Voluntary and community sector (VCS) counselling provision for children, young people and young adults in England

Dr Cathy Street – April 2013
Executive summary

Overview

This report presents the findings of a scoping review of Voluntary and Community Sector (VCS) counselling services for children, young people and young adults aged 5–25 years in England. The scoping is based on data provided by a number of key agencies involved with counselling provision in this sector, including the national UK charities Action for Children, B-Eat, Barnardo’s, Brook, The Children’s Society, Relate, Mind and Youth Access. Most data were collected via online searches and email and telephone requests for information.

Drawing on this material, and in particular the national database of services held by the charity Youth Access, it is estimated that there are currently somewhere in the region of 400 VCS counselling services for children, young people and young adults in England. However, it is important to highlight that this is only an estimate based on the fairly limited data available, and also, that this is a sector of provision where there is considerable change at the present time, including the merger and/or closure of services.

The number and range of services identified

The data gathered provide an overview of the many different types of VCS counselling services for children, young people and young adults currently operating in England; the different counselling approaches used (for example, person-centred or cognitive); and the qualifications and experience of counselling service managers and counsellors. Services in the sector range from the very small standalone counselling service located in a small town with perhaps two to three counsellors, up to much larger inner city services with teams of 30 or more counselling staff, and where the workforce is diverse in terms of qualifications, experience and also the balance of paid and volunteer staff.

Based on a very limited collation of activity data, the report also provides an overall estimate of the numbers of children, young adults and young people seen in community-based settings offered by VCS counselling services each year – 100,000 – a figure which must be treated as approximate only, given the wide differences in size and capacity of VCS counselling services which was beyond the remit of this scoping exercise to quantify.

The needs of children, young people and young adults using counselling

The central chapters of this scoping report, plus a series of anonymised case studies (supplied by some of the counselling services contacted), provide a clear picture of the wide range and complexity of needs presented to VCS counselling services by children, young people and young adults. These span health, mental health, social care, education, housing and financial issues and it is important to note that many of the counselling services who offered information for this scoping highlighted that demand from young people for counselling is increasing. This is also a prominent theme in much of the literature produced in the last five years, in particular by the charity Youth Access, whose research also indicates that many services are struggling to meet this demand within the resources available to them [1].

The outcomes of counselling

Many VCS counselling services monitor the outcomes of their counselling provision, using validated outcomes tools such as the Strengths and Difficulties Questionnaire (SDQ), the Generalised Anxiety Disorder assessment tool (GAD-7) and the Patient Health Questionnaire (PHQ-9). Whilst this dataset is still quite small and developing, data from a small sample of services contacted in this scoping clearly indicates that counselling is associated with improved outcomes for children, young people and young adults across a number of domains. This finding is also consistent across a number of different outcome tools.

The value of counselling and the counselling relationship in bringing improvements is further illustrated by the feedback from children, young people and young adults themselves.

The strengths and weaknesses of this sector and the challenges facing it

The last chapter of this report outlines the strong ‘fit’ of VCS counselling services with the research and practice evidence base and with the key themes of the national policy agenda for health service provision – that is, of personalised care delivered from de-stigmatising settings, using evidence based treatments and outcomes monitoring and where young people are central to the service.

The importance of the VCS as a provider of services for children, young people and young adults is also emphasised. However, the final section of this chapter notes some of the weaknesses of these services, including the considerable variability in the data (outcomes or otherwise) collected about the sector. It also draws attention to what has been described as the ‘precarious state’ of this area of provision [1], with a significant number of services experiencing cuts in funding and as a consequence having to adapt and place restrictions on the counselling they provide.

Voluntary and community sector (VCS) counselling provision for children, young people and young adults in England

Cathy Street

About the author

Cathy Street is an independent mental health consultant and researcher. Cathy has worked for many of the UK’s national charities working in the field of children and young people’s mental health including Rethink Mental Illness, YoungMinds, the Association for Young People’s Health (AYPH) and the Mental Health Foundation. At Youth Access, she has led a variety of national projects evaluating youth counselling provision and new initiatives to promote stronger links between primary care and Youth Information Advice, Counselling and Support Services (YIACS); she has also authored various guides and reports to assist the commissioning of counselling services. Cathy is currently a core team member of the GIFT Partnership (Great Involvement, Future Thinking), commissioned by the Department of Health in 2012 to support the participation of children and young people in Children and Young People’s Improving Access to Psychological Therapies (CYP IAPT).
Introduction

This report presents the findings of a scoping of Voluntary and Community Sector (VCS) counselling services for children, young people and young adults aged 5–25 years in England. Excluded from this search were internet-based sources of counselling, private or independent sector provision (often offered by sole counsellor practitioners) and generic support, employment and activity-based projects for young people (for example, housing advice services or homeless resettlement projects).

Approach to the scoping

The scoping is based on data provided by a number of key agencies involved with counselling provision in this sector, including the national UK charities Action for Children, B-Eat, Barnardo’s, Brook, The Children’s Society, Relate, Mind and Youth Access, who were contacted by email and telephone. Information was also sought via online searches of a small selection of joint strategic needs assessments (JSNAs) and online searches for any evaluation or research reports concerning VCS counselling services for children, young people and young adults. A number of previously completed surveys focused on youth counselling provision were also reviewed.

This material provides the following data:

- An overview of the different types of VCS counselling services for children and young people in England, including an estimate of the number of services currently operating across the country and how services are funded.
- The different types of counselling approaches offered – e.g. person-centred or cognitive.
- Staffing in VCS counselling services – including data about qualifications, the use of volunteers and the experience/skills of counselling service managers.
- The different needs presented by children and young people using these counselling services.
- Activity and outcomes data, service user feedback and other service evaluation material.

To illustrate the types of work undertaken in this sector, a number of short service descriptions are included later in this report and a series of short case studies, provided by some of the services contacted during the scoping, have been included.

The final chapter provides some data concerning the impact of the recession/budget cutbacks on community counselling services. This material draws on research undertaken by the charity Youth Access in 2012 [1], and highlights that VCS counselling services have been vulnerable to cuts in local authority and child and adolescent mental health services (CAMHS) budgets. This has resulted in an area of service provision that is currently in a considerable state of change and where a number of services have closed.

Case study: James

James, a young man in his early twenties, self-referred to his local counselling service where he presented with anger management issues stemming from an abusive incident in childhood.

He made the connection between anger and unresolved feelings around the abuse, but felt out of control and unpredictable in his outbursts. As a young parent, he felt concerned about this in relation to his children, and was extremely low in confidence and self-esteem in general.

At the time of referral, James was not engaged in work or study and, overall, felt unsure as to his direction although he wanted to be a good father. Over the course of 20 sessions, he was able to use the counselling sessions to explore and express angry feelings in a safe and appropriate manner. Initially the work was around releasing these emotions and increasing self-awareness about what triggered the process of becoming angry.

In time, James was able to talk about the traumatic incident in his childhood, which proved to be extremely helpful. With increased self-awareness, he was able to regain control of his expressions of anger and emotion outside of the counselling room within everyday life.

According to his counsellor, by the final session, James’s sense of self had increased considerably; this enabled him to gain enough confidence to re-enter full-time education and to get a part-time job. He also felt a lot happier in his parenting skills.
Overview of VCS counselling services for children, young people and young adults

Number of VCS counselling services

Information gathered from the organisations consulted, and the review of JSNAs and other reports, suggests that there are around 400 community-based, VCS-provided counselling services for children, young people and young adults currently operating across England.

