



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



Young People's  
Health Partnership

# Making integration a reality

## Part 2: Developing effective holistic services for young people in transition

**This briefing is for:** commissioners and policy-makers with an interest in: services for young people (including young adults in transition); integrated health and social care services; early intervention

*“Young people have a lot of problems and it is easier for them to walk into a place that deals with young people.... It is good to come to just one place where they sort everything out. I wouldn't want to keep explaining my situation over and over again, it is just too difficult and upsetting.”*

Young person, male, aged 20

### 1. Key points

- Current patterns of service delivery fail to meet young people's specific needs – leaving many young people struggling to resolve their difficulties alone or falling through the gaps between child and adult services. A holistic and integrated approach is crucial to improving access, quality and outcomes.
- Young people often need help to address a range of inter-related personal, practical, emotional, health, social welfare and legal needs simultaneously. Without co-ordinated, age-appropriate early intervention, young people can develop serious and entrenched multiple problems.
- Services need to be young person-centred in order to secure the high quality relationships of trust between service and service user that are key to achieving good outcomes.
- Key characteristics of an effective service include:
  - o Service is dedicated to young people
  - o Wide age range (e.g. 11-25) to tackle transitions
  - o Holistic support on a range of inter-related issues

- o Complementary interventions delivered ‘under one roof’
- o Informal and non-stigmatising setting
- o Flexible provision – with a drop-in service at its heart
- o A social developmental (rather than overly clinical) approach
- o Voluntary participation of users
- o Confidential, free and independent
- o Focus on early intervention and prevention
- o Continuity of help
- o User participation
- A pick and mix approach will not work – it is vital that all of these service characteristics are adopted.
- Many of the most effective services are to be found in the voluntary sector.
- The benefits of an integrated service delivery model can best be achieved through a joined-up commissioning approach in which services are co-designed with the voluntary sector and young people themselves.

## 2 Why is this an important issue?

*“For those who leave school at 16, further support is vital in the form of skills development for work and training, management of relationships, and advice on substance misuse, debt, continuing education, housing concerns and pregnancy and parenting. Such training and support should be developed and located in every community, designed specifically for this age group.”*

The Marmot Review<sup>1</sup>

**Co-ordinated early intervention during adolescence and young adulthood has the potential to prevent multiple problems, improve young people’s long-term outcomes and save the public purse vast sums of money**

The cost of preventable health and social outcomes faced by children and young people over a 20-year period has been put at £4 trillion.<sup>2</sup> The annual expected rate of return on investment in early intervention is 6-10%.<sup>3</sup>

**Poor adult health frequently has its roots in adolescence**

Five of the top ten risk factors for the total ‘burden of disease’<sup>4</sup> in adults are initiated or shaped in adolescence. 75% of mental illness in adult life starts before age 24.<sup>5</sup> 90% of lifetime smoking and 80% of lifetime alcohol or cannabis habits are initiated by age 20 in the UK.<sup>6</sup> Sexually transmitted infections and HIV begin to appear in adolescence and escalate rapidly. One third of 11-15 year olds are overweight, less than half meet minimum exercise requirements<sup>7</sup> and physical activity declines across adolescence.

**Each year, more than 1 million young people get no help with ‘difficult to solve’ social welfare problems**

Research has established that where young people fail to resolve their problems with housing,

homelessness, money and employment it frequently leads to poor physical and mental health outcomes.<sup>8</sup>

**Young people have experienced the least improvement in health status of any age group in the British population over the last 50 years<sup>9</sup>**

Of particular concern is evidence of increased incidence of mental health issues among young people.

**Current statutory services tend to be organised around professional groupings or arbitrary age boundaries rather than young people's needs**

This means that many of the services that in theory are there for young people are actually complex to access. There are few services outside the voluntary sector that are dedicated to meeting young people's specific needs.

*“Better coordinate / integrate care – around people rather than their conditions or services, including in the transition from children's to adult services”*

NHS Mandate 2014-15 objective<sup>10</sup>

## 3 Introduction

### 3.1 Purpose and background

This briefing is intended to encourage and facilitate the development and commissioning of effective holistic services for young people. It has been written by Youth Access for The Young People's Health Partnership.

