



KEY FINDINGS BRIEFING November 2011

On the Right tracks - Key Findings on the State of Youth Counselling

Overview: The On the Right Tracks (OtRt) survey uncovers a variable picture of youth counselling, with some services financially relatively secure and well-embedded within their local planning and commissioning structures. Others appear much more fragile: small front-line services with insufficient capacity and resources to participate in commissioning processes and at risk of closure.

1. Introduction

This briefing is for:

Providers, planners and commissioners of emotional and mental health services for young people

It covers:

- Current funding of counselling services
- Staffing levels
- Competition
- Collaborative working
- Perceived blocks and helpful factors in relation to public sector funding
- Quality and outcome measurements
- Relationships between counselling services, commissioners and GPs.

Survey methodology:

This briefing presents findings from a snapshot survey conducted by Youth Access with youth counselling agencies as part of the Comic Relief-funded OtRt project. An on-line survey was conducted between May and June 2011. Fifty-eight agencies providing youth counselling responded, of which 48 were member agencies of Youth Access. The data was independently analysed by Dr Cathy Street, the OtRt project's external evaluator. The survey has generated base-line data that will inform the development of training resources and a support package to respond to youth counselling agencies' needs. A second survey will be conducted towards the end of year two (early 2013) of the OtRt project to identify any changes that may have occurred in the position of youth counselling services.

On the Right tracks project

The OtRt project aims to improve and extend young people's access to counselling by strengthening the capacity of youth counselling agencies. Youth counselling agencies will be enabled to demonstrate and improve the quality and effectiveness of their practice, so securing a more sustainable public sector funding base. Through the offer of a package of resources and support, youth counselling agencies can access help to:

- protect and extend their funding;
- strengthen their capacity;
- increase their ability to evidence improvements in mental health outcomes for young people engaged in counselling.

Youth Access will use the learning from the project to produce guidance to better inform public sector commissioners about the role of psychological therapies, particularly counselling for young people aged 16-25 years.

2. Key Findings

f 47 of the 58 respondent agencies are **registered charities**. Others include: the NHS; local authorities; and Further Education (FE) colleges.

f A wide variety of counselling approaches are offered to young people, including: person centred; CBT; psychodynamic; play therapy; art therapy; solution focused counselling; family counselling; crisis counselling; relationship counselling; systemic counselling; and expressive arts.

f The majority of the survey respondents report that their counselling service is funded by CAMHS or by the local authority. Other sources of funding include:

- Charitable grants (e.g. Comic Relief, Paul Hamlyn Foundation, Big Lottery Fund and Children in Need);
- Statutory funding streams, such as the Neighbourhood Renewal Fund (NRF); IAPT (Improving Access to Psychological Therapies); Early Intervention Grants (Local Authority); Integrated Youth Support; extended schools monies; PCT funds for specific programmes, such as tackling health inequalities;
- Local fundraising and donations.

f Respondents are not confident about the continuation of existing funding over the next 18 months. Some of the reasons given are: local authority funding is under review; new procurement processes to start later in the year; increased competition; reduction in grants because of their own internal financial pressures; cutbacks (e.g. LA) which will result in long-term financial arrangements changing or ending in 2012.

f Many respondents would like to *increase the number of counsellors they employ* to meet increased demand from young people. However, funding constraints prevent this. A loss of funding was often the reason behind services decreasing their counselling provision – either in terms of reducing the

number of hours of counselling offered each week or numbers of paid counsellors employed by the service, or both.

f The use of more volunteer counsellors was identified by youth counselling agencies as one way to maintain a counselling service if funds were restricted. Agencies highlighted that this was not feasible unless there were sufficient funds to cover the extra supervision and management of such volunteer counsellors.

f Overall, most agencies expected to face more *competition over the next 18 months* – both for funding and for the delivery of local services. The following competitors were noted: private sector providers; IAPT; social enterprises; larger voluntary sector organisations; schools training their own staff to offer counselling as a way to reduce costs.

f Most respondents indicated that services had increased their joint working, with a number involved in local strategic consultation or service planning groups/forums on: referral pathways; outcome measures; Health and Wellbeing; 'Payment by Results' (PBR). Collaborations were cited with: GPs; schools; local authorities; CAMHS; AMHS; GP commissioners and Health Trusts.

f 50 of the agencies reported a wide range of *quality standards* in use. The majority use either PQASSO (level 1 or 2); BACP service standards; and/or the Youth Access national quality standards for Youth Information, Advice and Counselling Services. Other standards cited include: ISO9001 (ISOQUAR); Youth Service standards; You're Welcome quality criteria; Investors in Children. Several agencies reported working to NICE guidelines, Ofsted guidance and to local clinical governance standards and inspection frameworks.

f A variety of different counselling *outcome measures/tools* are used: CORE; YPCORE; SDQ; and adult IAPT measures. Some agencies designed their own in-house systems tailored to the needs of their particular client group or based on an amalgamation of existing tools.

f The majority of respondents (43 out of 58 agencies) rated their *relationship with local* commissioners as good or OK. Six (just over 10% of the sample) indicated that their relationship was poor.

f The main blocks agencies experienced with local commissioners were: the dominance of a medical model in the types of services commissioned; a preference for CBT over counselling/therapeutic interventions; difficulties maintaining a relationship with commissioners due to high staff turnover amongst commissioners; lack of information about tenders and NHS cost data and a reluctance on the part of commissioners to try new interventions or providers (or at least to fund/commission them).

f Counselling providers reported a number of factors that facilitated good commissioning relationships. In particular, it helped where local commissioners: displayed an understanding of the ethos of the counselling service (especially the need to be young person-centred) and of the needs of the client group; valued youth counselling services and promoted the role of the voluntary sector as a key partner in local provision.

3. Conclusions

The data reveals a variable picture of youth counselling. Some services appear to be well-embedded within their local planning and commissioning structures; to be reasonably financially secure; to have good or improving relationships with their local commissioners; and to be using or developing a framework to use outcome measures.

Other services, however, seem to be much more fragile; to feel excluded or 'off-radar' from commissioning processes; to be struggling to access funds or, in some cases, to be on the verge of closure.

4. Recommendations

- R Youth counselling services need to be supported to more effectively challenge the medical model, e.g. by demonstrating robust outcomes for young people, and foster increased understanding of a) what youth counselling does; b) who it works well for and c) how much it costs. Youth Access has an important role to play in this area.
- R Youth counselling agencies should continue to pursue all opportunities for cross-agency collaboration. They should be encouraged to maintain their efforts to join local forums and attend local planning board meetings, including where progress in 'being heard' may be slow, but will only be achieved by maintaining a presence.
- **R** Agencies should explore the opportunities presented by service changes in their local area, forge new relationships and share information with their commissioners.
- R Youth Access should continue to develop the youth counselling evidence base and pursue the development of appropriate measures for collecting data of youth counselling agencies' effectiveness with young people (16 -25's).

About Youth Access

Youth Access is the national membership organisation for a network of 200 youth information, advice, counselling and support services (YIACS).

Through its members, Youth Access is one of the largest providers of youth advice and counselling services in the UK, dealing with over one million enquiries a year from young people aged 11 to 25 on issues as diverse as sexual health, mental health, relationships, homelessness and debt.

Youth Access provides training, resources, research, campaigning and other infrastructure support to promote the development of high quality youth counselling and advice services.

Youth Access believes that all young people have a right to locally accessible, free and impartial information, advice, counselling and support.

For more information about the *On the Right tracks* project contact: Catherine@youthaccess.org.uk

or visit: http://www.youthaccess.org.uk/about/work/On-the-Right-tracks-Project.cfm

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