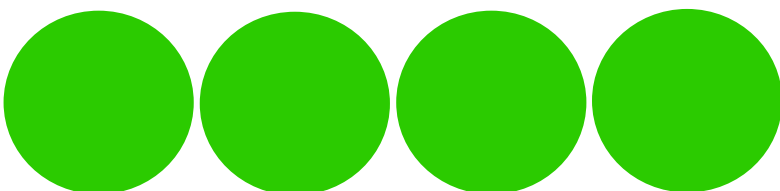




**A proven early intervention model:**  
the evidence for the effectiveness of  
Youth Information Advice Counselling and Support services (YIACS)



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## What are YIACS?

Youth Access represents a network of 200 young people's information, advice, counselling and support services (YIACS) nationwide. YIACS provide services to thousands of young people across the country every day, **a million every year**.

YIACS services vary according to local need, but share the following features:

- A range of interventions delivered 'under one roof'
- Young person-centred
- Open to a wide age range, e.g. 13 to 25
- Holistic approach, meeting multiple and complex needs
- Multi-disciplinary teams, providing wrap-around support
- Flexible access routes, including through open door 'drop-in' sessions
- Free, independent and confidential



Through interventions such as counselling and other psychological therapies, advice work, health clinics, community education and personal support, YIACS offer a unique combination of **early intervention, prevention and crisis intervention** for young people.

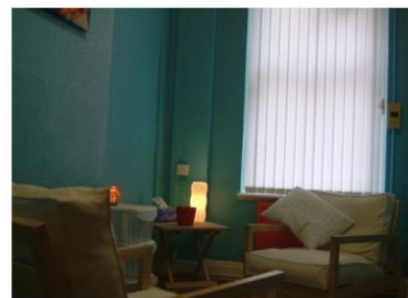
Open to all young people, YIACS offer a universal access point to targeted and specialist services, supporting young people on a diverse **range of issues** that are frequently inter-related:

- social welfare issues e.g. benefits, housing, debt, employment
- mental and emotional health issues e.g. depression, low self-esteem, self-harm, family problems and stress
- wider personal and health issues e.g. relationships, sexual health, drugs and alcohol, healthy eating
- practical issues e.g. careers, money management, independent living skills

As well as often having a **life-changing impact** on individual service users, YIACS make an essential contribution to a number of policy agendas, from tackling homelessness and improving health and well-being, to re-engaging NEETs and reducing youth crime.

Despite the YIACS model being periodically 'rediscovered' by Government, it is not new – the first YIACS service opened in 1961! The model's flexibility has enabled services to adapt over the years to changing policy imperatives and it remains **as relevant today as ever**.

*"Coming here made me believe in myself more and also my confidence. I have been able to do much more with school, friends and life that would just be a dream before. I will always be thankful and grateful."*  
**18-year-old male**



*"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."*  
**20-year-old male**

YIACS have their roots in youth work, yet have evolved a distinctive set of values, principles and standards. By drawing on the different traditions of youth work, advice work and counselling, YIACS have developed a **unique approach** that works successfully with young people.

*“policy makers should place greater importance on ‘one-stop’ services for young people in their early twenties which can deal with a range of common problems on site, while referring young adults on to more specialist services when required.” (New Policy Institute, 2000)<sup>1</sup>*



## case study

### Delivering a comprehensive package of support – Mancroft Advice Project, Norwich

The Mancroft Advice Project (MAP) opened in 1991 and delivers a range of direct services to around 1,000 young people aged 11-25 in Norwich and the surrounding areas every month. MAP provides 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 counselling service, staffed by a team of highly qualified counsellors who can offer both emergency one off ‘offloading sessions’ and ongoing, weekly counselling according to a young person’s needs
- An advice service providing expert help on rights-based issues, such as welfare benefits, housing and debt
- A housing team that provides specialist advocacy and support on housing and homelessness, including delivering outreach services in Connexions drop-in centres across Norfolk and undertaking homelessness prevention work
- Access to an in-house specialist debt advice service delivered by Norfolk Community Law Centre
- 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
- An art therapy service
- 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 fathers, young people with HIV and care leavers

*“NPC estimates that collectively YIACS see approximately **44,000** young people a week in England ... to get this range of support from the statutory sector a young person would typically have to access two or three different services. YIACS provide a ‘one stop shop’ and young people like being able to access a range of services in this way.” (New Philanthropy Capital, 2008)<sup>2</sup>*

<sup>1</sup> *Sidelined: Young Adults’ Access to Services*, Howarth, C. and Street, C., New Policy Institute, 2000.

<sup>2</sup> *Heads Up: Mental health of children and young people: A guide for donors and charities*, Joy, I., van Poortvliet, M. and Yeowart, C., New Philanthropy Capital, 2008.

## The Need for YIACS

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

**16-year-old female**

Most young people, supported by parents, friends and school, manage the adolescent transition successfully. But for some young people the process is fraught with difficulties and they develop **problems**.

Recent research in the field of cognitive behaviour and adolescent brain development has demonstrated that the

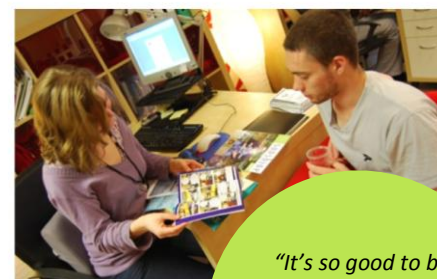
**brain's centre of reasoning and problem-solving** is among the last to mature, meaning that even into the twenties, young people may think, react and process emotions very differently from older adults; increasing the need for age-sensitive support.