### 3.2 Scope

This briefing is focussed on services for young people aged 11 to 25, and thus covers both 'adolescents' and 'young adults'.<sup>11</sup> It encompasses not just health issues, but wider social issues that have an impact on young people's health and wellbeing (i.e. the social determinants of health). Its scope is intentionally broad in order to allow commissioners to take a population based overview, and should be read in conjunction with guidance focussing on the needs of specific groups of young people, such as those with long-term health conditions, disabilities or mental health issues. It is, thus, of greater direct relevance to community-based and primary care services than to secondary or specialist health and care services.

*“[young people wanted] services to practise holistically and offer a diverse range of support to meet young people's mental health, emotional wellbeing and practical needs.”*

Mental Health Foundation, 2007<sup>12</sup>

### 3.3 Policy and commissioning context

In the current climate of austerity, funding for young people's services has proved particularly vulnerable to cuts, despite evidence of rising need. However, increasing recognition of the specific service needs of young people is coinciding with economic imperatives and a range of policy initiatives to speed a trend towards the development of more integrated, age-appropriate services through joined-up commissioning.

Current and recent policy developments include the following:

- The Government's public service transformation programme, which puts an emphasis on integration of commissioning, budgets and services.
- A system-wide NHS 'pledge', incorporated into the NHS Mandate for 2014/15, to improve health outcomes for children and young people. One of the pledge's five ambitions is that *“services will be integrated and care will be coordinated around the individual, with an optimal experience of transition to adult services for those young people who require ongoing health and care in adult life.”*<sup>13</sup>
- The Chief Medical Officer's most recent Annual Report<sup>14</sup> focuses on the need to improve children and young people's health, calling for integrated age-appropriate services.
- A new young people's health and wellbeing framework is currently being developed by Public Health England and is expected to call for young person-focussed, integrated services and integrated commissioning.
- DCLG Guidance issued to local authority youth homelessness commissioners<sup>15</sup> recommends the development of joint approaches with other commissioners to develop *“a local single front door into services”* for vulnerable young people, offering homelessness support, counselling,

substance misuse services, sexual health services, advice on benefits and debt, careers guidance and youth services.

- DfE's 'Positive for Youth' strategy<sup>16</sup> calls for investment in proven holistic interventions and joint commissioning across youth work, social care and health boundaries.
- The Children and Families Act 2014 places joint responsibility on local authorities, schools and Clinical Commissioning Groups for commissioning for children and young people with Special Educational Needs and disabilities from September 2014.
- The Care Bill will place a responsibility on local authority children's services to continue to deliver services for young people who have been assessed as 'in need' under the Children Act 1989 beyond the age of 18 until their requirements for adult social care have been formally determined.
- The final report of the Low Commission on the future of advice services has recommended that Clinical Commissioning Groups should commission social welfare advice services alongside health interventions.<sup>17</sup>
- The Children's Commissioner has called on Health and Wellbeing Boards to identify and address young people's needs for advice and support to deal with the impact of abuse through more responsive service models.<sup>18</sup>

*“Almost three in every four young adults recognise a need for help in at least one area of life and want greater support....The generalist/multi-discipline/‘one stop shop’ approach.....is highly relevant for young people who might not be sure what the problem is.”*

nfpSynergy, 2009<sup>19</sup>

## 4 Young people's needs

### Adolescent transitions

Paths to adulthood have become more complex in recent years. The achievement of full social and financial independence is more protracted. Most young people, supported by parents, friends and school, manage the transition into adulthood successfully. But for some young people the process is fraught with difficulties and they develop problems.

Emerging evidence about brain development challenges current assumptions about entry into adulthood. Young people's planning, organisational and self-regulatory capacities during adolescence and into young adulthood are different from those of older adults, pointing to a continuing need for a tailored response to young people's health and wellbeing needs into the mid-twenties.

### The problems of adolescence and young adulthood

The statistical evidence supports the view that young people are disproportionately prone to a range of problems (e.g. homelessness, unemployment, substance misuse, teenage pregnancy and mental health issues) that both increase the risk of an unsuccessful adolescent transition and frequently give rise to a need for support.

