

Picking up the pieces

**Results of a survey on the state of young people's
advice, counselling and support services**

November 2013

*This briefing has been produced on behalf of the
Young People's Health Partnership*



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1. Executive Summary

This report sets out the results of our fifth annual survey of the state of the youth information, advice, counselling and support services (YIACS) sector.

The findings are mixed: YIACS' finances have stabilised markedly and agencies are increasingly confident about their survival; yet, many key services are still being scaled back, staffing is set to be cut this year and demand continues to rise relentlessly.

YIACS are adapting admirably to the changing environment. Many are managing to diversify their income, protect front-line services and help as many young people as before despite their reduced capacity. However, they are less likely to be able to meet the increased demand they are encountering.

The overall picture is one of YIACS picking up the pieces from other services. The demise of Connexions, failings in Social Services, redefinitions of CAMHS criteria and cuts to youth services are all leading to increased referrals to YIACS from statutory professionals, such as GPs, social workers and mental health staff. In an increasing number of areas, the local YIACS is now seen as the one place left with the expertise to support young people with a range of complex health and social welfare problems.

Whether YIACS can continue to meet these expectations will largely depend on the extent to which commissioners across youth, health, housing and social care boundaries recognise YIACS' increasingly crucial role and can take a joined-up approach to funding the services young people will need.

Headline findings

- **YIACS' finances are stabilising**
 - The proportion of services in receipt of funding from their local council has declined over the last two years from 90% to 78%.
 - The proportion of services reporting that their income in the last financial year had reduced was 29% - down from 86% two years ago.
 - Responses indicate a stabilisation in agencies' reserves after a few years of severe depletion.
 - Respondents were more positive about the coming year than they were last year.
 - Only 4% said they had doubts about their organisation's survival over the coming year.
- **Many core services delivered by YIACS are being scaled back**
 - Drop-in services, advice services, sexual health services and drug and alcohol services are all on the decline and are suffering worse than at this time last year.
 - As in previous years, counselling services are the exception and are more likely to be expanding than contracting.

- **Closure and failure of other services increasing pressure on YIACS**
 - Demand continues to increase, as it has done every year since the economic crisis began in 2008.
 - Key areas of increasing demand over the last 12 months have been: mental ill-health/emotional wellbeing issues; social welfare issues such as homelessness, benefits and debt; and safeguarding issues.
 - 82% of agencies said that demand had increased in the past 12 months, with the remainder saying that it had stayed about the same.
 - The closure of other local services, a rise in the number of referrals from CAMHS, GPs and Children's Services departments and the redefinition of CAMHS criteria and thresholds were common themes behind increasing pressure on YIACS.
 - Only 30% of YIACS said they expected to meet demand over the next 12 months, but this actually represents a slight increase from previous surveys.

- **Survival and development strategies**
 - The actions most commonly already taken by YIACS have been:
 - improving the way they demonstrate outcomes and impact (60%);
 - making greater use of volunteers, apprentices or students (57%); and
 - bidding in consortia (48%).
 - The following key factors behind agencies' success in the past year were identified:
 - reputation & recognition of the value of the YIACS model
 - staying on mission
 - reconfiguration of services, improving efficiency/leadership/governance
 - partnership working
 - strong relationships with commissioners
 - promotion / demonstrating value
 - being part of networks
 - staff involvement and commitment
 - involvement of young people

- **Strategic links improving, but commissioning continues to present challenges**
 - YIACS are most likely to have good links with commissioners of young people's services (96%) and mental health commissioners (58%).
 - Links with key players in health (including Public Health commissioners, CCGs and HealthWatch) have improved markedly this year.
 - Although 73% felt they had had some influence over commissioning processes, respondents felt their influence remained weak, often as a result of chaos in commissioning processes.
 - JSNAs and local health commissioning tended to be perceived as overly-focussed on statutory sector services and structures and to routinely exclude the voluntary sector, the issues that matter to young people and the social determinants of health.

2. Introduction and background

2.1 What are YIACS?

Youth Access represents a national network of young people's information, advice, counselling and support services (YIACS), dealing with around 1 million enquiries a year on issues as diverse as sexual health, mental health, relationships, homelessness and benefits. YIACS grew out of a need to bridge both the gaps and failings of statutory and adult-oriented services in meeting the needs of young people.

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

2.2 Purpose of this report

This report sets out the findings from a survey of YIACS conducted by Youth Access in June and July 2013. See below for details of the survey methodology.

The surveyed investigated:

- The impact on YIACS of the current difficult funding environment, including cuts to statutory funding streams
- Changing demand from young people for YIACS services
- YIACS' capacity to meet that demand
- Strategies being adopted by YIACS to survive in the short-term and secure a sustainable future
- YIACS' evolving relationships with service commissioners

Youth Access intends to use the evidence contained in this report to:

- Raise awareness of young people's growing needs for information, advice, counselling and support services
- Highlight the financial situation of YIACS and its impact on YIACS' ability to meet demand for their services
- Campaign for policies that will ensure young people's needs for information, advice, counselling and support services are met

2.3 Context

Youth Access has been tracking the impact on young people and YIACS of the recession that started in 2008/09, the difficult economic circumstances that have pertained since then and resulting cuts to public sector funding. We have published a series of reports:

- ***2009 - The impact of the recession on young people and on their needs for advice and counselling***

The evidence showed that not only had young people entered the recession in a more economically vulnerable position than any other population group in terms of unemployment, but that they had been and would continue to be hit harder than any other group and that they were likely to take the longest to see the fruits of any recovery. The evidence was clear that increasing unemployment brings with it greater mental health and emotional problems and social welfare problems for young people, not only in terms of larger numbers, but in terms of increased severity of problems.

- ***2010 - Under Strain: how the recession is affecting young people and the organisations which provide advice, counselling and support to them***

Our 2010 survey revealed a sector almost overwhelmed by demand for its services while struggling to cope on reduced funding and with overstretched capacity. The recession had greatly increased the numbers of: young people seeking advice on social welfare problems, such as housing, homelessness, debt and benefits; young people seeking counselling and other interventions for emotional and mental health issues; and runaways seeking help. There was evidence of young people presenting with more complex and severe mental health and emotional wellbeing problems than in the past. More than three-quarters of services described their capacity to meet demand as either 'under strain' or 'at breaking point'. Many services were attempting to meet increased demand with reduced capacity. Almost half of all services had experienced funding cuts in 2009. Most services had worries about their immediate and longer term future and a quarter saw themselves 'at real risk' in the next 12 months.

- ***2011 - Results of a survey on the funding situation of Youth Information, Advice, Counselling and Support services***

Our 2011 survey found that the YIACS sector was in a precarious state as a result of massive cuts in many areas related to the replacement of area-based grants for services for young people by the single, non-ring-fenced Early Intervention Grant. 97% of agencies reported reductions to at least one current source of statutory funding and 42% that they were at risk of closure. At the same time,

80% of agencies reported an increase in demand for their services, with many highlighting the fact that young people's presenting problems were becoming more complex, particularly amongst the young adult group. 85% of agencies didn't expect to meet demand over the following year. We calculated that at least 45,000 young people would be left without access to services upon which they depended. Agencies were working hard to meet need and secure a sustainable future, most commonly by trying to increase non-statutory sources of funding or making greater use of volunteers.

- ***2012 - Stretched to the Limit: results of a survey on the funding situation of Youth Information, Advice, Counselling and Support services***

Last year's survey found strong evidence to suggest that the sector's overall financial situation had stabilised somewhat and that many agencies were adapting to the new environment. However, some agencies remained in a precarious state and the overall financial situation for YIACS was continuing to worsen. The survey once again illustrated the continuing commitment of organisations to protect front-line services, but highlighted a worrying weakening of the resilience of the sector, with many services only sustained through a combination of goodwill on the part of staff and the running down of financial reserves. It was increasingly clear that some agencies were thriving in the current environment, whilst others had suffered losses of income and staff in successive years. Coupled with the finding that 29% of agencies had either already merged or were considering merging with another organisation, it was clear that the shape of the sector was changing fairly rapidly, with a trend towards fewer, larger services with a more diverse service offer shaped increasingly by commissioners rather than users' needs. The commissioning agenda was presenting tremendous challenges for YIACS, with few reporting positive experiences of local commissioning processes. There was some evidence of local authorities protecting their own services and jobs at the expense of voluntary sector services.

3. Survey methodology

3.2 Online questionnaire

We issued an electronic survey. This can be viewed at:

<http://survey.constantcontact.com/survey/a07e7pkgnpghi7hkejt/start>

3.3 Sampling and solicitation methods

We contacted 140 agencies delivering front-line information, advice and counselling services to young people by email, requesting that they respond via the online questionnaire. The email invitation was sent to a total of 316 email addresses, of which 13 (4.1%) bounced and did not reach the recipient. Two 'reminder' emails were issued. As an incentive to respond, a £50 'prize' was offered to one respondent organisation, to be selected at random after the close of the survey.

3.4 Data collection period

The survey opened on 26th June 2013 and closed on 22nd July 2013.

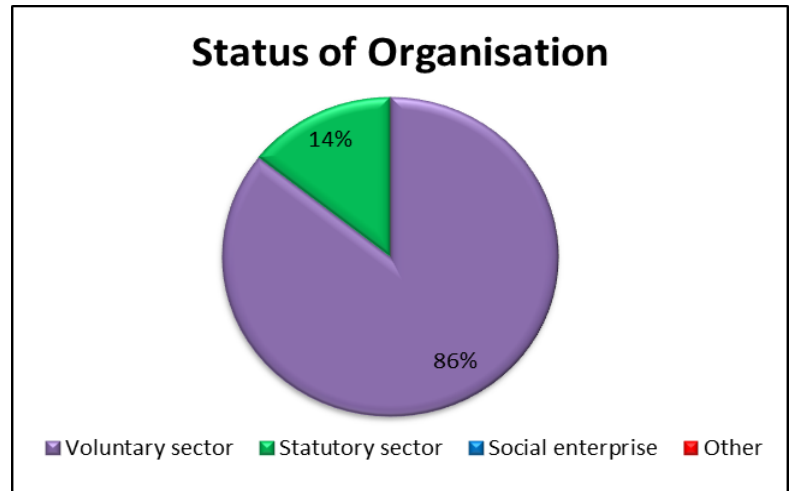
3.5 Survey response rate

Responses were received from 56 agencies during the period, representing a response rate of 40%.

4. Findings

4.1 Type of organisation

The majority of respondent YIACS (86%) were voluntary sector organisations. 14% were statutory services, most commonly part of local authority youth services.¹ This split is representative of Youth Access' membership as a whole (in which 85% are listed as voluntary sector organisations, 15% as part of a local authority) and reflects a trend of diminishing numbers of local authority YIACS – five years ago a third of YIACS were part of local authorities.



