighted in the extreme not to develop these services as it is around this age that many acute mental illnesses can occur. It is also at this age that young people develop sufficient maturity and insight to deal with problems that may have affected them and their families for many years. In these cases it is very difficult to try to fit them into a system such as adult mental health services which are unlikely to meet their needs, or watch them fall through the net.”
(Statutory Sector Consultation)

The current picture

There is a lack of clarity about where CAMHS end and where adult services begin. This can result in protracted arguments about services' responsibility to offer help to a young person. In some areas, the age cut-off point for receipt of services from CAMHS was reported to be 16, determined on the basis that this is the statutory school leaving age. In others the age-limit was 18 years. Providers in a number of other areas were totally unclear about what arrangements were for young adults over 16.⁹⁰ This confusion considerably increased the chances of young people disappearing from the service system altogether.⁹¹

There is a great gap in services for 16 to 25 year olds. CAMHS services are highly variable. They already have to contend with massive waiting lists and do not want to be swamped with referrals.⁹²

Some CAMHS require referrals to be routed through GPs, to reduce unsuitable referrals. But rigid

restrictions on access may create inequity. It may also frustrate non-medical and specialist mental health professionals.⁹³

YIACS reported that a lack of adolescent services in their areas resulted in young people being squeezed into the end of children's services or fitted into adults'. In addition, young people faced long waiting lists and were concerned by the stigma attached to the service.⁹⁴

Access to services needs to be made possible from a number of places and professionals, as well as through self-referral. Research shows that a fully integrated, one stop shop offering a comprehensive range of services is an effective way of providing access to mental health services. A voluntary sector 'front' to the young person's service is often highly acceptable.⁹⁵

The strategy's vision

To establish efficient cross-sector referral mechanisms which ensure young people's speedy access to appropriate mental health provision.

Overcoming the barriers

Joint co-ordination meetings can help to establish cross-sector referral arrangements. There is overwhelming agreement across all the sectors that referral arrangements need to be improved. Joint meetings between CAMHS, AMHS and YIACS should develop referral protocols to resolve long waiting lists, increase self-referral, establish reciprocal arrangements, clarify confidentiality procedures and offer regular review mechanisms. A regional plan for each county involving health (PCTs) and other statutory organisations could be set up to support the development of referral systems and monitor access.

Direct access to specialist CAMHS by way of self-referral is desirable though possibly difficult to operate – which is why there has traditionally been little of it. Improved co-ordination of services and integration could overcome this problem.

Non-statutory services are seen as being in an ideal position to take the pressure off SMHS by facilitating emergency referrals. Joint audits should be conducted on young people in crisis to establish what could have been done differently and needs to change.

Nominated key people are needed to provide information and make referrals, based on agreed protocols between YIACS, CAMHS and AMHS. SMHS for example need access to local information about YIACS' work across the three tiers.

There was an overwhelming cry for more joint initiatives and services between YIACS, CAMHS and AMHS. Joint provision can improve access, avoid duplication, provide seamless transfers from one service to another, and overcome the lack of direct access to specialist CAMHS.

Current provision is often too linear and inflexible to meet the different levels of practical and emotional support required by young people. Young people's mental health needs must be addressed promptly, rather than waiting for them to be picked up by adult services, by which time they may have developed into severe and enduring mental health problems.

SMHS, the NHS and YIACS agree that there should be more emphasis on developing young-people-friendly services for this age group, with more joint initiatives between CAMHS and AMHS relocated into YIACS. What is seen as statutory mental health provision need not always be developed in that sector. The voluntary sector has more flexibility and is often seen positively by young people.

A transitional service should be developed as too many young people get lost at the point of waiting to access services. They can then become 'hard to reach' and inaccessible, as they try to find their own ways to survive. Health strategies should stipulate that seamless transitions and referral arrangements must be in place between voluntary and statutory mental health services. Age boundaries between CAMHS and AMHS should be clarified through the use of service-level agreements.

Limited or non-existent transitional arrangements between YIACS, CAMHS and AMHS increases the risk of vulnerable young people losing contact with support altogether.

It is vital for YIACS, CAMHS, AMHS, the NHS and primary care to build relationships and develop interagency links through regular meetings and consultations. The advantages of working together need to be promoted at all times. This should be supported by joint agreements and integrated policy to develop mutual understanding and trust and ultimately improve services for young people. Support for YIACS by central government would help SMHS to work more closely with them. A joint audit of services for this age group is needed to tackle enormous service variations, based on such things as age restrictions or presentation criteria.

Joint training for AMHS and CAMHS is needed on access, informal referral arrangements, and issues of consent, confidentiality and different service ethos. GPs need training to raise their awareness of young people's mental health needs and develop protocols for self or direct referrals.

Staff need more training on the needs of young people and the recognition of the social and economic factors that can contribute to mental ill health. Training on young people's service characteristics and standards, the pressures they face and the difficulties engaging them is needed. Mutual respect across the sectors based on an understanding of each other's roles makes it easier for staff to contemplate new developments.

Suspicion between workers across CAMHS and AMHS was reported as not assisting the development of services nor creating a climate of understanding about young people's needs. Competition for funding and issues about status and different attitudes to mental health and mental illness are not helpful.

Identified mental health needs should be reported to health authorities and service commissioners, especially those which are clearly not being met. Each health authority should draw up an action plan jointly with education, social services and the voluntary sector to ensure that the needs of 16 to 18 year olds are met.

National guidelines and a change in policy and planning to ensure that 16 to 18 year olds can access appropriate SMHS were recommended by all. Youth policy needs to tie in with mental health policy and service planning, addressing the transitional issues

arising from Connexions and the CYP strategy. A government initiative to provide appropriate provision and reduce waiting times in CAMHS, AMHS and YIACS is necessary.

A mental health NSF for 16 to 25 year olds is essential to ensure the development of suitable provision and seamless access across services. It should address the support needs of all young people at risk of developing a mental illness (including homeless young people), the impact of a lack of resources and ad hoc funding of provision, the lack of recognition of the intermediate role services play and the need for joint service definitions, planning and delivery between YIACS, SMHS, housing, primary care and CAMHS. Local NSF implementation groups need to ensure they address the needs of all 16 to 25 year olds and particularly those vulnerable to psychosis, suicide and the development of personality disorders.

Longer-term investment in YIACS would increase counselling services available to young people and

put less strain on AMHS services when they become adults.

