

# Contact Youth Counselling Services Outcomes Evaluation 2006



Contact Youth  
Counselling for young people

**“Just being able to talk to  
someone who would give  
support and listen was  
fantastic.”**

*(14 year old male, non-school setting, Belfast)*

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*Counselling for young people*

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# contact youth counselling services

**“Just being able to talk to someone who would give support and listen was fantastic.”** (14 year old male, non-school setting, Belfast)

## EXECUTIVE SUMMARY OUTCOMES EVALUATION 2006

Contact Youth Counselling Services was established as an independent voluntary organisation in 1977, in order to provide a free confidential counselling service for young people. It provides a counselling service for young people, a telephone counselling service, Youthline, outreach counselling services in schools<sup>1</sup> and community venues around Northern Ireland – in Belfast, the Southern Education and Library Board area, and the Northern Health and Social Services Board area. Contact Youth has also piloted a range of innovative work, including a partnership with Opportunity Youth, to deliver the *CHILL*<sup>2</sup> Project to provide counselling and mentoring to young people with problems connected directly and indirectly with substance misuse<sup>3</sup>. More recently an art therapy project has enabled work to take place with younger children and a pilot therapeutic group work programme has just been completed with young people from East Belfast.

Contact Youth's mission statement is:

*“to help young people to help themselves through counselling towards a better understanding of themselves, their relationships and their environment”.*

And its vision states that:

*“Contact Youth strives to be the major counselling service for young people in Northern Ireland and to raise awareness of the value of counselling for young people”.*

Contact Youth's work is developing in the context of a number of government consultations, policies and strategies including:

- The twenty-year strategy of DHSSPS, *A Healthier Future*.
- The Children's Services Plans, for EHSSB, NHSSB, SHSSB, WHSSB 2005 – 2008.
- The consultation on 'Creating a Vision for all our children: Northern Ireland Children's Strategy' (2004).
- 'HOPE'-A Follow-up to the NICCY Conference on Suicide and Self-harm (May 2005).
- The Northern Ireland Review of Mental health and Learning Disability, and in particular its 'Vision of a Comprehensive Child and Adolescent Mental Health Services' (CAMHS Consultation Document, November 2005).
- The 'Strategy for the Delivery of Youth Work in Northern Ireland 2005-2008' (Department of Education, 2005).
- 'Learning for Life and Work', CCEA's Pathways curriculum document for Key Stage Three (CCEA, 2003).

**“She talked to me and understood what I was going through and helped me not to feel so down. I now have a better, happier life.”** (15 year old female, Belfast schools)

<sup>1</sup> Evaluated by the authors: 'Evaluation Of Contact Youth Counselling In Schools', Courtney and Loudon, 2003.

<sup>2</sup> 'Counselling, Help, Information on Lifestyles and Living'

<sup>3</sup> Evaluated by the authors: 'An Evaluation Demonstrating The Impact Of CHILL On Young People's Health And Well-Being In Northern Ireland', Courtney Consulting, 2004.

## MAIN FINDINGS

### The Client Sample

Valid client questionnaires, 218 in total, showed a sample of clients closely resembling the expected census profile for the areas where Contact Youth offers counselling, in terms of gender and ethnic affiliation.

Overall, 75.7% of clients were seen in schools, and 24.3% in other sites (community settings). A large number, 42.4%, referred themselves, with parents as the next largest group of referrers, 22.5%.

The number of weeks clients had to wait in order to see a counsellor varied from 0 (immediate) to 20. In school settings 55.5% of young people were seen within two weeks, whereas 53% of young people had to wait more than 4 weeks in community settings.

The length of counselling varied also, between 1 and 22, with 4 weeks the most common experience both in school and community settings. Nine percent required more than 12 sessions.

### Impact of counselling on the clients

Clients brought a wide range of issues, personal, related to school, substance misuse, or the aftermath of the troubles. The vast majority (94.5%) were presented as 'personal issues'.

Clients were asked to complete a questionnaire before starting counselling (baseline) and after completing counselling. Client issues were then grouped under the following 5 categories:

#### 1-Mental Health and Well-Being

- Happiness
- Self-harm
- Unwanted images
- Depression
- Worry about life
- Problem sleeping
- Coping when things go wrong
- Control of own life

#### 2-School

- Behaviour at school/work
- Completing tasks at school/work
- Relationships at school/work
- Happiness at school/work
- Attendance at school/work

#### 3-Relationships

- Relationships at school/work
- Family relationships
- Handling conflict
- Loneliness

#### 4-Risk-Taking

#### 5-Hurt to and by others

- Hurting others
- Being hurt

The improvement brought by counselling was measured as a percentage of decrease of significant problems in each of the five areas:

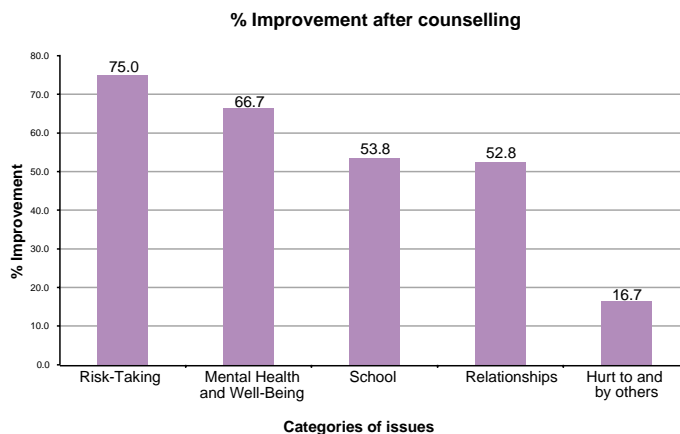
It is clear from this data that the Contact Youth Counselling Services is a highly valued service, that makes a significant difference to the lives of young people and makes a significant contribution to the achievement of key Government objectives for young people.

It is, of course, impossible to prove that all the changes were brought about by counselling, or that changes will be long-lasting, but the evidence available indicates very positive improvements in

feelings, attitudes and behaviour as a result of counselling.