4.2 Services provided

Table 4.2a: Services Provided by Respondent Agencies

	2011	2013	Change since 2011
Drop-in services	83%	80%	-3
Advice/advocacy/LAG services	80%	77%	-3
Counselling/mental health services	78%	91%	+13
Sexual health services	63%	62%	-1
Drug/alcohol services	44%	42%	-2
'Other services'	87%	85%	-2

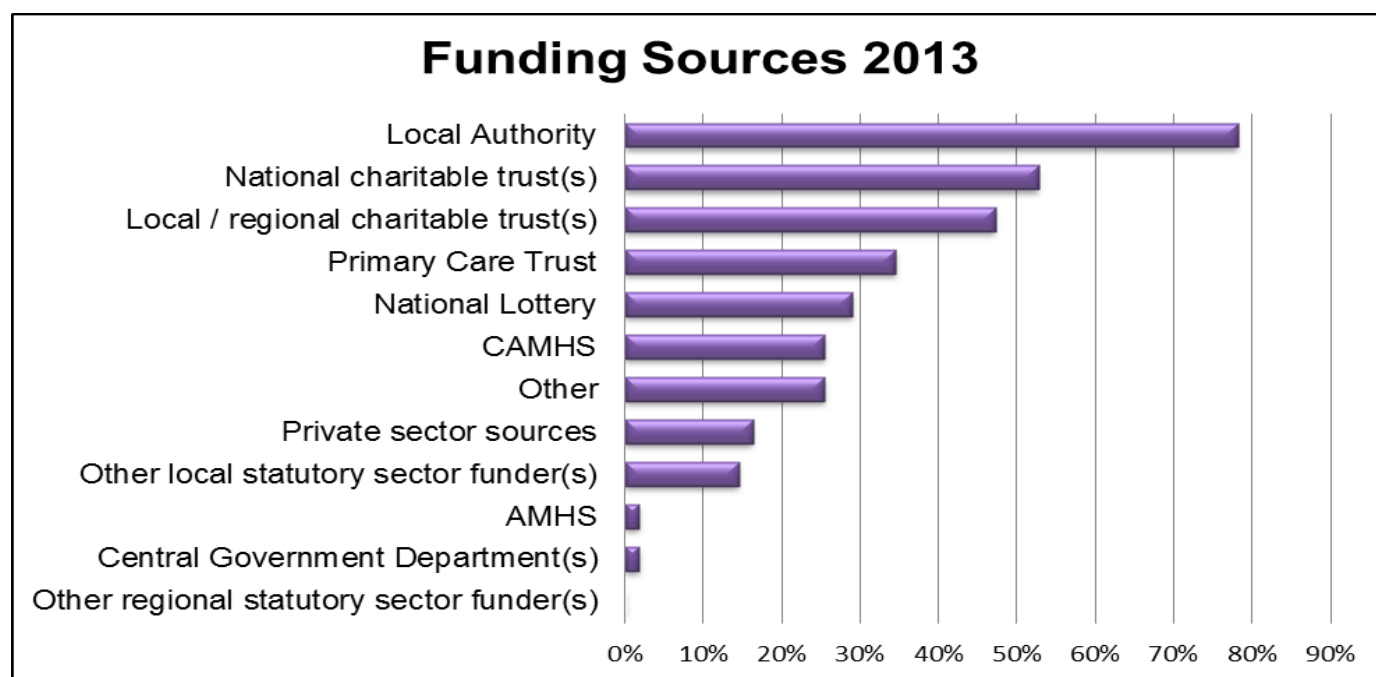
The figures are remarkably similar to those from two years ago, with the exception of a substantial increase in the proportion of agencies providing counselling and mental health services from 78% to 91%, making this the most common area of activity now. This pattern is consistent with our findings relating to funding trends for specific services, which show a steady decline in funding in all areas other than counselling (see Table 4.2a: Services Provided by Respondent Agencies).

Also of interest is the slight decline in the number providing 'other services' over the last two years. Included in this category are: housing-related services and accommodation projects; community education and life skills projects; projects focusing on specific groups of young people (e.g. young carers, young refugees, care leavers); general youth work; and gangs-related work. Last year, responses had indicated a significant increase in 'other services', suggesting increasing diversification of YIACS' service offers, but it appears this may have been a blip.

¹ It should be noted that some YIACS are charities managed by staff employed by or seconded from the Local Authority.

4.3 Funding sources

We asked respondents 'Who currently funds your organisation?'



[NB: Sources mentioned under 'Other' included: individual donations, community fundraising, self-generated income and contracts with schools]

Table 4.3a overleaf allows comparison of this year's results with those from last year's survey and highlights two clear trends that have been seen consistently over the last few years:

- a decline in statutory funding, particularly local authority funding – two years ago 90% of agencies were in receipt of funding from their local council; this fell to 83% last year and now stands at 78%;
- increasing reliance on charitable trusts and business.

Nevertheless, local authorities remain the most important source of income for the sector as a whole.

Table 4.3a: Funding Sources 2012-13

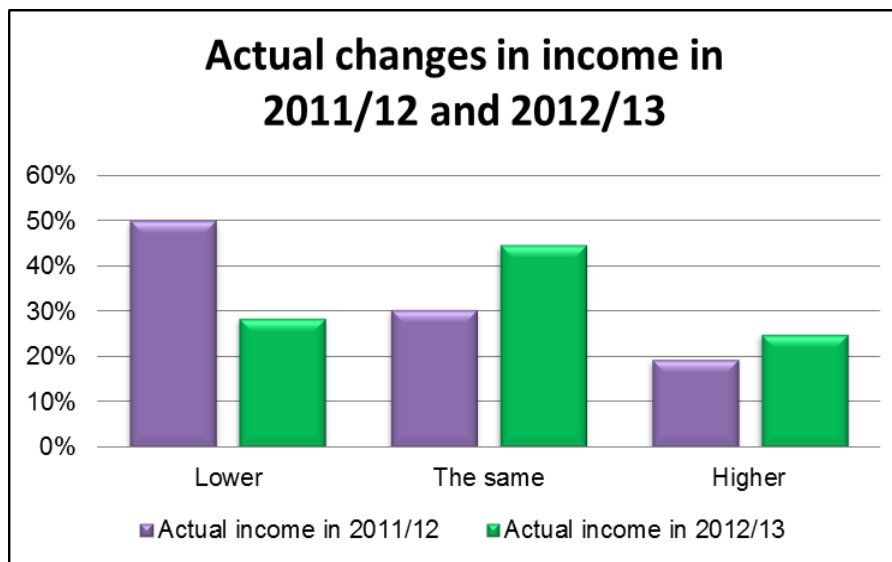
Funding Agency	2012	2013	Change since last year
Local Authority	83%	78%	-5%
Primary Care Trust	37%	35%	-2%
CAMHS	24%	25%	+1%
AMHS	2%	2%	-
Other local statutory sector funder(s)	17%	15%	-2%
Other regional statutory sector funder(s)	2%	0%	-2%
Central Government Department(s)	7%	2%	-5%

National Lottery	33%	29%	-4%
Local / regional charitable trust(s)	41%	47%	+6%
National charitable trust(s)	48%	53%	+5%
Private sector sources	9%	16%	+7%
Other	28%	25%	-3%

4.4 Income

4.4.1 Changes to income

Respondents were slightly more likely to report that their income in the last financial year (2012/13) had reduced (29%) than that it had increased (25%), compared to that in the previous financial year. Approaching half of agencies reported that their income was 'roughly the same' as the previous year, indicating increasing stabilisation of YIACS' finances.



Although the general trend in income remains slightly down (net increased vs reduced = -4), the figures represent a significant improvement over the last two years. Last year, 50% of YIACS reported a reduction and 20% an increase in income (net -30); two years ago, 86% reported a reduction and only 8% an increase (net -78).

Amongst those who reported a reduction in income, the average reduction was 20%.² Amongst

those who reported an increase, the average increase was 23%.³ However, the changes in income for some individual services were very large, ranging from a reduction of 55% to an increase of 75%.

We asked those agencies which had ended up faring better or worse than they had expected at the beginning of 2012/13 to tell us what had changed during the year.

Most often, respondents with positive stories cited **winning new contracts or success with grant applications**:

² Mean = 20%; median = 20%.

³ Mean = 23%; median = 20%.

“Secured some larger NHS contracts and increased youth work funding due to closure of local youth service.”

“We fared better this year as we were commissioned by the prison service to deliver in a YOI, schools increased their funding and also new money from a trust fund.”

“We tendered for and won new contracts and other funding eg from Homeless Transition Fund.”

“We received a development grant from CAMHS, which was slightly higher than the loss we received from the CRU.”

“NHS and Local Authority contracts were due to finish but have been rolled out for longer to allow local needs assessments.”

“We managed to get an extension of NHS funding and were successful with other funding

applications - the previous year was very dodgy as many applications we put in were refused due to 'over subscription'. This was following the removal of local authority funding.”

“We got new monies coming in for new projects from the local authority and independent charitable trusts. However if we were to compare like for like for our commissioned contracts there has been a reduction by 3%.”

“We fared better. Secured funding that will see us expand in the year ahead. The previous year had been an exceptionally good year for fundraising and we were pleased that we were able to increase funding again.”

“We received Comic Relief funding, Children in Need funding and some additional funding from NHFT as well as Community Safety Partnership and Community Foundation Fund.”

A few responses mentioned new support from business:

“We approached businesses to support us. Took a lot of time but we were successful with one which has kept us afloat.”

“More individuals and companies chose us as their preferred charity.”

Those who fared worse than they had expected had mainly suffered unexpected funding losses or unsuccessful bids:

“We are in a worse financial position that we thought or hoped due to 4 unsuccessful funding bids”.

“50% cut in donations.”

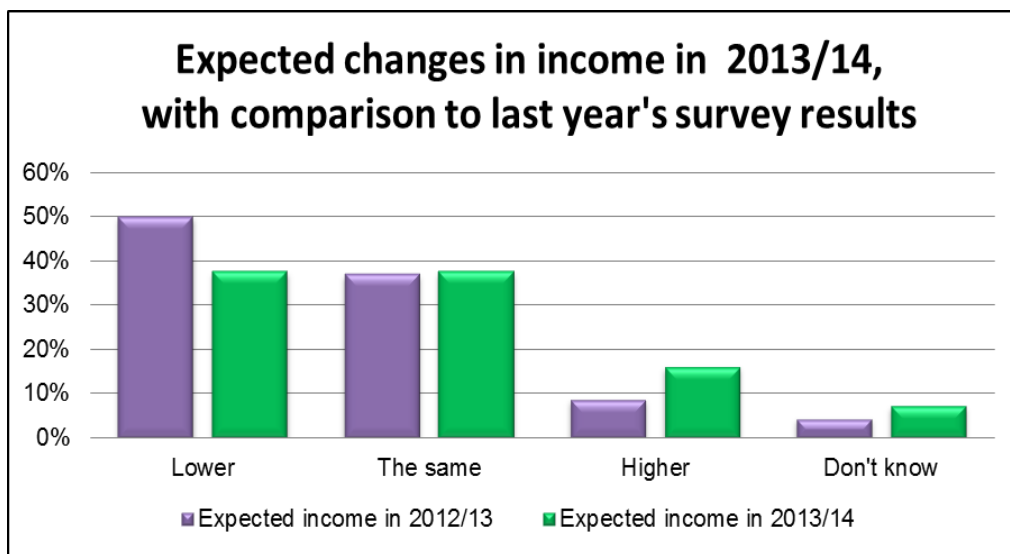
“Loss of funding from CCG.”

“Still trying to negotiate with local authority a reduction in our funding cut.”

“Local authority cuts.”

“Reduction in funding from various sources including Local Authorities and London Councils.”

4.4.2 Expected changes to income in 2013/14



As in previous years, we also asked YIACS to tell us how they expected their income in the current financial year to compare with the previous year. Thirty-eight per cent expect their income to be lower, with 16% expecting it to be higher (net -22). It is worth noting that in previous years YIACS' predictions in response to this question have been shown to be

overly pessimistic compared with the actual incomes they report a year later. Two years ago, net responses were -78; last year they were -42 (compared with the actual change reported of -4). Thus, this year's responses might be seen as quite positive and, if previous trends apply again, we could see further stabilisation or even improvement in YIACS' finances in this financial year, although this is by no means certain.

4.5 Statutory funding

YIACS have traditionally been extremely reliant on statutory sources of funding. We asked respondents to tell us how their agencies were being affected by cuts to statutory funding streams.

Table 4.5a: All Respondents

	Increasing	Reducing	Not affected	None received /sought
Local Authority funding	8%	63%	21%	8%
Health funding (PCTs / CAMHS / AMHS)	6%	34%	28%	32%
Central Government	-	8%	13%	79%
Other statutory sources	7%	19%	19%	55%

Table 4.5b: Excluding those respondents not in receipt of or seeking funding in specific areas

	Increasing	Reducing	Not affected
Local Authority funding	8%	69%	23%
Health funding (PCTs/CAMHS/AMHS)	9%	50%	41%
Central Government	0%	38%	62%
Other statutory sources	16%	42%	42%

As in previous years, local authority funding remains the area under greatest strain, with 69% of YIACS in receipt of or seeking this source of funding reporting reductions, whilst half (50%) of those receiving or seeking health funding reported reductions.

These figures are similar to last year's, but an improvement on two years ago. Nevertheless, it is clear that, despite YIACS' financial situations stabilising generally, there is no great let-up in negative statutory funding trends.

Comments provided by respondents highlighted the following themes:

i) The loss of specific funding streams

“One of our services (Family mediation service) has had its funding reduced from £52k p/a to £42k p/a for 13/14. The service will not be funded beyond Mar 2014.”

“Funding for 16 to 25 drop-in advice and LGBTQ project cut.”

“We have been unable to secure funding for our Youth Homeless Prevention post for over a year now and are paying from reserves to keep going. Just today heard that we have secured part funding for the salary so that is a relief but must find the rest otherwise we can no longer continue funding from reserves.”

“We have 3 pots of money that are all at high risk of being cut next year amounting to £110k. We may hang on to one of them but I am not all that hopeful at present. Treating them as lost and finding other solutions at present.”

“We received cuts to several LA contracts: sexual exploitation service; counselling; substance misuse; health and wellbeing drop in's in schools. These amounted to nearly £100,000.”

“Legal Aid funding is causing us to make people redundant in our mediation department.”