However, this figure is likely to be an underestimate and it is hard to be specific as to the number of these counselling services for various reasons. These include that some counselling is offered via children’s centres or in projects for certain groups (e.g. young carers) but may not always be listed as a specific service or area of provision. Further details as to what the figure of 400 services is based on are provided in Appendix 1.

The size of counselling services

VCS counselling services for children, young people and young adults have grown in number in England over the last 30-plus years. Historically, the majority have provided their services through significant numbers of volunteer counsellors, typically counselling students, with smaller numbers of qualified counsellors and counselling supervisors.

The size of a counselling service, its funding and the numbers of paid staff and supervisors, can vary considerably: from services made up of only two or three members of counselling staff through to projects employing 30 or more staff. There are also variations in terms of the ratio of full-time to part-time staff and the employment of counsellors paid on a sessional basis.

Table 1 is based on a random selection of the services that supplied annual reports, service user feedback and other data for the scoping. The material illustrates the staffing numbers in community counselling services for children, young people and young adults.

<table>
<thead>
<tr>
<th>Counselling service</th>
<th>Number of staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bromley Y</td>
<td>Thirty part-time staff, eight students and variable numbers of volunteers and mentors (working in the community, in local schools and community centres).</td>
</tr>
<tr>
<td>Croydon Drop-in</td>
<td>Five counselling supervisors, two qualified counsellors and 14 volunteer counsellors working in the drop-in/community (in addition, the service has seven counsellors in an outreach team and some of the volunteer counsellors also work in the schools team).</td>
</tr>
<tr>
<td>Action for Children Project, North Lincs</td>
<td>Three therapeutic practitioners, one consultant clinical psychologist and a service manager</td>
</tr>
<tr>
<td>The Youth Advice Centre (YAC), Brighton</td>
<td>One part-time counselling co-ordinator, two part-time paid counsellors and eight honorary counsellors.</td>
</tr>
</tbody>
</table>

Legal status of services

Some VCS counselling services are voluntary sector organisations or have charitable status whilst others (a diminishing number) are part of local authority, typically youth, services. Several of the counselling services which provided data for this scoping, reported being in existence as charities for children and young people for over 40 years.

In the Youth Access 2012 survey of its members (Stretched to the Limit) [1] a small number of services also described themselves as social enterprises.

Age range, referral processes and services offered

There are many variations in what VCS counselling services offer and the age range they work with. For example, some work with nearly the whole child and young person age range, e.g. from 4–18 years, or 5–25 years, whilst others only work with teenagers (e.g. 13 and over or 16 and over).
Some VCS counselling services are standalone and provide only counselling; others offer counselling alongside a portfolio of advice, information and general support services – the YIACS model (youth information, advice, counselling and support services) – and in some agencies, the counselling is based within the wide range of services typically offered by a children's or community centre.

Some actively promote self-referral by children and young people whereas others require a health professional to refer.

The Stretched to the Limit Youth Access report [1] notes that respondents to its online survey reported that: 82% deliver drop-in services; 65% deliver advice and advocacy; 94% offer counselling and mental health services (noted in the 2012 report to be a significant increase on the 2011 survey response [2] of 78%); 63% offer sexual health services; 44% deliver drug and alcohol services and 87% deliver a range of other services including housing related support, community education, life skills work, general youth work and gang related work.

### Numbers of children, young people and young adults accessing community counselling

It is hard to provide a total figure for the number of children, young people and young adults using VCS counselling services, and the number of counselling sessions offered each year, given the limitations in data concerning the actual number of services and the changes in the sector arising from funding cutbacks, mergers and reorganisations. The impact of service losses elsewhere (e.g. in local authority youth services) also remains to be seen.

In addition, it is important to recognise that the varied and wide-ranging needs presented by many children, young people or young adults may require a combination of advice, support and counselling interventions, i.e. to consider counselling activity data on its own may give only a partial picture of what is needed and/or offered to a child or young person. This is especially true for YIACS. A report by New Philanthropy Capital in 2008 estimated that YIACS see around 44,000 young people a week in England [3].

In Table 2, again drawing on a random selection of the services which supplied annual reports and other data for this scoping, the activity figures for a range of VCS counselling services are provided. Attempts have been made in this selection to account for different areas of the country, urban and more rural settings, and services working with both children and young people/young adults.

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mancroft Advice Project (MAP), Norwich</td>
<td>In 2012, a total of 822 young people received counselling at MAP: 567 were referred through Improving Access to Psychological Therapies (IAPT), with 429 young people being offered counselling after the initial assessment. Via other funding streams, 275 young people also received counselling.</td>
</tr>
<tr>
<td>The Youth Advice Service (YAC), Brighton</td>
<td>In 2011–2012, 981 counselling sessions were offered to 141 young people, a 50% increase on the previous year. (As a result of the increased demand, YAC's waiting time for counselling also increased by five days, to three months.)</td>
</tr>
<tr>
<td>Bromley Y</td>
<td>In 2012, the service received 1191 referrals for counselling and offered 10,519 sessions.</td>
</tr>
<tr>
<td>Relate</td>
<td>Through its counselling sessions in youth centres and children's centres, Relate offered 1376 counselling sessions to 464 children, young people and young adults in 2012.</td>
</tr>
<tr>
<td>Croydon Drop-in</td>
<td>Counselling was received by 281 young people, most in the 13–19 age group, at Croydon Drop-in in 2012; a total of 1542 counselling appointments were offered.</td>
</tr>
<tr>
<td>42nd Street, Manchester</td>
<td>On average 150 young people are seen and 800 counselling sessions offered each year. Twelve sessions are offered initially, with reviews for longer-term work then built in as required.</td>
</tr>
<tr>
<td>Young Devon</td>
<td>In 2011, the service provided 17,300 counselling sessions for 1949 young people across South Hams and West Devon. The service also provided counselling to 264 young people in Exeter, North Devon and Newton Abbot.</td>
</tr>
<tr>
<td>Action for Children</td>
<td>Three of ACH's projects working with young people who have experienced sexual abuse – North Downs, the Oak Tree Centre and the Harbour Light Project – saw 1323 children and young people in the period January 2012 to January 2013 and offered 3407 individual sessions.</td>
</tr>
<tr>
<td>YPAS, Liverpool</td>
<td>In 2012, the service received 1304 referrals and worked with 913 young people.</td>
</tr>
<tr>
<td>Off the Record, Croydon</td>
<td>In 2010–2011, the counselling service saw 393 young people (aged between 14 and 27 years) who attended 2057 counselling sessions.</td>
</tr>
</tbody>
</table>
Drawing on the activity figures provided by the various VCS counselling services contacted in the scoping call for information, it seems reasonable to estimate that a medium sized counselling service for young people (e.g. similar to Croydon Drop-in) will see somewhere in the region of 200–250 young people each year. The following calculation uses these figures to give an overall estimate of the numbers seen for counselling per year:

\[
400 \text{ services} \times 200–250 \text{ children, young people or young adults per year} = 80,000–100,000 \text{ individuals accessing counselling per year.}
\]

### Length of time and mode of counselling offered

The data in Figure 1 are taken from the 2008 Workforce Strategy Partners Programme survey [4]. This survey gathered data from 42 VCS counselling services managers and 145 counsellors from a random selection of 21 YIACS over the period April–June 2008. It indicated that over half of counselling services working with children, young people and young adults offer their counselling sessions via booked appointments (as opposed to drop-in sessions which are offered by 6% of services).

The survey data also show that over half of the services reported seeing young people for less than one year, 46% of services offered counselling on a time-limited (as opposed to open-ended) basis and that a quarter of those offered counselling (that was not time-limited), received this for two to three years. Figure 1 also indicates that most counselling is offered on an individual basis, with only 10% of services offering group-based support.