Having the freedom to talk to a professional, trained counsellor in privacy and confidence, being listened to and understood clearly improved young people's self-

awareness, self-esteem and self-confidence. Problem-solving and coping skills were improved as the young person took greater ownership of their situation and became aware of possible options for dealing with difficulties and achieving ambitions.





### Views from Schools' Key Contact Persons

Key Contact persons are teachers appointed by the school to handle the system of client referrals from the school.

The majority of Key Contacts were very positive about the service provided by Contact Youth Counselling in schools. The main problems concerned getting more of the service and ensuring that finance was secured to make the service a permanent fixture.

There is important feedback about how some respondents view Contact Youth's confidentiality policy and its limitations. There is a differing professional perspective here which means that some Key Contacts felt they should not be excluded from information because of confidentiality. The majority however, do recognize the value and benefit of confidential therapeutic counselling services to young people in school.

### Views from community based referrers

The majority of referrers rated Contact Youth Counselling Services highly in regard to clarity of information and speed/efficiency of referrals and direct access to counselling. Since they are not directly involved after referral, half of the respondents (57%) said they did not receive enough feedback to rate the quality of counselling. However all the remainder rated the counselling as Good or Very Good.

In regard to feedback about the counselling process, three agencies made a request for more feedback. They wanted to have information on client progress, while carefully maintaining confidentiality. These agencies felt that information would be helpful to their ongoing work with the client. One example given was the use of positive information about the client's progress in court reports. This is a difficult area, but it does raise the need for greater communication and relevant information sharing between agencies while maintaining client confidentiality.

### The Counsellors View

All Contact Youth Counsellors are qualified to at least Diploma level. The agency offers a consistent commitment to provision of intensive, comprehensive induction training, independent clinical supervision and thorough clinical case / line management and commitment to continued professional development/training (CPD). The majority of counsellors surveyed highly valued these aspects of their clinical support, accountability and professional development and most were keen to pursue further specialist training.

There were a number of issues which emerged from the survey of counsellors such as the different models of approach and the variation in the number of sessions undertaken. Suicide risk assessment was carried out with 10% of clients, and 6% of clients needed child protection referrals made on their behalf. The importance of confidentiality, secure funding, continuous professional development and accreditation, were among the issues of importance raised by counsellors.

## RECOMMENDATIONS

### Working in partnership

**R1:** Contact Youth Counselling Services should become part of the CAMHS continuum in each board area in terms of planning and delivery at tiers two and three.

**R2:** A close partnership should be formed with NSPCC counselling to inform Department of Education policy on schools counselling.

**R4:** Contact Youth Counselling Services should develop a multi-agency approach to the assessment and delivery of services to young people.

**R6:** Contact Youth Counselling Services should establish closer links with Youth Justice agencies.

**R10:** Closer links should be developed with the Department of Education in relation to education and youth policy issues.

**R11:** Contact Youth Counselling Services should further develop inter-agency collaboration in order to improve initial assessment, referral on, and continuous development of comprehensive focussed counselling services to young people.

### Consolidating Funding

**R3:** Adequate long-term statutory funding should be made available to ensure that a youth counselling service can be provided in all schools and a wide range of accessible community venues.

### Promotion and Education

**R5:** Contact Youth Counselling Services should ensure that all young people in schools and community settings are aware of the service, but such promotion and marketing should be linked to increased funding so that unrealistic expectations are not raised.

### Ethics and Code of Practice

**R7:** Contact Youth Counselling Services should ensure their confidentiality policy is regularly explained to teachers and others to ensure the underpinning principles are fully understood and appreciated.

**R8:** A clear system for confidential self-referrals for all counselling sites must be maintained.

**R13:** Contact Youth Counselling Services should ensure service provision takes account of the needs of ethnic minorities.

**R14:** Contact Youth Counselling Services should continue to identify the counselling needs of young people with particular challenges, such as disability, and develop counselling services for them.

### Improving Practice

**R9:** Contact Youth Counselling Services should consider the provision of therapeutic group work, particularly around adolescent development, bullying and trauma recovery.

**R12:** Contact Youth Counselling Services should ensure that all settings for counselling are safe, secure and comfortable.

**R21:** Contact Youth Counselling Services should establish a mechanism for monitoring the number of counselling sessions by client and counsellor, to ensure consistency across the agency.

**R22:** Contact Youth Counselling Services should establish a mechanism for monitoring the number of suicide risk assessments and child protection referrals by counsellor/client.

### Building on Organisational Learning

**R15:** Proformas should continue to be regularly reviewed, with counsellor input.

**R16:** Evaluation documentation should continue to be integrated in the counselling proforma, to include a permanent system of 'before' and 'after' assessment of counselling effectiveness.

**R17:** Contact Youth Counselling Services should explore the potential for more longitudinal evaluation and the potential for using control groups in future evaluations.

**R18:** Contact Youth Counselling Services should ensure that all new counsellors, and those moving to a different form of counselling, receive appropriate induction training.

**R19:** Contact Youth Counselling Services should ensure that all staff have regular opportunities to assess their individual training and professional development needs and that these are effectively addressed along with training needs identified by the organisation.

**R20:** Contact Youth Counselling Services should review the counselling model/models in use and the language used to describe them, in order to try and develop a more consistent language with which to discuss the approach(es) that Contact Youth counsellors are expected to use in their work.

## SECTION 1

# introduction and methodology

The following is a report of an evaluation of Contact Youth's Counselling Services for young people, carried out in 2005. This introductory section provides some background to Contact Youth Counselling Services; the development of its counselling services; the conclusions of previous evaluations of schools counselling and the CHILLproject; the current evaluation methodology; and highlights some methodological difficulties, both theoretical and practical.