“Despite self harm in young people significantly rising, we have had our funding cut of over £80,000 so we have gone from a team of specialist counsellors working across North Lancashire of 6 to a team of 1.6 counsellors and 1 youth support worker.”

“Lost a full time Practitioner post for Advocacy.”

ii) Increasing/unfair demands of funders

“We have had to sign an NHS contract for one of our commissioned contracts and this means that there is a 5% to 10% penalty if we do not meet the agreed CQUIN targets. If this is achieved we will only benefit from a 5% incentive payment - given that our funding will be reduced by 3% this means that we only get a 2% increase for achieving our targets.”

“A completely over-the-top demand for extra data and personal information and tender opportunities that were badly written, withdrawn at the last minute and potentially ignored the social value act by awarding contracts to agencies with no local connections.”

“We have a new contract with the local CCG that does not financially cover DNA's and last minute cancellations that we cannot fill. We still have to pay our sessional counsellors for these missed appointments. Prior to this contract, we received a 'lump sum' contract and reported back monthly on clients seen, DNA's etc. and addressed any areas of concern or issue.”

iii) Injustice

“A 40% cut on counselling services money was given the justification of, “We had to cut some more than others so we took a pragmatic view that you were getting funding in from elsewhere (for different contracts) so could probably survive, could you not pay for some from other contacts?” Er, no, those are other contacts with you for other services!”

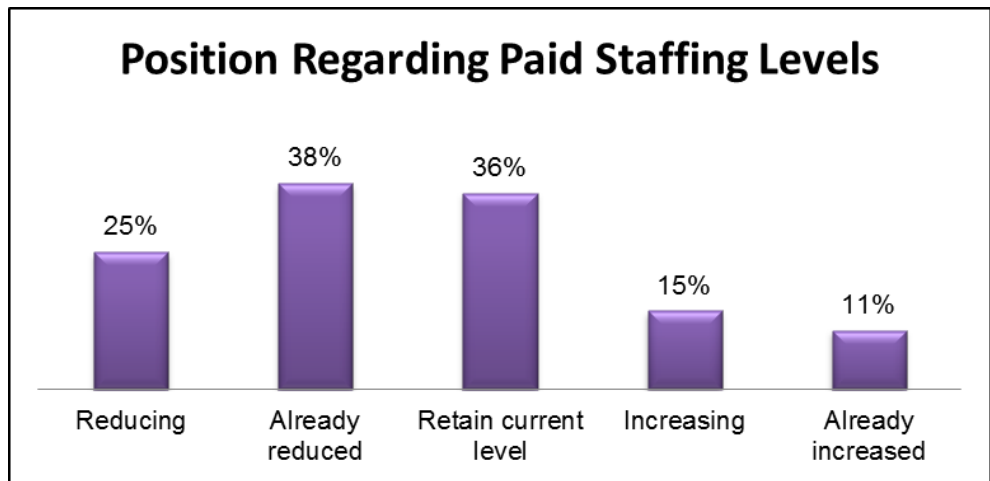
“Local commissioning process with the local authority has been very difficult. The second year of the contracts (2013/14) has been characterised by random cuts to different organisations with no basis on performance, admission by the commissioners that they had not read the data we sent.”

iv) The increasing importance of Health funding

“NHS funding, previously a grant, is to be competitively tendered. We will be bidding against partnership agencies and out-of-county service providers for countywide services when we are a locally based agency. A scary world.”

“Health funding has remained the same this year following a 1.5% cut last year. We have been told we will have funding for 3 years but the amount will remain the same - effectively a reduction each year.”

“The increase in CAMHS funding is due to Backfill support for CYP IAPT.”



4.6 Staffing

A quarter of agencies (25%) said that their overall staffing level would be reducing; 15% that it would be increasing (net -10).

These figures are markedly better than 2 years ago, when there was a net -64 score on this question. However, they show a slight deterioration compared to

last year when 20% said staffing would be reducing and 27% that it would be increasing (net +7).

Comments provided by respondents highlight the dedication of staff in YIACS and the tremendous strain that many staff teams have been under:

“Our current staff are working unpaid for part of their contract.”

“We have restructured with 3 redundancies, now down to 9 staff.”

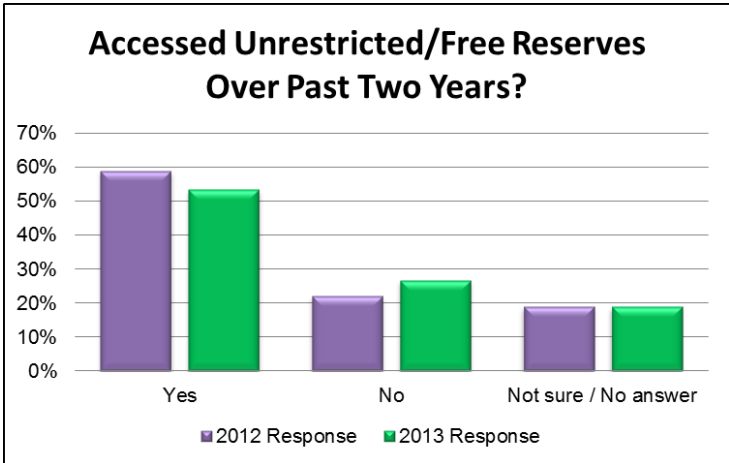
“Staff will be slotted in to particular pieces of work so although we may be offering work it’ll be a couple of hours here and there. Overall, for instance, the service manager role has been sacrificed and some managerial duties will be left to Trustees.”

“The three senior managers reduced their hours/pay from full time to 28 hours per week. Huge pressure on the agency to keep up performance.”

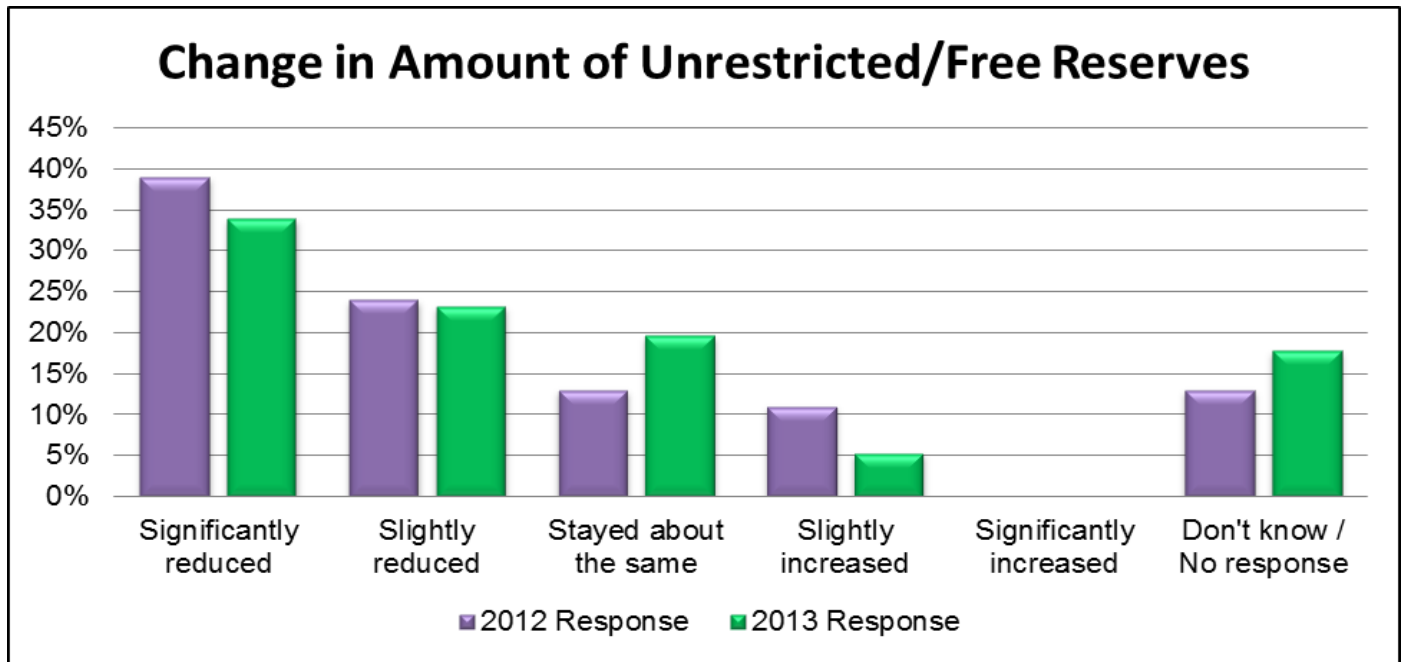
4.7 Reserves

We asked agencies what impact the funding situation was having on their reserves.

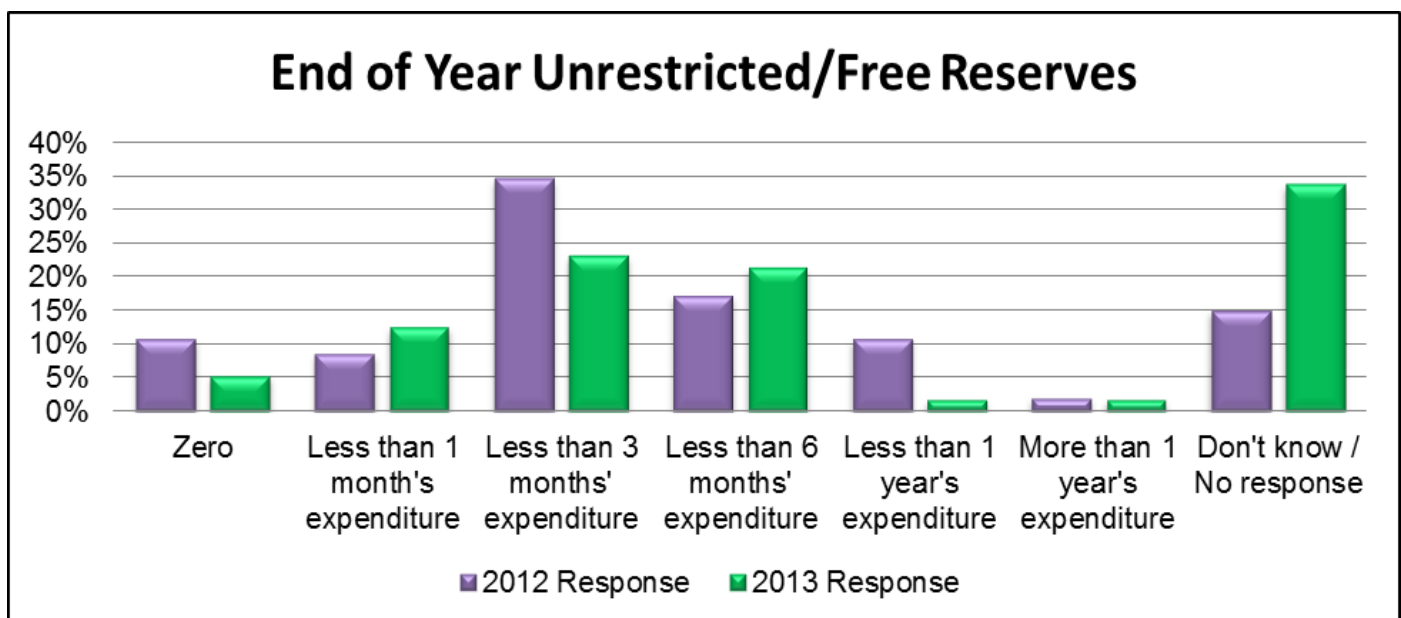
Over half of all respondents (54%) said that their agency had had to dip into their unrestricted or free reserves to help keep their services going over the past two years, with 27% saying they had not (net -27). This was a slight improvement on last year (net -37).



We also asked how the amount of the agency's unrestricted or free reserves had changed over the past two years. 60% said that their reserves had reduced, whilst only 5% said that they had increased (net -55). These figures represent little change from last year (net -52), though it is worth noting a slight fall in those reporting a 'significant reduction' in reserves (from 39% last year to 34% this year).



We also asked about the current level of agencies' unrestricted or free reserves. On this indicator, there was a slight improvement: 41% had reserves of less than 3 months' expenditure, whilst 25% had reserves greater than that (net -16, compared with net -24 last year). It should be noted that a third of respondents either did not know the current level of their agency's reserves or did not answer this question.



Overall, the pattern relating to YIACS' reserves appears one of stabilisation. The haemorrhaging of reserves that began three or four years ago appears to have been stemmed by many agencies in the past couple of years. However, many agencies have already lost the 'buffer' provided by previously strong reserves, leaving them highly vulnerable if they were to face fresh funding problems and in a weak position to participate in Payment by Results-type schemes where there is little upfront funding.