Many of these problems have increased in prevalence amongst young people since the economic crisis in 2008. Youth Access has documented a particular rise in: mental and emotional health problems; homelessness; problems with benefits and debt; and safeguarding issues.<sup>20</sup>

*“Michael Marmot's Fair Society Healthy Lives highlighted the significance of wider determinants on our health, demonstrating that housing, employment and education are the “causes of the causes” of ill health. We must consider people's health within the broader context of their lives, rather than working within disease, professional or organisational silos.”*

Public Health England, 2013<sup>21</sup>

## Inter-related and multiple needs

Young people's problems rarely develop in isolation. The following clusters of co-occurring problems in youth have been demonstrated in research:

- Mental ill-health with homelessness, money and employment problems<sup>22</sup>
- Substance misuse with mental health problems<sup>23</sup>
- Health risk behaviours with mental and physical health problems<sup>24</sup>
- Social welfare legal problems with being a victim or perpetrator of crime<sup>25</sup>

In addition, the propensity for problems to co-occur seems to be greater in youth than at other life stages and problems often exacerbate each other. For example, there are well-identified increased physical health problems associated with mental health.

Hence, young people often need help to address a range of inter-related personal, practical, emotional, health, social welfare and legal needs simultaneously. Without co-ordinated, age-appropriate early intervention, young people can develop serious, multiple problems, which can become entrenched, continue long into adulthood and be passed down to the next generation.

### **The health benefits of acting on the wider social determinants**

A recent study<sup>26</sup> found that around two-thirds of young people with housing and money problems met or exceeded common cut-off points for mental illness. 45% reported their health suffering and 26% visited a doctor or counsellor as a result of their social welfare problems. After receiving advice, 64% reported improvements in their levels of stress, 34% in their general health and 42% in their housing situation.

*“The co-location of services such as healthcare, housing support, access to benefits and financial support and careers advice and guidance in a joined-up approach could help young people to access more easily the help they require. Such provision could prove to be more cost-effective than current structures.”*

House of Commons Children, Schools and Families Committee, 2010<sup>27</sup>

## 5 Young people's access to services

Research shows that young people are frequently the least likely age group to access the support they need. For example:

- Only 44% of young people with homelessness problems,<sup>28</sup> 20% with welfare benefits problems and 27% with debt problems receive any help from an adult to resolve their problems.
- Only a quarter of young people with mental health problems receive treatment<sup>29</sup> and access to support is worsening; redefinitions of CAMHS criteria and thresholds are leading to unacceptable waiting times in many parts of the country.<sup>30</sup>

Few adult services are young person-friendly and, therefore, psychologically accessible to young adults. Where services are targeted at young people, they tend to be organised around professional groupings or arbitrary age boundaries rather than young people's needs. Young people's lives are expected to fit neatly into the silos that have traditionally been constructed for them in the public sector.

As a result, many existing services are based in the statutory sector and target one particular issue. Often these services are inaccessible to and/or mistrusted by young people, and fail to cater for their wider needs, rendering them relatively ineffective. In addition, operating in silos can lead to duplication of effort, unaddressed needs and poor cross-referral relationships.

Cuts are further reducing the capacity of many services to meet young people's needs. A combination of rising levels of referrals from statutory services, such as CAMHS, GPs and Children's Services, the increasing complexity of young people's presenting issues and diminishing resources has left many youth support services struggling to respond to demand.<sup>31</sup>

Many young people currently fall through the gaps between services. Even where good services exist, young people often do not know how or where to access them. Those young people who are 'in the system', meanwhile, may be in contact with a range of services targeting different areas of need and face multiple transitions between children's and adult services.

The specific challenges facing young people in the transition from childhood to adulthood – and from child to adult services – necessitate dedicated age-appropriate services.

***“We want to promote services that provide the full range of advice, support and care that young people need.... [Confidential drop-in centres] offering information and advice on a wide range of health and wellbeing topics, are popular with young people and increasingly being developed.”***

Department of Children Schools and Families and Department of Health, 2009<sup>32</sup>

## Why young people like holistic support services<sup>33</sup>

***“It makes it easier that the services are linked, you don't waste your time going from one to the other or going to the wrong place at the wrong time.”***

17-year-old female

***“Knowing that you can talk to the workers about anything is dead good. It saves you bus fares and traipsing around to lots of different places. Also means that you know the people who are helping you with a new problem.”***

21-year-old male

***“It's so good to be able to confide in someone and know you can trust them”***

16-year-old female

***“They don't put labels on you which other places want to do.”***

16-year-old female

***“They are different from everywhere else because they don't just shove a form at you and tell you to go away. They spend time with you and you feel they are interested in you.”***

24-year-old male

*"They went out of their way to help you and give you peace of mind... they go the extra bit to help young people."*