## 1.1 CONTACT YOUTH COUNSELLING SERVICES

**Contact Youth Counselling Services's mission statement is:**

**"to help young people to help themselves through counselling towards a better understanding of themselves, their relationships and their environment".**

Its vision states that:

**"we strive to be the major counselling service for young people in Northern Ireland and to raise awareness of the value of counselling for young people".**

The specific aims of Contact Youth Counselling Services are as follows:

- To proactively identify and meet the changing needs of young people through the provision of quality regional counselling services.
- To actively promote high standards and models of good practice and the work of Contact Youth Counselling Services.
- To sufficiently resource Contact Youth Counselling Services to sustain its continued effectiveness and quality in meeting young people's needs.
- To provide a supportive, creative and flexible working environment for all staff and volunteers to learn and grow.

## 1.2 BACKGROUND TO CONTACT YOUTH COUNSELLING SERVICES

Contact Youth Counselling Services was established as an independent voluntary organisation in 1977, in order to provide a free confidential counselling service for young people. It is a registered charity and company limited by guarantee. Contact Youth provides a counselling service for young people and a telephone counselling service, Youthline, from its offices at Ravenhill Road, Belfast, and outreach counselling services in schools and community venues around Northern Ireland. Contact Youth has also piloted a range of innovative work, including a partnership with Opportunity Youth, to deliver the *CHILL* Project to provide counselling and mentoring to young people with problems connected directly and indirectly with substance misuse. More recently an art therapy project has enabled work to take place with younger children and a pilot therapeutic group work programme has just been completed with young people from East Belfast.

## 1.3 BACKGROUND TO DEVELOPMENT OF SCHOOLS COUNSELLING

Having been providing therapeutic counselling for young people from its headquarters in Belfast for twenty years, in 1997 The EU Special Programme for Peace and Reconciliation funded a feasibility study into the development of counselling and mentoring services for young people in schools. This study, "*Reach out to Schools Counselling Project*" indicated significant support for the development of counselling and mentoring services specifically working in schools. In 1998 DENI provided funding of £47,000, under Measure 3 of the Social Inclusion sub-programme of EUSSPPR, for Contact Youth to deliver a one-year pilot for the provision of an external counselling

service in post-primary schools. Contact Youth called this new initiative *Option C*.

The aims of Option C were to work with a cross section of designated post-primary schools toward the development and provision of a specialist youth counselling and referral service for their pupils.

In 1998, five schools in the Belfast Board area were initially chosen to participate. Since then additional schools have joined the scheme from the Belfast and Southern Board areas.

Funding for this work has come from a wide variety of sources, many of them short-term, including various EU peace programmes. More recently some funds have come from schools themselves, although this is obviously vulnerable in the current funding crisis. The Department of Education has also provided some small funding but not on a long term basis.

## 1.4 OPTION C EVALUATION

In 2003 Option C Counselling in Schools Service was evaluated externally by Roger Courtney and Richard Loudon of Courtney Consulting. The evaluation concluded:

*"From the evidence available, it is clear that Option C provides an extremely valued confidential counselling service, which would not otherwise be available. It is strongly appreciated by the schools that have access to the service and the one-to-one counselling provided is felt by the schools involved to be extremely necessary and effective. The service is seen to be complementary to the pastoral care systems already in place. In most situations the demand for counselling far exceeds the supply, and the only real concern about Option*

*C is the restriction in the number of hours that the service provided in the schools due to the limited funding available.*

*On the limited information available from students who have used the service there is a very positive response. Students spoke of 'being helped' and of gaining in confidence.*

*Option C counsellors were able to point to evidence that the counselling sessions were purposeful and effective. In some of the schools where Option C had been in operation for several years there was evidence from staff that students who had received counselling at an earlier stage were now making good progress. However, no systematic process has been put in place to assess the precise impact that the service has on the lives of the students.*

*External funding of Option C seems to be unnecessarily complicated. There is a range of different funders providing relatively small amounts of money, European, Education and Library Boards, NOF, etc, and in some schools, self funding. This makes the management and monitoring of the project complex. However, Option C would appear from this evaluation to merit direct and statutory long term funding."*

(Evaluation of Contact Youth Counselling in schools, Courtney and Loudon 2003)

The evaluation report also recommended that Contact Youth Counselling Services put in place a process for gathering information from clients before and after the counselling to help assess the changes that the counselling has

made and gather the views of the young people on the service they have received. This has been achieved through this current evaluation.

### 1.5 CHILL EVALUATION

In 2002 Contact Youth Counselling Services, in partnership with Opportunity Youth, developed Chill, a specific programme directed towards young people with particular difficulties around substance abuse, either their own, or that of other people close to them. The service provided therapeutic counselling and mentoring aspects such as group work for 18 years olds in Belfast, Strabane and Limavady. The programme was evaluated by Courtney Consulting during 2004. The evaluation concluded as follows:

*"The research for the evaluation accumulated considerable evidence that the CHILL programme has major benefits for the young people involved. Changes in behaviour were reinforced by the exceptionally positive views of the clients and the referral agencies.*

*"It is clear that the CHILL programme meets a major gap in services for young people facing difficulties in relation to alcohol, drugs or solvents. This is an area where there is a significant lack of treatment services which meet the specific needs of young people.*

*"The evidence demonstrates that CHILL is effective in changing the behaviour of the young people in relation to drugs/alcohol/solvents, as well as improving other aspects of their lives. Both counselling and mentoring appear to produce the following changes:*

- *A decrease in the number of days that the young people take drugs (although this may not be maintained in the longer-term).*

*The particular benefits of counselling (but not mentoring) would seem to be*

- *Reducing the frequency of young people overdoing it on drugs.*
- *Improving the health of the young people.*
- *Improving the relationship with the father.*
- *Improving the level of anger/aggression when taking alcohol/drugs/solvents.*
- *Improving the level of violence when taking alcohol/drugs/solvents."*

### 1.6 MORE RECENT DEVELOPMENTS

Following the evaluation of Option C, the counselling services provided by Contact Youth continued to expand and develop. Option C was renamed as Contact Youth Counselling in Schools. Counselling services also began to be provided in a range of community venues, in addition to those provided in schools and in the Belfast headquarters of Contact Youth Counselling Services. The outreach of services into local communities by placing counsellors in community, youth and school venues throughout Northern Ireland has been based on a community development model of counselling. Since 2002 Contact Youth Counselling Services has targeted services towards the most vulnerable and marginalized young people in Northern Ireland, and the community development approach enables this to happen.

