



# paths to partnership

key evaluation findings on  
counselling assessment practice  
in young people's counselling  
services and referrals to  
statutory mental health services

*youth*  
ACCESS

# 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.



# YIACS

**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 this report is accurate and up to date. However, it is inevitable that changes in policy and organisations may occur before the publication is in your hands.

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# The PTP summary of the report's key findings

## Routes into assessment

- The majority of YIACS suggest self-referral as the most common route to a counselling assessment, whilst young people report a combination of self-referral with the support of an agency, parent or friend.
- Young people who self-refer are told or sent information on how to access a counsellor and what an assessment is. However, young people who are referred and have no direct contact with the YIACS say they do not have adequate information about what is available and how counselling works.

## The assessment process

- There is no uniform way of describing the counselling assessment process within YIACS; the actual word 'assessment' is not one that most YIACS use explicitly. Some specifically choose not to call this first session an assessment and use alternative terms such as 'initial interview' and 'information share'.
- Young people have different ideas about the term counselling assessment and how they understand it. Some equate the term 'assessment' with the form completed at the first session and others understand it as an information gathering process.
- YIACS say exchanging information, identifying the young person's wishes, needs and strengths, helping young people to feel in control of the process and think about where they are now and where they would like to be are aspects of the assessment process that work well.
- YIACS say that young people having to repeat themselves to different agencies, answering difficult questions and giving young people information about contracts and boundaries are aspects of assessment that do not work well.

## Use of assessment-tools

- Almost all the YIACS use assessment tools individually designed by the agency. Some introduce the tool at the beginning of the assessment session and others bring it in at a later stage, whilst one agency used it as part of a self-assessment process. Some agencies also use CORE and HoNOSCA to measure pre- and post- assessment outcomes.
- In most cases, the distinction between the assessment forms completed by the young person and those completed by the counsellor are unclear. Young people describe completing forms as mostly not very helpful.

## Assessing young people's need for counselling

- The main criteria for assessing young people's need for counselling is that young people want counselling for themselves. In some cases, the issue of 'appropriateness' of counselling and the existence of other services better placed to meet a particular young person's needs influences the decision to offer counselling.

## Waiting times

- The majority of YIACS say they can offer appointments for counselling assessments within one week. One third of the young people were offered an assessment appointment on the day of their initial contact and under a half waited between two and three weeks.

## Recording assessments

- All YIACS keep written records of assessment sessions, although the type and extent of these records varies. In most YIACS, young people have access to these records, and where young people consent, interested third parties.

# The PTP summary of the report's key findings

## Supervisory responsibilities

- Most counselling assessments within YIACS are undertaken by the counselling manager or co-ordinator because of their experience and overview of the service and the counsellors working within it.
- In most cases, staff who carry out assessments have not undertaken specific training in counselling assessment, but have gained transferable experience in other professional roles for example, mental health or social work. All the staff have counselling or psychotherapy qualifications and in some instances, counselling assessment has been covered as a part of their qualifying training.
- The role and responsibility of clinical supervisors in YIACS varies. Some external supervisors believe that they share some clinical or ethical responsibility for counselling work with young people and in one case, the external supervisor is contracted to report back to the organisation with any concerns.

## Counselling staff and training

- All the YIACS operate with a combination of paid and unpaid counselling staff. This ranged from one agency that delivers services through ten paid and only one volunteer counsellor, to another with only one paid counsellor managing 15 volunteer counsellors.
- All YIACS aim to recruit counsellors who are qualified at diploma level, or in the second year of their diploma training, except where volunteer counsellors have advanced certificates in youth counselling. Most agencies are using counsellors already qualified over and above the agency's minimum requirements.

## Equalities policy

- Most YIACS said the assessment process is covered by the agency's equal opportunities policy. However, many are unclear about the ways in which assessment, initial contact and the services offered to the young person are guided by their agencies' policy.

## Assessment review and evaluation

- The majority of YIACS review and evaluate their services. In some agencies, this is a regular process, incorporated into team meetings or annual agency review events involving young people.

## Counselling

- Most young people know something about counselling prior to assessment either from school or television. However, they are sometimes unsure about how counselling will help them and know very little or nothing about how counselling works.

## Mental health

- None of the YIACS use a specific definition of mental health. In the absence of written definitions, services adopt a pragmatic approach, often viewing mental health in relation to a young person's ability to function or cope with life.
- Young people understand mental health partly in emotional terms, connecting it with how a person might be feeling and partly in physical terms, such as behaviour, symptoms or things going on in your head or inside your mind.
- Few statutory mental health services operate with specific definitions, but offer different ways of viewing mental health. This includes a 'maturity for age' approach, offering services strictly to people given a diagnosis and giving a positive message about mental health.

# The PTP summary of the report's key findings

## Impact of established contact on referrals between YIACS and SMHS

- Some YIACS have no referral agreements and young people who need statutory mental health services are referred via GPs or community psychiatric nurses. Where there is an established contact, relationships are described as easy and seamless.

## Referrals to SMHS from YIACS

- YIACS assess the need for a referral to statutory mental health services on the basis of an individual young person's abilities, needs and symptoms. Examples include the young person's ability to make a relationship and function in the outside world; the level of risk or risky behaviour; the presence of psychotic or other severe symptoms; and/or where joint working would be beneficial to meet a young person's needs.
- Where a formal arrangement is in place, established protocol provides for an initial telephone discussion followed up, if appropriate, by a written referral.
- Most of the CAMHS and AMHS staff are involved in receiving and deciding how to respond to referrals. In some cases, this responsibility is an individual one and in others it is shared through the team or multi agency referral meetings.

## SMHS referrals to YIACS

- Most statutory mental health services refer a young person to a YIACS based on their individual circumstances and when appropriate. Examples include if the young person does not meet the criteria for access or might not benefit from the particular approaches offered or where services are being tailed-off and/or counselling is a more appropriate or beneficial intervention.
- Where there exists a low level of knowledge about YIACS and the type and quality of services delivered, it is recognised this needs to be increased in order for referrals from SMHS to take place.

## Other referrals

- All YIACS suggest that involving Connexions personal advisors and youth services in onward referrals to SMHS can be helpful, providing that it reflects the young person's wishes.



# Introduction to the **Paths to Partnership (PTP)** project findings

The 'Paths to Partnership' (PTP) project findings report brings together the results of an evaluation funded by the Partners in Innovation Programme (National Youth Agency), and the Department for Education and skills.<sup>1</sup>

The overarching aim of the PTP project is to improve the quality of counselling assessments in Young People's Information, Advice Counselling and Support Services (YIACS)<sup>2</sup> and to support improvements in the referral arrangements between YIACS and statutory mental health services (SMHS), thus creating more effective responses to young people's mental health needs.

Of the 360 YIACS<sup>3</sup> across England, 151<sup>4</sup> provide counselling with a combination of information, advice, counselling and support services 'under one roof' to 11 to 25 year olds.

The three main PTP project objectives are to:

- Improve the effectiveness of counselling assessment practice in YIACS and the impact on young people's referrals to statutory mental health services (SMHS).
- Support improvements in the joint working arrangements between counselling providers and SMHS in responding to young people's mental health needs.
- Consider the role of youth workers and Connexions personal advisors in referring young people to counselling or statutory mental health services.

This report highlights 14 key finding areas, the results of the project's evaluation. Each finding area outlines the information collected from in-depth interviews with young people, YIACS and SMHS on counselling assessment practices in YIACS, referrals between YIACS and SMHS and the roles of Connexions personal advisors and youth workers in these referrals. The PTP key findings are summarised at the beginning of the report. In addition, each finding area is followed by a number of Youth Access recommendations, which aim to improve

practice and increase the quality of assessment and referrals.

The implementation of this report's recommendations together with the seven key areas for action outlined at the end of the introduction provide a platform for meeting the PTP three main objectives. In addition, the findings will inform the development of a national training module to improve counselling assessment practice in YIACS.

## Who else was involved in the project?

A PTP project advisory group was established with representatives from YIACS, youth agencies and SMHS. A young people's virtual advisory group was set up with young people from across three regions. Both groups provided expert advice; acting as a critical community and contributing to the project's design, feedback and consultation stages. A Youth Access National Executive PTP project sub-group was also established to provide national input to the project from YIACS and Youth Services across the country.

External expert advice on the project's methodology was provided by Ingrid Schoon, Professor of Psychology in the School of Social Sciences from City University, London.

## What next?

The report's findings have informed a consultation with the PTP project's key stakeholders on the development of a new training framework for practitioners on counselling assessment. The consultation feedback will contribute to the development of a training module designed to bridge gaps and improve counselling assessment practice and delivery. Youth Access will meet the PTP project's objectives by using the report's findings and recommendations to focus attention on the five key areas identified for action below.

## The PTP project's key areas for action

- Youth Access to secure funds to develop:
  - ▶ a programme of support and training for YIACS on achieving Youth Access' national quality standards
  - ▶ a national definition of mental health for Youth Access member agencies in consultation with YIACS and young people
  - ▶ a young person-friendly standardised counselling assessment and outcomes tool
  - ▶ two new quality standard areas on Counselling Assessment and Partnership Working.
- Youth Access to facilitate SMHS, YIACS and Connexions personal advisors (mental health) to work together to develop referral protocols and joint solutions to overcome waiting list problems in CAMHS and AMHS.
- YIACS must ensure they undertake their ethical duty to be transparent about the purpose of assessment criteria and/or tools they use to decide if a young person can access counselling or not.
- YIACS must ensure they provide SMHS with regular updates on their services to help increase their understanding of counselling and the provision available to young people in their local area.
- YIACS and member agencies should work towards implementation of the Youth Access Quality Standards, in particular the counselling, referral, supervision and case recording standards.

## Notes

- 1 The PTP project ran from October 2002 to June 2003.
- 2 See inside cover for description of a YIACS.
- 3 Wilson C, (2001). *BDB Project Key Findings*. Youth Access.
- 4 A small proportion of YIACS provide counselling in a separate location from the information, advice and sexual health services because of differences in local funding arrangements or boundaries and have established referral agreements between them.

# Background to the Paths to Partnership (PTP) project findings

## Policy context to the evaluation

The NHS Plan recognises that 'The NHS cannot tackle health inequalities alone. The wider determinants of ill health and inequality call for a new partnership between health and local services.'<sup>5</sup> This call presents a challenge for services such as statutory mental health services, counselling providers and mainstream youth services in working together to tackle and meet the mental health needs of young people.

In addition, a key component of the National Service Framework for Mental Health<sup>6</sup> requires joint working to produce comprehensive mental health services for all. While an earlier Audit Commission report 'Children in Mind' recommended that CAMHS should work with other agencies to develop direct referral arrangements to their service.<sup>7</sup>

More recently, the DfES 'Youth Service Pledge', which includes a commitment to 'A comprehensive generic, confidential information, advisory and counselling service, easily accessible to all 11 to 25 year olds' expects and creates the opportunity for new collaborations in the area of mental health.<sup>8</sup> Voluntary youth organisations such as YIACS can play an important role in providing services to young people with mental health needs, and are increasingly expected to work in partnership with other providers to deliver seamless services to young people.