Towards a strategy – a working tool

The following action table is a working tool designed to help users develop an integrated strategy that will meet young people’s emotional and mental health needs.

The left hand column outlines the key aims of the strategy developed by Youth Access from the Breaking Down the Barriers Project. In the second column are suggested actions developed by the project for consideration.


The third and fourth columns are blank. It is hoped that these columns will be used as part of organisational or departmental planning processes, helping stimulate joint planning and policy making forums with partners, relevant practitioners, young people and other organisations.

<i>Key aims of the BDBP strategy</i>	<i>Action</i>	<i>Action we need to take</i>	<i>Partners/Departments we need to involve</i>
To ensure efficient and speedy referral mechanisms between YIACS and statutory mental health services.	<ul style="list-style-type: none"> • The establishment of local and regional cross-sector referral action groups with representatives from CAMHS, AMHS, YIACS, Connexions and Primary Care to: <ul style="list-style-type: none"> – evaluate current referral and assessment procedures; – develop procedures which are efficient and speedy, and cover self-referrals; – identify cross-sector training needs. • CAMHS and AMHS should implement the Audit Commission’s, ‘Children in Mind’ recommendation that CAMHS should consider carefully how they set their entrance requirements, and, for example, develop a ‘named list’ of organisations and staff that can make direct referrals to CAMHS.⁹⁶ 		
To join up the gaps and ensure seamless referrals between YIACS, Connexions and SMHS.	<ul style="list-style-type: none"> • The CSNU should commission research to map young people’s journey through services, identifying problems from first point of contact, the problem or problems for which help was sought, referrals made (including 19 year olds), exit out and re-entry in. • The CSNU should develop a universal monitoring framework to record the profile of the service user to enable comparisons to be made across the country and support improvements in practice. • Personal advisers must be equipped through appropriate training to undertake effective assessments of young people’s emotional and mental health needs. • The Drugs Strategy and the Teenage Pregnancy Strategy need to specify the benefits of developing joint-working referral protocols between voluntary and SMHS. 		



Key aims of the BDBP strategy	Action	Action we need to take	Partners/Departments we need to involve
To ensure all young people and young adults have equal access to appropriate mental health services.	<ul style="list-style-type: none"> • The DoH must ensure through its local implementation groups that the NHS Plan's recommendation of working with the voluntary sector to provide a range of universal, comprehensive and seamless young people's services happens and ensures dissemination of good practice. • The NSF for Mental Health and Children must urgently tackle the referral, age constraints and interface problems between CAMHS, AMHS and YIACS for young people and young adults. • Government should develop a framework to ensure the equitable resourcing of adolescent and young adult services with additional incentives for joint-sector working to overcome referral and access inequality. 		



SERVICE SIX – WELLINGBOROUGH, NORTHAMPTONSHIRE 

Service Six aims to provide free and confidential services for young people aged 12–25 within the Wellingborough area and East Northamptonshire. A team of seven paid workers and fifteen volunteers manage and deliver service provision. Total service contacts for last year were 2151.

Services include:

- **Counselling service** A free and confidential appointment only system for counselling, with person-centred trained and qualified counsellors. All counsellors receive regular practice supervision.
- **Information** Covers a wide range of issues for young people via up-to-date leaflets, use of a telephone and computer offering access to internet, databases, UK Advice finder, Kangaroo, Adult Directions, CV Writer and Maximiser welfare benefits software. Many young people seek information on abuse, bereavement, carers, child safety, drugs, education, employment, family planning, health, housing, law, mental health, sexual health and pregnancy amongst other issues.
- **Support services** One-off crisis sessions and longer-term support available. Issues raised include housing, abuse, mental health, family problems, bereavement and bullying. All drop-in workers receive initial training and have a certificate in counselling skills with ongoing training. A trained worker provides condom training to young people and pregnancy testing.
- **Educational workshops** Offered in schools and colleges, workshop topics include sexual health, homelessness, smoking, alcohol and relationships.
- **Young mums support project** Offers support and advocacy to young mothers.
- **External agencies** Among those providing drop-in services in Service Six are BodyWise, in which a nurse provides medical advice, personal care, sexual health, healthy eating, and STI. information, and Can in which a worker provides support and advice on benefits and housing issues, targeted at young people who are dependent on drugs and or alcohol.
- **New service** A school-based drop-in is being set up providing information, support, listening ear, internet access and referrals to the counselling service.
- **Funding** County Council (annual review), local authority (annual review), Children in Need (short term), Community Fund (non-renewable), Social Care & Health (annual review), charitable trusts (annual fundraising) and corporate fundraising (annual applications).

FOOTNOTES
90 Howarth C, Street C, (2000). *Sidelined: Young Adults' Access to Services*, New Policy Institute.
91 SEU, (1999). *Teenage Pregnancy*, London, The Stationery Office.
92 Statutory Sector Consultation (2001).
93 The Audit Commission, (1999). *Children in Mind* CAMHS.
94 Wilson C, (2001). *Breaking Down the Barriers Key Findings*. Youth Access.
95 Young Minds, (2001). *Mental health Services for Adolescents and Young Adults – Policy*.
96 The Audit Commission op. cit., p.43, point 60 (1999).



The mismatch between young people's needs and statutory mental health services for 16 to 25 year olds

BDB key finding and barrier

16 to 25 year olds often experience a mismatch between their needs and what is available to meet those needs. They may be unsuccessfully squeezed into the end of children's services or just as inappropriately slotted into adult mental health services. They may find their local young person's counselling service has just closed down or there is not one in their area.

“There's nothing in the middle, you're either an adult or a child. There should be something in the middle. There needs to be some sort of service between children and adults. There are always going to need to be services for young people so why can't they have services that are appropriate for them? It comes down to the quality of the counsellors and the quality of the place. It shouldn't matter what age you are.”

(Young People's Rural and Urban Consultation Group)

The current picture

There is little clarity in the UK about how we regard young people. Anomalies abound. Young people can vote at 18 but are not paid the adult rate of income support until 25. Yet they are expected to access adult statutory mental health services at 16.⁹⁷ The case of 16–25-year olds is particularly problematic because responsibility for serving their mental health needs falls between child and adult dimensions in both health and social services.