22-year-old female

*"It is often hard to walk into somewhere with a lot of older people....I sat in a CAB for an hour once and ended up leaving without being seen.... advice really needs to be provided by someone who is prepared to listen to young people."*

25-year-old female

*"I have attained access to all sorts of help that I could not have received otherwise"*

19-year-old male

*"An integrated one-stop-shop support strategy for young people could help make spending on youth services more efficient by including multiple services as part of a joined-up package.... This should include careers guidance, health information and advice, legal and housing support, access to internet and other essential services."*

The CBI, 2008<sup>34</sup>

## 6 Key characteristics of an effective holistic service model for young people

There is a large number of service characteristics linked to effective delivery. It is important to note that they are inter-related; and that each one is essential. Your service model won't be effective unless you adopt the whole package!

The adoption of all of these key characteristics should result in a service that is **young person-centered** and that can secure the high quality **relationships of trust** between service and user that research has shown to be the ultimate key to achieving good outcomes.<sup>35</sup>

### Service is dedicated to young people

Adult and all-age services tend to be 'psychologically inaccessible' to large numbers of young people. Many young people are more comfortable accessing help from services that are focussed solely on their age group.

### Wide age range to tackle transitions

Services need to cut across the arbitrary age boundaries that often hinder statutory services, such as CAMHS. Young people often seek help at key points of transition, e.g. on leaving education; leaving home; the breakdown of a relationship; or entering work. Many effective services are available to any young person between the ages of 11 and 25, enabling help to be sustained throughout adolescence and into early adulthood.

### Holistic support on a range of inter-related issues

Young people value and benefit from an integrated approach, which addresses their mental and emotional health needs alongside wider, and often inter-related, health, social and practical needs. Services should aim to provide support in the following areas:

- Emotional and mental health – e.g. relationships, stress, depression, eating disorders
- Personal and physical health – e.g. sexual health, drugs and alcohol, healthy eating
- Social welfare – e.g. welfare benefits, housing, homelessness, debt, legal issues

- Practical needs – e.g. employment-seeking, managing money, independent living skills, careers
- Safeguarding – e.g. abuse, sexual exploitation, self-harm, domestic violence, gangs

### **Complementary interventions delivered ‘under one roof’**

A multi-disciplinary approach, offering young people the opportunity to access a range of interventions in a single setting, enables the delivery of effective wrap-around support ‘under one roof’. The following should be viewed as core services and interventions:

- Drop-in service – this provides an essential way in and a basis for all the other services
- Counselling and other psychological therapies
- Advice and information on social welfare issues
- Health clinics, e.g. sexual health, drug & alcohol, GP sessions, smoking cessation, healthy eating
- Homelessness-related support
- Employment-related support
- Advocacy
- Personal support (e.g. mentoring or befriending) from youth workers

In addition, many successful services run projects focusing on specific groups of young people, e.g. young carers, young parents, young people with disabilities, young refugees and asylum-seekers, LGBTQ young people. It is also essential that there are strong referral links to other services, including statutory mental health services, JobCentre Plus, Social Services, GPs, specialist advice services etc.

### **Informal and non-stigmatising setting**

The availability to any young person of a broad range of help in a venue not associated with authority is important to avoid stigma being attached to accessing the service. An informal setting, with the interior ideally co-designed by young people, facilitates young people’s psychological access and helps build confidence and respect.

### **Flexible provision**

Young people are prone to delaying or giving up seeking help. It is essential that when they do try to access a service, the experience is as straightforward as possible. A combination of drop-in sessions, telephone and web access provides a flexible way

in to the service. Speedy assessment, early first appointments, the fast tracking of emergencies and the offer of support while waiting to access specific services, such as counselling, help keep young people engaged.

### **Social developmental approach**

Traditionally, too many services for young people have been based on overly clinical or acute models. It is more effective to combine health and wellbeing interventions with a social developmental approach to ensure co-ordinated young person-centred services that build resilience and tackle the social determinants of health as well as health issues.

### **Voluntary participation**

Although many young people will be referred by other professionals, including GPs, CAMHS, social workers, youth workers and teachers, the most effective services are open access, meaning they can be offered on a self-referral basis. Voluntary participation, with young people making an active choice to access the help available, increases the likelihood that they will remain engaged.

### **Confidential**

Confidentiality is highly prized by young people and is central to building relationships of trust. Voluntary sector settings can often offer a respect for confidentiality that is harder to provide in a statutory or mainstream setting.