The newly emerging national policy on mental health and young people provides a context in which there are new opportunities for health, youth services, including counselling services, Connexions and youth work agencies generally, to play an increasingly important role in young people's mental health. However, as the evidence of Youth Access's Breaking Down the Barriers (BDB) project Key Findings<sup>9</sup> has demonstrated, there are significant barriers and gaps in many local areas to partnership and joint working. This is despite the evidence that youth counselling services are providing significant help to young people with mental health problems.

Youth Access' Breaking Down the Barriers (BDB) project arose out of a growing body of evidence of the difficulties experienced by 16 to 25 year olds in seeking and receiving help and support with emotional and mental health difficulties. One of the barriers identified by BDB was the absence of referral arrangements between Child and Adolescent Mental Services (CAMHS), Adult Mental Health Services (AMHS) and local youth information, advice and counselling agencies. This barrier when combined with the frequently negative attitudes of some mental health professionals towards counselling impacts significantly on young people's access to age-appropriate mental health provision.

The BDBP<sup>10</sup> also found that assessment and referral arrangements for 16 to 25 year olds, are often too linear and inflexible to meet the different levels of practical and emotional support needed by young people. The limited or non-existent arrangements between YIACS, CAMHS and AMHS increases the risk of vulnerable young people losing contact with support altogether. Some CAMHS require referrals to be routed through GPs, to reduce unsuitable referrals, but rigid restrictions can create inequitable access.<sup>11</sup>

The PTP project findings highlight both similarities and differences from those of the BDB project. Similar findings are that YIACS identified priorities such as funding and staff shortages as conflicting with the time and resources needed to be able to implement the Youth Access Quality Standards for counselling services.<sup>12</sup> While a difference that emerged is the importance SMHS now attach to joint-working with the voluntary sector and agencies like YIACS. In contrast to the BDB findings, where joint working with the voluntary sector was frequently absent, now for the majority of SMHS it is part of their vocabulary. This may be a consequence of the Department of Health's (DoH) policy emphasis on cross-sector working in current initiatives.

A theme that has continued in both projects is the gap between policy and practice on joint-

working between health, youth services and voluntary sector agencies working together to meet young people's mental health needs.

The PTP project aims to identify and tackle some of the difficulties that arise around the assessment and referral processes between YIACS and SMHS and partnership working between health, youth services and the voluntary sector through the execution of this report's recommendations and the development of a national training module.

## The PTP evaluation

An evaluation of current counselling assessment and referral practice was conducted because one of the project's purposes is to learn from its findings and improve practice. The PTP evaluation collected information in two main areas. Firstly, from young people, YIACS and SMHS on the effectiveness and quality of counselling assessment practice in young people's counselling services. Secondly, it gathered information on the impact of counselling assessment practices on cross-referral arrangements between YIACS and SMHS.

## How the evaluation was conducted and who was involved

A combination of qualitative methods and approaches was used to obtain different perspectives and maximise participation from young people, as well as service providers. Semi-structured depth interviews were offered on a face to face, telephone and focus group basis.

The interview questions were designed in consultation with the PTP project's Professional and Young People's Advisory groups. These were subsequently piloted amongst counselling services managers, CAMHS practitioners and young people.

A national briefing poster was sent out twice to inform YIACS and young people about the project, encouraging them to contact us about their experiences of counselling assessments and referrals to SMHS. Of the 151 agencies providing counselling to young people, 59 responded. A set of criteria was used to select five YIACS, five corresponding SMHS services and ten young people across the five YIACS regions to be interviewed from the 59 agencies that responded to the project's request.<sup>13</sup>

## Counselling assessment

The PTP project's initial assumption was that the types of assessment being conducted in YIACS are variable, ranging from a formal diagnostic

assessment to a general assessment of a young person's need for counselling.

What the PTP project found was that YIACS conduct an assessment of need for counselling, but use a different term to describe the process, such as 'initial interview', 'information share' or 'generic service assessment'. This is because emphasis is placed on maintaining a balance between gathering information to assess need and providing information that ensures the young person feels central to, rather than alienated from the process. Although, none of the agencies use a formal diagnostic assessment process, they all collect a full or partial history of why the young person wants counselling. Implicit in the information gathering process is an assessment of whether the young person is able to benefit from counselling or not, or alternatively needs a referral to a more appropriate service.

The tools agencies use to conduct an assessment of need for counselling are individually designed and applied flexibly to assess need or to involve young people in a self-assessment process. In addition, some of the YIACS use outcome tools pre- and post-assessment to evaluate and review delivery and outcomes.

The majority of counselling models available in YIACS is offered within a young person-centred framework,<sup>14</sup> which seems to impact on the terminology used to describe the 'assessment' process for counselling offered to young people. The counselling models in use vary: integrative approaches are combined with different models of counselling and psychotherapy, including humanistic/person-centred, psychodynamic, Gestalt and Transactional Analysis (TA).

Different counselling and therapeutic approaches affect the process of assessment. The young person-centred counsellor working with a humanistic and person-centred model can experience the concept of assessment, diagnosis and treatment as compromising their relationship with a young person. This is because assessment is often interpreted as 'doing' something to the young person, rather than being a 'collaborative process'.<sup>15</sup>

The young person-friendly framework, in which the majority of the YIACS provide services, is intended to create a culture in which the agency helps the young person feel heard, understood and accepted. The culture and the model of counselling used in YIACS influence the agency's description of the assessment process to young people. Yet, whilst considerable care is taken to avoid alienating young people from the process, a substantial number of young people nevertheless experience it as some form of assessment. Whilst these young people take

up the offer of counselling, they also identify a need for greater transparency.

In the PTP project's key findings report the word counselling assessment has been used to describe what is called by some YIACS an 'initial interview' or 'information share'. This is because an assessment of need is being conducted and there is a lack of clarity and transparency about the purpose of the terms used in some YIACS.

## The interviews

Three different sets of interviews were conducted with YIACS, young people and SMHS in five areas: Devon, Doncaster, London, Norwich and Walsall.

The YIACS interviews were with key members of staff who had some responsibility for either carrying out or managing the agencies assessments. This included the counselling or service manager and in one agency also a psychotherapist responsible for assessment.

Almost all the young people interviewed had had a counselling assessment and counselling at the five selected YIACS and in a few instances had been referred to SMHS.

Four of the YIACS provide free information, advice and counselling services to young people aged between 13 and 25. Two operated in mixed rural and urban areas, namely Devon YES who provide services to young people in Totnes, Dartmouth and Kingsbridge and MAP and Off Centre working with young people in Norwich and the surrounding market towns and rural villages across Norfolk. The fifth agency, Doncaster YWCA runs a range of services, including a counselling service for women, a young women's project, information and careers advice.

“ MAP and Off Centre offer all young people in Norfolk quality information, advice and counselling services (free and independent) to ensure young people's physical, mental and spiritual well-being – at locations across Norfolk, including either in MAP's service in Norwich or in market towns and rural areas. Counselling can be provided in young people's homes, schools, on the side of the road, in the mobile and hostels – anywhere that is safe for young people and the counsellor. ”

*Mancroft Advice Project (MAP) and Off Centre Norwich*

Most of the young people using these counselling services were able to access a range of other

services 'under one roof'. From employment advice, IT and Internet access to the Millennium Volunteer service. Access is also available to drop-ins on sexual health and drugs, a range of support groups for offenders, young lesbians, gay men and Asian women and a young father's project, plus Connexions personal advisers, who in some instances were based in the agency and providing information on careers and education.

The interviews with SMHS were with members of staff who have some responsibility for external referrals and/or a relationship with their local YIACS. They included three CAMHS staff, two managers and a Senior Nurse, plus a lead social worker (ASW) and clinical psychologist from AMHS. Most of the staff conducted mental health assessments and were based in either CAMHS, the community mental health team or in a hospital setting and were involved in referrals with, and in some cases had responsibility for developing a relationship with services in the voluntary sector.

“ It is my responsibility to make links with community agencies outside CAMHS and to increase access to CAMHS for young people who are 'hard to reach'. ”

*Southwark CAMHS, Bloomfield Centre, London*

## The development of the PTP project's key findings

The aim of the interviews was to collect information to enable evaluation of assessment practice and examine the relationship and impact that practice has on referral arrangements between SMHS and YIACS. Information was collected about the young person's journey, mapping their entrance to a counselling assessment and referral on internally to counselling or to an external referral to SMHS. The role of youth workers and Connexions personal advisers in the referral process was also included.

The PTP project interviews covered the following areas:

- how young people find out about YIACS and get an assessment
- who are the counselling staff carrying out assessments and the young people seen
- counselling assessment process and tools
- young people's experience of assessment and referral
- YIACS relationship with and referrals to CAMHS and AMHS
- SMHS relationship with and referrals to YIACS



- the role of Connexions personal advisors and youth workers in the referrals.

The data from the interviews was analysed using thematic analysis<sup>16</sup> and the Framework Method<sup>17</sup> and written up to produce the PTP project's key findings.

The findings in this report provide a small snapshot of current assessment practice in YIACS and its impact on referrals to SMHS, as well as young people's experiences of counselling assessment and referral.

## Notes

- 5 Department of Health, (1999). *The NHS Plan*; Point 13.2. DoH Publications.
- 6 Department of Health, (1999). *The National Services Framework for Mental Health*. DoH Publications.
- 7 Audit Commission, (1999). *Children in Mind*. Audit Commission Publications.

- 8 DfES, (2001). *Transforming Youth Work*, DfES publications. p.19.
- 9 Wilson C, *op cit.*, *Key Evaluation Findings* (2001).
- 10 Wilson C, *BDB the Key Findings* (2001), *Case Studies on Partnership and Joint-working between YIACS and SMHS* (2001) and *The BDB A Strategy in development* (2002). Youth Access.
- 11 The Audit Commission, (1999). *Children in Mind CAMHS*. Audit Commission.
- 12 Wilson C, *op cit.*, *The BDB strategy* (2002) and see the Youth Access *Quality Standards for Youth Information, Advice, Counselling and Support Services*. (1998).
- 13 The sample size had already been determined in the PTP Project funding bid.
- 14 The YWCA counselling service saw young women and adults – the overarching ethos of the service was women-centred rather than young person-centred.
- 15 Palmer S, McMahon G, (1997). *Client Assessment*. SAGE.
- 16 Mason J, (1996). *Qualitative Researching*. SAGE.
- 17 Williams M and M T, (1996). *Introduction to the Philosophy of Social Research*. UCL Free Press.

# The Paths to Partnership findings

## 1 Routes to assessment and counselling

All YIACS report being proactive in networking and disseminating information about their services.

Written information, in the form of leaflets and posters are circulated widely, through GP practices, education and youth services, probation services, health (including Statutory mental health) services, Connexions partnerships, and other voluntary organisations, including Youth Access, as the national membership body.

Networking activities include meeting and talking with young people and staff in schools and youth clubs, and meeting with various other agencies and professionals, including, in some instances, statutory mental health services and Connexions personal advisers. One agency is able to publicise services through detached youth work activities.

In some cases, constraints on resources have an impact on dissemination and networking activities:

“ We are completely oversubscribed which limits some of the information sent out from MAP. ”  
*MAP, Norwich*

YIACS report that young people find out about their services through a variety of other organisations, services and professionals including schools, GPs and social workers.