Young people expressed this lack of clarity in different ways: 'The split between the services does not make sense, you're only seen as an adult or a child. There should be something in the middle.' 'When you are 18 you can be put on an adult mental health ward. Eighteen is very young. An 18 year old does not want to be in a ward where people are 30 or 40 and both sexes.'⁹⁸

Many YIACS found they could get virtually no help for 16 to 18 year olds from statutory mental health services. Long waiting lists were identified as a

problem followed by the stigma attached to the service. Other barriers included a lack of adolescent services in their area so that young people were fitted inappropriately to either child or adult services.⁹⁹

Services can also appear contradictory, complex and inaccessible. Young people experience being shunted from agency to agency because responsibilities are unclear and they often fall through the cracks in the providers' responsibilities.¹⁰⁰

Inconsistency is also evident in the mismatch between needs and resources: spending on CAMHS per head of the local child population was found to vary by a factor of seven. One in ten services could not offer a first appointment for non-urgent cases within six months. One in five are said to be unclear about the age ranges covered by their services. One in three commission services for children up to the age of 16 only. In many places the transition from child to adult services is disjointed and lacks co-ordination. Referrals may be allocated on the basis of professional availability rather than the particular skills. There is also an inconsistency in terms of the professional mix of staff and the kinds of interventions offered.¹⁰¹

Barriers to partnership and joint working are a problem. Barriers tend to be maintained by issues of funding, the use of rigid criteria for referral, lack of information sharing mechanisms and protocols, and preciousness about roles and relationships with clients. For CAMHS some of the barriers can be maintained by lack of time, resources and impossible workloads.¹⁰²

YIACS were keen to see Youth Access continue its past and present work in breaking down professional barriers. Establishing links between different disciplines and breaking down the fear of health and adult services view of young people and YIACS are vital.

The strategy's vision

That all young people aged 16 to 25 gain access as a basic human right to age-appropriate young-people-friendly statutory mental health services based on

their emotional and developmental needs and not the needs of the service.

Overcoming the barriers

There is overall agreement about the need to develop specific mental health services for adolescents and to enhance connections between adult and adolescent services.

Specific statutory services are needed for the transition age between childhood and adulthood, including the availability of under-one-roof drop-in centres and specialised young people's counselling services. Adolescent services need to be properly resourced and provided flexibly to suit young people's needs.

Young people do not understand why they cannot access a young people's service at age 25. "There needs to be more places like this YIAC. You can come here till you're 25, why is that not the case for a statutory service?"

There was a call for better co-ordination of all children's and young people's services providing joint holistic responses to meet the needs of all young people.

Compulsory service level agreements should exist between YIACS and SMHS. This should ensure the development of appropriate provision, define referral protocols, advance communication and improve young people's transition to and between services.

Intervention and prevention is identified as a priority for all agencies and sectors, with a higher priority being placed on the overall psychological well-being of young people and the need to have developmentally appropriate services in place. YIACS were seen by young people as being in a good position to offer a stopping off point to help prevent young people becoming caught up in the mental health system.

Young people made it very clear that if they can get access to the services they need, when they need them, it will help their mental health in the future.

Listening to young people, involving them in decision making and seeking their input in service development was highlighted by all. Active listening by statutory service providers and commissioners and involving young people in planning should be recommended within the NHS Plan and the NSFs. Young people should be encouraged to contribute to the development of statutory mental health services through meaningful involvement on statutory decision-making bodies.

Partnership and joint-working is key to bridging gaps and overcoming barriers. There is a need for serious talking with strong incentives to build on current relational links between services. Regular cross-sector partnership seminars, which prioritise young people's needs, would aid development of service responses. Heads of services need to sit down with each other and focus on achieving the same outcomes rather than being distracted by value conflicts and differences.



There is a need for specific and joint training to create a shared training and learning environment. Cross-sector training on the developmental needs of young people, the setting up of appropriate services and involving and listening to young people is needed.

Towards a strategy – a working tool

The following action table is a working tool designed to help users develop an integrated strategy that will meet young people's emotional and mental health needs.

The left hand column outlines the key aims of the strategy developed by Youth Access from the Breaking Down the Barriers Project. In the second column are suggested actions developed by the project for consideration.

The third and fourth columns are blank. It is hoped that these will be used as part of organisational or departmental planning processes, helping stimulate joint planning and policy making forums with partners, relevant practitioners, young people and other organisations.

Key aims of the BDBP strategy	Action	Action we need to take	Partners/Departments we need to involve
To ensure that all young people and young adults have an equitable share of services.	<ul style="list-style-type: none"> • The DoH and the CSNU, including the Youth Service Unit and the CYPUP, should jointly take the lead in ensuring the development of a cross-departmental strategy that identifies and tackles inequalities in resource allocation for young people's mental health provision. • The NSF for Mental Health has extended its principle of providing comprehensive services to adults by producing an NSF for Older People and an NSF for Children (in development). This principle should be equally extended to specifically include young people and young adults (16 to 25) to prevent the continuance of the access and provision problems facing this group.¹⁰³ • The National Institute for Mental Health in England (NIMHE)¹⁰⁴ must play a key role in responding to the mental health and emotional needs of young people through its co-ordinated programme of research, service development resource allocation and support to agencies to address the gaps. • YIACS and the wider youth sector should support young people to lobby the UK Youth Parliament, Government and their local council to fund quality counselling services for young people across the country. 		
To ensure that services and approaches are appropriate, young-people-friendly and based on the emotional and developmental needs of young people.	<ul style="list-style-type: none"> • The Adult NSF for Mental Health and the Children's NSF section on mental health must address the particular needs of 16 to 25 year olds and should include: <ul style="list-style-type: none"> – Recognition of the specific emotional and developmental needs of 16 to 25s. – Core service characteristics and standards for young people's services. – The benefits of seamless services for young people. – The promotion of self-referral and drop-in services. – The importance of cross-sector working with YIACS to meet local need. – Listening to and meaningfully consulting young people in the development of services. – Links with Connexions, the CYPUP and Transforming Youth Work agenda, strategies and partnerships. • The CYPUP and the CSNU should extend their cut-off age from 19 to 25 years and work with the DoH to end inappropriate mental health provision for 16 to 25 year olds, ensuring that 19 year olds' entitlement to appropriate care will not end overnight. 		
To ensure effective partnership and joint working to develop appropriate solutions to young people's mental health needs.	<ul style="list-style-type: none"> • The related NSFs and the NHS Plan should review and improve incentives for partnership working between statutory and voluntary mental health services.¹⁰⁵ • The new PCT Commissioning Boards could consider incentives to encourage YIACS and the voluntary sector's participation. • Partners such as the local authority, Connexions and the health authority should work together to support the YIACS model as a working example of seamless services operating between advice, counselling, information and sexual health under one roof. The model also provides examples of SMHS working across 		

Key aims of the BDBP strategy	Action	Action we need to take	Partners/Departments we need to involve
	their own age boundaries and professional barriers in YIACS. ¹⁰⁶		
To improve communication between different professionals and sectors.	<ul style="list-style-type: none"> Stakeholders must work together to deliver cross-sector training programmes to help facilitate the development and agreement of joint-working protocols, referrals, discharge and after support. 		