#### 1.6.1 Regional Area

In September 2002, Contact Youth Counselling Services began to explore the possibility for expanding its one-to-one counselling services to localities outside the Belfast area. With funding secured from Children In Need and the Tudor Trust, Contact Youth Counselling Services appointed a full time Counselling Co-ordinator to work in the Southern Education and Library Board Area. She has been responsible for identifying youth partner agencies working with the most vulnerable and at risk young people in that area and establishing a counselling service tailored to their needs. The Counselling Co-ordinator along with a team of counsellors delivers one-to-one counselling from a range of suitable venues throughout the SELB area. These sites are based in a mixture of statutory and voluntary organisations. The venues were decided upon following a needs audit of the area. This was carried out in co-operation with the local SELB and SH&SSB, as well as existing youth counselling providers.

The SELB area was chosen because it is one of the Board areas outside Belfast that has had high levels of sectarian violence and also has a significant number of council wards with high levels of deprivation according to the Cost of the Troubles and Noble Studies. There are many excellent Youth Programmes operating in the area but the vast majority are based only in one small geographical area or provide specialist services in relation to particular issues. None were offering independent non-issue based one-to-one counselling for young people. The project now provides counselling to young people at a number of sites in the Southern Board area. Referrals come from young people themselves through

the schools self referral system, Key Contacts within the school, Education Welfare Officers, Probation Board, Voluntary Organisations, Social Workers and CAMHS Teams working throughout the area.

By having a project based in this primarily rural area, Contact Youth Counselling Services can also promote its free Telephone Counselling Service Youthline, which is accessible to all young people who have access to, and can use, a phone. This is felt by Contact Youth Counselling Services to be a good backup service for young people living in rural areas and who had no access to a counselling service within or near their area.

#### 1.6.2 Northern Region

In a similar initiative to the one recorded above in the Southern region, Contact Youth Counselling Services targeted the Northern Health and Social Services Board area (NHSSB) and identified the need for one-to-one counselling. The NH&SSB area has a total youth population of 38,909 aged 11-18 years. The indicators of social deprivation (NISRA 2001) identify many pockets of multiple need. Seventeen wards are ranked in the top 50 out of 500 for lack of geographical access to services. There are no youth focused one-to-one services at community level in this geographical area and the waiting list for the Child and Adolescent Mental Health Team is currently in the region of four months.

Contact Youth Counselling Services appointed a Counselling Co-ordinator in the Northern Board in August 2003 who has created partnerships and links with voluntary and statutory agencies in the region to assess need in order to establish an effective one-to-one counselling service. The project is currently providing counselling through a range of

sites in the NH&SSB area, and deals with referrals from Probation, Education Welfare Officers, Juvenile Liaison Teams, GPs, Health Visitors, Voluntary Organisations and Community Workers. The project operates in partnership with the CAMHS project of the NH&SSB and in close liaison with Causeway and Home First Trusts in establishing the service and referral procedures.

The project in the Northern Region covers a wide range of settings, but at the time of writing is smaller, in terms of staff and volunteers, than the other operations in the Southern region or in Belfast. This meant that there were a smaller number of cases presented for evaluation than in the other areas. This is not a reflection of the value of the work.

### 1.7 THE BASIS FOR THE CURRENT EVALUATION

In early 2005 Courtney Consulting was commissioned to carry out an external evaluation of all Contact Youth's face-to-face counselling services (excluding only the telephone counselling). The evaluation included the following key elements:

#### Review of factual data

Analysis of Data on:

- Number and types of counselling sites (schools, community venues and the Contact Youth Counselling Services Headquarters, Ravenhill Road, Belfast).
- Number of sessions and by site.
- Age and gender breakdown of participants.
- Issues and themes covered.
- Counselling staff.
- Supervision and training arrangements.

#### Review of written materials

- Documentation.
- Information provided to clients and prospective clients.
- Information provided to link persons, referral agencies and prospective referral agencies.
- Pro-forma and referral forms.

#### Analysis of changes in clients' behaviour and feelings.

Based on the clients' evaluation forms<sup>4</sup>.

#### Analysis of the clients' feedback on the benefit of the service and what should be improved.

Based on the client's evaluation forms<sup>5</sup>.

#### Analysis of feedback from referral agencies and school link persons

Based on Questionnaire for key contact persons in Schools, and questionnaire for referral agencies.

#### Analysis of feedback from counselling staff.

Based on questionnaire for counsellors<sup>7</sup>.

#### Conclusions and recommendations.

#### Information sources

The current evaluation made use of a range of sources of information, including both existing data and information gathered specifically for the purposes of this evaluation using specially designed questionnaires. The evaluation analysed existing monitoring and evaluation documents containing information from service-users, counsellors, referral agencies and school contact persons.

#### Obtaining the views of the young people

The most direct way to evaluate counselling is to hear from those who receive it. However, the principle of confidentiality meant that it was not possible to gain direct access to the recipients of the counselling service, either in person, or through their case notes. However, putting in place before and after client questionnaires provided vital information from clients on how they had changed during the course of the counselling and their views of the counselling they received.

**Client Questionnaires<sup>8</sup>** were by far the largest element of the evaluation. The purpose was to try and assess if, how, and in what way, the client had benefited from the counselling experience, and to elicit the client's feedback on the service. To do this the questionnaire process was in 4 parts:

Part 1. Basic Information. Age, gender, referral person, issues, etc.

Part 2. Base Questionnaire: questions about feelings, difficulties and relationships. This was administered at the beginning of counselling.

Part 3. Follow Up Questionnaire. Identical to the Base but administered at the end of counselling.

Part 4. Young Person's views on the counselling received.

<sup>4</sup> See Appendix 1.  
<sup>5</sup> See Appendix 1.