Young people may also be given information or referred by other services operating within the YIACS and one agency cited ‘drop-in’ as one way in which young people might find out about services offered.

YIACS also believe that word of mouth, particularly through friends, plays a role in young people finding out about services.

### How can a young person get a counselling assessment?

Responses in this area fall into three broad categories: self-referral; external referral and a combination of the two.

In most cases, YIACS suggest that self referral is the most common route to a counselling assessment. The proportion of self-referrals range from fifty percent, quoted in Devon to ninety nine percent, in Norwich. Mostly, these referrals are made by telephone, but also include some young people who visit the agency in person.

One service confirmed that, in particular circumstances, they would respond to an external referral made by a third party if the young person knows.

“ A third party can make an arrangement including asking us to come to a school (which we have an agreement with). We always ask if the young people is aware that the appointment is being made. ”  
*Walkways, Walsall*

Whilst self referral is preferred, most YIACS say that they would accept an external referral on certain conditions i.e. those where the external referrer is providing the young person with the support they need to contact the agency, or if a parent makes the first contact, this is followed up by the young person contacting the agency to confirm they would like an appointment.

“ Sometimes an adult will make that call initially, followed up by the young person confirming they want to be referred. ”  
*Faces in Focus, London*

In some instances, there are arrangements where the school makes a referral and then a process takes place to establish that the young person wants to be referred.

“ Most school age children are referred unless they have been before and then self-refer. ”  
*Kingsbridge, Dartmouth & Totnes YES*

## Criteria and assessment

Most YIACS apply some criteria before offering assessments to young people. Mostly, these criteria are a result of funding constraints and geographical boundaries for example, restrictions on access due to age, where young people live, train or work. Some agencies use the criteria in a flexible way, for instance in allowing young people who live in rural areas to access urban centres and vice versa if they prefer.

In some cases, certain types of behaviour would preclude access to an assessment. In one agency, providing services exclusively for young women, gender is an additional criterion.

“ We don't gate keep except if they are under sixteen, male, abusive or violent, have changed gender or are under the influence of drugs or alcohol. We would see young women if their behaviour changed. ”  
*Doncaster YWCA Women's Centre*

In one agency, young people speak directly with the assessor when booking an appointment for assessment. Brief information about what they were looking for, elicited during this conversation is used in deciding whether or not to offer an appointment.

Only one agency responded to this question by stating that there are no criteria for offering an assessment:

“ We wouldn't preclude any one; we would see a young person with drug and alcohol problems. I have seen people who have been drinking or smoking. ”  
*Totnes, Dartmoor & Devon YES*

## How young people found out about and made contact with the counselling service?

Young people's responses confirm that they find out about the counselling services through a number of different organisations, contacts, media and the Internet. Schools and educational services play a significant role in this, along with primary care.

“ I was assessed at Ann Moss Way for counselling. They thought I could be seen quicker and for free at Faces in Focus and that it would be more suited to my needs as a young person. ”  
*Female 24, Faces in Focus, London*

Youth work services and Connexions personal advisers are also able to provide a route into YIACS, by providing information on how to access counselling in several instances. Another young woman found out about the counselling service through a group for young mothers that she had been attending.

Only one of the young people mentions family as having played a role in their finding out about the service. Another young woman reports discovering the service independently through an Internet search.

Young people's initial contact with the service tends to be made by telephone, whether by the young person themselves, a friend, agency, parent or guardian. Most young people are assisted or supported in contacting the service in the first instance. This assistance ranges from a formal referral via a GP, to being accompanied to the agency by a friend. For the most part, assistance takes the form of someone else (family members, Connexions personal advisers, teachers and a group worker) calling to make the appointment on the young person's behalf.

Three young people say that they contacted the service directly themselves; two by telephone and one by drop-in, although again, they are supported or encouraged to do this by others, including friends, education staff, and health professionals.

## What were young people told about the counselling service when they first contacted and what was offered?

For some of the young people, written information about the counselling service is sent to them along with the assessment appointment letter. This usually includes information about what is on offer – counselling and how counselling works, including confidentiality.

Where the information offered to young people is verbal, it often relates to practical arrangements such as where counselling will take place and for how long. In some cases however, young people are offered specific information about their rights and responsibilities in counselling, relating to choice of counsellor, arrangements for review of the



counselling process and prohibited behaviour.

A significant proportion of young people say that they were not told anything at this stage, but mostly because they did not make the first contact with the agency themselves.

Most young people say that they were offered an initial appointment for assessment or a meeting, with some saying more specifically that they were offered someone to talk to, or to hear their problems. Three of the young women, however, believed that they had been offered regular, once a week counselling at this stage.

## Recommendations

- YIACS should ensure, if they have not been in direct contact with the young person coming for assessment, that they make arrangements to communicate to them exactly what services are available and how they are offered.
- Some YIACS need to be more explicit in the publicity and information given to young people about the criteria used to decide if a young person will or will not get access to a counselling assessment. This should include what help will be offered to young people who do not meet the criteria.
- YIACS need to clarify their referral procedures to young people and potential referrers, to overcome any confusion about self-referral and supported referrals. This should ensure that young people know they can ask someone to support or help them when they first contact the YIACS.
- Some YIACS need to evaluate and review the effectiveness of their methods of disseminating information to young people. This should include information about accessing routes into counselling, what they need to do to see a counsellor, whether they have to have an assessment or not, what counselling is, its availability and any other criteria for access. Youth Access Quality Standard Area Publicity and Promotion Area 5 (5.2).

## 2 The assessment process

There is no uniform way of describing the counselling assessment process within the YIACS interviewed. There is a general acknowledgement that the term 'assessment' referred to the initial interview or session with young people, although the actual word 'assessment' is not one that most YIACS use explicitly. In nearly all cases, the assessment relates specifically to counselling, but one agency undertakes generic assessments aimed at identifying young people's more general needs for services provided across the agency.

Some YIACS specifically choose not to call this first session an assessment and use alternative terms such as 'initial interview' and 'information share'. Reasons given for not calling the process an assessment include feeling that the word indicates a formal process, which staff are not adequately trained or qualified to undertake, and a belief that the term 'assessment' does not fit well with the young person-centred ethos of the agency.

The YIACS give young people information about the initial session in different ways, with some of them using the word assessment and others not. Whether or not YIACS use the actual word 'assessment' or an alternative term when talking to young people, they make efforts to explain the process and what it will entail.

“ We tell them they are having an initial interview this is the gateway in to get an appointment with a counsellor. It's the start of an ongoing process. ... We would never call it an assessment, we would explain that it is an information swapping session. ”

*MAP & Off Centre, Norwich*

In some cases, YIACS make a clear distinction between assessment and counselling and attempt to communicate this to young people. There is some acknowledgement however, that this information is not always passed on to the young people where the appointment has been made by a third party.

There is general agreement amongst YIACS that a central function of assessment is the sharing of information between the young person and themselves. The overall aim of this information sharing is to address a number of key areas for both the young person and the agency including:

For the young person:

- what is counselling?
- what does the young person want from counselling?
- what (problems/difficulties) does the young

person specifically want help with?

- if counselling is not appropriate the young person would be given information about other services and how they could be accessed
- access to records
- information about the individual policies of the YIACS to do with violent behaviour, risk, sexual abuse and the use of alcohol and drugs during sessions.

For the agency:

- are the counselling services on offer, appropriate to the young person's needs? If so, which counsellor might be best matched to work with this young person?
- ensuring young people are informed of the agencies policy on confidentiality, risk and behaviour.

In general, operating within eligibility criteria and resource constraints, YIACS offer assessments, an initial interview or information share to young people wherever possible. Where offering counselling is felt not to be appropriate, YIACS offer further support to young people in various ways. This includes liaison with other services within the agency for example, housing advice, sexual health or drop-in groups, as well as sign-posting or referring on to other agencies.

The duration of assessment varies considerably between different YIACS, but also within individual agencies. In one agency assessments can last anything between 10 minutes and four hours (over four separate hour sessions), but with this one exception, assessment is not extended beyond one session, although it can be deferred if the young person becomes upset. None of the YIACS offer individual assessment sessions lasting more than one hour, with most reporting an average of between 30 and 50 minutes.

### YIACS view of assessment

YIACS identify the following aspects of the assessment process as working well:

- information giving: giving young people information about counselling and the counselling service
- information gathering: allowing the assessor to gain information about the young person
- identifying a young person's wishes, needs and strengths
- scaling questions designed to get young people to think about where they are now and where they would like to be
- the assessment being a distinct process, separate from counselling sessions, over which the young person is encouraged to feel in control.

Counselling managers believe that assessment works well to the extent to which it enables them to assess whether or not the service is appropriate for the young person and puts that young person at ease:

“ Putting the young person at ease; they are often very anxious about whether it will work. It gives them the chance to consider if counselling will benefit them. It's a very gentle way to find out information. ”

*Kingsbridge, Dartmouth & Totnes YES*

A number of aspects of the assessment process are identified as a concern, or as having the potential to cause problems. They include:

- Young people having to repeat themselves: Moving between contact with referrers for example, the Connexions personal advisor, the assessor and the counsellor, a young person may find themselves having to give the same information more than once. For some young people, having to tell their story again is an unwelcome aspect of the process of accessing counselling.
- Questions: young people finding some questions difficult to respond to.
- Managing the transition between assessment and counselling: young people may find themselves having to wait for a counsellor to be allocated, or to be offered an appointment for counselling.
- The impact of being referred on to take-up counselling: the extent to which young people who do not take up the service post-assessment are deterred by having to see someone new at this stage.
- Practical aspects: giving information about contracts and boundaries at the beginning of assessment sessions may not help to engage young people in the process.

There are some suggestions for improvement, including:

- Being clear with young people if they will need to tell their story again to someone else and giving them the option of not going into too much depth at the assessment.
- Being creative when asking questions, using alternative ways of asking if appropriate for example, if a young person is finding it difficult to identify their own strengths, asking them what their friends might say about them instead.
- Separating out some of the practical, information-giving aspects of assessment, where this can be achieved without making the whole process too long.

## Young people's view of assessment

Young people offer various ideas about the term counselling assessment and how they understand this. Some equate the term 'assessment' with the actual sheet or form that they, or the assessor, are expected to complete at the first session and others understand assessment as a process.

Some young people describe assessment as an information gathering process: suggesting that, they like YIACS, believe information gathering to be one of its main functions. When asked about their understanding of the term 'counselling assessment', responses typically include, 'to get all your details' and 'to find out about you and your problems'. There is however, less of a sense of information 'sharing', with a minority of young people reporting that they have not been given any information.

Most young people understand that assessment aims to identify their need for counselling. Some express a belief that their needs are then rated or prioritised in some way:

“ It's to see how desperately you need counselling. To assess how much of a priority you are. ”

*Female 24, Map, Norwich*

Most young people remember their initial assessment sessions as lasting between 30 and 50 minutes. Only one young person, seen along with other members of her family, said that the appointment took longer than this, lasting for nearly two hours.