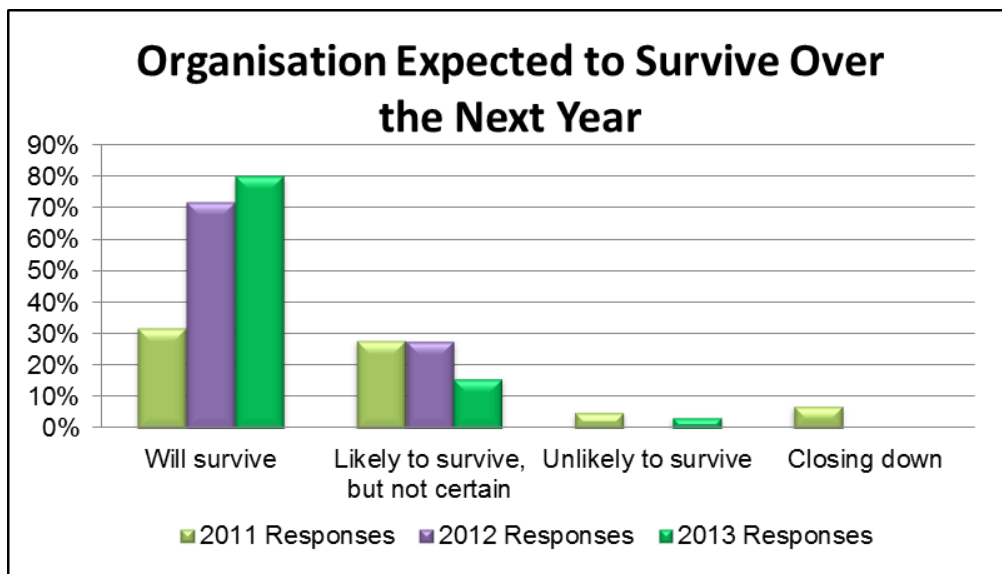
These figures illustrate the continuing commitment of organisations to protect front-line services, but are worrying in terms of the ongoing resilience of the sector.

“Delays in Local Authority and NHS decision making (particularly changes in commissioning) have negatively impacted on the agency as our reserves will dwindle before they decide what services they want.”

“We have a commitment to continue the counselling service at the same level as last year by using our reserves and having a big push from our volunteers to make up the money. This is the first time we have had to do this.”

4.8 Organisations' future

We asked respondents whether or not they expected their organisations to survive over the next 12 months.



96% of respondents said that their organisation either 'will survive' (80%) or 'is likely to survive' (16%) for at least another year.

None said their organisation would be closing, but two respondents (4%) indicated that their agency was 'unlikely to survive'.

The net score on this indicator (those surviving or likely to survive vs those

closing or unlikely to survive) is +92, slightly down on last year's +100, but the proportion of those certain of their survival has increased from last year. Two years ago the picture was far less positive (net +76).

Many organisations remain optimistic in the short-term.

“The service this year is in a stronger position than ever before, but still reliant on Local Authority for the building and a key staff member. Feel optimistic about the future at the moment.”

“We came to the point in 2011 where we thought we may have to close. However we managed to secure ongoing funding from the NHS at the last minute and reduced our costs. Now things are much better, but funding is an ongoing problem.”

“We are approaching our difficulties with confidence and expanding despite falling resources, as a way of growing out of our difficulties.”

However, when looking to the medium to longer term, uncertainty still reigns for most YIACS:

“We haven’t been severely cut as yet, as the city’s joint commissioning group, which includes Health, Education and Social, have decided that in-year funding will remain at the same volume as last year. However, they are in discussions about how to decimate funding from next year: tender, procurement, qualified provider, preferred provider, including the length of contracts: 1 year, 3 years or possibly 5 year contracts.”

“The significant year is going to be 2014/15 in relation to our commissioned contracts which make up about 78% of total income - this year funding has just rolled over from the previous year as commissioning still needs to get sorted out. The local authority has decided to put our service out for tender.”

“Local Authority and NHS funding is to be pooled under a new role - Children and Families Public Health Officer - and we are looking at 10-15% cuts across the budget.”


“Very little income is certain beyond next year. Even local authority funding has become short term.”

“Whilst we remain optimistic about our future we are now beginning to seriously question if that optimism is misplaced.”

“The next year is certain, but the future after this is very unclear.”

“Not expecting any further cuts this year but situation beyond that unknown.”

“On our current finance plan we know we can survive for at least 3 more years (all other things being equal). We are planning for growth, but it is definitely tougher to get the income needed to fund growth than before, and the level of need is very much higher than at any other time.”



“We are still caught up in the local/national uncertainties around funding levels.”

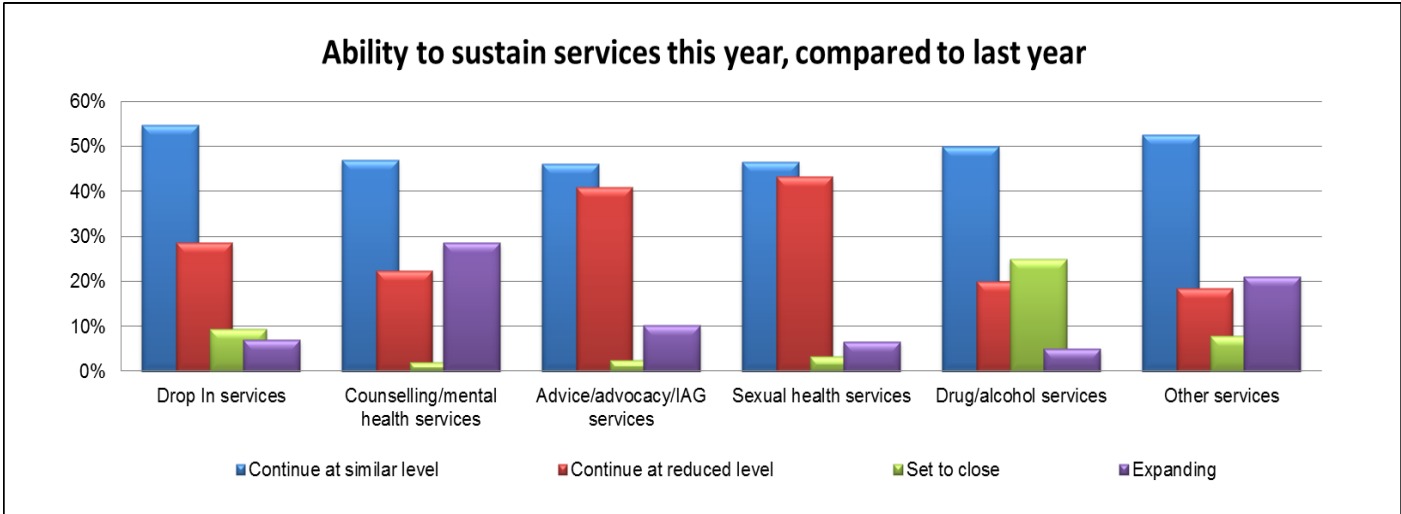
4.9 Specific Services

We asked agencies to tell us about their likely ability to sustain their different services over the coming year, based on the levels of funding they had actually secured for 2012/13.

Two years ago, responses to this question showed that all types of services delivered by YIACS were being very badly hit by the cuts, with an alarming level of closures and service reductions in drop-in services,

advice services, sexual health services and drug and alcohol services; counselling services were faring slightly better. Responses last year were far more positive across the board, with nearly as many services set to expand as continuing at a reduced level and very few set to close. Counselling again appeared to be faring better than other services.

This year’s survey results show quite a mixed picture, with many services suffering worse than they did last year. Once again, counselling services are an exception.



4.9.1 Drop-in services

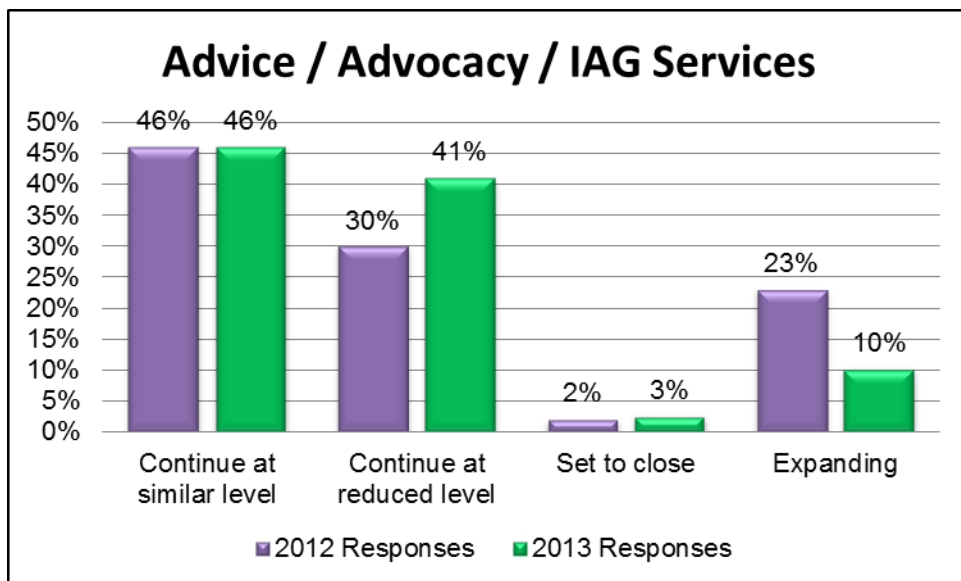
Four out of five YIACS provide open access drop-in services as a key route in to their more specialist services.

55% of respondents with drop-in services reported that their services were likely to continue at a similar level, 29% at a reduced level, 10% that they were set to close and 7% that they would be expanding. (Net expanding vs. reducing/closing score = -32). These results are somewhat worse than last year (net -23) and are a substantial cause for concern.

4.9.2 Advice services

77% of YIACS provide advice, advocacy and/or Information Advice & Guidance (IAG) services. Typically, these services help young people with issues relating to housing, homelessness, welfare benefits, debt, education and employment.

46% of respondents with advice, advocacy and/or IAG services reported that their services were likely to continue at a similar level, 41% at a reduced level, 3% that they were set to close and 10% that they would be expanding (net -34). These results are considerably worse than last year (net -7), despite this being a key area of increasing need.

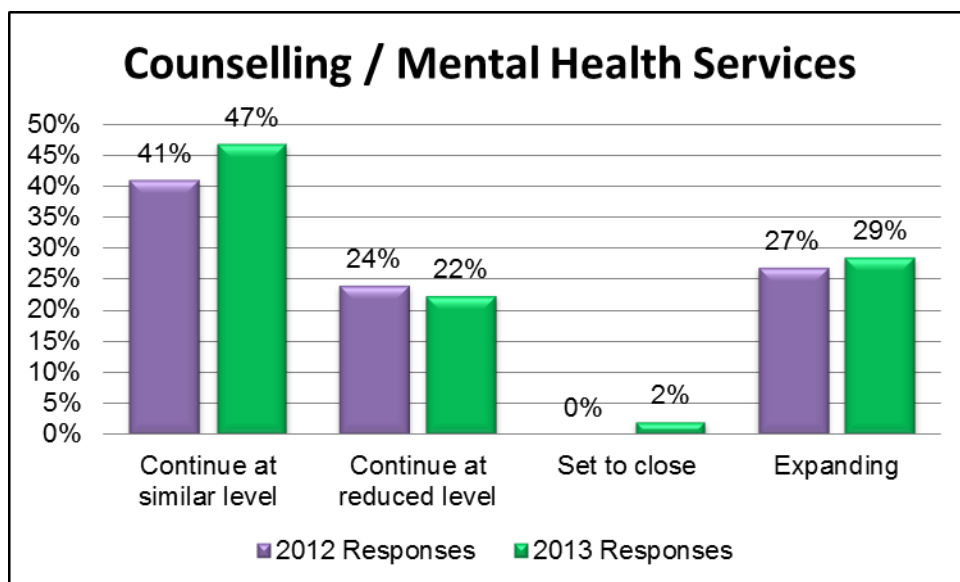


“Funding for advice has reduced even though our overall funding has increased. Funding for advice is very difficult and anything that seems to protect people's rights is threatened with disinvestment due to government policy.”

4.9.3 Counselling / mental health services

Nine out of ten YIACS responding to the survey said they provide counselling, other therapeutic services and/or other specialist mental health interventions.

47% of respondents with counselling and/or mental health services reported that their services were likely to continue at a similar level, 22% at a reduced level, 2% that they were set to close and 29% that they would be expanding (net +5). These results are a slight improvement on last year (net +3), which is particularly striking given a deteriorating overall picture for specific services.