### Focus of counselling provision

Some VCS counselling provision sits within projects that have a specific focus – for example, some of the counselling projects run by Action for Children, Barnardo’s and The Children’s Society, work specifically with children and young people who have been sexually abused or who are at risk of becoming perpetrators. Others have a focus on young refugees or asylum seekers, on black and minority ethnic groups, or on children and young people who are bereaved, or those who are young carers.

In some, mental health work is explicit and may be the subject of a service level agreement (SLA) with the local CAMHS or children’s services, whilst others have contracts in place to offer counselling to local schools and colleges, alongside providing centre-based counselling, typically from high street or youth centre locations.

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**Figure 1: Length and mode of delivery of counselling support to children, young people and young adults**

<table>
<thead>
<tr>
<th>Length and Duration</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appointments</td>
<td>40%</td>
</tr>
<tr>
<td>Less than one year</td>
<td>50%</td>
</tr>
<tr>
<td>Time-limited</td>
<td>10%</td>
</tr>
<tr>
<td>Two to three years</td>
<td>6%</td>
</tr>
<tr>
<td>Group</td>
<td>4%</td>
</tr>
<tr>
<td>Drop-in</td>
<td>2%</td>
</tr>
<tr>
<td>Post-counselling support</td>
<td>2%</td>
</tr>
</tbody>
</table>
Geographic location of community counselling services

From the data gathered in this scoping, in particular, the Youth Access database listing (explained in Appendix 1), it appears that there are VCS counselling services for children, young people and young adults in many areas of England, with large cities such as Manchester, Birmingham and Leeds all having a number of counselling services.

In London alone, around 40 services are given in the Youth Access database. However, as previously mentioned, some VCS counselling services are quite small; they may also only be open for limited periods of time, e.g. evenings only, or only on certain days each week, and thus coverage may in reality be quite limited.

Survey information gathered for the 2008 Workforce Strategy Partners Programme [4] gives the following snapshot of the locations and/or areas of the country where the informants to the survey were working. The term ‘mixed’ refers to services providing counselling in both urban and rural areas (e.g. projects typically based in a city centre but offering satellite services to outlying areas).

The funding basis of VCS counselling services

Various surveys undertaken by Youth Access in the last two to three years provide information as to the funding basis of member youth counselling services, including the previously mentioned 2011 survey and the 2012 report Stretched to the Limit [1–3].

From this data, a wide variety of different sources of funding are apparent and it seems reasonable to assume that this is indicative of the funding of many VCS counselling services for children, young people and young adults in England. This variety of funding sources identified in Stretched to the Limit is shown in Figure 3.

Youth Access’ analysis of these funding sources suggests some important changes in recent years, namely that whilst local authority funding remains the most important source of income for VCS counselling services, this is showing a downward trend – from 90% in the 2011 Youth Access survey [2] to 83% in 2012 survey [1]. Alongside this, there has been a greater diversification of funding sources, with a growing reliance on grants from charitable trusts.

Case Study: Sarah

Sarah was 16 years old when she presented for counselling; this was at the suggestion of a school exclusion unit, to try and help with her deteriorating behaviour.

With a court case pending, Sarah was involved in binge drinking, recreational drugs and a range of risky behaviours. These included fighting, staying out all night and unsafe sexual practice.

Sarah’s counselling lasted for about six months and during the process, she was able to recognise the risk she was putting herself at and to acknowledge the reasons for her behaviour. The sessions also helped her to share her situation at home, the detrimental impact on her self-esteem and to begin to consider alternative approaches.

The relationship that developed in the counselling room enabled the counsellor to organise the involvement of external agencies and to facilitate Sarah's move from home to a more supportive environment. She began to do much better in her education, to abide by the ground rules in her new environment and gained part-time employment.

Sarah finished her counselling sessions knowing that there was the possibility of further support in the future if she needed this. However, in the opinion of both Sarah and her counsellor, the sessions had made a significant and positive difference to her life.
Voluntary and community sector (VCS) counselling provision for children, young people and young adults in England

Types of intervention offered and counselling approaches

Data from the 2008 Workforce Strategy Partners survey of youth counselling service managers suggests that a diversity of support is offered to children, young people and young adults by VCS counselling services [4]. The graphs in this chapter are based on the data gathered in this survey.

Partnership working

Of particular importance, given national policy initiatives supporting partnership working, is the finding that 59% of respondents to the 2008 survey mentioned that they worked with CAMHS and that 66% reported working with schools. Activities with these other agencies included:

- accepting referrals from specialist CAMHS teams and/or signposting young people to specialist CAMHS when their mental health difficulties were thought to warrant an assessment and treatment by a mental health practitioner;
- shared or joint working with CAMHS staff, to support the engagement of young people; and
- providing counselling within school/education settings and accepting referrals from school based professionals such as school nurses and pastoral staff.

In addition to this multi-agency partnership working, a number of services reported providing art therapy, team building (based on Myers Briggs), mentor training and work with young people to help them understand and challenge racism.

Figure 4: Range of interventions offered by YIACS

Counselling approaches

The 2008 Workforce Strategy Partners survey gathered information about the types of counselling approach most frequently offered; this indicated that person-centred counselling was the most favoured (91% of respondents) [4].

Figure 5: Types of counselling offered in youth counselling services

Age range offered counselling

Agencies responding to the 2008 survey provided information on the ages of children, young people and young adults they worked with. Eighty-one per cent reported that they offered counselling to 11–13 year olds, 98% offered counselling to 14–16 year olds, they all (100%) offered counselling to 17–19 years olds and 88% offered counselling to those aged 19+.

Qualifications and experience of the counselling workforce

Counsellors

The 145 counsellors who contributed to the 2008 survey included both paid and volunteer counsellors. They reported a variety of different qualifications and experiences ranging from experiences with their own children to a vast amount of counselling work in a range of settings (Figure 6). Many came from backgrounds such as teaching and youth work. Seventy-three per cent reported that they had a counselling degree or diploma, 39% that they had a counselling certificate and 19% that they had a postgraduate diploma.

Thirty-four per cent of the survey respondents reported that they had professional counselling experience which included telephone counselling, youth counselling and therapy with children with social, emotional and behavioural difficulties.

Thirty-one per cent reported the following non-professional experience: being a parent; being a foster carer; nursing, teaching and/or work in schools.
Figure 6: Qualifications of counsellors (paid and volunteers)

Counselling service managers

Forty-two counselling services managers provided information about their qualifications and work experience in the 2008 survey (Figure 7). Like the counsellors, they reported a variety of different qualifications that included degrees in therapeutic counselling and training in psychotherapy, family therapy, psychoanalysis and cognitive-behavioural therapy (CBT).

Seventy-five per cent of the managers reported that they had a counselling degree or diploma and 33% that they had a postgraduate counselling qualification. However, 5% responded that they did not have specific counselling qualifications – these managers gave the following qualifications: diplomas in childcare; qualifications in multi-systemic therapy (MST); and qualifications in youth and community work.

Some managers also reported being in the process of completing training in counselling and various management and coaching qualifications were given, including a certificate in the management of voluntary organisations.

In terms of previous relevant experience prior to taking up a counselling service manager position:

- 76% of respondents reported previous professional paid counselling experience;
- 19% reported no previous professional experience; and
- The remainder reported that their experience was on a voluntary basis.