Young people describe a number of different areas covered in the assessment:

- **Current difficulties** Some exploration of why they have come for counselling and the particular problems that they are facing.
- **Desired outcomes** Just under half of the young people interviewed recall being asked about what they wanted or expected to get from counselling.
- **Agency policy and procedures** Including record keeping, confidentiality and complaints.
- **Agency expectations** Some young people remember being told about expectations of them, particularly with regard to behaviour, which they understood as 'rules'.
- **Risk and suicide** In some cases this involves being asked about self harm and suicidal feelings and in others, being told about how the agency/counsellor will respond if they believe that the young person, or others around them, are at risk.
- **Counsellor choice** In the majority of cases,

young people are offered some choice in the counsellor they can see with regard to gender, race and sometimes sexuality.

- **Current strengths/resilience** In one case, the young person remembers that the assessment specifically included identifying her strengths, although more young people think that this had been included in some way, in the assessment session.
- **What counselling/counsellors can (and cannot) offer** Most young people are told something about the counselling that can be offered to them and the role of the counsellor. In some cases, young people are told what the counsellor cannot offer:

“ (She said) that she is here to listen, but not give advice. That she couldn't hug me if I cried because that isn't her role. ”

*Female 15, Walkways, Walsall*

Young people identify some information gaps during the assessment or initial interview stage. Some believe that there is not enough information about ending. A small proportion of young people are left with unanswered questions about how long the service will be available to them. In addition young people are unsure about the approach or type of counselling on offer. None of the young people remember the assessment covering anything about the type of counselling or counselling approach on offer.

All but one of the young people recall that, at the first appointment, the assessor introduced themselves as well as saying something about their role. However, none of the young people remember being told anything about the qualifications, experience or background of the person that they saw. In some cases, their responses suggest some curiosity in this area.

“ Can't remember. Feel like you don't want to ask because they won't tell you anything about themselves – even though you're curious. ”

*Female 17, Faces in Focus, London*

There were a number of things about the assessment that young people say have been helpful. These include:

- having questions about counselling answered, including reassurance that they would be able to access the service
- being listened to and having a chance to have 'a good moan'
- having problems recognised, not only by the

assessor, but also by themselves, as being real and worthy of attention

- identifying targets or goals, in particular, the use of scaling questions.

The following aspects of assessment are identified by young people as 'unhelpful':

- limited nature of the session: not having enough time to talk, or not being able to go into depth about current problems and emotions
- too much time spent on assessment forms and questionnaires
- not knowing at the end of the session who the allocated counsellor would be
- the type of questions: sometimes feeling too personal or intrusive.

Young people suggest that the counselling assessment might be improved by having different questions, or asking the questions in different ways. In some instances young people express a preference to give certain information by a different means, for example by completing a questionnaire prior to assessment. One young woman says that had this been the case she would have been able to request a female counsellor, even though when she was asked face to face she became embarrassed and said that she had no preference. Another young person expresses a desire to conduct the whole assessment by questionnaire so that she can move straight on to seeing a counsellor to talk in depth about her difficulties.

A different environment is also suggested. Some young people think that the assessment and subsequent counselling takes place in unsuitable environments. They would prefer not to be seen in school classrooms or medical rooms. Additionally they would like more time to talk, more information about the assessment beforehand, to be assessed by the person likely to be an ongoing counsellor and to better understand the difference between assessment and counselling:

“ It is like a counselling session and this is confusing. It could be clearer that it is an assessment. ”

*Female 21, Faces in Focus, London*

In most instances, young people leave the assessment session clear about whether or not they will be seeing the assessor again, or another counsellor within the agency. Although a few young people come away knowing (and in some cases hoping) that there is a possibility of the assessor becoming their allocated counsellor.

## Recommendations

- Young people require more information about the assessment process and accessing counselling, particularly what it involves before they come to the YIACS appointment. This would help young people to better understand what is going to happen and relieve some of their anxiety.
- YIACS should be clear with young people exactly what the purpose of the assessment, initial interview or information share is i.e. that it is part assessment, partly defining the boundaries and part information share. This includes collecting information from the young person about their needs or what they want help with and offering information on how that information will determine what will happen; explaining what the service offers, what its policies are and what young people's rights and responsibilities are. YIACS should try to put the young person at the centre of an information sharing process that enables them to explore their needs and what is on offer.
- Assessors should explain clearly to young people what their role is in the agency and what their experience is.
- Some YIACS are implementing most of the Youth Access Standard Area 10 on counselling services, but there are gaps. Until there is a specific assessment standard agencies should be providing assessments as part of the counselling service consistent with Standard 10 and must have a clear statement of their counselling service, which includes:
  - ▶ definition of counselling
  - ▶ confidentiality
  - ▶ practical issues (e.g. waiting times, time limits on counselling)
  - ▶ the theoretical back ground of its counsellors
  - ▶ complaints procedure
  - ▶ rights and responsibilities of the young person accessing the counselling service (10.1).
- Youth Access should produce as part of its National Quality Standards for YIACS an Assessment Standard to overcome confusion and improve practice in this area.
- YIACS should have policies and processes that help a young person understand (Standard 10, 10.3):
  - ▶ the processes for record keeping or typing of assessment notes
  - ▶ their right to access case notes.



## 3

## YIACS use of counselling assessment-tools

### Counselling assessment-tools

All but one of the YIACS in the study use assessment tools. Where assessment tools are not used, because they are felt to intimidate and frighten young people, the co-ordinator uses an established list of areas instead. Tools range from an initial meeting pack adapted to suit each young person to a series of assessment, information gathering and monitoring sheets including scaling and goal setting exercises. Some YIACS also use outcome tools such as CORE and HoNOSCO before or after the counselling assessment to evaluate the service.

YIACS say that assessment and outcome tools are used to identify need, make sure the young person feels heard, to gather information, collect statistics and to provide a structure to ensure everything is covered. They are also used as a funding requirement, to ensure the counselling service's credibility and to identify staff training needs.

### How the assessment-tool and process is introduced to young people

YIACS use assessment tools in different ways, with some introducing the tool at the very beginning of the assessment session and others bringing it in at a later stage. In one case, where the assessment tool provides the structure and focus for the session, young people are informed that this is not a counselling session and the tool is introduced from the outset. In most cases, the assessment tool is introduced to young people with an accompanying explanation. The focus and nature of this explanation varies between individual YIACS and includes:

- the purpose of the assessment/assessment tool
- the forms used, how they would be completed, and whether the assessor or young person would be filling them in
- the information requested
- the information offered
- how the information would be recorded, used and stored
- a young person's right to withhold information
- who will have access to the information recorded
- how decisions about whether or not to proceed will be made and by whom.

In most cases, counselling managers stated that when the assessment tool is introduced, its purpose is also clarified. One agency introduces the overall process as one of self-assessment:

“ With regard to the presenting issues – we ask young people what's on their mind and explain it's a self-assessment process, leaving them in charge of how much is said. ”

*MAP, Norwich*

Most assessors also offer some assurances with regard to confidentiality and access, giving information about what will be written down and also who can read it.

In one YIACS, efforts are made to check literacy levels and also to give attention to the language the assessor uses in undertaking the assessment process and explaining this to young people.

When asked how they use assessment tools at the same time as developing a relationship with the young person, counselling managers' responses indicate that the ability to operate with flexibility is a key factor. Options offered to young people include:

- extending the assessment over a number of sessions if required
- offering breaks
- offering assessments over the telephone
- inviting young people to bring someone with them if they wanted
- not focusing rigidly on any forms and asking follow-up or additional questions as required
- the choice of whether or not to explore difficulties and feelings in depth in the assessment session
- the option of accessing counselling without an in depth assessment (whilst still giving information on for example confidentiality and the complaints procedure).

### Young people's experience of assessment tools

Assessment tools are applied differently across the agencies. In most cases, the distinction between the forms completed by the young person and those completed by the counsellor is unclear.

Half of the young people interviewed are asked to complete forms during their assessment appointment. These forms are completed differently, sometimes at the beginning of the session, sometimes later on and in some instances, they are completed jointly with the assessor.

Young people describe the process of completing the forms mostly as not very helpful, although a few young people find it helpful to answer questions about how they felt previously compared with how they feel now on a scale from one to ten.

When asked what is unhelpful, their responses include:

- not seeing the point of the form
- too many questions
- took too long to complete
- feeling rushed to complete forms
- feeling uncomfortable completing forms whilst the assessor is sitting in the room
- limited choice in answering yes/no type questions
- negative questions.

Young people suggest that filling in forms can be improved by having fewer questions, completing them once the session has become more established or at the end and through being given more information about their purpose.

“ What is it for? Will it be used to decide whether or not I will get a counsellor? I wasn't sure what my answers would mean or if I would get a score or something. ”

*Female 21, Faces in Focus, London*

In most cases, the counsellor completes a form or makes notes. This process is explained to the young people and they are given information about what it will be used for.

In most instances, but not all, young people understand something about the purposes of the forms completed. These include:

- collecting information for the counsellor and the file
- finding out who and what you are
- assessing your current needs
- assessing risk and severity of the problem
- setting goals.

## Recommendations

- **YIACS need to review, evaluate and improve their assessment tools in consultation with service users to overcome a lack of clarity about their purpose and to ensure they are more user friendly.**
- **Youth Access should develop and pilot a young person-friendly counselling assessment and outcomes tool in consultation with YIACS and young people.**

## 4 Assessing the need for counselling and allocation

The main criteria used for assessing young people's need for counselling at the assessment stage, is that the young person wants counselling. It is recognised that this desire might in some cases be based upon unrealistic expectations of what counselling can offer. In one case, where the agency felt that a particular young person's needs were unlikely to be met through counselling, they were advised of this, but still offered the choice. In another agency all young people are encouraged to try counselling as a 'taster', even if they are unsure.

In some cases, the issue of the 'appropriateness' of counselling as an intervention is raised, this is usually related to risk. Risks mentioned include young people who were felt to be a danger to themselves or others and those suffering from psychiatric illness and/or involved in very risky behaviours, particularly where they did not have significant external support. Some agencies also feel that the existence of other services, better placed to meet a particular young person's needs, also influences the decision to offer counselling.

The only criteria mentioned that would preclude counselling being offered at this stage is related to compliance with the agency's policies on acceptable behaviour, for example violence or where the young person's use of drugs and alcohol is problematic.

In one instance, where counsellors undertake their own assessments, issues relating to allocation do not generally arise, although young people are offered the option of changing counsellor if, for any reason they want to.

In most other cases, counsellors are allocated by the assessor, or in one instance through the self-selection of young people from a waiting list. Whoever takes responsibility for this task, a number of factors are identified as influencing the process, including:

- young person's expressed preference (gender/race/sexuality)
- availability (day/time)
- priority of need
- counsellor competence, experience or understanding of the issues involved
- funding (where funding routes are different for groups of young people).

## Recommendations

- YIACS should be implementing Quality Standard Area 12, (12.2) Referrals and have a policy and procedure on internal referral mechanisms. This should include, a transparent referral process from the assessor to the counsellor, which is communicated to and easily understood by, the young person being referred and allocated to a counsellor.
- YIACS should respond positively and proactively to a young person's preference to work with a specific counsellor, which may include their race, culture, gender or sexuality, by developing policy and processes in this area, as specified in Quality Standard Area 10, (10.4) Counselling Services.