MANCROFT ADVICE PROJECT – NORWICH



MAP has 10 years' experience of working with young people in Norwich and the surrounding area. MAP believes that all young people aged 11–25 have the right to access the information, advice, counselling and support they need for their holistic development. This encompasses their physical, social, emotional and spiritual well being. The total number of enquiries to MAP last year was 7419.

The centre offers the following services:

- **Information, advice and advocacy** On housing, employment, education, training, health (sexual and drugs), debt advice and welfare benefits. (Currently working towards the Community Legal Service Quality Mark).
- **Counselling** One off crisis sessions and one-to-one open-ended contracts. (Registered for quality – currently working towards Youth Access Quality Standards).
- **Off-Centre counselling** MAP also works in partnership with the Norfolk Youth and Community Services (NYCS) to offer young people a county wide counselling service called Off-Centre and with the Benjamin Foundation to offer a counselling service in North Norfolk.
- **Support services** Includes a young people's consultation group, facilitated by a member of staff on a regular basis, and KICT – Kids in Care Together, a young people's advisory group run in

partnership with Norfolk Social Services, and a pregnancy testing service.

- **Specialist work** MAP works in partnership with Community Music East to offer free music workshops enabling young people to explore their own creativity.
- **Health and home** MAP is working on its third video project in which a group of six young people explore their experiences of becoming homeless, being homeless and resecuring accommodation.
- **Training** Staff at MAP are involved in delivering a range of training programmes, on issues such as homelessness, self-harm and debt, for other organisations. In partnership with NYCS, MAP wrote and delivered a university accredited one-year certificate course for two years. MAP counsellors are also involved in supervising other professionals who work with young people in both voluntary and statutory sectors.
- **Publications** Information resources produced for young people and the professionals who work with them include a county-wide directory of services to young people entitled the 'Young Persons Guide to Norfolk' and an update of the popular pocket guide 'A Young Persons Guide to Norwich'.
- **New initiatives** Children's rights advocacy service and Young fathers project.

FOOTNOTES

- 97 Coles B, (2000). *Joined-Up Youth Research, Policy and Practice: a new agenda for change*, Youth Work Press and Department of Health, (1999). *The National Services Framework – Mental Health*.
- 98 *Young People's Rural and Urban Consultation* (2001).
- 99 Wilson C, (2001). *Breaking Down the Barriers Key Findings*. Youth Access.
- 100 Social Exclusion Unit, (2000). *National Strategy for Neighbourhood Renewal – Report of PAT 12: Young People*.
- 101 Ibid.
- 102 Statutory Sector Consultation (2001).
- 103 Evidence of young people caught between services for children and adults can be found in *Bridges over Troubled Waters*, the HAS report *Together we Stand*, the Mental Health Foundation's *Bright Futures* and the BDBP findings.
- 104 Department of Health, (2001). *The National Institute for Mental Health in England, Role and Function*.
- 105 See Wilson C, (2001). *Breaking Down the Barriers: Four Case Studies on Partnership and Joint-Working Between YIACS and SMHS*. Youth Access. Explores the key elements underpinning good joint-working.
- 106 YES in Plymouth provides an EIS for young people with psychosis working as part of a multi-disciplinary team with local CAMHS and AMHS.



Working together to ensure young people can access services appropriate to their needs

BDB key finding and barrier

Some YIACS have established significant relationships with the statutory sector based on a shared respect and understanding of the core characteristics of young people's services and a shared commitment to developing provision that is accessible and appropriate for young people. However, *over half the YIACS identified professional value conflicts with the statutory sector as a barrier to joint-working and many of the others wanted to attend forums, consultations and multi-agency groups but were unable to because of a lack of money, time and staff.*

“All the essential factors need to be addressed especially issues around professional power and control, which is the most intractable barrier and functions on several levels – individual and organisational. Unless this barrier is eliminated, young people will not get access to the services they need when they need them.”

(Statutory Sector – Consultation)

The current picture

Collaborative partnership working often produces the best programmes, which are ‘joined up’, bringing together different professions that address all the dimensions that matter to young people's development.¹⁰⁷

Part of the current agenda relies upon multi-agency partnerships working together rather than against each other. There is a wealth of experience in the voluntary sector in doing such work and avoiding professional blinkers.¹⁰⁸ The delivery and joined up working everyone aspires to is, however, made worse by policy being delivered through agencies and initiatives using different geographical boundaries.¹⁰⁹

It is a horrible business when egos between different professions clash. The lack of recognition and the hierarchy which exists, particularly in the health sector, results in a system that credits the person who has studied the longest, irrespective of whether or not the service they give is what the child or young person needs at the time.¹¹⁰ A

substantial number of YIACS identified value conflicts with the statutory sector as a barrier to joint working. Counselling was often perceived as an intervention that was not wanted or didn't work. There was also an unwillingness to recognise that young people have specific needs and consequently the services they use have different characteristics from adults.¹¹¹

YIACS are keen to participate but found the limitations of working in a small organisation with mostly part-time staff, coping with ongoing funding problems and crises, adversely affected their ability to work effectively with others.¹¹²

The strategy's vision

To provide sufficient resources, cross-sector training and support to help overcome the professional value conflicts, lack of time, monies and staff that operate as barriers to partnership and joint working between YIACS and statutory mental health services.

Overcoming the barriers

There is overwhelming agreement that there needs to be closer partnership and joint working. All the key players need to join up their thinking, contribute to the care pathway, share initiatives and training with both sectors using multi-disciplinary forums as opportunities to learn from each other.