Age and ethnicity of the counselling workforce in VCS counselling services for children, young people and young adults

Data gathered in the 2008 survey concerning the age and ethnic profile of the counselling workforce working in VCS counselling services for children, young people and young adults indicates that the workforce is predominantly white, with over half (54%) of the counsellors aged over 40 and only 9% aged 30 or below (Figures 8 and 9).
A targeted piece of counselling was offered over an eight-week period to Karen, a 16-year-old young woman with an extended history of social service involvement and periods in care. The work was very specifically targeted at helping her to share a sensitive issue.

During the counselling, Karen talked through a range of disturbing events in her life, including physical and sexual abuse. After establishing trust and a relationship with the counsellor, she was also able to explore other traumatic experiences that she had never talked about before and to explore the long-term effects of these events on her and on her family relationships.

Not only did counselling allow Karen to explore her feelings and share a previously undisclosed traumatising experience, it also resulted in a report to the police.

Why do children, young people and young adults use VCS counselling services?

Profile of the children, young people and young adults using VCS counselling services

Data from the 2008 Workforce Strategy Partners survey and from a number of recent projects piloted by Youth Access (aimed at strengthening partnership working between primary care and YIACS) are presented in this chapter. Their purpose is to give an overview of the children, young people and young adults who may seek counselling, including the reasons they give and the needs then identified by the counsellors who see them.

Reasons for seeking counselling

Data from the 145 counsellors and 42 counselling service managers who completed the 2008 Workforce Strategy Partners survey provides information about the most common reasons given by young people for requesting counselling. Figure 10 summarises these reasons and shows that issues to do with family and relationships are the most common reason (88% of young people giving this as their reason for seeking counselling), followed by general mental health issues (76%).
Making Tracks Project (MtP) [4] also provides detailed information about the many reasons that children, young people and young adults why may request counselling. The MtP project was a three-year Department of Health funded project that ran from 2008 to 2011. It was based in three pilot sites, Manchester, Norwich and Newcastle upon Tyne and involved three well-established and fairly typical YIACS that all offer counselling amongst a range of other support services. Its aim was to improve services for young people/young adults aged 18–25 years by supporting better partnership working between GPs, Primary Care Trusts and YIACS.

Forty-five young people were recruited by the three sites to receive a package of support which combined primary care/GP support with counselling and social welfare advice and to then complete a set of pre and post outcome tools specific to the counselling sessions and a set of tools specific to the advice sessions. The presenting needs of the 28 young people from one of the sites, Streetwise in Manchester, are shown in Table 3.

<table>
<thead>
<tr>
<th>Presenting Problems</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>10%</td>
</tr>
<tr>
<td>PTSD</td>
<td>1%</td>
</tr>
<tr>
<td>Relationships</td>
<td>9%</td>
</tr>
<tr>
<td>Debt</td>
<td>1%</td>
</tr>
<tr>
<td>Self-harm</td>
<td>5%</td>
</tr>
<tr>
<td>Overdose</td>
<td>1%</td>
</tr>
<tr>
<td>Bereavement/grief</td>
<td>3%</td>
</tr>
<tr>
<td>Hearing voices</td>
<td>1%</td>
</tr>
<tr>
<td>Bullying</td>
<td>2%</td>
</tr>
<tr>
<td>Harassment</td>
<td>1%</td>
</tr>
<tr>
<td>Victim of crime</td>
<td>2%</td>
</tr>
<tr>
<td>Self-esteem</td>
<td>9%</td>
</tr>
<tr>
<td>Housing</td>
<td>2%</td>
</tr>
<tr>
<td>Family issues</td>
<td>6%</td>
</tr>
<tr>
<td>Discrimination</td>
<td>1%</td>
</tr>
<tr>
<td>Panic attacks</td>
<td>3%</td>
</tr>
<tr>
<td>Rape</td>
<td>1%</td>
</tr>
<tr>
<td>Suicide attempts</td>
<td>2%</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>1%</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>2%</td>
</tr>
<tr>
<td>STD</td>
<td>1%</td>
</tr>
<tr>
<td>Asthma</td>
<td>2%</td>
</tr>
<tr>
<td>Anxiety</td>
<td>9%</td>
</tr>
<tr>
<td>Physical abuse</td>
<td>1%</td>
</tr>
<tr>
<td>Low mood</td>
<td>5%</td>
</tr>
<tr>
<td>Drugs</td>
<td>1%</td>
</tr>
<tr>
<td>Self-confidence</td>
<td>5%</td>
</tr>
<tr>
<td>Identity</td>
<td>1%</td>
</tr>
<tr>
<td>Paranoia</td>
<td>2%</td>
</tr>
<tr>
<td>Unhappiness</td>
<td>1%</td>
</tr>
<tr>
<td>Communication</td>
<td>2%</td>
</tr>
<tr>
<td>Eating disorder</td>
<td>1%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>2%</td>
</tr>
</tbody>
</table>

In addition to young people presenting to VCS counselling services with often high levels of mental health distress, data gathered in Making Tracks indicate that many of the young people using these counselling services have multiple problems (co-morbidities). This is illustrated by data from Streetwise which reported that 128 different problems were presented by the 28 young people they supported in the pilot project.

Within this overall total, one young person presented with more than ten problems; seven young people (25% of the sample) presented with six to ten problems; thirteen young people (46%) presented with three to five problems and seven young people (25%) presented with one or two problems.

Mental health and emotional needs identified by VCS counselling services

Data from the 2011–2012 annual report for the Dialogue Counselling Service at the Youth Advice Centre (YAC) in Brighton/West Sussex YMCA provides a further illustration of the diversity of needs seen in VCS counselling services. Figure 11 summarises the main presenting issues seen at the YAC during 2010–2011 and 2011–2012. As the figure shows, in both years, emotional health issues were the main presenting problem, shown by 52% of young people in 2010–11 and 38% the following year, with this term covering problems such as depression, anxiety, low mood, self-harm and post traumatic stress disorder.
Further analysis of the presenting issues seen at this counselling service, described in the most recent YAC annual report, notes the following points:

- In 2011–2012, neglect, physical abuse and violence/assault all increased in frequency of presenting issues seen, with one suggested reason for this being that more young people now feel able to speak about their experiences;
- Bullying is described as ‘consistently a presenting issue’;
- Suicidal thoughts, isolation and self-harm are identified as main risk issues and although a comparison of the figures for 2010–2011 and 2011–2012 indicates a decrease in suicidal thoughts and self-harm, an increase in suicide attempts is evident; and
- A drop in eating related behaviours is apparent between the two years. The report suggests this may be due to national charities such as B-EAT now offering online support (in the form of advice and signposting) and also, it may reflect a local charity for men with eating disorders launching a website and peer support group.

Other examples of presenting issues identified by VCS counselling services

In Figure 12, some data from a specialist counselling service for Asian young women are presented. Research has identified the Zindaagi Project as a model of good practice in providing mental health services for young people from black and minority ethnic groups [5]. Its work is focused on supporting young women from Asian communities, in particular those fleeing domestic or sexual violence.

In Table 4, scores based on the Health of the Nation Outcome Scale for Children and Adolescents (HoNOSCA) are presented for a VCS counselling service in Devon, over a seven-year period (2002–2009). Scores of between 20 and 29 indicate a serious mental health problem and of 30+ are very serious. On this basis, Table 4 provides a clear illustration of the severity of presenting problems shown by a significant number of young people accessing this VCS counselling service during these years.

outcomes data from voluntary sector counselling services

Information from Youth Access indicates that increasingly VCS counselling services for children, young people and young adults monitor outcomes using a range of measures including validated outcome tools such as the SDQ, CORE-10, GAD-7 and PHQ-9. (see Glossary). Some services also use the Improving Access to Psychological Therapies (IAPT) suite of outcome tools.