## 5 Young people's initial worries and concerns about assessment

Most young people talk about feeling nervous prior to the assessment. In response to a question on improvements that can be made to this stage of the process, half of the young people think that having more information would be helpful. In general, they want information on counselling and what it will be like, not only in the particular agency, but more generally as well:

“ Information about counselling before you have it. I felt very anxious about seeing a counsellor. If I could have got more information about what it would be like before I came, it would have been really helpful. Information in a leaflet, more talks in schools or videos about counselling, plus what will happen. ”

*Female 16, Kingsbridge, Dartmouth & Totnes YES*

One young man expressed a need for specific information on how to manage anxiety prior to assessment.

Young people were asked if they had any worries or concerns about where the first appointment took place, about the counsellors or people who worked there, confidentiality about what they said, or anything else connected with the counselling.

In most instances, young people do not report worries or concerns about where the assessment appointment takes place. For a few though, where they were not familiar with the location of the counselling centre, they express some anxiety about finding it.

Most of the young people say that they do not have concerns about the counsellors, though some feel nervous. There is a level of curiosity about the counselling service staff, their experience and motivation (for example are they qualified and paid?). A few young people are unsure if it is appropriate for them to ask these questions. An issue did arise post-assessment, where a young person had been referred on to another counsellor. In this case, there is a feeling of awkwardness when meeting the assessor again, casually, within the agency and not being clear about the status of their relationship.

More than half of the young people express some concerns in the area of confidentiality. The concerns they have include:

- Not wanting their parents to know what they were talking about.
- The possibility that a counsellor might talk about

them to someone else, including other clients.

- Wondering what other, non-counselling staff in the agency were told about them.
- Concerns about the extent to which they might be a 'project' for counsellors in training and written about in this context.
- Not knowing how to respond to a counsellors' request to record a session. In this case, the young person felt obliged to agree because it was the only way she could think to 'give back' to the counsellor she is seeing.

“ She says she might do recording. Is it for her or me? Can I say no? Am I being recorded as I speak? How will I know when she is recording me? And can I change my mind now? ”

*Female 17, Faces in Focus, London*

## Recommendations

- **The agency should have in place policies and processes consistent with Youth Access Quality Standard Area 10 Counselling Services (10.3)**
  - ▶ explain the agency's confidentiality policy and the purpose of supervision (with reference to information from young people being discussed with supervisors)
  - ▶ explain, where appropriate, the processes for record keeping, typing of notes or taping sessions for supervision
  - ▶ explain where relevant, a young person's choice with regard to the taping of sessions and their right to access their case records
  - ▶ state that counsellors should seek young people's permission before using any client work or notes for any external purposes (exceptions are where the Courts subpoena information) (10.5).
- **YIACS should provide young people and those in contact with them with clear accessible and up to date information in line with Youth Access Quality Standard Area 5 Publicity and Promotion (5.2) describing:**
  - ▶ its services
  - ▶ how to make contact
  - ▶ opening times
  - ▶ confidentiality statement
  - ▶ equality of access statement
  - ▶ location and access
  - ▶ complaints procedures.

## 6 Waiting time for a counselling assessment

All but one of the YIACS are able to offer appointments for counselling assessments within one working week. Only one agency is unable to achieve this due to the volume of demand on their service and generally offers an assessment appointment within a month.

In one agency, pre-assessment support is available for young people in crisis.

Approximately one third of young people are given assessment appointments on the day of their initial contact and in total, half of the young people wait less than one week for assessment. For at least one of the young women, who had been told by the referring GP that she might have to wait months, such an immediate response is a surprise.

More than half of the young people comment specifically on the fact that the appointment came quickly, with all but one of them experiencing this as a positive thing. Only one young woman, referred immediately after an assessment at an adult mental health service, felt that her assessment appointment had come too quickly. A minority of young people find themselves having to wait longer than a week for an assessment appointment and in only one case was this said to have caused difficulties:

“ I would have preferred to get an appointment more quickly, I felt as if I wasn't that important. Having to wait so long is disappointing – as though my problems weren't serious or I wasn't important. ”

*Female 17, Faces in Focus, London*

In one case, the young person spoke of having to wait for an assessment, making a connection between this and the resources of the agency. They believe that the situation might be improved if the agency were able to employ more counsellors.



## 7

### Assessment recording and access

In all cases, YIACS keep written records of assessment sessions, although the type and extent of these records varies across agencies. In some instances, the assessment information is recorded on specific forms and in others, the assessor keeps brief notes, which are then passed on to the counsellor. Statistical information is sometimes kept separately. In one agency, procedures exist, governing where and how records are kept, how long for and the manner in which they will be disposed.

In some YIACS, all counsellors have access to assessment notes. In others, access is restricted to the counselling service manager(s), the assessor and the young person's allocated counsellor. Depending on the particular arrangements for supervision, supervisors do on occasions have access to assessment information, although one counselling manager specified that this is unlikely to be the case with supervisors external to the agency.

In most YIACS, young people are allowed access to these records and, where they give consent, interested third parties.

#### Recommendations

- YIACS should have a policy on recording counselling assessments setting out how case records, tapes and/or notes are kept confidential and secure, who has access to records and how long records are kept and how they are disposed of. Youth Access Quality Standard Area 13 (13.1) Case Recording.
- YIACS should have procedures to ensure all appropriate staff are aware of and understand their responsibilities in relation to the policy on case recording (13.2) and complies with any legal requirements regarding data protection – Youth Access Quality Standard Area 13, (13.3) Case Recording.

## 8

### Staff checks, training and supervision

#### Who does the assessments?

In all but one case, assessments for counselling within YIACS are undertaken by the counselling manager or co-ordinator, acting as a central point of reference for the service. Where counselling managers carry out most or all of the assessments, this is usually because they are felt to have more experience as well as an overview of the service and the counsellors working within it. On occasions, this responsibility is shared with other experienced staff. This happens where, for instance, staff carry out assessments for groups that they facilitate, or where senior staff offer assessments where the counselling manager cannot be available at a specific time or location.

In only one YIACS does each counsellor carry out their own assessments. In this agency, all counsellors are qualified, paid employees with significant experience. They prefer to carry out their own assessments because they view assessment as the beginning of the counselling relationship.

#### Checks on staff

All YIACS arrange for CRB checks to be carried out for their staff via the local authority. In just over half of the YIACS interviewed, members of staff are not appointed until the check has come back satisfactorily. However, there is often a lengthy wait for checks to come back. As a consequence of this, in the remaining YIACS, members of staff are employed in the interim, but not allowed to work with anyone under the age of 18.

In most cases, YIACS have a written policy covering safety issues such as not working alone in a building with a young person.

In a minority of YIACS, there are no written guidelines, just custom and practice developed from staff discussions on health and safety.

#### Assessment training

In most cases, staff carrying out assessments have not undertaken specific training in the area of counselling assessment, but have gained transferable experience in other professional roles for example mental health or social work. In all cases, staff hold counselling or psychotherapy qualifications and in some instances, counselling

assessment has been covered as a part of their qualifying training.

In two instances, YIACS include input on assessments as part of their in-house training or induction programmes for staff.

## Supervision

Arrangements for supervision vary across the YIACS interviewed. In most cases, volunteer counsellors are supervised by counselling managers. Counselling managers then receive their supervision, either from the project director, or through a trained external supervisor. In some cases, this arrangement covers line management as well as clinical supervision. In one instance, the counselling service manager receives supervision from the psychotherapist employed to provide early intervention psychotherapy in the YIACS who in turn is supervised by an external senior child psychotherapist.

In the YIACS where counsellors carry out their own assessments, arrangements are in place for group supervision. This takes place weekly with an external supervisor who they also have access to individually, on a monthly basis. Peer supervision also takes place as and when it is required.

Counselling supervisors have a range of qualifications and experience. Some are fully trained psychotherapists and counsellors with experience of supervision whilst others are fully trained counsellors, therapists and supervisors registered with UKCP and BACP.

The role and responsibility of supervisors and the way in which this is viewed by YIACS varies. In most cases, there are few explicit guidelines in this area. In some cases, external supervisors believe that they share some clinical or ethical responsibility for the work with young people and in one case, the external supervisor is contracted to report back to the organisation with concerns. Where supervisors work within the organisation or have been involved in the development of the service, they are usually well aware of the way in which assessments are carried out, but again, issues of responsibility are unclear.

Where SMHS have established relationships with YIACS, they know something of the qualifications and experience of counsellors who work there and also who supervises them. However, in most cases, this relationship has not been established and knowledge is anecdotal or non-existent. Just under half of the SMHS interviewed say that they know nothing about the qualifications of YIACS counsellors or their supervision arrangements.

## Recommendations

- Staff conducting assessments should be fully police checked.
- A Youth Access Quality Standard on Assessment should include a requirement for staff providing assessments to be trained.
- YIACS should ensure the safety of their staff and users of the service through a policy and displayed statement regarding the expected behaviour of young people and staff – Youth Access Quality Standard Area 7 (7.2) Premises.
- Supervisors of assessors should be:
  - competent and appropriately experienced practitioners
  - have experience or understanding of working with young people
  - have experience or understand the issues affecting young people; are familiar with any national professional codes relating to the activity being supervised – Youth Access Quality Standard Area 14 (14.1) Casework supervision.
- YIACS should have written contracts with all supervisors, in line with any relevant national codes for supervisors, which specifically set out:
  - the purpose of casework supervision
  - to whom and how the supervisor is accountable to the agency
  - the limits of the supervisor’s authority
  - the supervisor’s responsibility in relation to the agency’s policies in particular Confidentiality, Child Protection and Disciplinary and Grievance
  - requirements on the frequency, format and recording of supervision sessions – Youth Access Quality Standard Area 14 (14.2) Case Work Supervision.
- All YIACS staff should have individual agreements setting out:
  - the purpose of casework supervision and its relationship to any relevant national codes
  - how supervision relates to particular areas of the agency’s policy on e.g. Confidentiality, Child Protection and Discipline and Grievance
  - requirements on the frequency, format and recording of supervision sessions
  - requirements regarding the use of notes and recordings arising from staff’s work with young people – Youth Access Quality Standard Area 14 (14.3) Case Work Supervision.

## 9

### Assessment and equal opportunities policy

Most YIACS' assessment processes are covered by the agency's equal opportunities policy. In one instance, equality of opportunity is felt to be central to the organisational ethos and 'inclusiveness' has been identified as a key aim in service delivery.

In the main, YIACS are unclear about the ways in which assessments are being guided by equal opportunities policies. In some instances, it is possible for young people to make specific requests, for example to see a female counsellor. One agency offers signing for young people with hearing impairments.

One agency notes the benefit of undertaking regular policy reviews. They meet annually, over a period of a few days with this specific agenda, which enables them to look at policy and practice together and identify areas for improvement.

Other suggested improvements include further thinking about how young people can be offered more choice of counsellor at the assessment stage and also developing the agency's capacity to offer counselling in other languages and improve access to specific groups within the community.

#### Recommendations

- Youth Access should establish a programme of training to support YIACS implementation of Equality policy in the assessment process. Policy should cover young people's access to all parts of the service, including assessment and the link between young people's access to information about the service and its delivery. In addition YIACS need to link access to policy and practice with dissemination and promotion of its services.
- All YIACS need to ensure they are regularly reviewing policy and practice and have a user-friendly process to obtain service users feedback.
- YIACS need to ensure that the dissemination of information about their services accurately reflects and meets the diverse needs of all young people in their local community.