Establishing trust, building relationships and providing a mandate for joint working is essential – the benefits of working together with YIACS should be promoted in the NSFs and the NHS Plan, with more recognition from Government for community-based services. YIACS need to build and strengthen their contact with health services and commissioners.

YIACS' participation can be enabled through practical solutions – assistance with transport for out-of-hours meetings, YIACS electing representatives to act on their behalf, invitations to commissioning and planning meetings plus resources to support participation were all considered necessary across the sectors.

Greater dialogue and openness is needed, along

with the sharing of information and improved understanding of each other's roles. Regular communication between YIACS and SMHS will help to identify a common agenda and could be improved by having a named contact person in SMHS for YIACS to liaise with. Working together can evolve through shared presentations creating opportunities to overcome conflict by explaining service values, ethos and best practice. It was felt that statutory mental health services who also have funding and resource difficulties need to specify this and acknowledge their limitations too.

There is an overwhelming need to look at the possibility of integrating services for young people where provision is 20 miles apart. Bringing providers, commissioners and young people together could encourage a more holistic response to service planning and development.

Mental health forums can aid joint working – agencies working within the same geographical boundaries can successfully examine issues of service development, communication and working together.¹¹³ A strategy that looks at existing services at the level of locality, borough and region in areas where the boundaries are not coterminous is needed.

Overcoming differences and changing attitudes – there is a huge need to review attitudes and start talking to each other, to seek common ground and share and understand differences across the sectors, respecting both sets of values. Being pragmatic and overcoming strongly held beliefs and negative experiences, even for an agency which is isolated through working in a forest of statutory organisations, is an essential first step. Some parts of the statutory sector will need to relinquish their culture of defensiveness and find out what YIACS do.

Recognition of the professional nature of the work of voluntary organisations is essential. The pay-off for joint working will be found in improved services for young people. Being taken seriously and being valued is essential.

A Breaking Down the Barriers Project is needed just between statutory and voluntary provision. The gaps are so wide, both sectors need support in moving forward together.

Both the statutory sector and YIACS recognise that they need to tackle attitudes on their own sides; – the NHS recognises it is still not as good at working with other agencies as it needs to be. There is too much insularity as a result of not enough funding. Barriers need to be mapped and removed. Generally, providers recognise the time for action is overdue. Services can overcome conflicts by establishing joint

aims and working agreements. SMHS recognise that the contribution of the voluntary sector is potentially enormous but often undervalued and underused. It is essential to understand the contribution professional counsellors in the voluntary sector can make rather than viewing them as a threat. More research into the benefits of counselling and the different kinds of interventions used with young people would contribute to breaking down some of these fears.

Key to good partnership working is the willingness by all to want to improve services for young people. (YIACS Consultation)

It can take time to establish trust, make changes and overcome value conflicts. Joint-training to promote different sector understanding might be helpful; particularly on the importance of the statutory sector role, the social and community model and the core characteristics of young people's services.

There is a need to shout about and share good practice, to build on examples of successful models of joint-working, which should be resourced, researched and disseminated more widely. Backed up with supporting information promoting the benefits for the service user and the provider, good practice should be disseminated through published articles, training, the internet and joint conferences. Beacon project status could be used to promote good work, with all statutory sector projects agreeing a common agenda with local YIACS.

It is essential to secure infrastructure costs and the longer term funding of voluntary sector initiatives. Joint funding-pooled monies could help reduce the problem of off loading costs; ring fenced monies from government, together with a joint-working strategy, would enable the development of seamless provision. The will does exist and there are some good links established. What is missing is the resources. Funding for central government initiatives could stipulate that the statutory sector works together with organisations like YIACS.

Towards a strategy – a working tool

The following action table is a working tool designed to help users develop an integrated strategy that will meet young people's emotional and mental health needs.

The left hand column outlines the key aims of the strategy developed by Youth Access from the Breaking Down the Barriers Project. In the second column are suggested actions developed by the project for consideration.

The third and fourth columns are blank. It is hoped that these columns will be used as part of organisational or departmental planning processes,

helping stimulate joint planning and policy making forums with partners, relevant practitioners, young people and other organisations.

Key aims of the BDBP strategy	Action	Action we need to take	Partners/Departments we need to involve
To enable the full participation of YIACS in partnership and joint working.	<ul style="list-style-type: none"> • Funders need to finance YIACS infrastructure costs and allocate additional funds to stimulate joined-up working by helping overcome shortages of staff, money and time. • All related Government strategies and initiatives should recommend the involvement of YIACS in the planning and development of young people’s mental health services. • DfES to implement recommendation 10 of the PAT 12¹¹⁴ that the Youth Services Unit (as part of the CNSU) has a role in encouraging local co-ordination through the distribution of a ‘joining up fund’ to create incentives for joint working with the inclusion of YIACS and SMHS. • The new Care Trusts (NHS Plan) commissioning health and social care should commission young people’s emotional and mental health services through a joint-working framework with voluntary and statutory mental health specialists. 		
To overcome professional value conflicts between YIACS and SMHS and ensure they work together in the best interests of young people.	<ul style="list-style-type: none"> • A key component of the NSF for Mental Health requires joint working to produce comprehensive mental health services for all. The NSF Implementation Groups need to ensure they have adequate resources to tackle cross-sector barriers to ensure YIACS’ full participation in joint-working.¹¹⁵ • The Youth Service Pledge should include a commitment to joint working with local health authorities, including mental health. • The development of a partnership and joint-working standard by the Commission for Health Improvement to promote seamless working between SMHS and YIACS. 		
To ensure that staff are trained to commission provision for young people and provide quality services.	<ul style="list-style-type: none"> • SMHS should work with YIACS to support implementation of the WAT¹¹⁶ recommendation to produce an open and transparent workforce education and training strategy for voluntary and statutory sector mental health services. This would reinforce joint working, quality services and appropriately qualified staff to deliver them. 		
To ensure that PCGs and PCTs are fit for the purpose of commissioning young people’s mental health services.	<ul style="list-style-type: none"> • The NSFs and the WAT strategy should recommend implementation of the Sainsbury Centre for Mental Health’s Commissioning Standards¹¹⁷ 6, 7, 8 and 9 to: <ul style="list-style-type: none"> – encourage and support the full involvement of the voluntary sector. – clarify the commissioning process so it is understandable and accessible to all stakeholders. – encourage co-terminosity between local authorities, health authorities and local agencies – be better informed about the population’s mental health needs, in this case young people’s. 		