It should be noted, however, that one weakness that besets the sector is variability in the outcome data that are collected, not least in what validated tools, if any, may be used. The very limited administrative capacity that affects many VCS services is a key factor in this situation, but it must also be acknowledged that sometimes professional ideological viewpoints, and fears that outcome monitoring may interfere with the therapeutic counselling relationship, have played a role. (Certainly this was the case in some services until fairly recently, when the demands of the new commissioning agenda for services to be able to demonstrate outcomes became something that counselling services had to address.)
The following examples of the outcomes reported by VCS counselling services working with children, young people and young adults are drawn from the Making Tracks project [5] and from a random selection of the data supplied by a number of services contacted directly during the scoping exercise. They are presented to illustrate the range of measures being used. Overall, the data from across different services, and using different outcome measures, show that counselling interventions are associated with improved outcomes across a wide number of domains for those receiving this support.

In Figure 13, the GAD-7 scores for 26 young people seen at Streetwise for Making Tracks are presented (out of the 28 recruited). Data are broken down into a number of age bands and a lower post-intervention score, indicating improvement, is apparent for all groups.

**Figure 13: GAD-7 total mean scores for 26 young people seen at Streetwise in the Making Tracks project**

In Figure 14, the CORE-10 scores for young women seen at Croydon Drop-in over a three-month period in 2012 are presented. The figure shows the improvement (lower mean scores) post counselling across all domains measured.

**Figure 14: CORE scores from approximately 70 young women (aged between 11–25 years, most in the 13–19 age range) seen at Croydon Drop-in January-March 2012**

In Table 5, data gathered over a seven-year period by a VCS counselling and psychotherapy service in Devon indicate that 80.5% of those with both an initial and completed HoNOSCA score showed improvement post intervention.

**Table 5: Clinical outcomes of young people seen at South Hams & West Devon Counselling & Psychotherapy Service 2002–2009 based on Health of the Nation Outcome Scales for Children & Adolescents (HoNOSCA)**

<table>
<thead>
<tr>
<th>No of young people</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number with both initial and completed HoNOSCA scores</td>
<td>609</td>
</tr>
<tr>
<td>Numbers with an increase in score</td>
<td>15</td>
</tr>
<tr>
<td>Numbers with same score</td>
<td>106</td>
</tr>
<tr>
<td>Numbers with reduced score of between 1–9 points (improvement)</td>
<td>327</td>
</tr>
<tr>
<td>Numbers with reduced score of 10 points or more (improvement)</td>
<td>161</td>
</tr>
</tbody>
</table>

In Figure 15, outcome data for 96 young people aged 11–21 years (60% female, 34% male and 5% of unknown gender) based on the Strengths and Difficulties Questionnaire (SDQ) provided by Bromley Y are presented. These show an increase in the number of young people scoring in the normal range at the six-session follow-up and lower numbers rated as having borderline or high levels of difficulties at six months.

**Figure 15: Initial and six-session follow-up total difficulties scores for 96 young people using the Strengths and Difficulties Questionnaire (SDQ) at Bromley Y**
In Figure 16, information from counsellors at the YAC in Brighton at the end of the final counselling session is presented. According to the YAC’s 2011–2012 annual report, these data reflect their subjective analysis of the improvements shown by the young people and indicate for example, that 28% of those receiving counselling show increased coping skills.

Figure 16: Outcomes identified by counsellors at the Youth Advice Service (YAC)

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved communication</td>
<td>28%</td>
</tr>
<tr>
<td>Increased coping skills</td>
<td>22%</td>
</tr>
<tr>
<td>Increased self-esteem/confidence</td>
<td>18%</td>
</tr>
<tr>
<td>Reduced stress/anxiety</td>
<td>14%</td>
</tr>
<tr>
<td>Improved ability to regulate behaviour</td>
<td>12%</td>
</tr>
<tr>
<td>Greater ability to positively consider training/education/employment</td>
<td>7%</td>
</tr>
<tr>
<td>Obtained education, employment or training</td>
<td>4%</td>
</tr>
<tr>
<td>Other</td>
<td>3%</td>
</tr>
</tbody>
</table>

Children, young people and young adults’ views and self-evaluation of VCS counselling services

Workforce Strategy Partners Programme (Youth Access 2008) [4]

Themes from the consultation exercise with 23 young people from five different areas of the country, undertaken as part of this programme, highlighted that the young people valued the counsellor and the counselling service they had used, and in particular, they valued the continuity of staff and the one-to-one relationships compared with some of the non-appointment drop-ins at colleges where they might see different people.

All the young people consulted in this exercise considered the counselling service had been well explained to them initially, including issues of confidentiality. They reported that they were offered a choice of counsellor and thought the assessments had been good at trying to match them with the right counsellor for their needs.

The benefits of counselling identified by the young people were described as ‘growth’ and increases in self-understanding and ability to solve their own problems. Flexibility and accommodating needs and the pace of work were aspects young people highlighted as being very important to them.

One of the aspects they particularly liked about the counselling service was the non-involvement of their families and a wish to not burden, or blame, their families. Some of what they identified as good practice included the ongoing support groups in some projects, young person’s advocacy support and the opportunity to become members of, in some sort of way, the management committees of the service.

Many of the young people compared their experience with their voluntary sector project counsellor more favourably than their experiences with previous primary care or FE college counsellors or psychiatrists and psychologists in CAMHS. Counsellors in these statutory health and education sectors were viewed as less flexible, less likely to follow-up young people (especially if they failed an appointment), and less accommodating of other pressures in young people’s lives (e.g. homework and school demands).

One young person described their experience as follows: ‘It seemed more comfortable, it wasn’t a hospital, it wasn’t sitting in waiting rooms waiting for a doctor person to come in… you can sit and talk and cry and whatever else you want to do.’

They all, without exception, thought that the counselling service they were receiving (at the time of the consultation) was good but highlighted that there was a need for more services, more counsellors, and reduced waiting lists (which were noted to be a significant deterrent to young people using services).

The importance of initial contact was also highlighted. Those consulted suggested that many young people are very apprehensive about attending counselling and that it is important that services are offered from pleasant, cheerful and well maintained buildings and that all staff are welcoming and understanding of their anxieties.

Bromley Y self-report evaluations by 43 young people

A prominent theme in the feedback received was that the service was friendly, with over 50% of the 43 young people consulted rating it an ‘extremely friendly service’ and noting that the counsellors were ‘extremely understanding’ of their difficulties. One commented: ‘Counselling was very helpful, supportive and my counsellor was very understanding’.

Forty-nine per cent of this group reported that the service had been “extremely helpful” for their problems, with one young person stating that, ‘It has changed my life and helped me find my old self.’ All of the young people stated that they would recommend the service to their friends and positive aspects of the service that were highlighted included: ‘Being able to speak to somebody else and be treated like an adult was wonderful.’
Feedback from young people using this service echoes the comments noted by Bromley Y, in particular, the impact of counselling in boosting the self-confidence of young people and helping them to think through different ways for managing difficult feelings and emotions: ‘Counselling helped me to speak about things and not to hold it in and also made me realise that anger is not the way to solve things.’

Another young person commented: ‘Counselling has helped me to recognise when I’m being distracted and how to control it. My behaviour is slowly changing and I’m not getting into as much trouble.’

A number of those offering feedback also highlighted that counselling had helped them to form peer relationships and make friends: ‘I feel more confident in myself as a person and can talk to more people. I have gained self-confidence and learned that I can be a nice person.’