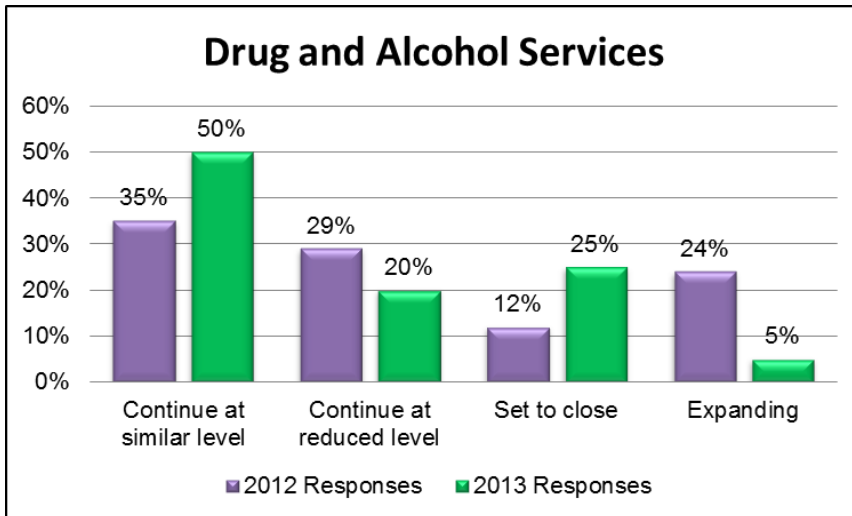
This pattern of counselling and mental health services faring

significantly better than the other core services provided by YIACS is one that we have now seen repeated in three successive years. It may reflect a growing recognition in recent years of the importance of addressing adolescent mental health needs. It may also be partly a result of the fact that many youth counselling services were funded out of PCT CAMHS budgets, which have been rolled over during the NHS re-organisation period in many areas, rather than out of local authority CAMHS budgets, which have been worse hit. It remains to be seen what will happen now that many former PCT CAMHS budgets are managed by Clinical Commissioning Groups and local authority CAMHS funding generally sits within Public Health teams in local authorities.

“Counselling services are expanding due to starting a service in a neighbouring area and starting an online counselling service.”

4.9.4 Drug and alcohol services

For the first time, we asked about drug and alcohol services and sexual health services separately from each other. 42% of YIACS report providing drug and/or alcohol services. Most provide information, advice and support at Tiers 1 and 2, but some YIACS have contracts for Tier 3 treatment services.



50% of respondents with drug and alcohol services reported that their services were likely to continue at a similar level, 20% at a reduced level, 25% that they were set to close and 5% that they would be expanding (net -40). These results represent a significant deterioration on last year (net -17) and are particularly worrying for the high proportion of services that appear set to close.

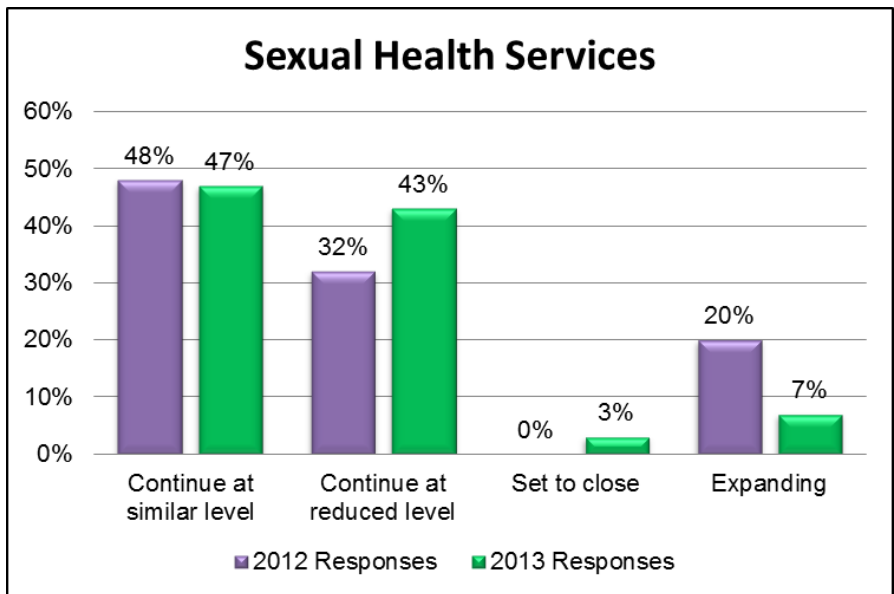
“Drug & alcohol work has closed down due to ending of funding for our last remaining drug outreach worker. No direct plans to try and renew this at present.”

remaining drug outreach worker. No direct plans to try and renew this at present.”

4.9.5 Sexual health services

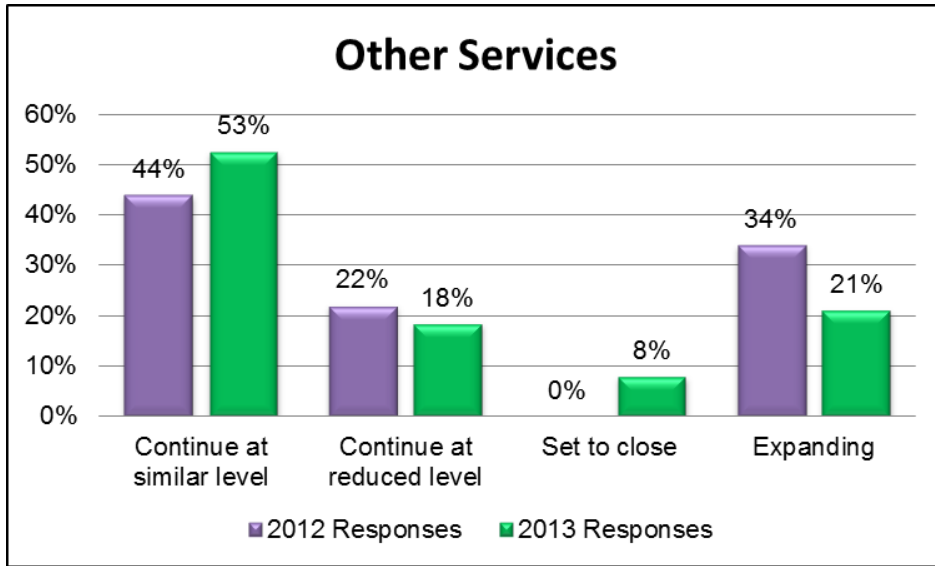
Nearly two-thirds of YIACS said that they provide sexual health services. Many provide C-Cards, Chlamydia and gonorrhoea screening, pregnancy testing and condom distribution, in addition to information, advice, counselling and support.

47% of respondents with sexual health services reported that their services were likely to continue at a similar level, 43% at a reduced level, 3% that they were set to close and 7% that they would be expanding (net -39). These results represent a significant deterioration on last year (net -12). The only consolation is that, although many sexual health services are being cut back, few appear likely to close.



47% of respondents with sexual health services reported that their services were likely to continue at a similar level, 43% at a reduced level, 3% that they were set to close and 7% that they would be expanding (net -39). These results represent a significant deterioration on last year (net -12). The only consolation is that, although many sexual health services are being cut back, few appear likely to close.

4.9.6 Other services



85% of YIACS indicated that they provide 'other services', typically including housing-related services, projects targeting specific client groups (e.g. young carers, young fathers/mothers or young refugees), youth participation projects and family support services.

53% of respondents with 'other services' reported that these services were likely to continue at a similar level, 18% at a

reduced level, 8% that they were set to close and 21% that they would be expanding (net -5). These results represent a deterioration on last year (net +12). However, with the exception of counselling and mental health services, 'other services' are once again faring better than the traditional core services provided by YIACS.

"Other services are our young carers work which is maintaining at current level in terms of capacity although demand is increasing rapidly."

"Unless we secure appropriate funding our Youth Participation work and training will either cease or dramatically reduce."

4.9.7 Co-location of services

Throughout the survey, there were interesting comments provided by respondents in relation to moving premises and the impact this will have on the nature of the service provided.

Co-location with statutory services was often forced and not seen as positive, being linked with a loss of independence and ethos:

"It is likely that our agency will have to relocate in 2014 to share office space and interview rooms with other Children's Services. This way of working will reduce costs for the local authority overall. However, it will also affect our independence and completely alter the culture of the agency. It will impact on our style of interacting with young people. We may become associated with an "institutional" brand of working which may well put some clients off."

"The service (and its name) is likely to survive this year in some form but the successful YIAC ethos and model of working with young people is under threat within a service which is process-led and has a strong focus on youth justice and the Connexions agenda. Our voice is marginalised at present and this is the challenge ahead."

“The biggest impact on counselling and all other service delivery has been the re-organisation of the service within an Integrated Youth Support Service and the paralysis which has accompanied it.....and the move to a "central integrated hub" without any publicity or coherent delivery plan has left many young people unable to access drop in support for several months.”

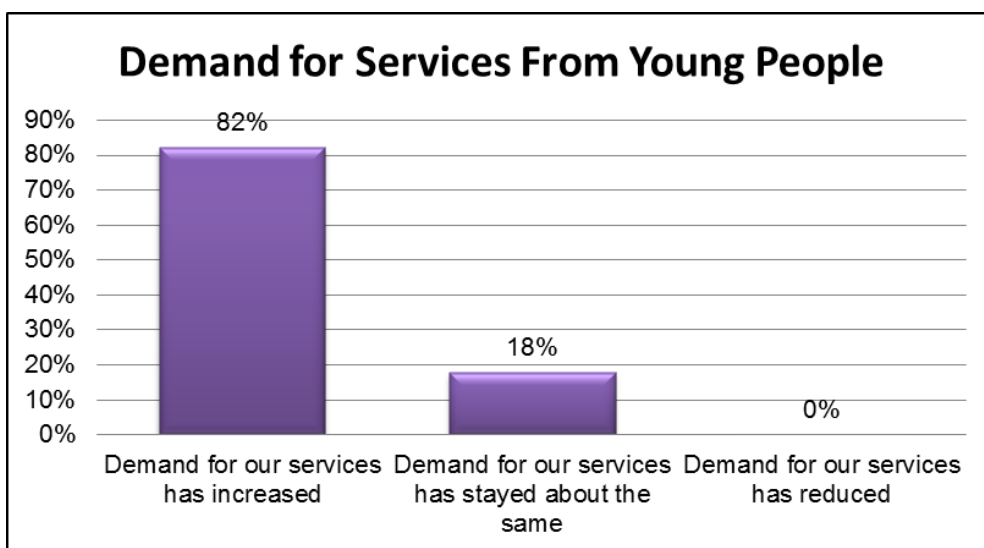
“Some roles will probably change within an integrated service. A challenge to our ethos and values is likely.”

In contrast, co-location with other YIACS or voluntary sector services was more likely to be seen as a positive move:

“Our Youth Advice Centre will be co-locating with our Housing Advice Service Drop-in due to lack of funding to keep it going. This will develop our YIACS model and we are hoping that co-locating both services will ensure the continued survival of both.”

“Moving to more suitable, accessible premises [has taken 8 years!] – now we can develop provision ourselves and in partnership. Extra space can be rented out to generate income.”

4.10 Demand for YIACS’ services



4.10.1 Change in demand in past 12 months

We asked how overall demand for YIACS’ services had changed in the past 12 months. As in all previous surveys, the vast majority of respondents (82%) indicated that it had increased, with the remainder saying that it had stayed about the same. No respondents indicated there had been a reduction in demand.

There has been strong evidence of a genuine increase in demand for YIACS’ services since the economic crisis began in 2008. The increase appears to have been steady; there is no obvious sign of either a slowdown or an acceleration in the increase.

The closure of other local services was a common theme:

“Other services have closed across the City and therefore the demand on our service has significantly increased, even though our funding levels have reduced.”

“Some local counselling services locally have closed which has increased the demand for our services. Also there is more demand generally.”

How has overall demand changed in past 12 months? (2010-2013)	2010	2011	2012	2013
Demand for our services has increased	90%	80%	85%	82%
Demand for our services has stayed about the same	10%	20%	11%	18%
Demand for our services has reduced	0%	0%	4%	0%
NET (increased vs reduced)	+90	+80	+81	+82

Many YIACS reported that their counselling services had experienced increased demand as a direct result of a rise in the number of referrals from CAMHS, GPs and Children’s Services departments:

“More young people referred by GP’s and Camhs teams than ever before.”

“Demand has increased from other professional signposting such as Social Care.”