## 10

### Assessment evaluation, review and complaints

The majority of YIACS review and evaluate their services. In some agencies, this has been established as a regular process, incorporated into team meetings or annual agency review events. However, in a minority of YIACS, this kind of review and evaluation has not yet taken place as the agency is newly established.

Where procedures for review exist, YIACS have mechanisms for involving young people in the process, usually by asking them to complete feedback forms. Young people might also be asked informally for feedback at the end of assessment sessions, or during regular counselling review sessions. In one case, where the service has only been up and running for a year, review is planned, but has not yet been undertaken.

Feedback from young people is used in a number of ways, aimed at improving services. Feedback from young people is used to monitor the internal processes operating within YIACS as well as to guide the planning and content of staff development activities. In one YIACS, feedback is passed on to individual counsellors.

Complaints procedures exist in all of the YIACS involved in the interviews, though in one case, the procedure does not cover assessments and in another does not cover counselling. Where the procedure does cover assessments, it is brought to the attention of young people at the initial assessment session. Some YIACS include information about the organisation's complaints procedure with the appointment details.

#### Recommendations

- Youth Access Quality Standard Area 15 on monitoring and evaluation says YIACS should have systems for monitoring and reporting on the use of its services (15.1); have systems for ensuring that the views of service users are central to its monitoring and evaluation processes (15.2); show how it uses collected information to evaluate its services, contribute to its development and future planning and raises awareness of the issues affecting its users and gaps in other relevant organisations and services (15.3).
- YIACS should ensure cyclical and iterative action-based review and evaluation of their assessment processes using ongoing feedback from young people, assessors and counselling

managers to improve practice.

- All YIACS should have a clear statement of their counselling services, which includes a complaints procedure – Youth Access Quality Standard Area 10: (10.1) Counselling Services – and have a procedure for the recording of, responding to and resolving of, complaints – Youth Access Quality Standard Area 15 (15.6) on Monitoring and Evaluation.

## 11 Counselling

Whilst one agency defines its service as being humanistic, in most YIACS, the counselling that is offered is not restricted to any one particular model. Some counselling managers describe their services as being integrative and others use different models of counselling and psychotherapy, including person-centred, psychodynamic, Gestalt and Transactional Analysis (TA). Counselling services are provided within BACP guidelines. In some agencies, therapeutic groups are offered in addition to one to one counselling.

Evidence suggests that in many cases, the frequency and duration of counselling is negotiated with young people. In general, the offer of counselling is not time limited, with most YIACS able to offer counselling to young people on an open-ended basis.

“ We see it as a true intervention in which young people can decide to go by their own volition and make choices for themselves. This is different from the work at CAMHS in which young people do not always ‘choose’ to involve themselves. YIACS keep confidentiality quite strictly. ”

*Southwark CAMHS, Bloomfield Centre, London*

Generally, within statutory mental health services, there is some understanding of counselling although it is not necessarily a shared understanding throughout the CAMHS or AMHS. A question was raised as to whether counselling is a skill or a profession and the fact that counselling can be understood in different ways is identified as a particular challenge when attempting to negotiate joint working or referral arrangements.

“ The trouble with counselling is it can mean 100’s of things to people and there can be scepticism on the part of GP’s. It is important that the Kingsbridge project is seen as highly professional. For example, we went with senior staff from the service and the Peper Harow Foundation to see the practice GP and their own counsellor. They got a lot of stern questioning about their counselling practice and the supervision offered. The GPs now actively support the service and make referrals. ”

*Young People’s Team, Plymouth*

In some cases, understanding of counselling is influenced by contact with or knowledge of,



services offered by YIACS. In one instance, even though there is minimal knowledge or experience of local counselling services, the service manager expressed an interest in finding out more about counselling, which she viewed as a tier one option for young people.

With the exception of one CAMHS manager, who did not feel in a position to offer an organisational response to their understanding of counselling, all respondents from statutory mental health services say that counselling is viewed positively within their organisation. Various reasons are offered for this, including quality, local access, young people being able to choose whether or not to attend, confidentiality and a belief that it is less stigmatising than statutory services.

“ Our understanding is that counselling that is local to people, nearer to where they live, is less stigmatising than our service. It seems more connected to ordinary lives, such as counselling in YES Kingsbridge, which is known to 100’s of young kids. It’s acceptable to the young person and has also got a quality and depth to it .We had to help persuade GPs and primary care as a whole to get the counselling offered at Kingsbridge accepted on a professional footing. We had to show GPs they could trust them. ”  
*Young People’s Team, Plymouth*

Most young people say that they know something about counselling prior to assessment. This knowledge has been gained in different ways. One young woman had experienced counselling previously and others had received more general information through school, or television.

Much of what the young people know is related to how they might be able to use sessions, for example to talk to someone about their problems. One young woman mentions confidentiality specifically. In some cases, there is a sense of the kind of person that they might see for counselling, for example, someone unbiased, and also the methods that they might use, though these sometimes turn out to be inaccurate.

“ What I see on TV and from seeing my school counsellor. Lying on the couch, and counsellors doing funny things like making you punch cushions. ”  
*Female 17, Faces in Focus, London*

Only one young person interviewed was specific with regard to how counselling might help, saying

that she thought the counsellor could help her change the way she thought about things.

Approximately one third of the young people say that they know very little, or nothing, about how counselling works or what happens when they see a counsellor.

Of those who know something, again, this mostly concerns having a space to talk about things. Some young people believe that they will be able to talk about what they want to and others are expecting to follow an agenda set by the counsellor. One young woman had more detailed knowledge about how counselling might be offered:

“ I knew it would be confidential, that I could see the same person every week and I could come for as long as I wanted. Six sessions would have worried me. I would have felt under pressure to get myself sorted in six sessions. ”  
*Female 24, Faces in Focus, London*

Young people say very little about how counselling might help, or potential outcomes, expected or desired. Only one young person explicitly stated that she was expecting to get help in sorting things out.

Only two young people said that counselling was entirely what they had expected. Mostly, differences centre on the content of the session, the approach of the counsellor and also on the way that the young people respond. Approximately one third of young people experience relief or find it easier than they expected. Some young people expect to find personal questions intrusive and are surprised that the counsellor does not pressurise them to talk. For others, some of their ideas about counselling are not borne out.

“ The image of counselling on TV is of someone lying on a couch and the counsellor sitting with their back to them staring out of the window. You only see what counselling is like in America, so you don’t know what it’s going to be like here. ”  
*Female 16, Kingsbridge, Dartmouth & Totnes YES*

For some, the information gained at assessment is new, and perhaps, surprising. One young woman said that she had not realised that if she were considered to be at risk, the counsellor might get in touch with child protection services. Another young woman was surprised that open-ended counselling is available.

Another young woman reports some confusion

about the assessment process and in particular the differences between assessment and counselling.

“ I would have preferred for the assessment to be very different from counselling. – it felt like half-and-half and I would have preferred the assessment to focus on questions (facts) and not too much on feelings. I would have liked to be kept brief, and not allowed to go too deep. ”  
*Female 21, Faces in Focus, London*

## Recommendations

- **YIACS should provide regular accessible and up to date information about their services to CAMHS and AMHS to assist better understanding of counselling and the provision available to young people in their area.**
- **YIACS should provide young people with clear accessible and up to date information describing what counselling is, how it is provided and the young person’s rights and responsibilities consistent with the Youth Access Quality Standard Areas 10 (10.1) Counselling Services and Publicity and Promotion Area 5 (5.2).**

## 12 Defining mental health

None of the YIACS involved in the interviews use a specific definition of mental health, although mental health issues are discussed, for example, within counselling supervision sessions. In the absence of a written definition, services adopt a pragmatic approach to mental health, often viewing it in relation to a young person’s ability to function or cope with life. There is an acknowledgement in one agency that it is sometimes necessary to think about mental health in terms that are more concrete. In this instance, the agency defines mental health broadly as anything causing emotional or psychological distress.

Statutory mental health services offer a number of different ways of viewing mental health but again, few operate with specific definitions. The exception to this is one service that uses a ‘maturity for age’ approach, in which mental health is defined as being associated with equivalent age and environment.

Some of the SMHS refer to the use of the Diagnostic & Statistical Manual (DSM IV)<sup>18</sup> to assist with defining mental illness, whilst acknowledging that there is a reluctance to label young people with these classifications at an early stage. In one case, this is referred to as the ‘illness’ model and it is recognised that though in many ways undesirable, offering services strictly to people who have been given diagnoses is one way of managing limited resources.

There is recognition of the complexity of mental illness and its enduring nature. In one SMHS, staff respond to this by choosing to give a positive message about mental health, not as an absence of mental illness but as being connected with skills. For example, the ability to solve problems and set goals.

Young people’s responses to their understanding of mental health fall into three broad areas: emotional, physical and cognitive.

Most young people understand mental health at least partly in emotional terms, connecting it with how a person might be feeling. A corresponding number of young people also describe mental health in physical terms, including behaviour or symptoms. Some young people refer to things going on in your head or inside your mind, hinting at the part cognitive functioning plays in a person’s mental health. Although there is a tendency to relate the term ‘mental health’ with mental illness, this is not always the case. In response to this question, some young people offer their understanding of how mental illness arises.

“ Someone who has problems who’s not right. People who’ve been affected by things in the past that influence the way they behave now. ”  
*Female 15, Walkways, Walsall*

The young men in this sample do not include emotional definitions in their responses to any of the questions on mental health, seeing it much more in physical and behavioural terms.

“ It’s whether your brain’s in working order or not. ”  
*Male 15, Walkways, Walsall*

Not all young people are able to identify signs of good mental health, partly because not all agree it is possible to tell. There is a recognition that people respond differently and that ‘looking OK’ might not necessarily be an indication of good mental health.

Again in most cases, young people include both emotional and physical factors as signs of good mental health. Emotional signs include:

“ Feeling happy, confident, being contented with life, feeling in control of emotions and not being afraid to be yourself. ”  
*Young people’s interviews, West Midlands, Doncaster, Devon, Norwich, London*

Physical and/or behavioural signs appear to focus on the ability to remain independent. Not going to counselling and being able to cope on your own are both cited as examples in this area.

Young people see the emotional signs of poor mental health as feeling sad, depressed, frustrated or guilty. One young person mentions suicidal feelings. However, young people’s responses include more comments related to physical and behavioural factors:

“ Drastic changes in behaviour, hallucinating, talking to yourself, self harm, doing things you later regret, panic attacks, sleep disorders, poor physical health and being admitted into hospital. ”  
*Young people’s interviews, West Midlands, Doncaster, Devon, Norwich, London*

## Recommendations

- **YIACS should work within a nationally agreed definition of mental health, to help clarify the role their services play in actively building resilience and promoting mental healthiness in young people.**
- **The assessment training should include a module on mental health, the differences between disorders and appropriate counselling and psychological interventions.**

## 13 Relationship and referrals between CAMHS, Adult Mental Health Services (AMHS) and YIACS

### Impact of established contact on referrals between YIACS and SMHS

When describing relationships with statutory mental health services, responses from YIACS vary considerably. Some YIACS do not have a working arrangement or referral agreement, and young people needing statutory mental health services have to be referred through general routes, usually GPs or community psychiatric nurses.