Dialogue Counselling Service at the YAC, Brighton
All young people at the YAC fill in a pre-therapy form, a mid-therapy form at the six-week point and a post-therapy form at the 12-week point. As part of evaluating the service’s counselling provision, they are also asked seven questions covering a range of everyday feelings and experiences such as feeling confident, getting on well with other people, and finding it easy to go to sleep at night, at the start and at the end of their counselling sessions.

The 2011–2012 annual report for this service provides a summary of the findings from this exercise and these are shown in Figure 17. These data show, for example, that 57% of the young people who completed the young person’s counselling service evaluation reported an improvement in being able to sleep at night; 59% showed improvement in feeling able to ask someone for help, and 64% showed an improvement for feeling good.

Figure 17: Young people’s self-evaluation of the outcomes of counselling at the Youth Advice Centre (YAC)
Young Devon Counselling and Psychotherapy Service

This service gathers data from young people when they are using the counselling provision and also at the point of a young person finishing their counselling. Feedback forms explore young people’s views as to whether they felt the counsellor understood their situation, whether they found the experience of counselling helpful or not and about how they are feeling when they finish using the counselling service.

Data supplied by the Young Devon service, based on 103 completed forms from young people aged 12–25 years (46% aged 14–17 years) indicates that:

- Most of the young people who completed feedback forms reported that the counsellor ‘really understood’ their situation. This was reported by 85%, with 13% noting they ‘understood a bit’ and 3% that they ‘didn’t know’;
- Most appear to have found the experience of counselling ‘really helpful’ – 69% noted this, with 28% rating the experience as ‘quite helpful’. However, 3% reported that it was ‘very unhelpful’; and
- At the point of finishing counselling, 27% reported themselves as feeling ‘very good’, 52% that they felt ‘good’ and 21% that they felt ‘OK’.

At the point of finishing counselling, forms completed by the young people indicated the following:

- Twenty-six per cent reported that their feelings were ‘completely better’, 49% that their feelings were a ‘bit better’ and 26% that they were ‘OK’;
- Eight per cent reported that their relationships with their family were ‘completely better’, 39% that they were a ‘bit better’ and 37% that they were ‘OK’. However, 5% noted that their relationships with their family were a ‘bit worse’ and 11% reported that this wasn’t an issue; and
- Relationships with friends showed a similar pattern: 29% reported them ‘completely better’, 20% that they were a ‘bit better’, 31% that they were ‘OK’, 6% that they were a ‘bit worse’ and 14% that this wasn’t an issue.

Other service user feedback gathered by this service highlighted the importance young people attach to having counsellors who understood them, gave them individual space and time and who treated them ‘kindly and professionally’. The value of having regular appointments was noted, also of counsellors who helped young people to overcome fears in life, to deal with negative thoughts and who provided help with coping strategies. Some of the comments from young people were as follows:

- ‘I have found these sessions incredibly useful to me in helping to not only identify certain issues and/or problems in my life but also to help me overcome them. Without exaggeration I would honestly say that these sessions have certain boosted my self esteem and have changed my outlook on life.’;
- ‘Counselling has helped me to lead a positive and happier life. Without the counselling I think I would struggle to do the everyday things that life requires of me.’; and
- ‘I found it really helpful to come here as I have had someone to talk to about my problems and I am not depressed or stressed anymore...’.

Case study: Craig

Craig was 15 when he was referred for counselling by his GP who had identified feelings of low mood and anxiety.

He had not received counselling before and felt tentative about what the process might entail. He presented with a sense of wanting to get some support but being unsure if counselling was for him.

Craig was an only child and his relationship with his parents was described as distant. At the time of starting counselling, he did not feel comfortable going out to see his friends and was spending much of his time in his bedroom. The time with the counsellor was therefore seen as an important bridge for him becoming more comfortable and less anxious in situations with other people.

The counsellor helped Craig to talk openly about his feelings of disappointment with his parents’ interactions with him and how he had internalised these into self-doubt and shame. Over time, with careful challenge and empathy, the counsellor helped Craig to realise that it was his parents’ disappointment that he had absorbed and this felt confusing because these feelings were not his to begin with.

By the end of counselling, in the opinion of his counsellor, Craig was able to separate his own thoughts about himself from his parents and to understand that he had a right to feel good about himself as an individual person.

‘Snapshot’ service descriptions of selected counselling services for children, young people and young adults

The following short service descriptions have been selected to illustrate the different types of VCS counselling service currently operating in England. They provide examples of projects run by some of the main national children’s charities – Barnardo’s, the Children’s Society and Action for Children – as well as some standalone independent organisations. Also included are examples of counselling services focused on specific groups, for example young carers and children and young people who have experienced abuse.
Some services are member agencies of Youth Access (noted in brackets where this applies) and some have service level agreements to provide tier two and tier three CAMHS in their local area or receive funding from adult mental health services (AMHS) to provide services for young adults.

The Indigo Project in Bristol
Indigo is a self-injury support project for young people aged 13–24 in Bristol and South Gloucestershire. Based on a social model and harm minimisation approach, the project offers counselling alongside individual and group support; intensive therapy groups, nutritional advice and targeted social activities. Indigo also offers a helpline and text, email and phone support.

The project works alongside specialist CAMHS teams, GPs, schools and local authorities but its key aim is to engage young people through supporting them in a way that is different from statutory mental health services.

Buckinghamshire Mind
This independent charity, which is affiliated to National Mind, provides a counselling service for children and young people between the ages of 4 and 18 years. Referrals to the counselling service are via professionals such as GPs, health visitors or other health disciplines; all referral go the Buckinghamshire Single Point of Access within the local CAMHS team who then contact Mind to agree the provision of counselling.

If accepted, the usual offer is for 12 sessions of counselling, which are described as being ‘client-led and carried out within an age-appropriate approach’. Each session lasts between 45–60 minutes and the services aims to involve parents and carers in the child or young person’s therapy if this is possible and appropriate.

The Kite: an Action for Children project in Tyne and Wear
The project is part of Action for Children’s sexual abuse initiative and provides assessment, psychotherapy and counselling for children and families who have experienced sexual abuse.

In addition to individual counselling, The Kite offers play and art therapy, family work and group work, and runs a number of groups, which include a young women’s group for those aged 13–17 years; a group for young women aged 13–21 years with learning difficulties; a foster carers’ group; a group for young men aged 17–18 with learning disabilities and a mothers’ group. Much of The Kite’s work is focused on looked after children and their carers.

Checkpoint Torbay: a Children’s Society project in Devon (Member of Youth Access and BACP)
Checkpoint provides counselling to 10–17 year olds from the Torbay area in Devon. Children and young people can self-refer to Checkpoint, although referrals are also received from GPs, CAMHS, schools and other local services. The counselling services work with issues such as abuse, bullying, bereavement and isolation and the difficult feeling or emotional problems that can result, including depression, anxiety and self-harm.

After a referral is received at Checkpoint, the counselling coordinator or one of the counselling staff will contact the young person to discuss what help they might need; this may lead to an initial assessment session or possibly, signposting elsewhere if the young person’s needs are not thought to be appropriate for Checkpoint. If counselling is offered, all young people are then allocated a specific counsellor.

In addition to its counselling provision in the community, Checkpoint holds the contract to provide counselling to a local academy school and a college and has plans to expand this service to other schools and colleges in South Devon.

Willow Young Carers Project: a Barnardo’s project, Leeds
Willow works with young people aged between 5 and 18 years from Leeds and offers counselling and other support services for children and young people who have caring responsibilities for a family member affected by a physical or mental health illness, disability or a substance misuse problem. Alongside individual counselling, Willow provides opportunities for young people to meet one another and to take part in a range of social and leisure activities.