“Higher levels of referral from statutory services, GPs, Paedtricians, FSW, Youth Offending.”

“Young people come to us with very serious issues and although the borough tender will ask for 6 week counselling contracts, we are getting referrals across the borough for long-term need as no one else is equipped to offer this.”

“Referral with complex issues - from social care and CAMHS.”

“Counselling has increased because council CAMHS services were closed.”

“Increase in numbers for Counselling, in particular self-harm. Unclear if this is due to a rise in self harm OR a rise in awareness of the different types of self harm OR a lack of others places to signpost young people to.”

Another major factor behind increased counselling demand has been the redefinition of CAMHS criteria and thresholds:

“More referrals, particularly from local CAMHS service who seem now to only want to deal with young people if they have actually made one attempt at suicide, so if young people are having suicidal thoughts or coming up to age of 17/18 CAMHS refer to us. A lot of other services are short term focused, we see young people who need longer term work.”

“A re-organisation of local CAMHS has redefined thresholds and there has been a notable increase in formal and informal referrals from this route.”

“CAMHS has raised its criteria and we are therefore seeing more complex cases who would previously have been treated by CAMHS.”

“CAMHS tightened thresholds - we see more serious cases - some psychosis etc.”

“Young people presenting to counselling with complex needs - self harm, sexual abuse, eating disorders as result of CAMHS increasing their criteria and referring young people to us.”

“Increasingly those referred to us no longer reach the CAMHS criteria.”

4.10.2 Key areas of increasing demand

We asked agencies to tell us about key areas of increasing demand, ‘i.e. the types of issues which young people are presenting with more often now than a year ago’. Issues most frequently cited were:

- Mental ill-health/emotional wellbeing issues (including stress, depression, anxiety, suicidal feelings) (cited by 25 respondents)
- Social welfare advice issues (primarily homelessness, housing, money and benefits) (20)
- Self harm (11)
- Safeguarding (incl. abuse, domestic violence, sexual exploitation, sexual violence) (10)
- Unemployment / Gaining employment / NEET work (8)

This list is similar to last year’s top issues. The following are typical of responses and highlight **increasing complexity as well as numbers**:

“Massive increase overall with young people unable to keep up with demands: severe mental health issues, emotional issues, family breakdowns, safeguarding/legal issues, debt, homelessness, money issues, increase in using payday loans (against advice), sexual exploitation issues.”

“Everything. Doubled in many places. All issues, especially housing, benefits, mental health, education and training.”

“Homelessness, Benefits, Mental Health, Employment.”

“The key area is mental health support which continues to increase in terms of both absolute numbers and complexity.”

“Demand for our service has risen by nearly 50% since last year. The types of referral feel more complex with higher levels of self-harm and suicidal feelings.”

“Employment/education support incr by 30%; Housing advice incr 45%; benefits and money related matters incr 65%.”

Several respondents mentioned seeing an increase in need resulting from **benefit sanctions**:

“Financial issues in the drop in. Sanctions from Benefits, loans and debt. They are on the steady increase and we don't advertise or I think we would be inundated.”

“We are seeing more benefits sanctions, debt and poverty issues. Use of the food bank.”

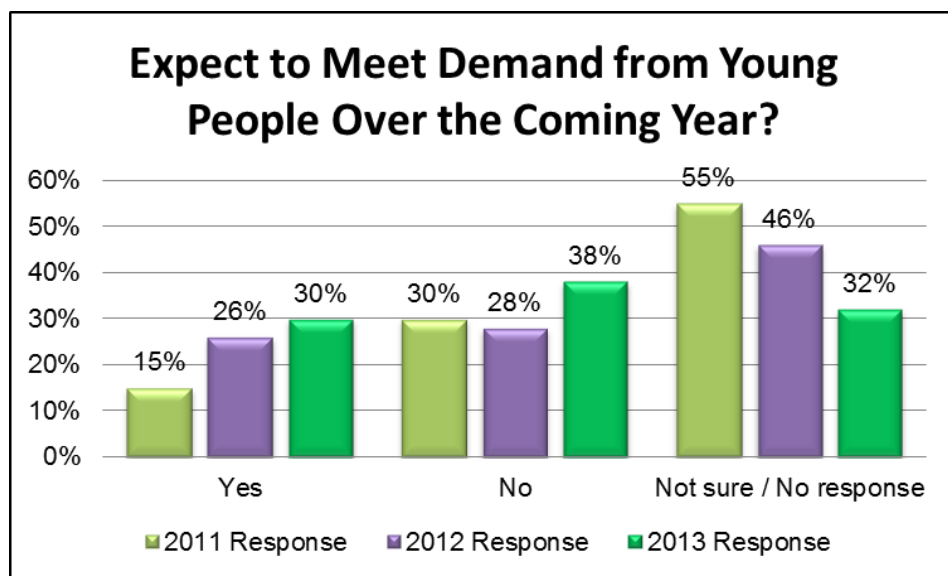
“Increase in young homeless due to benefit sanctions.”

Responses also highlighted the **inter-relationship between young people’s mental health, social welfare and other issues:**

“At the advice project we deal mainly with young homeless people. We are noticing more and more young people with depression and other mental illnesses. We are currently trying to track why y.p. are leaving home and the emerging trends are domestic violence, poverty, parents with mental health issues and parents with drug or alcohol issues.”

“Counselling referrals increasingly have embedded behavioural and social difficulties that require ongoing support which we are unable to provide due to lack of funding and staff.”

4.10.3 Capacity to meet demand over next 12 months



We asked agencies whether they expected to be able to meet demand over the coming year.

30% said they expected to meet demand (up from 15% two years ago), but an increased number (38%) also said they did not expect to meet demand. (Net able versus unable to meet demand = -8). Just under a third said they were not sure – significantly down from 55% two years ago, confirming other indications that agencies have a

greater degree of certainty about their funding and future capacity than they did previously.

“Capacity outweighs demand. We cannot meet the demands of the number of referrals we are receiving, weekly. And now we have had our funding cut so much by CCG we are now left with a skeleton service and referrals that have more than doubled.”

“If we had the resources we would be expanding the counselling/mental health service as there is a clear need but we are unable to find funding sources for it.”

We also asked agencies to estimate, if they could, what their future capacity would mean for the numbers of young people they would be able to help in 2013/14 compared to the previous year. Of the 27 agencies that

felt able to provide a figure, 17 said that they expected to help more young people (ranging from 50 more to 1000 more), whilst 10 said that they expected to help fewer young people (ranging from 200 fewer to 1000 fewer).

Aggregating these responses, the 27 agencies providing figures estimated that they would be able to help 470 more young people, an average of 17 more young people per agency. Extrapolated across our total membership of 140 YIACS (on the assumption that these 27 agencies are representative of all agencies), this would mean an increase in access to services for 2,380 young people over the next year – a modest number, but this represents a significant turnaround from the last couple of years. Two years ago, we calculated from responses to our survey that YIACS were set to help 45,000 fewer young people. Last year, the figure was 9,943 fewer young people.

These figures need to be put into the context of previous estimates that YIACS see around 1 million young people a year (and New Philanthropy Capital's estimate that YIACS see approximately 44,000 young people a week in England alone⁴).

The key message emerging, therefore, is that, despite their reduced capacity, most YIACS are somehow managing to protect front-line services and help roughly as many young people as before – though they are less likely to be managing to meet the increased demand they are encountering.

4.11 Survival strategies

4.11.1 Actions taken or considered

We asked about the measures and strategies YIACS were adopting to try to secure a sustainable future.

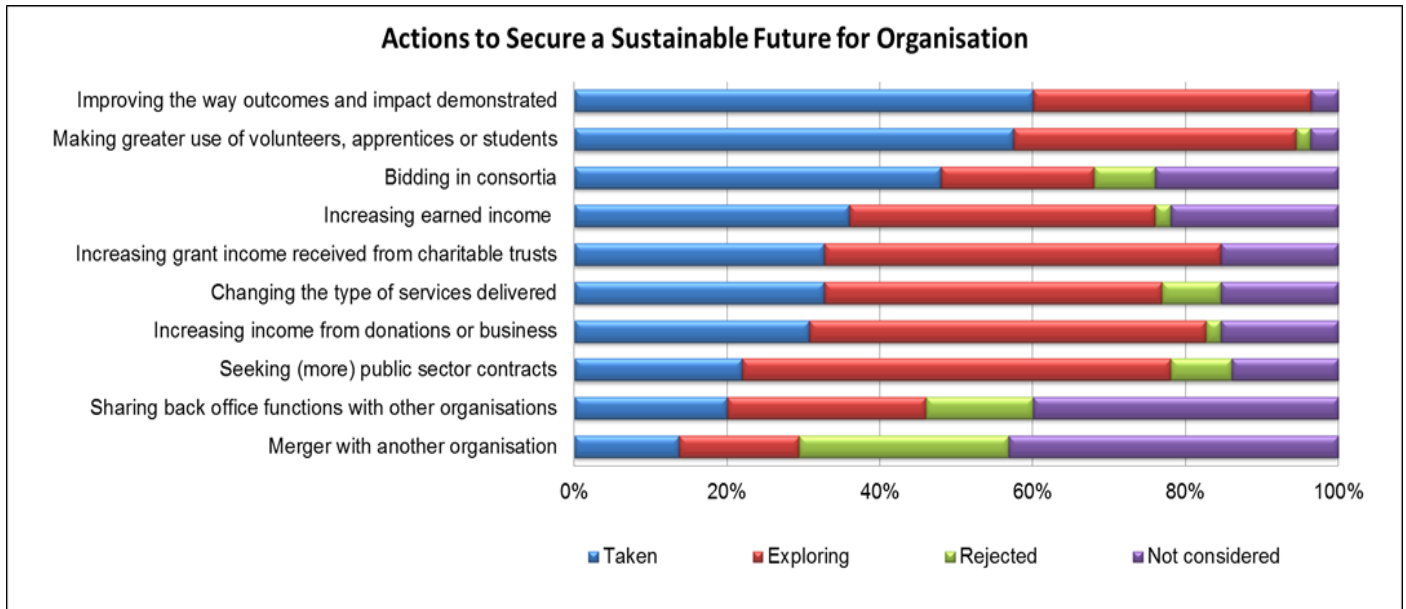
The actions most commonly either considered or already taken by agencies were:

- Improving the way we demonstrate our outcomes and impact (96%)
- Making greater use of volunteers, apprentices or students (94%)

A majority of respondents said that their agencies had also either considered or already started:

- Increasing grant income received from charitable trusts (83%)
- Increasing income from donations or business (81%)
- Seeking (more) public sector contracts (78%)
- Increasing earned income (77%)
- Changing the type of services we deliver (76%)
- Bidding in consortia (68%)

⁴ *Heads up: Mental health of children and young people*, I. Joy, M. van Poortvliet and C. Yeowart, New Philanthropy Capital, November 2008.



When looking only at those who had actually already taken action, the top measures taken were (in order):

- Improving the way we demonstrate our outcomes and impact (60%)
- Making greater use of volunteers, apprentices or students (57%)
- Bidding in consortia (48%)
- Increasing earned income (36%)

The responses suggest some practical difficulties in implementing some of the measures in which agencies are interested. The biggest gaps between ‘exploring’ and ‘taken’ relate to increasing income received from public sector contracts, private sources and charitable trusts – suggesting not only that these things are easier said than done in the current financial climate, but that agencies may require greater support in these areas.

Not surprisingly, agencies were least likely to have considered merging with another organisation, although the seven organisations (13%) that have already merged represent a not insignificant part of the sector. If this trend continues over the next few years, it will represent a major re-shaping of the sector. Only 27% say they have already rejected merger as an option.

Comments provided by respondents also highlighted two interesting areas of potential opportunity that are being exploited by some YIACS:

i) The NHS – Clinical Commissioning Groups, CYP IAPT

“We were approved to deliver NHS payment by results work under Any Qualified Provider.”

“We are adopting the ACE-V framework to present as viable to CCGs.”

“We are trying to secure funding from the CCG's to replace the PCT funding that we used to receive.”

“We are trying to meet with CCGs and writing to GPs.”

“Starting to address the CYP IAPT outcomes agenda more fully.”

“We have been granted additional NHS funds for work with care leavers.”

“We do Family Therapy which is cheaper than CAMHS. We’re in an IAPT pilot with local NHS.”

ii) Schools

“Expanding contracts with schools.”

“We are increasingly trading directly with schools and focusing much of our work in that direction.”

“Selling services to schools and youth groups.”

“We paid for someone to do Play Therapy training and this is popular in schools.”