Where relationships do exist, some work more effectively than others. In one case, where there is an established contact in each of the CAMHS areas, the relationships are described as easy and seamless. This is not generally the case, but most YIACS report some level of contact with statutory services that allows for a degree of consultation between them. In the main however, relationships are patchy and often rely on named individuals in particular teams. It is recognised that staff and roles change frequently and that where people move on, it is sometimes a challenge to make new links with another appropriate person.

Relationships are only described as formal in one instance, where YIACS services are purchased by the adult mental health service. Another agency sees relationships as a combination of formal and informal, with informal discussions taking place by telephone prior to formal written referrals being made. In most cases, relationships are described as informal, existing outside of agreed referral protocols, except in one YIACS where a protocol has been agreed but the relationship still has room for informality, which provides additional flexibility.

Formal referral arrangements to refer young people to statutory mental health services exist in only one case. Informal arrangements include telephone conversations, as and when necessary and in one instance, some involvement in case meetings as support to young people.

All YIACS have some knowledge of services offered by statutory mental health services in their local areas although the level of this knowledge varies. In one case, the counselling manager's knowledge of services is comprehensive, but mostly it is mixed, with YIACS being aware of some services and not others. The knowledge that YIACS have of statutory services includes where they are based, specific services provided and the roles and sometimes the

names of staff. Increased levels of knowledge sometimes correspond with longer, more established relationships between YIACS and statutory mental health services. In one case, there have been opportunities to visit, meet staff in person and attend joint training.

One of the YIACS is less proactive in finding out about statutory services, stating that they find out about services on a need to know basis, because they are very busy.

Views on current referral arrangements are mixed. Even where a formal referral arrangement exists, the referral process is felt to work more effectively with one statutory mental health service than another. In this adjacent service the relationship has changed because the appropriate member of staff has left and not been replaced. Problems identified include:

- lack of continuity in relationships between YIACS and SMHS
- lack of formal pathways for referral and associated difficulties in attracting funding for YIACS
- systems in YIACS becoming overloaded by informal referrals from SMHS
- SMHS located some distance from YIACS acting as a barrier to face-to-face contact.

Suggested improvements include:

- investing time in developing relationships between services/staff
- establishing relationships with the most appropriate member of staff (on the clinical side)
- development of formal pathways and funding arrangements
- the development of strategies covering all Primary Care Trusts in an area
- YIACS having some involvement in SMHS allocation meetings.

### Referrals to SMHS from YIACS

In general, YIACS assess the need for a referral to statutory mental health services on the basis of an individual young person's abilities, needs and symptoms. The following factors are identified as contributing to or influencing this assessment:

- the young person's ability to make a relationship with the assessor/counsellor
- the young person's ability to make use of a 50 minute counselling session
- the level of risk or risky behaviour
- the presence of psychotic or other severe symptoms
- the extent to which issues and/or behaviour were preventing the young person from functioning in the outside world



- the extent to which the level of support required is outside of that available
- where the assessor remains unsure about the how or what the young person is presenting
- where joint working would be beneficial to meet a young person's needs. (An example is given of counselling being offered to a young woman within a YIACS whilst her weight continued to be monitored within CAMHS).

In one instance, a counselling service had no experience of making a referral, since young people likely to be in need of statutory mental health services are not seen by the counselling service. Such referrals are instead, dealt with by information and advice workers within the agency, who are the first service to come into contact with young people in crisis. In this YIACS the front-line staff make the referral to SMHS, not the counselling service. Of the YIACS that do have experience of referring young people, all agree that initial contact with statutory mental health services is made by telephone. However, the way in which this is done varies in each instance.

Where a formal arrangement is in place, established protocol provides for an initial telephone discussion to be followed up, if appropriate by a written referral. In most cases, such a protocol does not exist and agencies develop their own ways of approaching this issue. In one instance, this involves supporting the young person to access the service directly, perhaps by sitting with them whilst they make the telephone call. Information to support the referral might also be offered. In another case, the counselling manager initially researches the possibilities to establish where the most appropriate service might be to refer to, and, after having spoken to the service directly on the telephone, discusses the possibilities with the young person concerned. Where no formal or informal arrangements are operating, YIACS have no option but to refer young people through primary health care services (GPs).

“ It has been difficult. Once the person at the other end of the phone discovers I'm not a CPN or social worker, they won't take a referral. This means we have to go through the doctor – this slows down the process and is dependent on the doctor. ”

*Walkways, Walsall*

Where a formal referral has been agreed, the route is clear, with young people offered an appointment and invited for an assessment. Where no referral

arrangements exist, the route is generally via a GP. In some cases, where routes are not defined, they are negotiated with the young person. In one case, the counselling assessor uses different options, for example, accompanying the young person to the Accident & Emergency Department of the local hospital for a mental health assessment or calling in a community psychiatric nurse or mental health social worker.

In most cases, YIACS do not know how long it might take for a young person to be seen as a result of a referral to mental health services. In one case, the counselling manager noted that they had never received any feedback from statutory services. Where the referral arrangements are formal, the process takes about two months. Where a young person is accompanied to accident and emergency, they are seen immediately.

Most YIACS say that they will provide ongoing support during the referral stage, with only one agency saying that they are unlikely to be able to offer anything once the young person is referred by the GP. In most cases, young people are able to continue to see a counsellor, or the assessor within the counselling service, whilst waiting for a response from statutory services. One agency also offers an out of hours helpline that young people can access for someone to talk to.

### SMHS role re accepting referrals from YIACS

A wide range of professionals within mental health services have some responsibility for working with young people referred from external agencies. These include psychiatrists, community psychiatric nurses, social workers, child and family therapists, occupational therapists and psychologists. In one service, the member of staff does not have a core profession, but has been employed with a specific role for working with young people on issues related to drugs and drug use.

In some of the SMHS, certain individuals have within their role, specific responsibilities for linking and/or undertaking joint work with external agencies like YIACS.

Most of the staff from CAMHS and AMHS are, in some way, involved in receiving and deciding how to respond to referrals. In some cases, this responsibility is an individual one and in others, it is shared through the team or multi-agency referral meetings.

In the case of multi-agency referral meetings, these take place outside of the statutory service and are comprised of a SMHS staff member joining a meeting with an external partner agency. This forum is used to discuss potential referrals and to

consider alternatives to referral, such as ongoing consultative support from statutory mental health service staff whilst the young person continues to receive counselling in the YIACS.

In only one case, where the respondent is the CAMHS manager and not a clinician, does the staff member not have a role in accepting referrals.

Both CAMHS and AMHS say that they are able to accept a referral from a YIACS. In some cases however, a lack of actual experience in receiving referrals means that they are unable to offer any details as to how the process might work in reality. In some instances, where no special arrangements exist, referrals can be accepted but will take the same route as any other external referrals and be assessed accordingly. One service wishes to develop cross-referral relationships with YIACS, noting that this will necessarily involve other professionals such as the GP in order that due consideration can be given to issues such as medical responsibility.

In one of the CAMHS, cross-referral arrangements are in place. A protocol has been agreed between the YIACS and the statutory mental health service team, whereby referrals are accepted, provided that they come from the counselling service co-ordinator or psychotherapist, with whom a trusting relationship has been established. Usually, telephone referrals are backed up with written information before appointments are offered, but where a young person is at risk, for example feeling suicidal, they can be seen immediately.

In general, statutory services believe that they do have a role in what happens to young people who they cannot accept as referrals. Where they are the first points of contact most offer advice, either verbally or in writing, about alternative services that might be appropriate.

### Formal and informal arrangements

Only one YIACS has developed formal referral protocol with SMHS. This arrangement exists between CAMHS and a YIACS that provides services in several rural areas. The rural setting of the YIACS is part of the motivation for collaboration between services, as it is recognised that it is difficult for CAMHS to deliver services effectively to young people some distance away from their base. The involvement of an independent agency, which has invested considerable time and commitment into developing the protocol between the YIACS and CAMHS, is identified as a key factor in the establishment of this agreement. This CAMHS has also identified another YIACS operating in their area with whom no protocol exists. It is anticipated that,

in this instance, there might be a 'clash of cultures', as this YIACS is less interested in psychotherapy.

One AMHS provides a 'single point of entrance' for all referrals, regardless of who is making them. The service will accept a range of referrals from anyone, including self-referrals. The other statutory mental health services have no arrangements in place to cover referrals from YIACS. Where formal referral protocols have been established, the CAMHS believe that they are working well. They are pleased that their service has become more accessible and that the process of educating others about what they can offer has resulted in them getting more appropriate referrals.

In the other SMHS, where the arrangements are not formalised, it is harder to judge how well they are working. This is mostly because referrals have not been made.

It is recognised that enthusiasm and a wish to explore the many collaborative possibilities could sometimes lead to services wanting to rush joint working arrangements and miss some of the potential pitfalls and difficulties.

Referral arrangements that currently rely on the training, experience and attitudes of individual members of staff pose a problem. If key members of staff leave, protocols have to be reviewed.

### Potential problems formalising referral arrangements

YIACS who do not have formal referral arrangements anticipate potential difficulties in formalising them with SMHS. These include dissimilar working practices with regard to confidentiality, different geographical boundaries used by health services and youth services that may make a formal arrangement impossible. Some YIACS are already seeing young people referred to them informally by statutory services. There is some concern that formal referral routes not supported by additional funding will place an unsustainable burden on services that are already over stretched.

YIACS offer the following suggestions for how potential difficulties or barriers might be overcome:

- a willingness to negotiate and establish some middle ground
- YIACS needing to be clear about what they do and are realistically able to offer
- being credible, convincing SMHS of the credibility of YIACS services, perhaps using recognised outcome tools such as CORE and providing more information about staff training and qualifications.

In most cases, YIACS want to formalise referral

arrangements with statutory mental health services. In one case, the counselling manager believes that there needs to be a mixture of formal and informal referral pathways.

### Joint-working

One CAMHS identified the need for funding to support forward planning and joint-working. In this case, the member of staff operates as a conduit between YIACS and statutory mental health services, but is employed through project funding, which is not guaranteed in the long term. This together with the YIACS having to continually apply for funding to provide services, makes working together and planning extremely difficult.

SMHS identify two areas that would support joint working with YIACS. Firstly, funding to support the development of joint protocols. In one YIACS, even though joint-work is taking place, it has not been possible to access funding sources that would accept joint bids from the YIACS and CAMHS. It is felt that being able to do this would strengthen joint-working and result in a longer term commitment to joint-working. Secondly, improved communication, more opportunities to sit down and talk and community services mapping to provide the basis for the development of referral pathways.