FOOTNOTES

- 107 Social Exclusion Unit, (2000). *Report of PAT 12: Young People*.
- 108 Coles B, (2000). *Joined-Up Youth Research, Policy and Practice: A New Agenda for Change*, Youth Work Press.
- 109 The Sainsbury Centre for Mental Health, (2001). *Setting the Standard*.
- 110 Interview with CYPJU (2001).
- 111 Wilson C, (2001). *Breaking Down the Barriers Key Findings*. Youth Access.
- 112 Ibid.
- 113 The Wansbeck Mental Health Forum is an example.
- 114 SEU op. cit., (2000).
- 115 Wilson C, (2001). *Breaking Down the Barriers: Four Case Studies on Partnership and Joint-Working Between YIACS and SMHS*. Youth Access.
- 116 The final report from the Workforce Action Team for the NSF for Mental Health and the NHS plan recognises the voluntary sector's increasing importance in the delivery of services and that workforce development needs to be supported and funded in the sector.
- 117 The Sainsbury Centre for Mental Health op. cit., (2001).



An equitable and stable funding structure for YIACS

BDB key finding and barrier

A lack of resources and inadequate and patchy services resulted in young people not being able to access the services they need. Just under three-quarters of all YIACS rely on one-off, non-renewable, short-term funds, with many unable to secure funding to maintain the infrastructure of their agencies.

“The cost saved by counselling inputs at the right time cannot be measured in terms of later costs on youth justice, health and social services input.”
(Voluntary sector and YIACS Consultation)

The current picture

Too often the specific needs of young people are not given sufficient attention in the way regeneration programmes are designed and bids for such funding put together. Far too many services for young people at risk are dependent on project funding, administered by a multiplicity of statutory, lottery and voluntary sector schemes, each with its own rules and timescales, and with no guarantee of continuation after a fixed term, however important and effective the service.¹¹⁸

A significant number of YIACS receive a portion of their project funding from youth services and a few from health. The vast majority provide counselling and advice to young people by relying on a combination of one off, non-renewable, short-term project based funding from the Community Fund (the renamed National Lottery Charities Board), charitable trusts and the statutory sector.¹¹⁹ Local authorities are allocated funding for the provision of youth work from the Revenue Support Grant. The Grant is not ring fenced and individual local authorities decide what resources to allocate to individual services. Resources to youth services vary across the country. Overall, local authority spending on young people was broadly static in cash terms between 1996/97, 97/98 and 98/99, but has shown a very slight increase in 99/00. Only 11 local authorities in 99/00 spent more than 2 per cent of their overall education spending on youth services;

41 authorities spent less than 1 per cent.¹²⁰

Where funding is provided, it is too often provided on a short-term basis, which offers no guarantee of reward for success. Success may not even be measured. Emphasis is on innovation and new approaches, to the detriment of what has been tried and works.¹²¹

There is a failure nationally to recognise the importance of emotional health, and the particular importance of setting the foundations of good mental health at an early age. The significance of early provision is its cost effectiveness, not only for existing need but also for future generations.¹²²

The SEU's report on young people highlights the adverse consequences of fragmented funding and the problems created by funding structures which deal with only one dimension of young people's needs. In order for local level multi-agency work to be effectively developed, a coherent, cross-departmental funding strategy for both service development and on-going service support is essential. Without this, sustainability of projects becomes a serious problem.¹²³

The strategy's vision

To ensure an equitable and transparent funding base to support young people's access to quality counselling services across England.

Overcoming the barriers

There is an immense call for a fair and predictable level of service funding and provision for young people across the country, from all the sectors. Government resources should be put into prioritising support for young people. Co-ordination, consolidation and joint working between government departments is essential to meet this challenge. A national mapping exercise should be conducted of statutory and voluntary sector mental health provision and need. This will be a first step to ensuring equality of services and resources. The use of discretionary powers by local authorities to favour some groups for funds over others should be

abolished. Local, district and county councils should operate fair and equal funding policies with ringfenced allocations for organisations like YIACS. Primary Care Trusts and local authorities need to work together to respond to local need and ensure funding is targeted at the most appropriate providers.

There must be a sustainable funding structure for YIACS, which maintains the infrastructure – core costs – as well as the primary activity of the organisation. The current funding situation is incoherent, time wasting and destabilising. Time is wasted completing bids and providing funder-specific statistics to chase tiny pots of cash, when YIACS’ time is better spent providing quality services to meet young people’s changing needs. It makes more sense for funding to be stabilised so that planning and development can take place on a long-term basis. Funding bodies must recognise that, to be effective, funding needs to be available for more than three years – a five-year minimum for funding subject to appropriate yearly appraisals would be more realistic.

Existing funds could be better distributed and integrated.

Posts in statutory services lie vacant. If YIACS can demonstrate a role in taking on CAMHS cases on their waiting lists, money could be transferred.

There is a need to find out how YIACS can fit with existing services and whether funding can be organised with statutory funding, centrally and in a more inclusive way. YIACS’ role in intervention and prevention supports statutory services and in some cases reduces waiting lists and the need for these services later in life. In recognition of this, CAMHS and SMHS want to see YIACS receive their fair share of resources, whilst importantly retaining their independence. Funding, for example, could be allocated as part of a joint CAMHS, social services, education and YIAC strategy. There should also be

greater investment in strengthening the capacity of YIACS to provide services at Tiers 2 and 3 in a multi-disciplinary framework. Integration of services, joint working between SMHS and YIACS, and improved links with primary care will make better use of resources overall, and help to reach more young people.

Young people want to see money put into preventing young people from needing statutory mental health services in the longer term. They would like to see more financial support for counsellors and prevention centres like the YIACS they use. Funding allocations should not be dependent on local politics.

“There needs to be commitment from local, regional and central government to fund YIACS projects. Prevention is cheaper than treatment, money needs to be earmarked at a national level.”
(NHS – Consultation)

Towards a strategy – a working tool


The following action table is a working tool designed to help users develop an integrated strategy that will meet young people’s emotional and mental health needs.

The left hand column outlines the key aims of the strategy developed by Youth Access from the Breaking Down the Barriers Project. In the second column are suggested actions developed by the project for consideration.

The third and fourth columns are blank. It is hoped that these columns will be used as part of organisational or departmental planning processes, helping stimulate joint planning and policy making forums with partners, relevant practitioners, young people and other organisations.