<sup>6</sup> See Appendices 2 and 4  
<sup>7</sup> See Appendix 3.

<sup>8</sup> See Appendix 1.

These questionnaires were designed to measure the client's feelings, attitudes and behaviour and by comparing the Base and Follow Up responses, assess whether or not the young person had benefited from the counselling experience, and if they had in what way and to what extent.

There were some practical difficulties in relation to the responses to the questionnaires. The evaluation needed at least Parts 1, 2 and 3 to be completed before analysis could be made. However, the client's participation in the process was voluntary, and this particularly applied in the case of parts 3 and 4, which were completed confidentially. This meant that even if the Base Questionnaire was completed with the counsellor (and often used as a diagnostic aid), the completion of the final two parts was in the hands of the client and a significant number were not completed (see 1.8).

The findings of the client questionnaires are presented and analysed in Section 3.

### **Obtaining the views of the schools**

There is a link person in each school (usually a key person involved with pastoral care), known as the Key Contact, who provides liaison with the management of Contact Youth Counselling in Schools within their school. It was decided to send out a questionnaire<sup>9</sup> to all thirty-nine Key Contacts. The findings from the school Key Contact questionnaires are presented and analysed in Section 4.

### **Obtaining the views of referral agencies**

In community settings, Contact Youth Counselling Services received referrals from a wide range of sources. Some of these referral agencies had an in-depth involvement in the lives of the

young people whom they had referred, others had more limited contact with the young people. To ascertain the views of these referral agencies on the counselling service provided by Contact Youth, all seventy-seven referral agencies were sent a questionnaire<sup>10</sup>.

The findings of the referral agencies (community sites) questionnaires are presented and analysed in Section 5.

### **Obtaining the views of the counsellors**

For the 2003 evaluation the counsellors were interviewed collectively. For the current evaluation, a detailed questionnaire<sup>11</sup> was compiled for the counsellors to complete. The findings of the counsellors' questionnaires are presented and analysed in Section 6.

## **1.8 METHODOLOGICAL ISSUES**

It is widely recognised that research into the area of counselling is problematic because it is difficult to measure precise outcomes. It is also difficult to measure the nature of the process that achieves such outcomes. If a longitudinal approach is adopted and clients are monitored over a period of time when therapeutic interventions are being made it may be possible to judge the benefits of counselling on a 'before' and 'after' basis. However, even then, results may be suspect unless there is a control group of non-clients to see if improvements would have occurred naturally over time. Only then could it be discerned what gains were due to counselling alone. Creating such a real control group is problematic however, because of the ethical difficulties in denying one group of young people the counselling they need. Another difficulty, when researching the views of clients, is the need to allow time after

counselling to assess if they have been helped in the longer-term. If clients are surveyed directly after being supported or helped through a time of crisis or difficulty, then they may be generally grateful for the help offered. They may only be able to assess the effectiveness of the counselling much later. However the later the follow-up questionnaire is administered the lower the response rate is likely to be.

The specific methodology adopted of using the same questionnaire before and after counselling was developed following the evaluation of Option C Counselling in Schools and the CHILL project. The new questionnaire was designed to try and integrate the data gathering that counsellors already were engaged in. The 19-item questionnaire was designed to examine the attitudes, feelings and behaviours of clients before and after counselling. The questions, which were finalised after discussions with Contact Youth staff and a pilot survey, tried to reflect the range of issues raised by young people in counselling

The contract established with new clients at the beginning of counselling included an agreement to take part in the evaluation, but it was important to try and provide confidentiality for the client in order to ensure that feedback was not skewed by the counsellor's presence and the feelings expressed were genuine. For this reason, Parts 3 and 4 of the questionnaire were given to the clients with an envelope in which their response could be sealed and returned anonymously. This necessary process created some administrative difficulties in matching up the parts of the questionnaires, especially with protracted counselling cases, and some client questionnaires were not fully completed because of this.

<sup>9</sup> See Appendix 2. <sup>10</sup> See Appendix 4. <sup>11</sup> See Appendix 3.



## SECTION 2

# literature review

The brief literature review below is designed to help put the evaluation of Contact Youth's counselling services into the context of the relevant academic literature. It will not however be a comprehensive academic literature review, as this would not be appropriate for an evaluation document.

The review will focus on what is known in relation to:

- Young people in Northern Ireland
- The mental health of young people
- The mental health of young people in Northern Ireland.
- What worries young people
- The impact of the "Troubles"
- What is counselling
- Counselling in schools
- Research into effectiveness of counselling in relation to young people
- Government strategies
- International strategies

## 2.1 YOUNG PEOPLE IN NORTHERN IRELAND.

The age structure of the Northern Ireland population is the youngest in the United Kingdom, with young people under 25 representing 36% of the population here (as compared to 31% in the UK). There are just over 517,000 young people within the age range of 4 to 25. Demographically, almost 1 in 5 (17%) of the youth population in Northern Ireland is located in the Belfast Council area, followed by 7% in Derry, and 6% in Lisburn. Despite a contracting agricultural economy, a sizeable proportion of young people also live in rural areas.

According to 2001 Census figures<sup>12</sup>, the population from which Contact Youth's client group is drawn, the 11-25 year olds, represent 21.8% of the total Northern Ireland population. Their gender breakdown is 50.7% male, 49.3% female. The religious and ethnic breakdown of the Northern Ireland population as a whole is 44.0% Catholic, 53.2% Protestant, 2.8% non-British, non-Irish (other European and non-European ethnic minorities).

## 2.2 THE MENTAL HEALTH OF YOUNG PEOPLE.

Moore et al (1993) found that 8% of school-aged pupils had special needs associated with emotional disturbance. Flood (1997) cites evidence that approximately 10% of children have problems that are significantly disabling. Mabey and Sorensen (1995) cite research from the mid-1970s estimating that 14% of children had symptoms of emotional disturbance and maladjustment, including 1-2% with severe psychiatric disturbance. Research by the Mental Health Foundation (1999) indicated that one in five children and young people experience mental health problems.