“We want to increase our commissioned services to schools but this is being held up by budget cuts and unknowns with school budgets.”

“We had some success in selling group work and some therapies to schools and colleges.”

4.11.2 Relative merits of different survival strategies

We asked which strategies respondents had found to be most worthwhile. Each of the ten activities in our list was mentioned by at least one respondent, suggesting there is no one-size-fits-all solution and many agencies will need to take a multi-faceted approach.

“The strategy has been to develop strong partnerships, involve young people, publicise everything we do, maintain a high profile and provide quality services for young people and, lastly and probably most important, demonstrate that we are saving the council money in the long run.”

The activity that was most commonly cited as having been the most worthwhile was ‘Improving the way we demonstrate our outcomes and impact’ (cited by 7 respondents).

“Improving the way we demonstrate our outcomes and impact has enabled us to increase grant income from charitable trusts.”

“Improving (and communicating) the way we demonstrate outcomes and impact is likely to be the most appropriate way of securing a future for the service.”

“We have implemented the CORE system to provide better outcome statistics for the local authority.”

“Developing relationships with CCG to inform them of the outcomes our service has achieved.”

The other activities that were most commonly cited were:

- Making greater use of volunteers, apprentices or students (6)
- Increasing grant income received from charitable trusts (6)
- Bidding in consortia (4)
- Seeking (more) public sector contracts (4)

The last two strategies in this list had not worked out for everyone – several respondents reported **negative experiences of consortium bids** for public sector contracts:

“Consortia are a red herring and are not a solution to the funding crisis. They do not have the capacity to go for large contracts - and is simply creating another hierarchical level in the funding scenario. Let us talk partnerships and joint working as this is more productive and relevant to the sector.”

“Consortia bidding has been time intensive and so far with few concrete results although has strengthened local vol. sec. relationships.”

“We were part of a consortium of local voluntary orgs and did bid for several tenders which were unsuccessful due to lack of track record - chicken and egg situation. A lot of work was involved for no return and the consortium has since folded.”

“Consortia and contracts are risky as the council doesn't seem to offer exactly the right contracts for an all-rounder like a drop in service. Contracts are often pan-county and we are not and consortia take time and effort to manage.”

4.11.3 Key factors to survival / development in past year

We asked respondents to tell us what factors had been of particular importance to their agency's survival or development over the past year. Rather than providing a menu of pre-determined options, we allowed respondents to respond in their own words. A very wide range of issues was cited. The following were the most common themes:

i) Reputation & recognition of value of YIACS model

“The LA has recognised that with the demise of Connexions and other Youth work, our agency is one of the few left that will offer support young people need.”

“We provide the only young people's counselling service in the borough and we have a good reputation.”

“Having a good reputation and continuing to build on that.”

“The quality of the service and commitment of the staff team which has ensured we have invariably exceeded expectations of funders, managers and partners. This together with the testimony of young people and colleagues within partner agencies has built a strong reputation locally, which sadly is now at risk.”

ii) Staying on mission

“Making a conscious decision not to go for employability related contracts and not to diversify but instead build on our core business and what we know we do well. We will not consider TUPE relevant tenders, bidding for what should be public services and payments by results contracts. This has helped us to be proactive in building on what works.”

“We've resisted chasing contracts that are not our mission.”

“Strong vision.”

“Our strategy, in contrast to some organisations in the sector, is not to diversify what we deliver but to build on our core delivery - which has worked for us on a short term basis.”

“Keeping focused on what we do well and not diversifying too much.”

iii) Reconfiguration of services, improving efficiency/leadership/governance

“Being confident enough to re-structure.”

“Sorted our governance and leadership.”

“Restructure and redesign of provision, services, departments and posts.”

“Internal Improvement Plans with management and Trustees.”

“Reorganisation/restructure.”

“Developing good governance and accountability in delivery of services.”

“Tightening up all procedures to ensure we are as lean as possible.”

“Change of management.”

iv) Partnership working

“Being open to working with other organisations.”

terms of advice and counselling aren't often commissioned. We do the "young people" bit whilst some do children and some adults.”

“The development of local consortia to increase bidding power.”

“Merger with larger homeless charity (not YIAC).”

“Active development of new working model to join with partner agency for future tendering.”

“Closer working with another charity doing similar work.”

“Partnerships so all ages can be covered within the partnership as services for young people in

v) Relationships with commissioners

“Networked with senior managers and commissioners in the local authority.”

“An established relationship with a local authority Commissioner who saved a budget for homeless prevention.”

“Having good relations with key people - although they do keep changing...”

“Maintaining/building relationships with influential people/commissioners.”

“Maintaining strong relationships with statutory and voluntary sector colleagues.”

vi) Promotion, demonstrating value

“Demonstrating the preventative value of our work with statistics, reports and case studies.”

“Uptake in numbers, feedback from young people.”

“High visibility of service.”

vii) Being part of networks

“Involvement in local, regional and national networks.”

“Support from Youth Access and BOND.”

“Youth Access membership and briefings.”

viii) Staff involvement/commitment

“We are still here purely due to the dedication of paid staff, volunteers and supervisors, who are all offering some work for free, and counsellors are currently paying for their own supervision.”

“Consistent staff consultation.”

“Making sure everyone in the organisation understands the situation, keeping everyone up to

“Senior management have done a superb job in promoting the service and maintaining a high profile with councillors and other important stakeholders.”

“Have a monitoring and evaluation system in place - having a good data collection system and historical data to demonstrate the work and impact of our work.”

“Ensuring as much as possible that senior commissioners are aware of our work.”

speed with developments seeking ideas for change/solutions etc.”

“Hard work of a committed team.”

“A superb fundraiser. Dedicated staff and volunteers.”

“Our organisation will survive through the dedication and hard work of the staff.”

ix) Involvement of young people

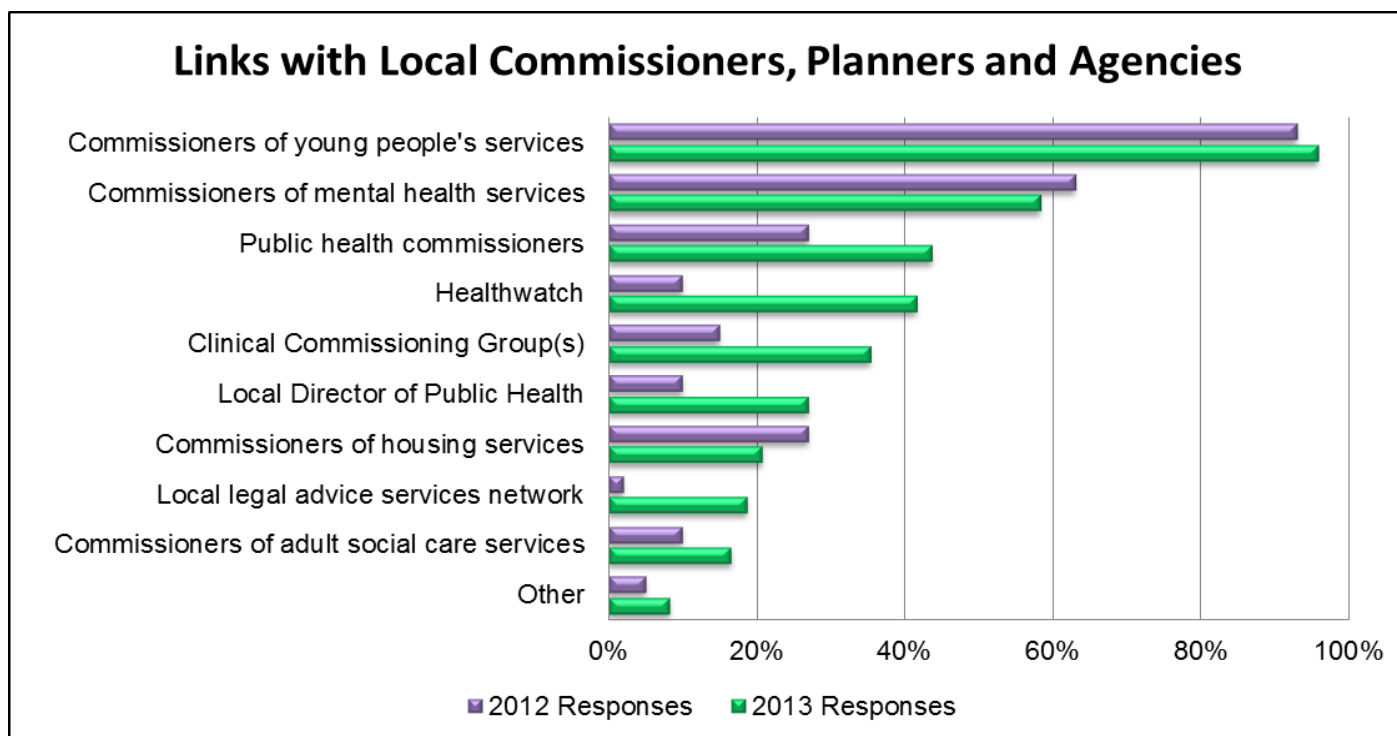
One of the most important issues that has ensured our survival where others have not is that we have involved young people in planning and delivery of services. We have area youth forums and a Youth parliament. These are high profile projects that all councillors are aware of. We have developed our communication strategy to involve FaceBook, Twitter, a new website and a termly magazine....

4.12 Influencing commissioning

4.12.1 Links with commissioners

We asked respondents whether they had good links with a list of local individuals and groups that are likely to be key to the funding and commissioning of YIACS in the future. Generally, responses suggested improved links with a wider range of commissioners than was found last year.

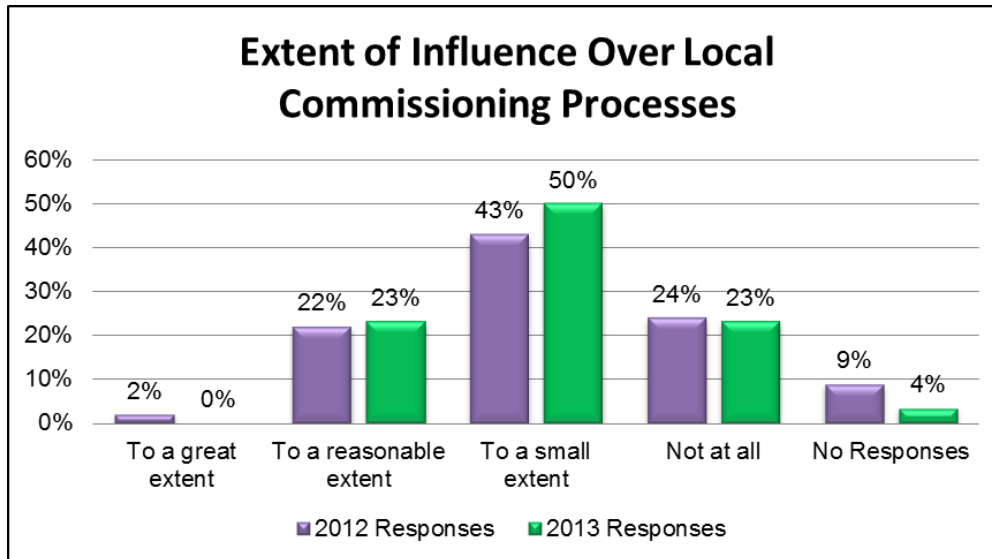
Almost all agencies (96%) had good links with commissioners of young people’s services. More than half (58%) also had good links with mental health commissioners, although this figure is slightly down on last year.



Encouragingly, YIACS’ relationships with other health commissioners and bodies have improved markedly since last year, when many of the structures across the new NHS were still in the early stages of bedding in. For example, 44% now report good links with Public Health commissioners (up from 27% last year), 42% with Healthwatch (up from 10%), 35% with their local Clinical Commissioning Group (up from 15%) and 27% with the local Director of Public Health (up from 10%).

There has also been a significant increase in YIACS' links with their local legal advice services network, probably as a result of renewed partnership working at local authority level prompted by the Big Lottery Fund's Advice Services Transition Fund.

4.12.2 Influence on commissioning processes



We asked agencies to what extent they felt they had been able to influence local commissioning processes.