Key aims of the BDBP strategy	Action	Action we need to take	Partners/Departments we need to involve
To ensure YIACS equal access to funding and young people’s entitlement to counselling services.	<ul style="list-style-type: none"> All local partnerships to implement recommendation 15¹²⁴ in the SEU’s PAT 12 – that one measure of success for the Spending Review is whether it produces an appropriate relationship between need and per capita spending on young people in deprived areas. Central Government can help organisations like YIACS secure better funding by: <ul style="list-style-type: none"> – extending funding periods from one to three years and three to five years; – endorsing the need for adequate funds for the infrastructure and primary activities of the agency. 		



Key aims of the BDBP strategy	Action	Action we need to take	Partners/Departments we need to involve
	<ul style="list-style-type: none"> • The DfES in endorsing a Youth Service Pledge to include the provision of YIACS for 11–25 year olds must act to ensure funding is available for delivery at the local authority level. • Specialist young people’s commissioners in health and local authorities are needed to ensure the emotional and mental health needs of young people are being adequately and fairly provided for in their area. • It is vital that the Connexions, NSF Implementation Groups and Regeneration Strategic Partnerships are actively encouraged to support the CYPUs aim to place strategic planning in the remit of the children and young people’s strategic partnerships, to overcome, with local authorities and other partners, statutory and funding barriers. • DfES to lead on strengthening of the youth sector’s infrastructure to enable lobbying for mental health resources to be co-ordinated effectively. 		
To overcome patchy and variable YIACS, resources must be linked to need.	<ul style="list-style-type: none"> • The relevant strategic partnership groups must share joint responsibility for feeding back data on gaps in provision to make sure they have adequate resources to meet the NHS Plan and the NSFs for young people in their area. • Commissioners of mental health services have a duty to familiarise themselves with the work of YIACS, and invest in the significant early intervention that counselling can make to supporting young people’s mental healthiness and preventing long-term mental ill-health. • Principal Youth Officers should work with Youth Access and existing YIACS on the implementation of the Transforming Youth Work agenda and Youth Service Pledge. • The National Units, through the cross-cutting working groups, must overcome the fragmentation of responsibility for young people and young adults’ mental health policy and its consequences for funding regimes and planning at central and local level. 		
To increase the fundraising ability, organisational development and the capacity of YIACS.	<ul style="list-style-type: none"> • Government will have to invest in the wider infrastructure of the voluntary sector to maximise its potential to be a key service deliverer. The sector needs access to development staff either provided by the local authority, the health authority or contracted out to voluntary sector umbrella organisations. The role of these specialist staff would be to identify funding sources, prepare applications bids, lobby for core funding, help with business plans and develop accountability structures and strategic plans. 		

FOOTNOTES

118 Social Exclusion Unit, (2000). *National Strategy for Neighbourhood Renewal – Report of PAT 12: Young People*, p.56.

119 Wilson C, (2001). *Breaking Down the Barriers Key Findings*. Youth Access.

120 Department for Education and Skills, (2001). *Transforming Youth Work*. DfES Publications.

121 Ibid. p.82.

122 Voluntary Sector Consultation (2001).

123 Howarth C, Street C, (2000). *Sidelined – Young Adults’ Access to Services*, New Policy Institute. Express Printing.

124 SEU, op. cit., p.40 (2001).



Delivering quality counselling services in YIACS

BDB key finding and barrier

Most YIACS use a range of codes and guidance to define quality and good practice, including the Youth Access National Quality Standards, the British Association for Counselling and Psychotherapy Code of Ethics and Practice, Local Authority and Youth Service Standards.

“The Youth Access Quality Standards are practical, down to earth and useful. They could be adopted as national guidelines by a Government body.”
(Trust for the Study of Adolescents)

The current picture

Voluntary organisations should be required to define and measure their performance in consultation with their stakeholders, including users and trustees. However, the effective use of quality systems and models designed to do this are not compatible with short term funding or the pressure to demonstrate quick wins.¹²⁵

YIACS working towards the Youth Access Quality Standards identified that more time, advice and ongoing support was needed to get them in place. Implementation often conflicted with other priorities because of shortage of funding and staff.¹²⁶

Infrastructure and long-term sustainability needs addressing, otherwise the focus is on project survival rather than quality, good practice and improvements in the field.¹²⁷

The use of quality standards and self-assessment can help voluntary organisations to achieve improvements in process and outcomes. They provide a framework in which organisations can plan, monitor and measure their progress, achievement and improvement. Their effectiveness in playing this role depends on a number of factors, including the maturity and financial stability of the organisation, the access to external support and the level of leadership and resources available.¹²⁸

YIACS are keen to see more providers working with young people adopt the Youth Access Quality Standards, in order to establish their national

implementation and improve overall quality and good practice in counselling.

The Youth Access Quality standards are highly regarded. They are set firmly in the context of youth information, advice, counselling and support services. Youth Access's Quality Standards are built on the best principles of evidence-based management and continuous improvement,¹²⁹ and are useful at all stages of a project's development.¹³⁰

The strategy's vision

To ensure that all YIACS can access adequate resources and support to implement appropriate quality standards and audit mechanisms in young people's counselling services.

Overcoming the barriers

The Youth Access standards were viewed across the sectors as practical and easy to use. Both the statutory and voluntary sector would like to see more promotion and publicity of Youth Access's work and the National Quality Standards at local and national level. Suggestions included an agency web page, to provide services working with young people with speedier access to the standards.

Resources – money and staff – were cited by all as essential to support and sustain the implementation of the quality standards. SMHS and YIACS want to see funders allocate a proportion of resources for quality implementation in every bid. This should support good practice and ensure counselling services of the highest standard are provided to young people. Resources are needed to ensure YIACS are able to access regular audits, conduct services reviews, and be subject to quality controls.

All YIACS should have the resources and support in place to be able to implement the quality standards and reach the minimum standard to ensure client safety. Young people's counsellors should be qualified, accredited, supervised and regulated to provide counselling to young people.

SMHS and YIACS want Youth Access to flag up all the codes of practice that YIACS use and try to link them to the quality standards. These links could help providers and commissioners move nearer to a national definition of counselling. If for example, the Youth Access Standards strengthened their links to the British Association for Counselling and Psychotherapy (BACP) Ethical Framework for Good Practice, it might help to reinforce the distinction between the provision of counselling, the use of counselling skills and the use of listening skills.