Wetz (1997) identified a range of problems experienced by young

people: family and peer relationships, self-harm, health issues, such as eating disorders, stress and depression, misuse of drugs, sexual relationships and pregnancy, pressures arising from poverty, deprivation or the problems of carers. She found, like Jones (1970), that most people find support through the family or community.

Morrow and Richards (2005) identified seven key issues relating to young people and their transition to adulthood, as follows:

- While young people expect autonomy and independence at earlier ages, economic and social policy changes have placed more responsibility for them, and for a longer period, on families. Certain groups of young people may be vulnerable if they lack family structures to support them.
- More young people remain in education or training, delaying their entry to the adult labour market.
- Young people generally leave home later and, because of delayed entry into employment, increasing numbers return home before finally leaving for good. Some of those with problems at home risk becoming homeless.
- Young people are entering sexual relationships at younger ages but marry and have children later. Increasing numbers of children are born outside marriage, but largely to co-habiting couples.
- Participation in consumer markets, culturally important to young people's sense of self and social status, is likely to be delayed by increased economic dependency on families.

- While families and kin can play a vital role in supporting young people as they move into adulthood, many young people may be effectively without kin because of a variety of social changes.
- There is a mismatch between young people's expectations and ambitions and the reality of their everyday experiences as they move into adulthood.

A Youth Access national survey of Youth Information Advice and Counselling Services (2001) found that young people saw a counsellor for a variety of reasons including: help with low self esteem and lack of confidence, depression, family problems, difficult behaviour, self-harm and suicide attempts, substance misuse, eating disorders, bullying, harassment and discrimination, problems in care/leaving care, unemployment, exclusion from school and pregnancy.

Most of the young people in this survey felt they had life experiences which had made them feel different about themselves, including poverty, homelessness, death and loss, sexual abuse, family breakdown and discrimination. Some of the young people who were "harder to reach" faced issues around identity and discrimination; they felt disempowered, causing additional stress and anxiety. Areas identified included tackling macho behaviour, the bottling up of feelings that led to violence, social exclusion, social isolation, addiction, feeling excluded, the effects of war trauma, chaotic lifestyles, inter-cultural issues, low self-esteem and cultural conflicts.

Young people who feel unhappy, in distress or at risk want to access quickly and easily "someone to talk to" who can provide confidentiality,

<sup>12</sup> NISRA, at [www.nisra.gov.uk](http://www.nisra.gov.uk).

practical help and support that is non-judgemental and young person-friendly.

Gunnell, Sharp and Donovan (2003) found that the majority of those with a probable mental disorder had not sought help for the disorder. Young men are particularly unlikely to seek help, which may influence the much higher suicide rate amongst young men than women. Only 2.3% of young men and 3% of young women with a mental disorder had sought help from a counsellor.

### 2.3 THE MENTAL HEALTH OF YOUNG PEOPLE IN NORTHERN IRELAND.

The Northern Ireland Life and Times Survey has covered various issues concerning young people in Northern Ireland. One of the reports on its findings, *Stress at Sixteen* (Ed Cairns and Katrina Lloyd, 2004), found the following:

- 24% of sixteen year olds reported high levels of psychological distress.
- Significantly more females (30%) than males (16%) were psychologically distressed.
- There were no religious differences in the levels of psychological distress.
- 75% felt pressured by schoolwork at least sometimes. Over one quarter said this happens often or always.

Donnelly (1995) found that 12% of secondary school students scored significantly on indicators of depression. 4% indicated that they wanted to kill themselves.

The EHSS Board state that 20% of children suffer from some form of mental illness.

The CAMHS Consultative Document (Bamford 2005) states:

*"...at the estimated prevalence rate of 10%, approximately 45,000 children and young people aged 5 – 15 will have a moderate to severe mental health disorder and require intervention from specialist CAMH services in Northern Ireland..."*

*"The link between childhood disorders and the development of mental health problems in adulthood is now well established. It will be society's fault if we do not break free from this vicious circle that condemns generation after generation to suffer from social exclusion with all its associated problems. In short, childhood mental health is a public health issue and everyone's problem."*

### 2.4 WHAT WORRIES YOUNG PEOPLE?

A 2001 Northern Ireland Health Promotion Agency survey of 16-25 year olds, *Design for Living: Research to support young people's mental health and wellbeing*, showed that young people worry about a range of issues that relate to different aspects of their lives.

The most frequently reported worries were the personal ones, such as worry about money (esp. lower socio-economic groups), appearance (esp. females), academic performance (esp. higher socio-economic groups) and employment (esp. lower socio-economic groups). Social interaction, including relationships with family (esp. females), partners, girlfriends or boyfriends, was another source of worry.

Developments in society were also a concern, with a large proportion of young people worrying about a return to the troubles and about crime and violence (esp. females, lower socio-economic groups and older young people).

One in five said they felt anxious about the future, or that it felt

hopeless (esp. females, lower socio-economic groups and older young people).

Few of the young people said they would seek the help of a professional (e.g. teacher or youth leader) or go to an advice agency or service, although 34% said they would talk to their parents. The most common coping strategy was to listen to music (74%), followed by talking to friends (65%), arranging a night out with friends (56%), talking to boyfriend/girlfriend (40%), keeping active/playing sport (37% - esp. males, higher socio-economic groups, the unemployed and the younger age group). One-third said that they would go shopping (esp. females), one third would drink (esp. males and those working); just over a quarter would eat and a quarter would smoke.

### 2.5 IMPACT OF THE TROUBLES.

Another fundamental issue for young people's lives is the impact of political conflict and inter-community divisions. Smyth's (1998) review of research data relating to young people, including studies of mental health, physical injury, crime, resilience, family functioning and attitudinal surveys, illustrates the wide ranging impact which conflict and sectarianism has had on the social development and rights of young people.

Whilst Smyth's study indicates that young males from disadvantaged areas are at greatest risk of becoming either victims or perpetrators of violence, the data reveals that all young people have been socialised within an abnormal and polarised society, facing a complex range of detrimental consequences.