Issues like mental ill-health, homelessness, substance misuse and debt can give rise during adolescence to **complex needs** and research shows that such problems have a disproportionate impact on disadvantaged young people.<sup>3</sup>

We know too that the **impacts fall upon society** as well as upon individuals. For example:

- Half of all lifetime mental illness is present by age 14,<sup>4</sup> contributing to economic and social costs of mental health problems totalling £105.2 billion in 2009/10.<sup>5</sup>
- Over a million 16-24 year olds fail to get the advice they need to resolve their social welfare problems each year,<sup>6</sup> costing the exchequer an estimated £1bn each year.<sup>7</sup>

The **inter-relationship between young people's personal, practical, social, emotional and health problems** means that interventions which improve mental health, for example, will also for many young people lead to a reduction in their offending behaviour, or help them engage in employment or training, or improve their ability to live at home with their parents, or help them manage their money more effectively.



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

**16-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**

*"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>8</sup>*

*"[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>9</sup>*

<sup>3</sup> See, for example: *Young people and civil justice: findings from the 2004 English and Welsh Civil and Social Justice Survey*, Balmer, N.J., Tam, T. and Pleasence, P., Legal Services Research Centre, Youth Access, 2007.

<sup>4</sup> *New horizons: a shared vision for mental health*, Department of Health, 2009.

<sup>5</sup> *The economic and social costs of mental health problems in 2009/10*, Centre for Mental Health, 2010.

<sup>6</sup> *The advice needs of young people – the evidence*, Kenrick, J., Youth Access, 2009.

<sup>7</sup> According to calculations made in 2009 by JustRights, the campaign for fair access to legal services for children and young people, and based on Ministry of Justice figures.

<sup>8</sup> *Help-seeking behaviour in young adults*, Garvey, B., Madden, M., Violi, C., Vitali, C., Spigelman, A. and Tracey, G., nfpSynergy, 2009.

<sup>9</sup> *ListenUp! Person-centred approaches to help young people experiencing mental health and emotional problems*, Garcia, I., Vasiliou, C. and Penketh, K., Mental Health Foundation, 2007.

YIACS have been identified<sup>10</sup> as **particularly important for 16 to 25 year olds**, since this young adult group faces specific issues associated with the transition from adolescence to adulthood and is at risk of falling through the gaps between children's and adult services. Few other services are able to meet their needs holistically in this way.

In 2005 the Social Exclusion Unit, in a report on the support needs of disadvantaged young adults with complex lives,<sup>11</sup> concluded that there was a need for more holistic, multi-disciplinary services targeting this age group. The report, in identifying 'under one roof' provision as a **key delivery model**, profiled Youth Access and as many as seven YIACS as good practice examples.

Young people's needs for access to high quality YIACS services have never been higher than they are today. Current levels of youth unemployment, adolescent mental health problems, youth debt and youth homelessness are historically high following the recession in 2008/09 and are likely to continue to rise over the next few years. This is feeding through into **record demand** for YIACS' services.<sup>12</sup>

## Why do young people value YIACS?

One of the reasons that YIACS services are so effective is that they are popular with and easily accessed by young people. There is **clear evidence from young people**<sup>13</sup> that they value and benefit from:

- Universal and targeted services that are specifically designed to meet young people's needs
- Voluntary participation in services through self-referral
- Responsiveness and availability, including shorter waiting lists for therapy
- Informal, non-stigmatising settings that facilitate access
- A respect for confidentiality that is hard to provide in a statutory or mainstream setting
- Strong relationships of trust with non-judgemental staff

YIACS have these service characteristics at their core. Their **flexible, young person-centred approach** equips YIACS to respond to the sometimes chaotic nature of young people's lives that can lead to missed appointments and inconsistent support from many mainstream and statutory services.

*"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**

*"I feel my life has completely opened up - I've probably never been happier. The [counselling] service that Off The Record provides is far better than the NHS and I feel safer here in terms of confidentiality. This is a wonderful service that you offered me and I'll never forget it."*

**19-year-old female**

*"They were very supportive. We didn't get much support from social services... I probably would have been homeless if it wasn't for my adviser."*

**18-year-old female**

<sup>10</sup> *Transitions: Young adults with complex needs: A Social Exclusion Unit final report*, Cabinet Office, Office of the Deputy Prime Minister, 2005; Garvey et al op. cit.

<sup>11</sup> Office of the Deputy Prime Minister op. cit.

<sup>12</sup> *Under Strain: how the recession is affecting young people and the organisations which provide advice, counselling and support to them*, Youth Access, 2010.

<sup>13</sup> See, for example: Garvey et al. op. cit.; *Young people's access to advice – the evidence*, Kenrick, J., Youth Access, 2009; *Breaking down the barriers*, Wilson, C., Youth Access, 2002; *Made to measure: bespoke services for young adults: examples of promising practice*, Young People in Focus, 2010.



## The impact of YIACS

There is a substantial and long standing **evidence base for the effectiveness of YIACS**. Many government<sup>14</sup> and independent reports over the past 30 years have highlighted the effectiveness of holistic ‘under one roof’ one stop shop models of service for young people.

There is also now an emerging, but growing, body of evidence from work in the sector capturing the **outcomes of YIACS’ interventions**. YIACS can’t change every young person’s life for the better in the long-term – the disadvantage and difficulties faced by some young people are just too great. However, the vast majority of young people receiving help report positive changes in their lives as a result.

The following sections are illustrations of how YIACS are proven to make a positive **impact** across a broad range of agendas.

### Improving mental and emotional health

Research by the Mental Health Foundation, based on young people’s own experiences of using services, demonstrates a clear preference for and the benefits of holistic YIACS service approaches when trying to prevent or address mental ill health amongst young people.<sup>16</sup> Similarly, New Philanthropy Capital, in highlighting the value of **early intervention** and the need for targeted services alongside universal ones, held up YIACS as “*of critical importance to the children and young people’s mental health sector.*”<sup>17</sup>

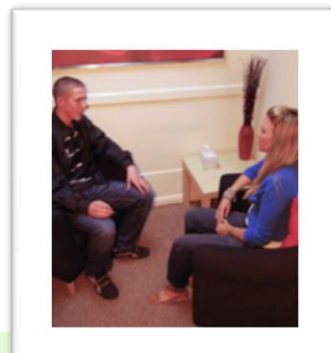
YIACS improve mental health most directly through counselling and other psychological therapy interventions. NICE guidance recommends that young people with severe or moderate depression be offered, as a **first line of treatment**, a specific psychological therapy.<sup>18</sup> The Department of Health has recommended that “*there is evidence of counselling effectiveness in mixed anxiety/depression, most effective when used with specified client groups.*”<sup>19</sup>

“Getting both advice and counselling here has made me feel less stressed and depressed.”