### **Free**

Equality of access can only be guaranteed by provision remaining free at the point of delivery.

### **Independent**

Getting the respective roles of the voluntary and statutory sectors right is crucial. Local authorities and the NHS have a tendency to design service models for young people that are heavily dominated by the statutory sector. Yet, all the evidence suggests that young people have greater trust in services that are not linked to authority and, where given a choice, prefer voluntary sector services.<sup>36</sup> For certain services, e.g. those providing advice on problems relating to housing, welfare benefits or social services, the independence of the service provider is critical to avoid conflicts of interest and to ensure that the help provided is in the best interests of the young person and is unconstrained by bureaucratic or resource considerations.



## Focus on early intervention and prevention

It is now well-established that problems can be resolved more easily, or even prevented, through earlier intervention, saving money in the longer term.<sup>37</sup> Crisis services need to be delivered alongside preventative work, such as sex and relationships education and homelessness prevention.

## Continuity of help

Young people do not want to be passed around from worker to worker or from service to service. They want a personalised, ongoing service, ideally from a single point of contact, although continuity of service is as important as continuity of worker.

## User participation

Services will be more responsive and accountable where young people are involved in their planning, design, delivery, evaluation and governance.

## Common pitfalls to avoid

- **Picking and choosing from the list of key service characteristics**  
Only by adopting the full package are you likely to achieve optimum value for money.
- **Co-locating and combining a number of separate, unresponsive, statutory services into a single integrated statutory service**  
Without harnessing the power of the voluntary sector, the full benefits of an integrated service model will not be realised.
- **Locating the service within a building associated with authority, e.g. in the main Council office, or co-locating it with a service that carries stigma, e.g. the Youth Offending Service**  
Such decisions can undo all the good work undertaken in designing an accessible service model.
- **Focussing only on integrating health services and ignoring services that act on the wider social determinants of young people's health and wellbeing**  
By including services such as housing advice and employment-seeking support in the model, outcomes will be improved and enormous social value added.

## The impact of holistic support

*"[Without coming here] I would probably have been dead, I was sharing needles, involved in prostitution. The staff here encourage me, they believe in me, and I have started to believe in myself."*

24-year-old female

*"As well as getting help with my housing and benefits, I am getting help with my drugs and it is working, I have cut down a lot."*

16-year-old male

*"I've had help with my housing, drug use, sexual health and social services...[My offending behaviour] has definitely improved."*

24-year-old female

*"I had loads of problems when I came here – housing, benefits and mental health problems. Getting help here has really helped me.... my standard of living has definitely improved."*

21-year-old male

*“They were very supportive. We didn’t get much support from social services... I probably would have been homeless if it wasn’t for [this service].”*

18-year-old female

*“I didn’t use to eat properly, I am eating regularly now, I smoke less cigarettes and I am managing to kick drugs....I feel a lot less stressed.”*

16-year-old male

*“I feel loads better about myself, I’m more confident and enjoying life more. I also feel more a part of society now and go swimming, which is a new activity for me. I am more optimistic, I want to achieve more goals and do the things I’ve always wanted to do, but didn’t know how to.”*

24-year-old female

## 7 Integrated services require integrated commissioning

If the benefits of an integrated service delivery model are to be achieved, then the challenge is for local commissioners to come together to develop a more strategic and joined up approach to commissioning. In working together, commissioners with responsibility across children’s and adult services, public health, housing, youth services and advice services can provide effective solutions that are likely to both have benefits for young people and reduce overall costs.

**NB: To accompany this briefing, we have produced a separate briefing entitled *Making integration a reality: Part 1: Joining up the commissioning of young people’s services across health, social care, housing and youth services.***

*“The focus must be on people’s wants and needs rather than the organisations and structures that deliver care. We need to prevent ill health and support people to stay well rather than only intervening in a crisis. Never has there been a more pressing need to change the status quo.”*