The experience of those working with children and young people with emotional difficulties is mainly similar to those in other parts of the UK (Curren and Millar 2001),

except in certain times and in certain locations. However, the majority of children who had experienced a shooting (often of a family member); had been involved in a bombing (with or without physical injury); or had been held captive or hostage, suffered from PTSD, exacerbated by frequent reminders, such as in the media. In many cases, school performance deteriorated. Symptoms of anxiety and depression were common and some experienced grief reactions following loss of relatives. In many cases parents were unable to offer support to their children because they also were suffering from the effects of the trauma and loss.

A more recent study, 'The Legacy of the Troubles' (Muldoon et al, 2005) surveyed 3000 people from Northern Ireland and the six border counties of the Irish Republic in 2004. The survey found a considerable proportion of the population experience significant mental health problems which they attribute directly to the Troubles:

- One in five people in Northern Ireland has suffered multiple experiences due to the Troubles.
- One in four has experienced intimidation.
- One in ten has been bereaved as a result of the Troubles.
- One in 10 reported post-traumatic symptoms that are suggestive of clinical Post Traumatic Stress Disorder (PTSD).
- Lower socio-economic status respondents were more likely to be affected by PTSD and were more likely to have repeated exposure to traumatic events.

The adult experience together with continued political divisions is expected to impact on children

and young people in various ways, across generations (Danieli, 1998, quoted in Burrows and Keenan, 2004). Conflict and war disrupt family life, and therefore the life of children and young people in a number of profound ways (Bar-On, 1998, quoted in Burrows and Keenan, 2004):

- Their sense of continuity over time
- Their sense of capacity to cope with what life brings
- Their sense of faith and trust in the basic goodness of humanity and connection to others.

## 2.6 WHAT IS COUNSELLING?

The word counselling is used in many different contexts with many different meanings. There is a lack of clarity of definition between counselling, psychotherapy, counselling skills and helping skills. Lloyd (1997) sees these as on a continuum with varying levels of intensity and formality. She identifies the following as characteristics of counselling, with which there is agreement:

- A formal contracting between the parties.
- A "counsellor" who is trained, accredited and supervised.
- A "counsellor" who operates in accordance with formal legal, ethical and professional requirements.

The British Association of Counselling and Psychotherapy (BACP) states that "people become engaged in counselling when a person, occupying regularly or temporarily the role of counsellor, offers and agrees explicitly to give time attention and respect to another person or persons, who will be temporarily in the role of client".

McGuiness (1998) suggests two other important features of counselling: The first is that the client is in charge of the process, although, in schools counselling is often prompted by a teacher rather than a student; and the second, that counselling deals with normal people, not primarily with those who are mentally ill, as it is designed to help "people grow in emotional fitness and health", and can be seen as a preventative strategy to reduce the likelihood that someone will enter more formal mental health services.

McLaughlin identifies the skills of a counsellor as listening, empathising, challenging and facilitating action, and these are used to help someone understand their own and others' feelings, thinking and behaviours and be able to act on them in productive ways.

Sherr et al (1997) argue that the role of counselling is to support those for whom some of their problems could herald the onset of mental health problems and that the process of counselling can offer young people the chance to develop a language with which to express and understand their emotions. This study further indicates that children who can express feelings and needs effectively are less vulnerable to risk and exploitation.

## 2.7 COUNSELLING IN SCHOOLS

There has been increased concern about the problems of adolescents and the pressures on them (Mabey and Sorenson 1995; Burnison 2003), rates of exclusion, behavioural problems and long waiting lists for specialist support (Capey 1997; Baxter 2002). Despite these increasing concerns, there are strong indications that the pastoral role of teachers has declined because of the pressures of the national curriculum, SATS

and the resulting pressures of work (Baginsky 2004).

In school counselling there may be a range of levels of counselling skills in use, including:

- Ad hoc emotional support provided by school staff to pupils.
- Informal counselling and mentoring staff provided within a defined space and time, but alongside other roles and relationships.
- Formal counselling, whereby a young person sees a qualified counsellor by appointment.

The current literature review and evaluation concerns the latter, formal counselling.

Capey (1997) identifies three main models for the provision/funding of counselling in schools:

- A counsellor employed directly by the school.
- Counsellors employed by the Education Authority working in a range of schools in the area.
- Counsellors provided by external agencies, as is the case with Contact Youth Counselling in Schools.

While the primary purpose of counselling in schools is the personal and social development of the young people, it also can have a valuable function in providing feedback to schools on issues the students are facing (e.g. bullying) and identifying wider actions that can be taken (Wetz 1997).

Counselling within a school context brings its own "particular characteristics, limitations and demands". Given the requirement for privacy, confidentiality and anonymity, there can be a tension

with the school to whom the counsellor has to be accountable and which may expect more information from the counsellor on the students they are seeing. The school is also likely to be more concerned with issues of conformity to school rules and norms, whereas the counsellor is only concerned with the needs and aspirations of the young person.

There is some evidence that some "hard-to-reach" young people would prefer counselling services in GP surgeries, youth clubs or specialist centres rather than in school (Sellen 2002). However, an evaluation of counselling services in two comprehensive schools (Jackson and Parnham 1996) found "overwhelming evidence" that school is an excellent place for counselling because young people do not have to explain at home where they are going when they attend sessions. Dennison (1998) in an evaluation of a service in six secondary schools, found evidence that some children were put off counselling where one of the schools required parental consent.

A study of bullying in school in Northern Ireland by Collins, McAleavy and Adamson (2004) found that 30% of post-primary students reported being bullied at school. 28% of post-primary students admitted to bullying others.

NSPCC are currently undertaking a research study with the University of Ulster at Magee into their schools counselling work.

## 2.8 RESEARCH INTO THE EFFECTIVENESS OF COUNSELLING WITH YOUNG PEOPLE.

The National Youth Access survey of youth counselling services found that the young people felt that the counselling helped them to feel

stronger, more stable and able to cope, to gain in self-confidence, self-respect and self-esteem. They felt more in control of their lives, reduced their drug and alcohol use and experienced significant improvements in their social and personal lives.