### SMHS View of assessments in YIACS

Most YIACS do not know how their assessment process is viewed by SMHS and are unable to answer this question. In one instance, however, where the YIACS contact is a qualified psychotherapist, the response is different:

“ This hasn't come up formally because they work psychotherapeutically and know me, they know that I'm properly trained and accept that. We speak the same language. I have qualifications that are mutually recognised. The relationship has been established on this basis. As the service develops and has more of a history, it will have more recognition. ”

*Kingsbridge, Dartmouth & Totnes YES*

All the SMHS express an interest in the counselling assessments conducted within YIACS, although in most cases, it is not clear that this has any direct influence on whether the service will accept a referral. One response, however, was an unequivocal 'yes':

“ Yes, absolutely. We would ask what their assessment is, and would be very interested to know. We would expect it to be couched in terms we can relate to and is helpful. We accept the assessments of the psychotherapist and the counselling manager. We wouldn't accept it from a volunteer counsellor but we would be interested in their views. ”

*Young People's Team, Plymouth*

Whilst SMHS might find YIACS assessment information interesting and helpful, they would carry out their own assessment as well.

Other responses also suggest that the way assessment information is presented to statutory mental health services is important because certain aspects might need to be emphasised in order to access the service.

In one case, the CAMHS manager suggests that there is a reluctance to refer their clients on to untried or unknown services. She believes that knowing more about assessment practices will help them to feel more confident that the YIACS is providing a good counselling service.

### Joint assessments

One of the SMHS has experience of participating in joint assessments with YIACS. However, even where joint assessments do not take place there is some interest in exploring it further. There is recognition of the need to consider all the implications of such arrangements before putting anything into practice. Some respondents believe that particular reservations might come from YIACS, again highlighting issues of confidentiality as a potential barrier.

In most cases, protocols for joint assessments have not been established, though in two areas, development is planned in the future. Some respondents say that they follow good practice protocols that encourage them to respond positively to requests for consultancy or assistance.

In one case, where members of statutory mental health service staff are involved in an assessment, wherever that took place, records are required to be kept in the Trust.

### Waiting times for SMHS

The situation regarding waiting lists varies considerably. Some of the SMHS do not operate waiting lists for assessments, but recognise that the threshold for accessing services is high and young

people will need to be in significant and specific need to be seen at all. Other services can offer assessments reasonably quickly but say that they need to operate waiting lists for access to particular clinicians, for example counsellors or psychologists. Where a young person's need is seen as an emergency, there is some evidence that they could be given priority.

In some instances, waiting time is seen as the time between the initial referral from for example the YIACS and the young person's first contact with the SMHS. Alternatively, waiting time is judged to be the time between referral and the case being allocated within the service, even though an actual assessment might not take place for some weeks after that. In one case, a CAMHS manager referred to guidance from the Department of Health that defined waiting time as the time between referral and being seen by a consultant, which could be extensive.

Actual waiting time for a young person being referred is dependent on their particular circumstances and needs. Most services, even where they do operate waiting lists, are able to respond to emergency referrals by offering assessment appointments fairly quickly. The waiting time for these emergency appointments varies between 24 hours and three weeks.

Even where referrals are judged to be non-urgent, there are still instances where young people are seen within a matter of days or a few weeks. However, there is some evidence of longer waits of up to 30 weeks for assessment and also of extensive waits to see certain clinicians. In one case, for example, waiting times to see a psychologist can be up to two years.

### **If the young person does not want to be referred to SMHS?**

If young people do not want to be referred to SMHS, the YIACS general response indicates that this would be a matter of negotiation with the young person concerned. It is recognised that in particular circumstances, where the risks are significant, confidentiality may need to be breached. As far as possible, they would inform the young person of this intention.

Some YIACS say that they can still offer counselling as an option, or some other form of ongoing relationship. The point is made that the young person needs to be made aware of SMHS cut off points, and the fact that they may not be able to access the service at a later stage, if they change their mind. Young people will be supported to make contact with other services, if that is what they want.

### **SMHS referrals to YIACS**

All YIACS interviewed said that young people are either referred or signposted to their services by CAMHS. In most cases, YIACS are not able to give definite figures for referrals from CAMHS. One YIACS estimated referrals to be in the region of 1 or 2 per month.

There are no specific procedures or criteria used for these referrals to YIACS. In some instances, SMHS make referrals in writing and YIACS take no further action unless the young person contacts them personally. In others the young person is written to, explaining that a referral has been received and asking them to make contact if they wish to access the service.

Most statutory mental health services will refer a young person to a YIACS based on their individual circumstances and where it is appropriate. This might include, for example, where a young person does not meet the criteria for access or might not benefit from the particular approaches offered in the service (such as cognitive behavioural or family therapy) and also where services to a young person are being tailed off.

“ If appropriate I would refer directly, or encourage a self referral, or add part of the information in writing to inform the process. ”  
*Young People's Team, Plymouth*

Some SMHS give examples of where they think counselling offered in YIACS might be more appropriate, such as in cases of bereavement, relationship problems and issues of low self-esteem. Other examples include where a particular approach, humanistic or person-centred is considered to be more likely to benefit the young person or if groups are available to provide support to young people experiencing specific difficulties.

The majority of SMHS say that the only barriers preventing a referral are a young persons' reluctance, fears or misconceptions and the belief that the young person's needs can be better met within the SMHS. One CAMHS identifies a lack of knowledge of their YIACS services and how they are delivered as a barrier to referral.

“ Knowledge of services, confidence in the organisations ability to provide a good service. Not knowing competencies, experience (of counsellors in YIACS), no personal relationships or meetings between services. Being protective of our client group. The insular nature of CAMHS. ”  
*CAMHS, Walsall Health Authority*



Where there is a low level of knowledge about YIACS, it is recognised that this needs to be increased in order for referrals to take place.

### SMHS knowledge of local YIACS

All the SMHS interviewed knew of the existence of the local YIACS and most knew something about the services that they offered. The extent of this knowledge varied. Some believe that they know a lot about services offered, including how assessment is carried out and what arrangements the YIACS has for counsellor supervision. Others, who gain their knowledge through leaflets and information packs, rely on the YIACS to update them as things change.

In one of the CAMHS services, a staff member is specifically employed to develop external relationships and joint working. More often though, this responsibility is shared across teams, sometimes depending on the particular interests of individual team members.

Most SMHS do, or attempt to keep up to date information on services for young people, including YIACS. Sometimes the information is gathered less systematically, on a case by case basis, as the need arises. In one case, where the CAMHS manager is based in an administrative centre, she is unaware of any information being kept, but believes that it might be available in clinical team centres.

### Young people referred to SMHS from other agencies

Of the young people interviewed, only three have experience of being referred to statutory mental health services by other agencies, but currently use the YIACS counselling services. Generally, young people believe that they are being referred to SMHS in order to access help for their problems. One of the young people interviewed explained that she had been referred because she was no longer using the education welfare services and needed counselling. Another young woman was referred for help around issues of self-harm.

Two of the young people have been seen by AMHS. The other young person was less sure, but noted that she was 15 at the time and had been seen in a Children's hospital.

In each case, the referral was made by a professional, already in contact with the young person. One of those young people, referred by her GP, was however, immediately referred on to the local YIACS to avoid the extensive waiting list for counselling within the SMHS.

One young person recalled her family being

involved in the initial assessment meeting at the SMHS and found this particularly helpful.

## Recommendations

- YIACS should establish referral and review mechanisms to support young people's referrals to SMHS as specified in Quality Standard Area 12, (12.5) Referral.
- YIACS should consider the good practice successful partnership working identified in the Youth Access BDBP Four Case Studies on Partnership Working with SMHS (2001).
- CAMHS and AMHS should implement the Audit Commission's Children in Mind recommendation that CAMHS consider how they set their entrance requirements, and for example develop a 'named list' of organisations and staff that can make direct referrals to CAMHS.<sup>19</sup>
- YIACS should ensure they hold up to date information on other agencies for example, CAMHS and AMHS and are part of the relevant local networks to assist effective referral – Quality Standard Area 12, (12.6) Referral.
- YIACS, SMHS and Connexions mental health personal advisors should proactively establish local cross-sector referral action groups: to evaluate current referral procedures, to secure efficient and speedy local arrangements, to ensure some continuity of contact to prevent young people from repeating their story over and over again and to identify cross-sector training needs. This should support effective implementation and overcome a reliance on key personalities.
- To overcome waiting list problems in SMHS, YIACS could agree joint working and consultancy arrangements whereby CAMHS and AMHS share provision with YIACS to meet the young person's needs or provide advice whilst young people continue to receive support within the YIACS.
- The proposed YA training module on counselling assessment should include strategies to support improvements in joint-working between YIACS, SMHS and Connexions personal advisors.

## 14 Other referrals

In most instances, YIACS receive referrals from other professionals, particularly Connexions personal advisers. Some YIACS have developed close working relationships with Connexions staff, particularly with personal advisers who are based within their agencies or associated satellite projects. Where these relationships exist, Connexions personal advisers have some knowledge of counselling and are aware of the criteria used by the service. In other cases, the procedure is more informal and consists of the personal advisor passing on information to young people in order that they can refer themselves. One YIACS specified that they do not accept referrals unless they have spoken with the young person to establish that they wish to access counselling.

In some YIACS, young people are offered an assessment for counselling regardless of the referral route. There is, however, an acknowledgement that referrers have their own reasons for wanting young people to access counselling and that these reasons might not always be compatible with the young person's wishes or best interests. It is helpful for the YIACS to check this out with the young person first, though it is recognised this is not always possible.

All YIACS believe that involving Connexions personal advisers and youth services in onward referral to SMHS can be helpful provided that it reflects the young person's wishes. Personal advisers and youth workers are seen as being able to respond quickly to young people's needs and to offer useful practical advice and information.

### Recommendation

- It is essential that Connexions personal advisers and youth workers have established relationships with their local YIACS and are familiar with the agency's referral arrangements. They can play an important role in supporting young people's referrals whilst being able to offer useful practical information and advice.

## Conclusion

The evaluation's findings, recommendations and the counselling assessment training module will contribute to the development of good practice nationally by highlighting the strengths of and barriers to good practice; identify the gaps and improve and inform quality, policy and practice in three key areas. Firstly, to ensure improvements in individual counselling assessment and practice and to increase understanding amongst young people of their counselling and mental health needs.

Secondly, to increase recognition amongst statutory mental health services of the role of counselling providers and the wider youth sector in identifying and assessing young people's mental health needs. Thirdly, to improve cross-sector relationships and referral to ensure the most appropriate provider meets the mental health needs of young people.

These project outcomes will start joining up the gaps between YIACS, SMHS and Connexions personal advisers to ensure seamless referrals. They will also provide the foundation from which the development of a stronger partnership between YIACS, CAMHS and AMHS can emerge. This will ensure efficient and speedy referral mechanisms that ultimately improve young people's access to appropriate mental health services.

### Notes

- 18 DSM (version four) is a manual used by some health professionals to identify, differentiate and classify people with different forms of mental disorder.
- 19 The Audit Commission, (1999). *Children in Mind CAMHS*. p.43, point 60.

# Appendices

## Abbreviations

<b>AMHS</b>	Adult Mental health Services
<b>BDB</b>	Breaking Down the Barriers project
<b>CAMHS</b>	Child and Adolescent Mental Health Services
<b>DoH</b>	Department of Health
<b>PTP</b>	Paths to Partnership project
<b>SMHS</b>	Statutory Mental Health Services
<b>YIACS</b>	Young People's Information, Advice, Counselling and Support Services

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# paths to partnership key findings

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