Mancroft Advice Project (MAP) in Norwich (Youth Access member)
MAP has centres in Norwich and Great Yarmouth and also works from a number of different venues across Norfolk and Suffolk including schools, youth centres and health centres. The project works with young people aged 11–25 years offering a daily drop-in at its Norwich base from 1.30–5.30pm. In addition to its counselling service, other provisions include a housing outreach service, welfare rights advice and sexual health advice. MAP offers specialist counsellors for young people who self-harm and a crisis counselling service for young gay men.

MAP holds a CAMHS contract to deliver counselling and other tier two services for 11–18 year olds in Norfolk. The commissioner is Norfolk County Council who manages the budget on behalf of the five Norfolk Clinical Commissioning Groups and MAP’s contract is actually a two-year sub-contract held with a local charity, Ormiston Children and Families trust.
Young Persons Advisory Service (YPAS) in Liverpool (Youth Access member)
YPAS has been funded by CAMHS since 2005 following an extensive citywide review of CAMHS services which highlighted the lack of voluntary sector provision for supporting children, young people and young adults with mental health and emotional difficulties. As a result, YPAS was identified as Liverpool's main third sector provider to contribute to the comprehensive service pathway and address the unmet needs of the CAMHS delivery strategy.

YPAS is a multi-disciplinary service comprised of two distinct services – the therapeutic service and support services. The counselling provision sits within the therapeutic service and a wide range of therapeutic interventions are offered from a multi-modal team of qualified/accredited counsellors and systemic family practitioners who provide individual counselling, family counselling and group based programmes. Most are trained in person-centred therapy and have undertaken additional training to become integrative practitioners.

YPAS offers its counselling mainly from its city centre venue as well as working across local schools, colleges, GP surgeries and community centres.

Young Devon (Youth Access member)
This service, which provides counselling and psychotherapy services for children and young people in Devon, began in 2002 in South Hams with charitable funding. New funding from the Health Improvement Programme (HIMP) then allowed the service to be rolled out more widely and to link with a counselling service in West Devon.

At the time, there were six Primary Care Trusts (PCTs) in Devon who offered Young Devon a rolling contract to deliver tier two and tier three services in the local area, with a service level agreement setting out requirements for the service to provide a certain number of psychotherapy and counselling sessions each year. With the merger of the six PCTs into one, a new contract for the service was then put in place but on a three-year basis.

In addition to being contracted to provide psychotherapy and counselling for children and young people across South and West Devon, Young Devon also receives funding from Devon County Council Children and Young People's Service to provide counselling in Exeter, North Devon and Newton Abbot.

VCS counselling services – a key component in provision to address the mental health needs of children, young people and young adults

Sector strengths – the ‘fit’ with national policy and practice learning for what works in supporting children, young people and young adults

Over the last decade, the research and practice evidence base concerning the style of service delivery that ‘works’ for children, young people and young adults has grown considerably. This includes the literature that has focused on children and young people’s experiences of using services and/or the barriers that may result in them disengaging from services or only presenting when in crisis [7–8]. It also encompasses the evidence for early intervention approaches and the important role played by voluntary sector services [3,9–10].

Key themes in this literature include the delivery of services from non-stigmatising settings and with a holistic approach; of support that is offered flexibly, that encourages self-referral and choice, that is age appropriate and where there is active involvement of the child, young person or young adult in the care and treatment they receive [11–12].

These themes chime with many aspects of the current health policy agenda that emphasises putting service users at the heart of delivery; of shared-decision making; personalised approaches and services that are easy to access and in most, if not all of these dimensions, voluntary and community counselling services are already offering provision based on these core principles. This is well summarised in a guide for commissioning counselling services produced by Youth Access in 2007 [13] which explained:

‘Counselling offered in a YIACS-type setting is not restricted to one model and offers a range from holistic, through to person-centred, humanistic, solution focused, psychodynamic, analytic, cross cultural and cognitive. Young people seeking help for emotional health needs/problems can easily drop-in or self-refer to a professional counsellor… in a non-stigmatising young people-friendly setting.’
The core features of YIACS, within which counselling is an important area of provision, have been drawn out in various reports by Youth Access and these also indicate the ‘fit’ with national policy. In the Youth Access 2010 report entitled A proven early intervention model: the evidence for the effectiveness of Youth Information, Advice, Counselling and Support Services (YIACS) [14] the following features are given:

- 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 open door ‘drop-in’ sessions; and
- Free, independent and confidential.

The Youth Access Statement of Core Principles, which underpins the counselling provision offered by its members, is given in Appendix 2. These principles can also be seen to accord with national policy and guidance concerning the delivery of health and social care services for children, young people and young adults more broadly.

Weakness in the sector

Some of the weaknesses in VCS counselling services have been referred to at several points in this scoping report, namely that, whilst the last decade has seen considerable progress in developing systems of outcomes monitoring, there is ongoing variability in both the quality and quantity of data that are collected across the sector as a whole. This includes the systematic use of validated outcome tools.

As explained earlier, many VCS services have very limited administrative capacity to support data collection, but it must also be acknowledged that sometimes professional ideological viewpoints and fears that monitoring outcomes may interfere with the therapeutic counselling relationship, have played a role.

As this scoping exercise has also demonstrated, due to a lack of detailed information at a national level, it is hard to provide an overall estimate of the number of counselling services in the sector and to be clear what age range they work with and the total number of children, young people and young adults seen each year. As acknowledged earlier, what we know is based on somewhat crude estimates that draw heavily on databases that are maintained voluntarily by membership organisations (i.e. Youth Access) or actual providers (e.g. Relate). The considerable diversity of funding arrangements is a further complicating factor.

This scoping exercise also failed to identify any information concerning the non take-up or disengagement from counselling provision by children, young people or young adults, which means that very little is known about the views and experiences of those who did not find counselling beneficial.

Challenges facing VCS counselling services

As noted at the beginning of this scoping report, this sector of provision is struggling in the current economic climate. Partly, this is because many VCS counselling services are small and thus even the loss of one member of staff can have a serious impact on service capacity, but also, because many services were, in the past, funded through a mixture of charitable grants, some local authority funding and spot purchasing by health. This somewhat ad hoc arrangement has left them essentially outside commissioning arrangements and thus especially vulnerable to budget cuts.

Even though in recent years there has been a move towards VCS services being commissioned [10], survey data collected by Youth Access over the last three years clearly reveals the precarious financial state of many VCS counselling services, but also, that at the same time, these services are increasingly in demand.

The 2010 survey, Under Strain: how the recession is affecting young people and the organisations which provide advice, counselling and support to them, [15] notes for example, that almost half of services responding to the survey had experienced funding cuts on 2009, three quarters of them described their capacity to meet demand as either ‘under strain’ or ‘at breaking point’ and a quarter saw their service as ‘at real risk’ of closure within the next 12 months.

A similar picture was revealed in the 2011 Youth Access survey [2] and in the 2012 report Stretched to the Limit [1] the worsening financial situation of many counselling services remains a prominent theme, although in the latter report there were indications of some improvement. For example in 2011, 71% of the services who responded to the survey reported that they would be making redundancies, whereas in 2012, 20% reported this; the expected level of service closures in 2012 was also lower than in 2011. Specifically in relation to counselling services, in 2011, just over half were set to close or to operate at a reduced level, whereas in 2012, Stretched to the Limit reports that 24% expected to continue at a reduced level, that no service was set to close and that 27% were set to expand.
The report spells out some of the possible implications of this financial situation in terms of delivery, namely that some services are now:

- limiting their services to certain age groups;
- reducing the length of interventions;
- less able to offer outreach work and are operating with longer waiting lists; and are
- having to rely more on volunteers, sessional workers and students due to reductions in paid staffing.