A national independent body should be established to regulate YIACS. This body should negotiate a national standard with relevant measuring bodies to ensure that standards and codes of good practice are incorporated into YIACS service plans.

There needs to be a shift towards a standardised accreditation process of organisations and individuals, which could result in one register for agencies and counsellors.

A young-person-friendly quality mark for YIACS is necessary, which is enforced and awarded for implementation of the Youth Access Quality Standards and maintaining good practice. The quality mark and confidentiality policy should be displayed together with information for young people on the standards of service they are entitled to and linked to a service charter. Young people should be supported to participate in the development of the quality process in YIACS and encouraged to provide feedback.

Youth Access should establish a national training programme to support implementation of the quality standards and ensure consistency across services. The programme should inform, support and advise YIACS on implementing and monitoring the standards and investigate through consultation an appropriate accreditation system.

It is vital to share good practice between YIACS, CAMHS and AMHS. Government recognition of the Youth Access Quality Standards would facilitate and improve cross-sector working and initiatives that benefit young people.

Towards a strategy – a working tool

The following action table is a working tool designed to help users develop an integrated strategy that will meet young people’s emotional and mental health needs.

The left hand column outlines the key aims of the strategy developed by Youth Access from the Breaking Down the Barriers Project. In the second column are suggested actions developed by the project for consideration.

The third and fourth columns are blank. It is hoped that these will be used as part of organisational or departmental planning processes, helping stimulate joint planning and policy making forums with partners, relevant practitioners, young people and other organisations.

<i>Key aims of the BDBP strategy</i>	<i>Action</i>	<i>Action we need to take</i>	<i>Partners/Departments we need to involve</i>
To ensure that YIACS can access secure core funding to develop quality services and establish quality assurance systems.	<ul style="list-style-type: none"> • Funders should build into their funding sufficient core funds to enable organisations like YIACS to undertake quality assurance using Youth Access Quality Standards. • Funders must have better information on the distinction between counselling and other interventions such as crisis listening and the use of counselling skills to enable them to target their funding effectively. 		
To ensure that young people can identify safe, quality counselling services.	<ul style="list-style-type: none"> • A quality mark for YIACS should be supported, developed and promoted to help young people recognise safe, reliable and quality young-person-friendly counselling services. • Youth Access should develop national guidance for young people, with the support of the CSNU and its YSU and the DoH to inform young people about what counselling is, how it can help and where it can be accessed safely. • The CSNU and the DoH should work with Youth Access to investigate the options and costs involved in establishing and maintaining a central regulatory body for YIACS. • In its agreement to map Youth Access standards with those of the Connexions Service, the CSNU should meet Youth Access, the CYPU and DoH to consider the Trust for the Study of 		



<i>Key aims of the BDBP strategy</i>	<i>Action</i>	<i>Action we need to take</i>	<i>Partners/Departments we need to involve</i>
	Adolescents' recommendation that the Youth Access Quality Standards be adopted as national guidelines.		
To reduce the burden on YIACS to meet a range of quality requirements of different funders.	<ul style="list-style-type: none"> All Government-led initiatives to develop quality standards impacting on young people's services must be mapped across existing frameworks. For example, Connexions and Community Legal Service would be mapped with Youth Access standards. 		
To tackle some of the gaps YIACS face in implementing the quality standards.	<ul style="list-style-type: none"> Youth Access must secure funding to develop a training and development programme to support YIACS to implement the Youth Access quality standards as a process of continuous improvement. Youth Access must secure funding to enable its nationally accredited programme for training youth counsellors to be embedded at the regional level. 		



FOOTNOTES

125 NCVO, (2001). *Quality Standards Task Group – Response to the PIU review, summary and conclusion.*

126 Wilson C, (2001). *Breaking Down the Barriers Key Findings.* Youth Access.

127 YIACS Consultation (2001).

128 NCVO op. cit., (2001).

129 Rona Parsons, Quality Standards Task Group, NCVO.

130 Ken MacSween, Neutralzone, Surrey.

What next?

The BDBP findings and strategy will be used to lobby Government, in particular the DoH, Connexions and its Youth Service Unit in a number of ways. First, to promote the need for a more holistic approach to young people's mental and emotional health needs. Secondly, to ensure YIACS inclusion in the development and implementation of policy and initiatives which impact on access to and delivery of young people's mental health services.

Thirdly, Youth Access will disseminate the BDBP findings and strategy to YIACS, government departments, statutory mental health services, young people and others to:

- Increase understanding and support for the need to develop comprehensive mental health policy and provision for 16 to 25 year olds.
- Raise awareness of young people's specific mental health and service needs.
- Disseminate young people's views on the effectiveness of counselling.

- Build on and expand counselling provision for young people across England.
- Tackle incoherent funding strategies that result in uneven and patchy YIACS.
- Secure Youth Access's role to support, develop and promote YIACS.
- Promote the core characteristics of YIACS and their role in supporting accessible, young-people-friendly mental health provision.
- Promote the strengths of the YIACS 'under one roof' model and its potential in creating seamless and appropriate mental health services for young people aged 16 to 25.
- Strengthen awareness of the need for continuous improvement in the delivery of YIACS and young people's services within a framework of nationally agreed quality standards.
- Promote the principles and practices that support joint-working between statutory and voluntary mental health services for 16 to 25 year olds.

Appendices

Abbreviations

AMHS	Adult Mental Health Services
BDBP	Breaking Down the Barriers project
CAMHS	Child and Adolescent Mental Health Services
CBT	Cognitive Behavioural Therapy
CSNU	Connexions Service National Unit (the YSU is part of this unit)
CYPU	Children and Young People's Unit
DEFRA	Department for Environment, Food and Rural Affairs
DoH	Department of Health

LITS	Local Implementation Teams
NSFs	National Service Frameworks
PCGs	Primary Care Groups
PCTs	Primary Care Trusts
SEU	Social Exclusion Unit
SMHS	Statutory Mental Health Service
YIACS	Young People's Information Advice, Counselling and Support Services
YOTs	Youth Offending Teams
YSU	Youth Service Unit (this unit is in the CSNU)

Further reading

Armstrong C, Hill M and Secker J, (1998). *Listening to Children*. The Mental Health Foundation London.

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« breaking down the barriers » a strategy in development

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