16-year-old female

Many YIACS have evidenced the impact of their youth counselling services through the use of **nationally recognised and validated clinical outcome tools** (see box on Castlegate). The data gathered suggests that YIACS may be an extremely effective – and cost-effective – alternative to prescribed medication or statutory mental health provision.

The Mental Health Foundation has identified the effectiveness of YIACS in **preventing mental health problems leading to crises or suicide**, reporting that a considerable number of service users said they doubted whether they would still be alive without having received help from the service.<sup>20</sup>



“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>15</sup>

<sup>14</sup> See, for example: *Prevention and Health*, Department of Health, 1977; *Youth Counselling Services: report by HM Inspectors*, Department of Education and Science, 1989; *Transforming Youth Work: developing youth work for young people*, Department for Education and Skills, 2001; *Effective youth services: Good practice*, Ofsted, 2005; *Promoting the emotional health of children and young people*, Department for Children, Schools and Families, 2010.

<sup>15</sup> *Towards a NEET solution: tackling underachievement in young people*, The Confederation of British Industry, 2008.

<sup>16</sup> Garcia et al. op. cit.

<sup>17</sup> Joy et al. op. cit.

<sup>18</sup> *Depression in Children and Young People: identification and management in primary, community and secondary care*, Clinical Guideline 28, The National Institute for Health and Clinical Excellence (NICE), 2005.

<sup>19</sup> *Treatment Choice in Psychological Therapies and Counselling*, Department of Health, 2001.

<sup>20</sup> Garcia et al. op. cit.



Interestingly, there is a developing evidence base for the significant impact in this area of non-counselling interventions delivered by YIACS that address the wider practical and social issues that may be affecting young people's mental health. In particular, there is now an **established link** between social welfare problems, mental health and youth<sup>21</sup> and evidence of the beneficial impact on mental health of providing advice on debt, housing and benefits.<sup>22</sup>

The potential role of social welfare advice is confirmed by the results of pilots of Youth Access' Youth Advice Outcomes Toolkit. Of the 518 young people participating, 70% self-reported that their **levels of stress had improved** as a direct result of getting advice from a youth advice agency.<sup>23</sup>

It is likely that a multi-disciplinary approach is most effective of all. This view is supported by emerging data from Youth Access' Making Tracks Project, which is piloting ways of measuring the **combined effects** of counselling/psychological therapy, social welfare advice and GP interventions using nationally recognised and validated, NICE approved tools. Early results indicate substantial improvements in: GAD 7 scores measuring moderate anxiety and severe anxiety; and PHQ 9 scores measuring moderately severe depression, severe depression and phobia levels.<sup>25</sup>

*"Prevention targeted at younger people can generate greater personal, social and economic benefits than intervention at any other time in the life course."*  
**(Royal College of Psychiatrists, 2010)<sup>24</sup>**

An independent evaluation of this project suggests the use of such outcome tools has increased the credibility of YIACS with GPs and other statutory health professionals, who have recognised the **professionalism of YIACS** and the benefits they bring to young people. There are also indications of potential savings to the NHS as a result of young people reporting seeing their GPs less frequently and, in some cases, having reduced their need for medication or hospitalisation.<sup>27</sup>



## case study

### Using nationally validated outcome tools – Castlegate, York

Castlegate opened in 2007, teaming staff from York's Youth Enquiry Service with Connexions advisers in a building refurbished with funding from the Strategic Health Authority. Castlegate provides a comprehensive information, advice and counselling service to young adults aged 16-25.

Specialist services provided at Castlegate include: *Speakeasy*, a programme for young parents; group work on money management and self esteem issues; *Your Future*, a mentoring scheme; a legal advice service; and a sexual health service that provides easy access to chlamydia screening.

Castlegate offered nearly 2,000 counselling sessions in 2009/10. It is well recognised that capturing good outcomes data with this client group is difficult. As in many YIACS, Castlegate's counsellors use CORE, a nationally validated outcome measure common in many psychological therapy settings, to measure clients' feelings in four areas: wellbeing, problems, functioning and risk. This is done at assessment, first session, mid therapy and last session so that client and counsellor can together track 'distance travelled'. The results can be compared to national averages.

Castlegate's data from 2009/10 indicates:<sup>26</sup>

- 100% of clients were in the 'clinical population' and tended towards the more severe end of the spectrum
- There was a 'reliable change' in all clients who completed CORE, with 90% achieving reliable improvement, compared to a national average of 71%
- 74% of clients were below 'clinical cut off' (i.e. achieved recovery) after counselling, compared to a national average of 54%

<sup>21</sup> *With Rights in Mind: is there a role for social welfare law advice in improving young people's mental health? A review of evidence*, Sefton, M., Youth Access, 2009.

<sup>22</sup> See, for example: *A helping hand: the impact of debt advice on people's lives*, Pleasence, P., Buck, A., Balmer, N.J. and Williams, K., Legal Services Research Centre, 2007.

<sup>23</sup> *Youth Advice Outcomes Pilot*, Evaluation Trust for Youth Access, 2010.

<sup>24</sup> *No health without public mental health: the case for action*, Royal College of Psychiatrists, 2010.

<sup>25</sup> Independently evaluated emerging evidence from pilot studies in Youth Access' Making Tracks Project.

<sup>26</sup> Data published in *Castlegate 2009/10 Annual Report*.

<sup>27</sup> Interim independent evaluation report for Youth Access on the Making Tracks Project pilots (unpublished).

## The efficiency of YIACS: a comparison with statutory mental health services

Analysis of data on the respective unit costs of statutory Child and Adolescent Mental Health Services (CAMHS) and YIACS suggests that YIACS may offer excellent value for money. Although more work needs to be done in this area, it appears that average case costs in YIACS may be a fraction of those in CAMHS,<sup>28</sup> whilst outcomes from YIACS' interventions appear at least as good as those achieved by CAMHS.