Many services also described adopting a variety of ‘survival strategies’ (e.g. bidding for funds as a consortia), developing the ways they demonstrate outcomes and impact, and generally taking steps to raise their profile with local commissioners/clinical commissioning groups (CCGs). However, despite these many activities, it is undoubtedly clear that the future remains uncertain for many services and that there are likely to be further significant changes in what counselling services are available for children, young people and young adults, how they are delivered and who can use them, in the coming years.

**Conclusion**

This scoping exercise has attempted to draw together data from a variety of sources to provide a comprehensive and up-to-date picture of VCS counselling provision for children, young people and young adults in England. In doing so, it has revealed that this is a sector marked by a considerable diversity of services, but one which is highly valued by those who use it.

A wide range and complexity of needs that span health, mental health, social care, education, housing and financial issues, often with accompanying high levels of risk, are typically presented by the children, young people and young adults using these services. This highlights the need for both a skilled counselling workforce but also, robust partnership working, including with specialist CAMHS, AMHS and social care.

Although it is small and lacking an agreed minimum dataset, the growing amount of outcome information now being collected by many VCS counselling services is highly positive since the data indicate that counselling is clearly associated with improved outcomes for children, young people and young adults across the many different domains of their lives.
CORE-10: The Clinical Outcomes Routine Evaluation is made up of 10 statements. It screens and measures changes in health and wellbeing by asking the person how they have felt over the previous week. A CORE-10 score of 25 or over (out of a maximum of 40) indicates severe problems; a score of 20–25 is rated moderately severe; a score of 15–20 is moderate; a score of 10–15 is mild; 6–10 is low level and 0–6 indicates that the person is healthy.

GAD-7: The Generalised Anxiety Disorder assessment tool is a screening tool and severity measure for generalised anxiety problems. It is a self-administered questionnaire and asks the person to rate how they have felt over the previous two weeks with regard to seven areas of feelings such as nervousness. Scores are assigned to each domain of 0, 1, 2, or 3, with a total score for all domains giving the following ratings – a score of 5 indicates mild anxiety; 10 indicates moderate anxiety and 15 indicates severe anxiety.

HoNOSCA: The Health of the Nation Outcomes Scales for Children and Adolescents provides scores that indicate the severity of a mental health problem; scores of 30 and above are rated as very serious.

JSNA: The Joint Strategic Needs Assessment is a detailed report of the health, social care, education and other needs of a local population and the services provided in that area to address identified needs. VCS counselling services are sometimes listed in the range of voluntary sector services identified.

PHQ-9: The Patient Health Questionnaire is a self-administered questionnaire used to measure common mental health problems. The tool, which can be used face-to-face or over the telephone, asks people to rate how they have felt over a previous two-week period with regard to nine domains that include: interest in doing things, sleep patterns and concentration. PHQ-9 is the depression module of the tool and the range of scores is from 0 (not at all) through to 3 (every day). A score of 5 is identified as mild depression; 10 is moderate; 15 is moderately severe and 20 is severe.

SDQ: The Strengths and Difficulties Questionnaire is comprised of 25 questions and is designed to measure emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems and pro-social behaviour. A ‘total difficulties score’ is calculated and categorised as follows: normal = score of 0–14; borderline = score of 15–17; high = 18+.

VCS: Voluntary and Community Sector.

YIACS: The Youth Information, Advice, Counselling and Support Services vary according to local need but are always based on a model of offering a range of interventions delivered ‘under one roof’, often by multi-disciplinary teams and funded via various avenues including local authority funds and charitable grants.
References


8. Street, C et al., Minority Voices Research into the access and acceptability of services for the mental health of young people from Black and minority ethnic groups, 2005. YoungMinds: London.


15. Youth Access, Under Strain: How the recession is affecting young people and the organisations which provide advice, counselling and support to them, 2010. Youth Access, London.
### Appendix 1: Number of community counselling services in England for children, young people and young adults

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth Access</td>
<td>The Youth Access database is based on information sent to the charity by both its members and other counselling services. In January 2013, it gave a listing of 358 counselling services for children and young people in the UK, of which 114 are current members of Youth Access. From this listing, 335 services were located in England. Within the overall total, a number of the counselling services were offered by Barnardo’s, Brook, The Children’s Society and Relate.</td>
</tr>
<tr>
<td>Action for Children</td>
<td>Adding to the 335 total given above, information from Action for Children suggests that this charity currently offers six counselling projects, as well as some counselling provision via a number of its local children’s centres.</td>
</tr>
<tr>
<td>The Children’s Society</td>
<td>Information from The Children’s Society indicates that in addition to one counselling service in Devon that is a member of Youth Access and included in its database, the charity has a further counselling service in Oldham and also offers counselling at its two children’s centres serving Exmouth and its neighbouring district.</td>
</tr>
<tr>
<td>Barnardo’s</td>
<td>In addition to one Barnardo’s counselling service listed in the Youth Access database, online searches identified a further three counselling services run by Barnardo’s in the West Midlands. All three offer counselling for young people who have been sexually and/or physically abused, as well as support for parents and carers. Barnardo’s also runs 15 projects across the UK for young carers, with counselling being one of the support interventions offered.</td>
</tr>
<tr>
<td>MIND</td>
<td>Online searches of the services offered by the national mental health charity Mind indicate that a number of its affiliated local independent charities offer counselling for children, young people and young adults. These are Buckinghamshire Mind, Coventry Mind and Basildon Mind Youth Counselling Service. In addition, whilst not directly providing counselling services for children and young people, the website for Bristol Mind provides details of three counselling projects it works with across the areas of Bristol, South Gloucestershire, Bath and Exeter. One of the three identified is Bristol based and is an organisation led by people from black and minority ethnic (BME) communities with an aim of providing culturally appropriate and sensitive counselling for the local BME population. This is one of the very small number of counselling services identified with a specific focus on BME children and young people.</td>
</tr>
</tbody>
</table>
Appendix 2: Youth Access Statement of Core Principles and quality standards for the delivery of information, advice, counselling and support

- Young people are central to the service and member agencies are committed to responding to their needs;

- Member agencies believe that young people have a right of access to quality information, advice and counselling services;

- The basis on which young people are able to make use of a service is made clear to each of them individually and a contract is agreed where appropriate;

- Member agencies of Youth Access aim to empower young people and treat them with respect based on an understanding of their individual culture and background;

- In all aspects of their work, member agencies of Youth Access aim to counter the oppression and discrimination faced by young people;

- Member agencies of Youth Access are working towards equality of access for all young people for whom their service is designed;

- Member agencies of Youth Access take all reasonable steps to ensure the safety and well being of young people and workers in an agency;

- Member agencies of Youth Access are committed to ensuring their workers are competent to perform the range and depth of duties offered by the agency and provide a framework for staff development that includes support, supervision and training; and

- Member agencies of Youth Access are committed to establishing and maintaining procedures for monitoring and evaluating the service they provide.

Youth Access’ nationally agreed standards cover all the service delivery aspects of information, advice, counselling and support to young people. The standards are underpinned by clear definitions of these interventions and a framework encompassing our values, principles and the three key policies of equality and diversity, confidentiality and involvement and participation.

All full members of Youth Access are expected to abide by our core principles, and to meet our minimum standards of quality by having in place the three key policies of equality and diversity, confidentiality and involvement and participation.
The Department of Health has provided funding to Counselling MindEd, assisting the provision of health promotion and advice.