Public Health England, 2013<sup>38</sup>

## 8 Recommendations for local public health commissioners, CCGs, GPs and Health & Wellbeing Boards

- All CCGs, GP practices and local authorities should sign the NHS system-wide 'pledge' to show their commitment to improving the health of children and young people.
- Health & Wellbeing Boards, local authorities and CCGs should work with local VCS organisations to ensure that young people have easy access to integrated health and wellbeing services.
- All JSNAs should include a section specifically about the health and wellbeing needs of young people (up to age 25), covering physical health, mental health, wider wellbeing and the social determinants of young people's health and making a distinction between the needs of children, adolescents and young adults.
- JSNAs should be informed by the best available national evidence on young people's needs and by data from local providers, including those in the VCS.
- All JHWSs should include improving young people's health and wellbeing as a priority; making the links for groups with particular risks and vulnerabilities.
- Local authorities and CCGs should jointly commission services for young people across public health, youth service, housing, children's services and adult social care boundaries.
- All CCGs should have a lead commissioner for health and wellbeing services for young people (including young adults up to age 25).
- Commissioners should ensure that services for young people are delivered in accessible, age appropriate settings and meet the 'You're Welcome' standards for young person-friendly services and/or are signed up to the Youth Wellbeing Directory and ACE-V Quality Standards.
- Commissioners and politicians should commit to providing long-term funding support to effective existing services targeting young people.
- Every Healthwatch, Health & Wellbeing Board and CCG should have a formal structure for consulting young people.
- All GP practices should involve young people in their patient participation groups.

## Case Study 1

### Mancroft Advice Project (MAP), Norwich

MAP opened in 1991 and delivers a range of direct services to around 1,000 young people aged 11 to 25 in Norfolk every month. The key entry route to MAP is through its daily Drop-in service. Its main premises in Norwich and Great Yarmouth provide a space where young people can simply hang out with internet access, refreshments and telephone access to contact other services. Should they want to speak to someone at the project or have a need for professional support, young people have ready access to trained MAP staff and a range of specialist services, including:

- A Therapeutic service, staffed by a team of qualified and experienced counsellors, Well-being Advisers and Youth Mental Health Workers offering interventions from one-off 'crisis' sessions and brief guided and supported self-help work to group and one to one therapy.
- An Advice service providing expert help on rights-based issues, such as welfare benefits and housing
- A specialist Money Advice service offering money 'health checks', help with opening bank accounts, budgeting and dealing with debt
- A Housing Team that provides specialist advocacy, mediation and support and undertakes homelessness prevention work
- A Social Work practice working specifically with 16/17 year olds who are either homeless or in danger of becoming homeless
- A Youth Work service offering positive activities and participation opportunities – all aimed at



enabling personal and social development, helping young people to lead safe and healthy lives, and building positive relationships in their communities

- A comprehensive Sexual Health service, including C-Cards, Chlamydia and gonorrhoea screening, pregnancy testing, pregnancy support and an accredited 12-week sex and relationships course
- Professional help around a wide variety of other issues, including drugs and alcohol, relationships and writing CVs
- Group-work with specific groups of young people needing support, including young parents and transgender young people

MAP has an annual income of just under £1 million from over 20 separate grants and contracts. MAP adheres to Youth Access' Quality Standards for Youth Information, Advice, Counselling and Support services and employs a range of outcome measures, including YP CORE, SDQ, GAD7, PHQ9 and the Youth Advice Outcomes Toolkit.

[www.map.uk.net](http://www.map.uk.net)

## Case Study 2

### No Limits, Southampton

Founded in 1993, No Limits provides free, confidential information, advice, counselling, support and other specialist services to around 6,000 young people aged 11 to 25 across Southampton and Hampshire each year.

The core services, delivered 6 days a week through three drop-in centres that are open for over 50 hours a week, include:

- Information, advice and advocacy on a range of issues including: education, employment and training; benefits, debt and money management; housing and homelessness; substance misuse; exploitation, abuse and neglect; sexual health.
- Counselling
- Sexual health support – including free condoms, pregnancy testing, Chlamydia screening and access to a sexual health nurse

- Weekly Health & Wellbeing drop-in sessions located in 16 schools, four FE Colleges and four community settings
- A Work Club
- DASH substance misuse service (in partnership with Solent NHS Trust)
- Buzz without Booze – educational sessions on alcohol issues delivered in schools and youth venues
- Housing and homelessness services – including advice, floating support, Access 2 Tenancy courses and a Street Safe project
- Next Steps support to young people at risk of offending and ex-offenders
- Specialist services for young people at risk of sexual exploitation, young parents, runaways, children in care, teenagers with mental health issues (in partnership with Solent CAMHS) and LGBT young people

- Fresh fruit for all and food, shower and laundry facilities for homeless young people

No Limits has an annual income of around £1.5 million from a wide variety of sources, including grants from charitable trusts, contracts with the local authority and NHS Trust and self-generated income. No Limits complies with Youth Access' Quality Standards for Youth Information, Advice, Counselling and Support services and uses a range of outcome measures, including YP CORE and the Youth Advice Outcomes Toolkit.