Such comparisons, however, provide only a partial picture of why YIACS are more efficient than statutory mental health services:

- Many statutory mental health service cases get no further than initial assessment.
- A large proportion of referrals to YIACS are young people who have not met statutory thresholds.
- The overall profile of YIACS' counselling clients, in terms of level of clinical diagnosis, is similar to that for CAMHS, because YIACS are successful at engaging some of the most disadvantaged young people who are not in touch with statutory services.<sup>29</sup>
- Waiting lists in YIACS are shorter, meaning young people can get earlier, more timely treatment.
- YIACS are far more effective at keeping young people engaged with the service due to their strong relationships with clients.
- YIACS have much lower rates of 'DNAs' (did not attend) than statutory services
- YIACS have much higher rates of male service users than in statutory services, which find young men hard to engage

Young people's views show they value YIACS' approach, the skills of staff and the range of help available. Young people rarely if ever find this package of help in a single statutory sector setting and many fail either to engage or be engaged by statutory services.

*"I no longer self harm as counselling has helped me understand why I did it and how I can do other things instead to deal with my emotions. I feel I can now get my life back and look forward to the future."*  
**21-year-old female**

*"They diagnosed me with schizophrenia but I had chronic depression due to my background. I'd been sexually abused and I tried to talk to my mother about it but she wouldn't listen. She labelled me as a problem child. I hit rock bottom and had to go in to hospital. Nobody wanted to listen to me and it's only now since coming to this YIACS, I could get my life back."*  
**19-year-old female**

*"There is a wide consensus among service providers within the voluntary and community sector that psychological therapy or counselling for young people – on issues like depression, eating disorders, or bereavement – can be beneficial...There is evidence that young adults benefit from counselling when they receive it."*  
**(Cabinet Office, 2005)<sup>30</sup>**

*"NPC's research suggests that YIACS are of critical importance to the children and young people's mental health sector....165 YIACS provide treatment for young people who would not otherwise access support. This may be because they are too old for CAMHS, waiting lists for specialist CAMHS are too long, or their condition is not above a certain threshold of severity. As one CAMHS psychologist told NPC: 'If it wasn't for our local YIACS service, we would be swamped'." (New Philanthropy Capital, 2008)<sup>31</sup>*

<sup>28</sup> Average costs per case in CAMHS range from £3,189 in 'dedicated' teams to £4,648 in 'targeted' teams (Source: *Unit Costs of Health and Social Care 2009*, PSSRU, University of Kent, 2009.) Evidence submitted to Youth Access by YIACS suggests that YIACS' unit costs may be several times lower than those of CAMHS, but further work is required before direct comparisons can be made.

<sup>29</sup> See *Counselling Workforce Development Project: key findings and recommendations from the young people's consultation*, Youth Access, 2008 – this study consulted with young people who had accessed youth counselling services in YIACS and reported on the striking range and complexity of young people's problems and needs.

<sup>30</sup> Office of the Deputy Prime Minister op. cit.

<sup>31</sup> Joy et al. op. cit.

## Improving physical and sexual health

Professor Sir Michael Marmot, one of the UK's leading public health academics, has argued that a failure to improve the health, well-being and prospects of the 31% of 16 to 19 year olds who are unemployed will cost the NHS many billions of pounds a year in the long run as a result of their poor health and early mortality.<sup>32</sup> To address this, The Marmot Review recommended providing holistic advice and support targeted at young people in **community-based settings**.<sup>33</sup>

YIACS deliver a number of services aimed directly at improving health, including sexual health clinics, smoking cessation programmes, drug and alcohol counselling and healthy eating programmes. Ofsted has highlighted how ensuring access to a YIACS can enhance a council's ability to achieve **good health outcomes** for local young people.<sup>35</sup>

Mental Health Foundation has reported that young people often **ended or decreased harmful behaviours**, such as excessive drinking, self-harm and violence, as a result of getting help from holistic young person-centred services.<sup>36</sup>

An official report exploring the need for **substance misuse services** in Northern Ireland concluded that young people's needs would be best met through a joined-up YIACS model that provided information, advice and support across a wide range of issues.<sup>37</sup>

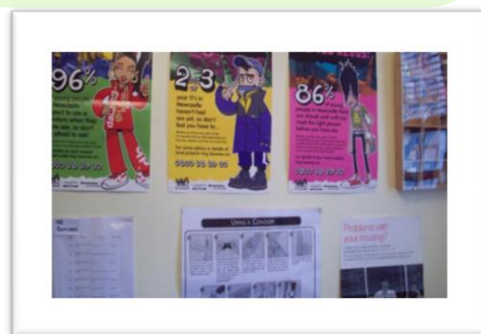
Similar recommendations have been made repeatedly in relation to **sexual health services** for young people. Official guidance for local authorities and Primary Care Trusts on effective delivery of teenage pregnancy strategies states that the factor having the biggest impact on conception rate reductions in high performing areas is the provision of young person-focused sexual health services that are trusted by teenagers.<sup>38</sup>

There is abundant evidence of the **inter-relationship between physical health and mental and emotional health**. People with certain physical illnesses often report high levels of mental health problems. Conversely, individuals who have mental illnesses have higher rates of physical health problems. Mental health problems may also present as physical illness.<sup>39</sup> Thus, YIACS interventions, such as counselling, that are primarily focussed on mental and emotional health will often lead indirectly to improved physical health.

*"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**

*"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, 2010)**<sup>34</sup>



*"[Without coming for advice and counselling] 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. I used to hate myself before."*

**24-year-old female**

<sup>32</sup> *Save more than £55 billion every year by cutting health inequalities*, press release, The Marmot Review Team, 29<sup>th</sup> October 2010.

<sup>33</sup> *Fair Society, Healthy Lives*, The Marmot Review, 2010

<sup>34</sup> The Marmot Review op. cit.