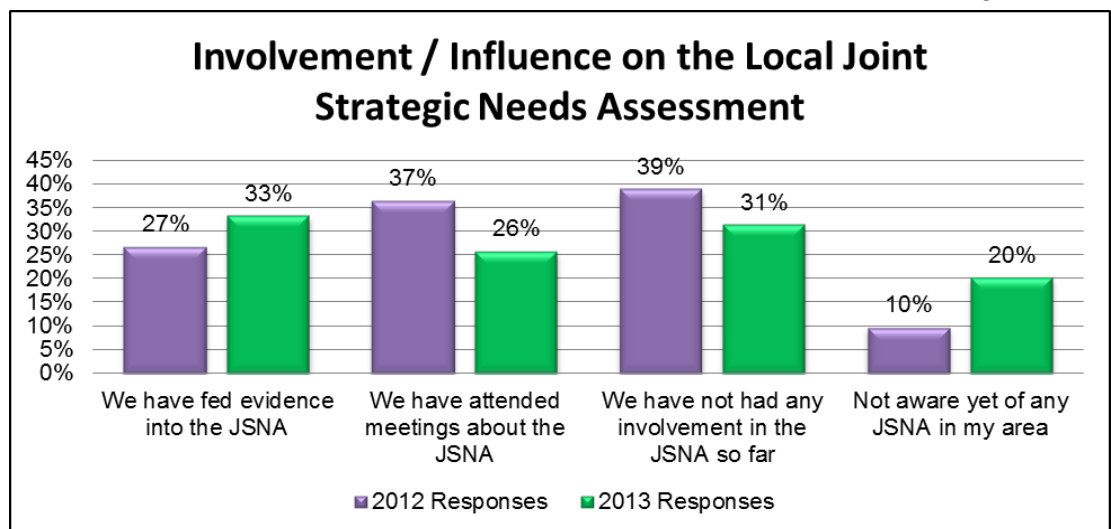
73% felt they had had some influence, although most felt their influence had been small and no respondents reported influencing commissioning 'to a great extent'.

It was clear from the additional information

provided by respondents that their general lack of success in influencing commissioning processes was not for lack of trying. (See 4.2.15)

4.12.3 Influence on JSNAs

We asked respondents about their involvement in and influence over their local Joint Strategic Needs Assessment (JSNA) process. Last year, YIACS told us they were struggling to engage with JSNAs. Responses this year suggest a mixed picture, but little progress overall in this area. Slightly more agencies than last year reported having fed evidence into their JSNA and



fewer said they had had no involvement, but there was an increase in agencies saying they were unaware yet of any JSNA in their area and a reduction in the number saying they had attended meetings about the JSNA.

For the first time, we asked agencies an open follow-up question: 'If you have fed evidence in to the JSNA, what impact has it had in helping to shape local priorities?'

A few responses were very positive:

"Issues for y/p post 19 and up to 25 are being seen as vital to the economic future of the city, as well as to the health and wellbeing of the community i.e. local authority going outside of its statutory obligations. Mental health and y/p firmly in the local Health and Wellbeing plan."

Most comments, however, highlighted the barriers to influencing JSNAs, which were often seen as overly-focussed on statutory services and to be excluding the voluntary sector:

"Too much focus on statutory structures/systems which don't fit our practice."

"The Third Sector has not had enough opportunities to feed our data into the JSNA so it is skewed..."

"Our local umbrella organisation has fed into the JSNA but this has not shaped the local priorities."

"I believe our input has been genuinely acknowledged but I also feel we are a small and insignificant agency compared to the massive overarching cuts that still need to be made."

"Little impact as yet. Fed extensive evidence into a 'deep dive' JSNA chapter on CYP emotional health and well-being but chapter hasn't yet been published (now very delayed)."

"There was a presentation about Children's Mental Health but, according to them, CAMHS are well on top of it all. I'm not hopeful that our voice will impact the process."

"We have fed into the CAMHS Tier 2 review. But it is unclear as to how that feeds into commissioning for health as it was Early Intervention services who did the review."

JSNAs were felt to be insufficiently focussed on young people or the main issues YIACS deal with, such as mental health and homelessness:

"Meetings I have attended have emphasised public disgust of dementia care."

"Not a lot in the JSNA regarding young people specifically, despite us being involved in consultation."

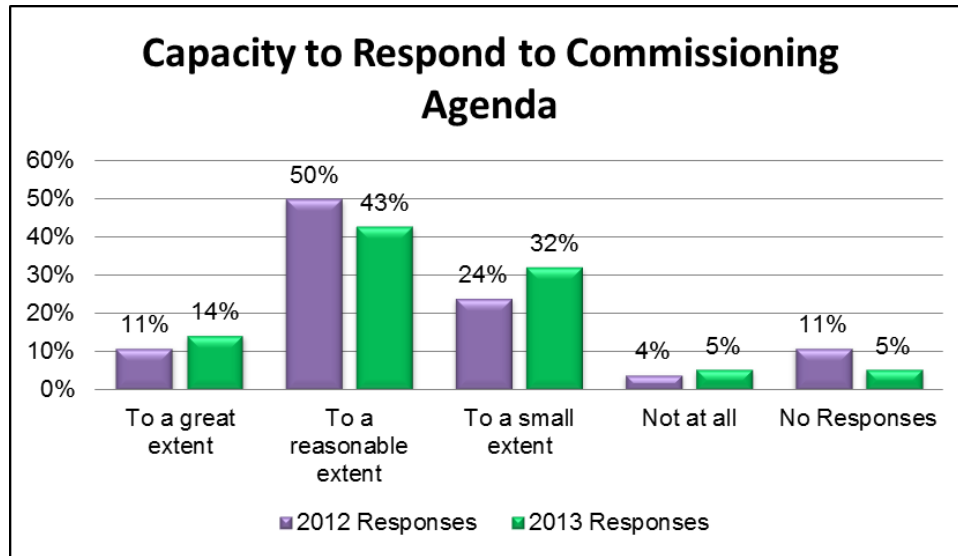
"Mental health was missing from the agenda."

"The holistic nature of our work does not fit into their boxes, so again gets left off."

"It is very clear we are not a real priority - even though I believe we should be."

There was also evidence that the social determinants of health were not always considered in JSNAs:

“As we deal in homelessness we have been quite firmly told that this does not apply to JSNA, which of course is incorrect and we are currently challenging this.”



4.12.4 Capacity to respond to commissioning agenda

A majority of respondents felt equipped to respond to the commissioning agenda to either a reasonable (43%) or great extent (14%). However, the results show a slight deterioration from last year (Net great/reasonable extent vs small extent/not at all = +20, compared to +33 last year), suggesting there are barriers to YIACS' capacity to respond to

this agenda that go beyond simply gaining greater experience of commissioning processes.

4.12.5 Experiences of commissioning

A minority of respondents reported positive experiences of commissioning processes:

“Our organisation is actively involved in local strategic groups and networks. The relationship has been formed for many years and the organisation is well placed within the city, allowing the voices of the 3rd sector to be heard.”

“We know that YP’s issues are on the local commissioning agenda - but as yet have not seen any funding. This is probably true of all sectors though while the CCGs and Public Health re-organise funding streams. However, our continued existence as a Youth Support Service up to 25 is testament to the Council’s commitment.”

“We sit on a local authority 'Third Sector Commissioning Group' which produces best practice guides for commissioners, reviews commissioning processes and oversees a third sector commissioning support programme.”

However, as in previous years, comments on commissioning processes tended to reflect a far from positive experience. The following were the main themes that emerged:

i) Commissioning processes in chaos

“Processes are in disarray. NHS changes, LA cuts etc have left everyone squabbling and uncertain. It's a very unpleasant environment with 'Business Sensitive' concerns top of everyone's agenda, which doesn't help with partnerships or consortia.”

“It is still a changing landscape.”

“It is not that we are not equipped to respond to the commissioning agenda, it is more that the bureaucracy and hierarchical structures which we are now integrated into restrict our access to the commissioning structure.”

“Commissioning has not worked well so far and many commissions have been put out and withdrawn again without being awarded.”

“There's a significant gap between intention and practice as processes are often hi-jacked by cuts agenda / political processes.”

“There is currently a huge merger of what was the old IYSS service and Early Years and family.”

“Major restructuring in the LA has meant a lot of time being focused on sorting out commissioning which has affected the Third Sector.”

ii) Commissioners lacking competence

“Commissioners have a poor grasp of what they are commissioning locally.”

“I almost feel sorry for the commissioners. They have no resources themselves to do a good job but some of their contract requirements are ludicrous.”

“The post of Integrated Youth Services Commissioner in CSF was deleted....In future the decisions could be made by someone without YP expertise.”

iii) YIACS lacking capacity to fully engage in commissioning processes

“It is extremely hard for small vol. sector agencies to participate fully in all the different arenas to influence local commissioning agendas – we also have to run/deliver/manage busy services. Our statutory partners do not understand this dilemma and expect us to sit in meeting after meeting which does not achieve much for us but is their job.”

“There is lots of consultation taking place and this is good for our service as we have the capacity to

attend but for smaller organisations this isn't the case.”

“It is very random and time-consuming to get involved.... we do not have the staffing resources needed.”

“There are very different cultures in the CCG and local council, with the council a lot more approachable, but as a far larger organisation it is difficult to build good relationships because we do not have the staffing resources needed.”

iv) The voluntary sector getting marginalised

“We don't feel listened to. GPs and the CCG don't seem to understand the demand on our services.”

“There needs to be a critical friend to the local authority. We are being subordinated into the

public sector and are losing our voice. The CVS and other infrastructure orgs really need to find a way to influence poor local commissioning trends.”

v) Fear of competition from larger external players

“Due to the organisation's consistent commitment to prepare for the changing landscape, we feel we are positioned quite well in terms of our tender readiness. However, a larger beast could come and take it from all of us and the landscape could potentially be unrecognisable.”

Appendix 1: Trends - Key Indicators

Theme	Indicator	2011	2012	2013	Trend
Funding sources	Percentage in receipt of funding from:				Reducing reliance on LA funding; increasing income from trusts and private sector
	- local authority	90%	83%	78%	
	- national charitable trusts	n/a	48%	53%	
	- private sector	n/a	9%	16%	
Income in last financial year	Net 'increased' vs. 'reduced' compared to previous year	-78	-30	-4	Income still reducing, but rate of reduction has much slowed
Expected income next year	Net 'higher' vs. 'lower' compared to current year	-78	-42	-22	Still negative trend, but Improving
Staffing levels	Net 'increasing' vs. 'reducing'	-64	+7	-10	Staffing levels deteriorating slightly (after improvement last year)
Reserves - Accessed to keep services going over past 2 years - Change in level over past 2 years - Current level	Net 'not accessed' vs 'accessed'	n/a	-37	-27	Reserves stabilising after reductions
	Net 'increased' vs. 'reduced'	n/a	-52	-55	
	Net 'over 3 months' expend.' vs 'less than 3 months' expend.'	n/a	-24	-16	
Organisational survival expectations	Net 'will survive' (80%) or 'likely to survive' for at least another year vs. 'closing' or 'unlikely to survive'.	+76	+100	+92	Deteriorating slightly (after major improvement last year) but reasonably positive
Specific services	Net 'expanding' vs. 'reducing/closing'				
	- Drop-in	-62	-23	-32	Steady reduction – slight worsening of trend this year
	- Advice	-70	-7	-34	Steady reduction – moderate worsening of trend this year
	- Counselling	-44	+3	+5	Holding steady – v. slight improvement
	- Drugs/alcohol	-72	-17	-40	Steady reduction – moderate worsening of trend this year
	- Sexual health	-57	-12	-39	Steady reduction – moderate worsening of trend this year
	- Other services	-67	+12	-5	Holding steady – slight deterioration this year
Demand - Change	Net 'increased over last year' vs. 'reduced'	+80	+81	+82	Demand rising Consistently
- Capacity to meet	Net 'expect to meet demand' vs. 'do not expect to meet demand'	-15	-2	-8	Capacity to meet demand deteriorating slightly
Commissioning - Influence over	Net 'great/reasonable extent' vs. 'small extent/none'	n/a	-43	-50	Influence over commissioning moderate and deteriorating slightly
	- Capacity to respond	Net 'great/reasonable extent' vs. 'small extent/none'	n/a	+33	+20



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.

Youth Access has published a number of reports on advice, covering: young people's needs; advice-seeking behaviour and access; effective models of delivery; the impact of advice. All our reports are available to download from our website (<http://youthaccess.org.uk>)



Young People's
Health Partnership

About The Young People's Health Partnership

The Young People's Health Partnership is a seven-strong consortium of organisations working as the youth 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 (NCVYS) and includes, Addaction, Association of Young People's Health, Brook, CLIC Sargent, StreetGames and Youth Access.

The Young People's Health Partnership wants to:

- Improve the voluntary sector's ability to influence health and wellbeing services for young people
- Give young people a voice and opportunity to participate in health and wellbeing policy
- Ensure health and wellbeing policy and practice meets the needs of young people
- Empower young people to be independent users of health services available to them
- Act as champions for young people's health and wellbeing

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