<http://www.nolimitshelp.org.uk>



## Case Study 3

### Young Addaction, Halton

Addaction is a national drug and alcohol treatment charity, whose main aim is to support individuals and their families recover from their drug and alcohol problems. However, Addaction recognises that a range of interventions are required to meet the diverse needs of young people. In Halton, a specialist young person's service for 10 to 19 year olds has been developed in which all workers have been trained to deliver substance misuse, sexual health, family and employment interventions that help address potential risk factors and reduce substance misuse related harm. The service is based within a local youth hub, which enables effective signposting and integrated working with a range of local agencies based in-house.

Specific services include:

- The VRMZ mobile outreach service, which travels throughout the Halton area six days a week offering information and advice on substance misuse, contraception, healthy eating and weight management, smoking cessation, emotional wellbeing and mental health concerns.
- StreetWize, which provides information and education on the effects of substance and alcohol misuse, staying safe whilst on the street and developing positive relationships.
- Teenage Pregnancy Prevention and Sexual Health Support – access to the C Card scheme and specialist and clinical sexual health services; the Speakeasy programme, supporting parents to feel confident about tackling sexual health issues with their children; one to one key-work support; pregnancy testing; gonorrhoea screening.
- Skills 4 Change – a 6 week programme that takes place in schools and community groups supporting young people who encounter parental or family substance misuse.

Teens and Toddlers project, which consists of a nursery placement in which the teens will mentor a toddler to support the toddler to develop new skills, and increase confidence.

The service is commissioned by Halton Borough Council under two separate contracts worth a total of around £650,000: the first is to provide a Targeted Early Intervention and Prevention Service; and the other is to provide a specialist Substance Misuse Service. Outcomes are monitored using the Young Persons Outcome Record (for substance misuse treatment services) and the Short Warwick-Edinburgh Mental Well-being Scale.

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

## Need expert commissioning support to re-shape young people's services?

Youth Access has undertaken extensive work with local commissioners to develop 'intelligent' joined-up commissioning of young people's support services and may be able to offer consultancy support to:

- √ build your business case
- √ identify local priorities
- √ broker relationships
- √ re-design services
- √ develop commissioning specifications

*"Youth Access' support has been central to the process of planning and commissioning advice services for young people in Brighton & Hove. It has helped us to make an informed decision about pooling existing resources and having a single commissioning procurement process in the future. I don't think we would have reached the point we have today without the challenge, support, intelligence and focus from Youth Access."*

Kerry Clarke, Strategic Commissioner, Brighton & Hove City Council / NHS Brighton & Hove

**Email: [admin@youthaccess.org.uk](mailto:admin@youthaccess.org.uk) for further information**

## References

- 1 Fair Society, *Healthy Lives: The Marmot Review*, 2010.
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## About The Young People's Health Partnership

The Young People's Health Partnership is a seven-strong consortium of organisations working as the youth sector Strategic Partner to the Department of Health, Public Health England and NHS England.

The partnership is led by the National Council for Voluntary Youth Services and includes Addaction, Association for Young People's Health, Brook, CLIC Sargent, StreetGames and Youth Access.

The partnership has three strategic priorities:

- We want to influence and shape the Health system to ensure young people (up to age 25) have access to age-appropriate health and wellbeing services that take a whole person approach and address health inequalities by acting upon the social determinants of health.
- We want the voluntary and community sector to be equipped to work in partnership with the system as both deliverers of quality services to young people and agents of change.
- We want young people to be supported to exercise empowered and active voices in the healthcare system.

[http://www.ncvys.org.uk/Health\\_Partnership.html](http://www.ncvys.org.uk/Health_Partnership.html)



**Young People's  
Health Partnership**

## About Youth Access

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

Through its members, Youth Access is one of the largest providers of youth advice and counselling services in the UK, dealing with over 1 million enquiries a year on issues as diverse as sexual health, mental health, relationships, homelessness, benefits and debt.

Youth Access provides the training, resources, research, campaigning and other infrastructure support to ensure high quality services exist to meet young people's diverse needs.

<http://www.youthaccess.org.uk/>

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