<sup>35</sup> *Building on the best: an overview of local authority youth services 2005/06*, Ofsted, 2007.

<sup>36</sup> Garcia et al. op. cit.

<sup>37</sup> *Analysis of need in relation to 'One stop shop' services for young people in Northern Ireland*, Northern Ireland Public Health Agency, 2009.

<sup>38</sup> *Teenage Pregnancy Next Steps: guidance for local authorities and PCTS on effective delivery of local strategies*, Department for Education and Skills, 2006.

<sup>39</sup> *Fair Deal for Mental Health*, Royal College of Psychiatrists, 2008.

There is also evidence that the provision of **advice is effective at improving physical health**. It is known that 15% of young adults suffer from physical ill health as a result of their rights problems,<sup>40</sup> rising to 26% of NEETs<sup>41</sup> – with the majority having to visit a GP, hospital or other health care worker as a result at an average cost of £650.<sup>42</sup> Once young people receive advice from a YIACS, over a third self-report that their health has improved as a result.<sup>43</sup> In qualitative interviews with young people who had received targeted rights-based advice, many attributed physical health benefits – including eating more healthily, smoking less, taking fewer drugs and attending GPs more regularly – to the advice they had received.<sup>44</sup>

*“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>45</sup>*



case study

## Addressing young people's health needs holistically – Streetwise, Newcastle

Streetwise is an open access service used each year by over 6,500 young people aged between 11 and 25. It was set up in 1991 when two youth workers found that young homeless people in the centre of Newcastle were not accessing health services. The focus of the project was to move away from the medical model of service and provide an approachable, integrated service to the vulnerable young people who were being failed by the existing system.

Today, the focus of Streetwise's work lies within three key areas: mental health; sexual health; and drug and alcohol misuse. The highly respected mental health and counselling service offers counselling, both at Streetwise and within two local schools, and runs a self harm group. The sexual health and contraception service is the busiest in Newcastle. In addition, Streetwise delivers an information and advice drop-in service offering support on housing, debt, benefits, drugs and alcohol, education, training and careers.

The majority of Streetwise's services are delivered from its city centre premises, but the project also has an extensive outreach programme working with schools, providing counselling and sessions on drug and alcohol misuse. Preventative work, such as smoking cessation and condom distribution schemes, is combined with counselling, advice and other crisis interventions, with the aim of offering a complete service that caters to all the needs of young people.

Referrals are made by school staff, parents, GPs, social services and child and adolescent mental health services (CAMHS). Importantly, young people can also refer themselves. Streetwise ensures that the service proactively targets young people from a range of backgrounds and has worked in partnerships with CAMHS and Social Services to provide outreach services to unaccompanied minors and young refugees in Newcastle.

Streetwise has been awarded the You're Welcome quality standard from the Department of Health for being a young person-friendly health service.

<sup>40</sup> Balmer et al. op. cit.

<sup>41</sup> Unpublished analysis by Legal Services Research Centre for Youth Access based on data from the 2004 English and Welsh Civil and Social Justice Survey.

<sup>42</sup> *Mounting problems: further evidence of the social, economic and health consequences of civil justice problems*, Pleasence, P., Balmer, N.J., Buck, A., Smith, M. and Patel, A., published in *Transforming lives: law and social process*, Legal Services Commission, 2007.

<sup>43</sup> Evaluation Trust op. cit.

<sup>44</sup> *Transforming Lives: Evaluation of the Rights to Access Project*, Butler, M. and Hutchinson, G., Michael Bell Associates Research and Consultancy, Youth Access, 2007.

<sup>45</sup> *Healthy lives, brighter futures: The strategy for children and young people's health*, Department for Children Schools and Families and Department of Health, 2009.



## Reducing NEETS

The YIACS model, with its ability to provide a range of early interventions via a single access point, potentially has a **crucial role** to play at the heart of strategies to re-engage NEETs (young people not in education, employment or training).

YIACS provide a number of **direct interventions** aimed at maximising young people's opportunities for sustainable employment, e.g. by providing employment-seeking support and advice on rights at work and entitlement to in-work benefits. It is known that NEETs experience far higher levels of mental ill health and homelessness than other young people<sup>47</sup> and that such problems frequently act as barriers to employment, education and training. By providing counselling for low self-esteem or advice on housing and debt, therefore, YIACS act to **remove disincentives to employment**.

YIACS' wrap-around approach in tackling a range of inter-related issues has been commended in several recent reports looking at successful strategies for reducing NEET numbers.<sup>49</sup> Ofsted has endorsed integrated holistic approaches which it found work particularly well, improve access and meet complex needs effectively,<sup>50</sup> whilst a cross-departmental paper argued that providing **good, early advice** to young people on issues such as benefits, housing and debt was "*key in helping them to overcome barriers to participation in learning and make a smooth transition to adulthood and working life*".<sup>51</sup> The Audit Commission has proposed that intelligent commissioning in this area should entail utilising the skills and specialisms of voluntary sector youth providers who are able to address disadvantaged young people's wider needs.<sup>52</sup>

Outcomes monitoring in YIACS confirms their effectiveness in this field. Over a third of young people in pilots of the Youth Advice Outcomes Toolkit self-reported improvements in their **ability to engage in education, employment and training** as a result of getting advice.<sup>53</sup> In qualitative interviews with young people who had received targeted advice in YIACS, many had either returned, or were considering returning, to education following the help they had received.<sup>54</sup> Meanwhile, early results from Youth Access' Making Tracks Project indicate that scores on the IAPT Work & Social Adjustment Scale, which measures impairment in social functioning, including in relation to work, improved by 53% for 21-25 year-olds after the receipt of counselling and advice services.<sup>55</sup>

YIACS also offer young people **volunteering opportunities**, which has been shown to promote economic development, active citizenship and social involvement.<sup>56</sup>

*"Young people who are NEET often face a number of barriers to participation and need to access support from a variety of sources. 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>46</sup>

*"I was able to stay at school to complete my GCSE's and I'm in college now."*  
**17-year-old female**

*"The most successful providers recognised that young people who had dropped out of education and training often needed help to resolve personal and social problems before they could return.... Essential to success was the quality of the relationships between the young people and an adviser."*  
(Ofsted, 2010)<sup>48</sup>

<sup>46</sup> *Young people not in education, employment or training*, House of Commons Children, Schools and Families Committee, 2010.

<sup>47</sup> See, for example: Sefton op. cit.

<sup>48</sup> *Reducing the numbers of young people not in education, employment or training: what works and why*, Ofsted, 2010.

<sup>49</sup> See, for example: The Confederation of British Industry op. cit.; House of Commons Children, Schools and Families Committee op. cit.

<sup>50</sup> Ofsted op. cit.

<sup>51</sup> *The Community Legal Service and Connexions – joint initiatives*, Department for Constitutional Affairs, Legal Services Commission and Department for Education and Skills, 2003.

<sup>52</sup> *Against the odds: Re-engaging young people in education, employment or training*, Audit Commission, 2010.

<sup>53</sup> Evaluation Trust op. cit.

<sup>54</sup> Butler and Hutchinson op. cit.

<sup>55</sup> See note 25.

<sup>56</sup> *Volunteering works*, Institute for Volunteering Research and Volunteering England, 2007.

## Improving well-being and building resilience

YIACS work to boost young people's own capacity to avoid and cope with the risks, challenges and problems they will encounter as they grow older. This develops users' general well-being and their 'resilience' to potential poor outcomes, in turn improving their **quality of life and future life chances**.

'Everyday problems' lead to a loss of confidence amongst a quarter of disadvantaged young adults.<sup>58</sup> Getting help from YIACS, however, led 64% of young people to feel more confident and a similar number to feel better about their future.<sup>59</sup> Outcome monitoring in YIACS has also demonstrated **impressive improvements** in young people's quality of life,<sup>60</sup> enjoyment of life and sense of control over their lives<sup>61</sup> as a result of getting advice and/or counselling.

There is also evidence that getting advice from YIACS greatly improves young people's **ability to deal with other problems in the future**. For example, 88% of young people in trials of the Youth Advice Outcomes Toolkit reported improved knowledge about where to get help, 75% reported improved understanding of their rights and 62% felt better able to deal with future problems themselves.<sup>62</sup>

*"The effect is iterative; obtaining timely advice contributes to improvements in young people's emotional, personal and health issues. It also increases their understanding of rights and their confidence that in turn builds their capacity to manage problems in the future." (Evaluation Trust, 2010)<sup>57</sup>*

*"I'm feeling more confident, more optimistic and proving to myself that I can cope on my own and sort out our problems by myself."  
17-year-old female*



### case study

*"The Market Place is a benchmark of excellence" Sir Al Aynsley-Green, (then) Children's Commissioner for England.*

## Measuring progress in young people's well-being – The Market Place, Leeds

The Market Place is a well-established and respected provider of counselling, information, youth work and personal support services to young people aged 13-25. It has both a national and local reputation for its innovative and holistic approach to the provision and delivery of early intervention and preventative support services to young people.

The Market Place has a wealth of experience and expertise in high quality service user involvement. A range of feedback, response and participation systems are used and aim to embed the voices and experiences of service users into organisational development.

Working with the University of Leeds, the Mental Health Foundation and young people themselves, The Market Place has developed its own self-evaluation tool called *How do you rate your life at the moment?* to measure progress in young people between the start and completion of a course of one-to-one support. Data from 2008 indicates that:

- Overall negative emotion measures reduced by more than 50%
- Young people describing themselves as 'angry' reduced from 55% to 20%

<sup>57</sup> Evaluation Trust op. cit.

<sup>58</sup> Balmer et al. op. cit.

<sup>59</sup> Evaluation Trust op. cit.

<sup>60</sup> Early findings on MANSA scores (measuring aspects of quality of life as a consequence of psychological problems) for satisfaction with life increased by 114%.

<sup>61</sup> Evaluation Trust op. cit.

<sup>62</sup> Ibid

## Tackling youth poverty and improving financial capability

An estimated two million 16-24 year olds are living below the poverty line.<sup>63</sup> Debt is an increasing problem for young people, with over half of England's teenagers in debt by the time they are 17<sup>64</sup> and 77% by the age of 21.<sup>65</sup> **Debt problems** cost the public over £1,000 each on average, with multiple debts costing many times more.<sup>66</sup> It is known that delays and complexities in the benefits system are a major cause of youth debt<sup>67</sup> and that problems with money can, in turn, lead to wider problems for individuals in areas such as mental and physical health, employment, housing and re-offending.<sup>68</sup>

*"Being financially capable is an important life skill for young people and it is a key factor in improving their economic wellbeing. Reaching young adults is essential, but it is also notoriously challenging. Our solution is to work through the organisations they know and trust."* (Consumer Financial Education Body, 2010)<sup>69</sup>

*"Young people felt that financial support and advice from mental health services would be exceptionally valuable, particularly to help those who are trying to be re-housed or are experiencing difficulties accessing money for basic needs such as food."* (Mental Health Foundation, 2007)<sup>70</sup>

YIACS interventions help give young people the **ability to budget** and the confidence and strength to deal with their debts, as well as improving income levels through good advice on welfare benefits and addressing other related problems.

Of the young people participating in trials of the Youth Advice Outcomes Toolkit, 33% self-reported that their income had improved and 35% felt better able to manage money. In the same study, advice workers reported that 26% of their young clients had achieved an **identifiable improvement in their income**, most often as a result of obtaining welfare benefits to which they were entitled or reducing debts that they owed.<sup>71</sup> Early findings from the Making Tracks Project indicate substantial increases on MANSA (Manchester Short Assessment of Quality of Life) scores for satisfaction with financial situation.<sup>72</sup>

In qualitative interviews with young people who had received targeted rights-based advice in a YIACS setting, the vast majority reported improvements in their standard of living and ability to manage money. This was linked to the fact many had received not just advice but **broader educational support** aimed at improving their financial capability.<sup>73</sup>

Studies into the impact of welfare benefits advice<sup>74</sup> and debt advice<sup>75</sup> have established that advice leads to gains not just for the individual, in terms of higher income and associated improved health and well-being, but also for the **local economy**.

*"We would have been left in poverty. We've got what we were entitled to now. Our lifestyle has improved. We now sleep in a bed rather than on the floor."*  
**21-year-old male**

*"I had loads of problems when I came here – housing, benefits and mental health problems. Getting advice has really helped me. I've still got a few rent problems and owe the electric, but my standard of living has definitely improved."*  
**21-year-old male**

*"At first I found it kind of hard to open up about my problems, but now I talk about a lot of things. I am a calmer person, a happy person and counselling has really helped me find who I am."* **13-year-old female**

<sup>63</sup> Figures released in a Parliamentary answer, quoted in article in *The Daily Telegraph*, 18/02/08, 'Lost generation rely on benefits'.

<sup>64</sup> Research conducted online amongst 1,008 pupils aged 14-18 by Edcoms between 6-18 January 2007, published by the Personal Finance Education Group (pfeg).

<sup>65</sup> *80 per cent of young people in debt by 21*, press release, Rainer, November 2007.

<sup>66</sup> Pleasence et al. (*A Helping Hand*) op. cit.

<sup>67</sup> Rainer op. cit.

<sup>68</sup> *Action on Debt: Why it matters and what you can do*, Social Exclusion Unit, Office of the Deputy Prime Minister, 2004.

<sup>69</sup> [http://www.cfebuk.org.uk/our-work/young\\_adults/](http://www.cfebuk.org.uk/our-work/young_adults/)

<sup>70</sup> Garcia et al. op. cit.

<sup>71</sup> Evaluation Trust op. cit.

<sup>72</sup> See note 25.

<sup>73</sup> Butler and Hutchinson op. cit.

<sup>74</sup> See, for example: *The effect of Citizens Advice Bureaux on the Glasgow economy*, Fraser of Allender Institute, 2003.

<sup>75</sup> Pleasence et al. (*A Helping Hand*) op. cit.



## The cost-effectiveness of holistic support – Katie’s story<sup>76</sup>

Katie was a victim of physical and sexual abuse. She left school aged 14 and was kicked out of the family home at 15. A drug user, she regularly got into trouble with the police. Aged 17, pregnant and homeless, Katie was housed temporarily in unsuitable B&B accommodation, where she was vulnerable to drug dealers and became involved in prostitution, before being told she was intentionally homeless.

Having spent two years trying to get effective advice regarding persistent housing, benefits & debt problems, Katie eventually found her way to a youth information, advice and counselling service. There, over the course of several months, Katie was able to access a whole package of complementary services ‘under one roof’:

- Katie received specialist advice for her crisis drug problems, enabling her to access a specialist treatment service.
- She saw a legal advice worker who helped her to secure a new home, claim the benefits she was entitled to and reduce her debts.
- She engaged in a course of solution-focussed counselling that helped her deal with her complex emotional issues relating to the abuse she suffered, her troubled family life and her low self-esteem.
- She accessed the centre’s sexual health clinic, received pregnancy advice and attended pre-parenting classes.
- Later, her immediate problems resolved, she was referred to a youth development programme in order to further develop her confidence and life skills.

### This co-ordinated package of services has transformed Katie’s life:

- She is no longer involved in prostitution, is kicking her drug habit and has stopped offending
- She is now managing her money successfully, and avoiding running up rent arrears
- She feels optimistic about her future and intends to go to college to get qualifications
- Her health has improved – she is eating better, attending her GP more regularly, feels less stressed and is no longer depressed
- She feels confident she can look after her child when he’s born
- She has a better circle of friends and improved relationships
- She feels more confident and is enjoying life more

The benefits of these positive outcomes extend to wider society and the public purse. Using a Social Return on Investment approach, savings over one year amount to at least £115K, with potential lifetime savings of over £2 million.<sup>77</sup>



<sup>76</sup> Based on an interview with a YIACS service user who participated in Butler and Hutchinson’s qualitative study.

<sup>77</sup> Calculation of savings includes: the costs of re-offending by ex-offenders; the costs of a failed tenancy; the cost of a young person being NEET; the cost of a young person suffering from depression; the cost of a child looked after in local authority care.

## Improving housing situations

Housing and homelessness problems are the single most common reason for young people to present at youth advice services, reflecting government data that 16-24 year olds account for **40% of all homeless acceptances**.<sup>78</sup>

YIACS interventions help resolve not only the presenting issue, most commonly through housing advice, but also the underlying causes and other associated issues, including mental health problems, poverty, debt, unemployment and offending behaviour. Many YIACS also undertake **homelessness prevention work**, including through peer education methods.

Of young people receiving advice and support in YIACS, 49% self-reported **improvements in their housing situation**, rising to 64% amongst the most disadvantaged young people. In the same study, advice workers reported that 39% of their young clients had achieved an identifiable improvement in their housing position since first coming for advice.<sup>79</sup>

In qualitative interviews with young people who had received targeted advice, most often advice on housing or homelessness, three-quarters reported that their housing situation was better as a result of getting advice. A majority also reported that they now lived in **better standard accommodation** and felt better able to hold onto their home.<sup>80</sup>

Every time a young person is helped to avoid homelessness, it **saves the state** many thousands of pounds in temporary accommodation, health services, police and criminal justice services and lost output.<sup>81</sup>

*"They've given me loads of advice and are helping me into shared housing. I think what they do for the community is brilliant."*  
**19-year-old male**

*"I would have been homeless, mentally disturbed and in the gutter."*  
**19-year-old female**

*"the young people were asked to identify what they thought the impact upon their lives would have been if they had not received advice. They answered this very frankly and most identified homelessness as very likely."*  
**(MBA Research and Consultancy, 2007)<sup>82</sup>**

*"The impact of young people's housing and homelessness problems on individuals, wider society and public services is very substantial. Individuals can experience adverse consequences to their health and well-being, educational achievement, and involvement in society. Evidence linking homelessness with crime strengthens the economic case for investing in early intervention and prevention advice."* **(Youth Access, 2007)<sup>83</sup>**

<sup>78</sup> Homeless households in priority need accepted by local authorities, by age of applicant, England, 2006/07 - 2009/10, Communities and Local Government, 2010.

<sup>79</sup> Evaluation Trust op. cit.

<sup>80</sup> Butler and Hutchinson op. cit.

<sup>81</sup> *How Many, How Much? Single homelessness and the question of numbers and cost*, Kenway, P. and Palmer, G., Crisis, 2003.

<sup>82</sup> Ibid

<sup>83</sup> *Locked Out: The prevalence and impact of housing & homelessness problems amongst young people, and the impact of good advice*, Kenrick, J., Youth Access, 2007.

## Reducing Crime

The links between young people's **social and health problems** and their offending behaviours are well established. Over 90% of imprisoned young offenders have at least one, or a combination of, personality disorder, psychosis, neurotic disorder, or substance misuse.<sup>84</sup>

The Social Exclusion Unit found that debt, money problems, homelessness, difficulties finding and retaining employment and mental illness were amongst the **key factors increasing the risk of re-offending**. Having stable accommodation alone reduced the risk of re-offending by a fifth.<sup>85</sup>

The provision of counselling and advice can often **break a vicious circle for young offenders**.<sup>86</sup> The Howard League for Penal Reform has argued that many young prisoners may well have been able to avoid custody altogether had they been provided with appropriate advice and support in the first place.<sup>87</sup>

Data obtained using the Youth Advice Outcomes Toolkit indicates that almost half of the most disadvantaged young clients receiving advice and support in YIACS reported **improvement in their behaviour** ('in relation to what others expect') as a result.<sup>88</sup>

*"Our evidence shows that providing [offenders] with advice, as well as other support services, can help to break the vicious cycle of re-offending, which is so costly for the individuals involved, their families, wider society and the economy."*  
(Citizens Advice, 2007)<sup>89</sup>

*"[Since I got advice] I haven't been in trouble with the police for nearly two years."*  
**20-year-old male**

## Strengthening relationships, families and communities

Many young people turn to YIACS for help with problems concerning their families and relationships, most commonly their relationships with parents and partners. For those in school, getting early support to deal with bullying and peer relationships can address loss of confidence and prevent isolation.

Early findings from the Making Tracks Project pilots indicate very substantial increases in MANSA scores for **satisfaction with relationship with family** and satisfaction with number and quality of friendships as a result of receipt of counselling and advice.<sup>90</sup> Similarly, data from trials of the Youth Advice Outcomes Toolkit shows that 30% of young people getting advice from YIACS felt that their family situation had improved.<sup>91</sup>

*"My main goal was to sort problems with my mum – which is done!"*  
**16-year-old male**

YIACS are ideally placed to contribute to the **Big Society**. They are rooted in their communities, predominantly in the voluntary sector, with a strong tradition of young people's involvement in the design, planning and delivery of services. Volunteers are widely used, including in the provision of counselling services where trained volunteer counsellors often further their professional development.

*"I am no longer affected by anxiety and depression. I have accepted the situation with my mum and brother. It has helped me have better relationships and generally I feel happier. I have gained everything I thought I needed and I think counselling has changed my life."*  
**15-year-old male**

<sup>84</sup> *Troubled Inside: Responding to the Mental Health Needs of Children and Young People in Prison*, Prison Reform Trust, 2001.

<sup>85</sup> *Reducing Re-offending by Ex-prisoners*, Social Exclusion Unit, 2002.

<sup>86</sup> *The advice needs of young people – the evidence*, Kenrick, J., Youth Access, 2009.

<sup>87</sup> *Access to justice denied*, Howard League for Penal Reform, 2010.

<sup>88</sup> Evaluation Trust op. cit.

<sup>89</sup> *Locked Out: CAB evidence on prisoners and ex-offenders*, Citizens Advice, 2007.

<sup>90</sup> See note 24.

<sup>91</sup> Evaluation Trust op. cit.

The interventions YIACS deliver assist young people to **play a positive role** in their communities. In a study of young people who had received targeted advice in YIACS settings, the biggest improvement in how young people felt between the beginning and end of the advice process was feeling as if they were a part of their community.<sup>92</sup>

Many YIACS also reach young people by providing **services in schools**, including counselling, health clinics and educational talks e.g. aimed at preventing homelessness or raising awareness about substance misuse.

*"I was glad to have this space to speak to someone and now everything is good. I have more friends and no-one calling me names."*  
**14-year-old male**

*"Some spoke of developing greater empathy, understanding and acceptance of others and not judging on first impressions [as a result of receiving holistic mental health interventions]. They said these changes led to improved social lives and healthier, more open relationships with family and peers, with some expressing how they were also more able to develop successful working relationships with professionals from other services, as well as with their teachers." (Mental Health Foundation, 2007)<sup>93</sup>*



### **And the benefits of YIACS interventions are carried throughout life ...**

*"As a seventeen year old I grew up in a volatile and sometimes violent home. I found myself homeless and shaken after another violent episode at home. I turned to The What? Centre and was given invaluable support through getting a safe place to stay, housing advice and counselling. I was engaged in various youth schemes and activities, including residential programmes. I was later encouraged and supported in training as a part-time youth worker. Sixteen years later I now work as a teacher and as a support worker with young people in children's homes. I was a very troubled and vulnerable young person and the guidance and support I received was life-changing. I am forever indebted to the centre for the compassion, guidance and tangible support I gained there."*

<sup>92</sup> Butler and Hutchinson op. cit.

<sup>93</sup> Garcia et al. op. cit.

## **About Youth Access**

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

Through its members, Youth Access is one of the largest providers of youth advice and counselling services in the UK, dealing with over one million enquiries a year 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.

Youth Access has published a number of reports on advice and counselling, covering: young people's needs; help-seeking behaviour and access; effective models of delivery; the impact of services. All our reports are available to download from our website.

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