In looking at the effectiveness of humanistic/interpersonal relationship therapy and cognitive-behavioural therapy, which reflect some of the approaches used by Contact Youth counsellors, Harris and Pattison (2004), in a recent comprehensive scoping study found the following evidence for the efficacy of counselling for children and young people with certain kinds of problems as follows:

Behavioural and conduct problems:

- CBT is effective for anti-social and aggressive behaviour and with impulsivity and hyperactivity.
- CBT and individual therapy are more effective than non-behavioural therapy and group therapy.
- A combination of humanistic, cognitive and psychodynamic therapy is effective in reducing aggressive behaviour in children.
- Individual client-centred therapy is not effective in reducing delinquency, aggression or hyperactivity in black or white males, at post-treatment or at two-year follow-up.

Emotional problems: anxiety:

- CBT may be effective in relieving the symptoms of PTSD.
- There is preliminary evidence that CBT may be effective for

obsessive-compulsive disorder.

- There is preliminary evidence that humanistic therapies may be effective in reducing symptoms of anxiety in children whose parents have divorced.

Emotional problems: depression:

- CBT is effective in reducing the symptoms of depression and in reducing the rate of the onset of depressive disorder in young people "at risk" of depression.
- CBT is more effective in reducing symptoms of depression in adolescents than younger children.
- There is some evidence that the short-term positive effects of CBT are not sustained over time.
- CBT does not have a long-term advantage over non-directive relationship therapy or systemic family therapy.
- Interpersonal relationship therapy is effective in children suffering from moderate to severe depression.
- Non-directive supportive therapy is effective in reducing symptoms in children with major depressive disorders.

Medical illness:

- CBT is effective in reducing the severity of chronic headaches.
- There is some preliminary evidence that CBT may help to reduce distress during painful medical procedures.
- There is no evidence in relation to humanistic approaches and medical conditions.

School-related issues:

- CBT is effective in reducing violent and aggressive behaviour at school and is effective at decreasing levels of school refusal/phobia.
- There is preliminary evidence that CBT may improve children's self-control and classroom behaviour in mainstream schools.
- There is preliminary evidence that individual CBT can reduce the incidence of aggression towards other children and encourage greater responsibility for actions.
- Humanistic client-centred therapy is not effective for pre-adolescents.

Self harming practices:

- CBT is effective in reducing the level of substance abuse in children and adolescents.
- Ego-oriented CBT therapy is effective for anorexia nervosa.
- Humanistic therapy is effective for pre-adolescents with behavioural problems.

Sexual abuse:

- CBT is effective in reducing symptoms in children who have been sexually abused and results in improvements in symptoms lasting for at least two years.
- The depressive symptoms of sexual abuse may benefit more from a combination of individual and group therapy involving a combination of approaches (CBT, psychodynamic and client-centred).

There are insufficient rigorous research findings on the effectiveness of art therapy to draw any conclusions.

## 2.9 GOVERNMENT STRATEGIES

The above sections of the literature review highlight a range of issues that affect the mental health and wellbeing of young people. The following section highlights some of the rapidly developing public policy in relation to children and young people in Northern Ireland.

The Government is currently developing an overall strategy for children and young people in Northern Ireland. The consultations with children and young people highlighted, amongst other things their concerns about issues such as bullying, risk-taking behaviours, high suicide rates, esp. amongst young men, and the need for more counselling services (*Creating a Vision for all our children: Northern Ireland Children's Strategy 2004*). Consultation on the draft, *It's R world 2*, has now been completed and the final strategy document should be available in early 2006.

The Government has now appointed a Minister for Children in Northern Ireland, Lord Rooker, who is responsible for taking forward the overarching strategy for children and young people.

In 2003 the Government created the position of Commissioner for Children and Young People (NICCY) to safeguard and promote the rights and best interests of children and young people in Northern Ireland. The office of the Northern Ireland Commissioner for Children and Young People has commissioned its own research into the concerns of children and young people and, amongst other issues, has stated clearly that there is inadequate provision to respond to the mental health

needs of children and young people, leading to unacceptable levels of suicide and self-harm. (*'HOPE'-A Follow-up to the NICCY Conference on Suicide and Self-harm May 2005*).

Each of the four area Health Boards have produced a Children's Services Plan for 2005 to 2008 and have committed themselves to achieve improvements in relation to nine high level outcomes:

1. All children and young people have a stable upbringing.
2. All children and families live in safe, supportive communities.
3. All children and young people live free from poverty.
4. All pregnant women, new parents and babies thrive.
5. All children are ready for learning and school.
6. All children and young people enjoy and succeed during school years.
7. All children and young people are involved in decisions that affect them.
8. All children and young people make a positive contribution that is valued.
9. All children and young people make a safe transition to adulthood.

(Children's Services Plans, for EHSSB, NHSSB, SHSSB, WHSSB 2005 – 2008).

The Children's and Young Person's Committee responsible for these plans point out that these outcome statements are not written as statistical targets, but they are statements of common purpose, of aspiration and intent. The CYPC's are convinced that we should be moving towards developing some form of measurement which will allow us to collectively identify whether things are improving or deteriorating for children and families within our communities.

The Department of Education's strategic framework, covering both the formal schools sector and youth work, includes priorities to promote the "physical and emotional welfare" of young people and to "build confidence and self-esteem in young people and develop their personal and inter-personal skills". The Department commissioned a scoping study of counselling in schools in 2001/2, which highlights the value of counselling to the schools and young people involved and recommends follow-up research to contribute to the development of a Department of Education policy on counselling in schools. However, there is as yet no formal policy on the availability of counselling in schools or other settings accessible to young people.

The Northern Ireland School Curricula have been undergoing an important reform which will begin implementation in 2006, and include a strong component of life skills and emotional literacy. For example at Key Stage three (age range 11 to 14), as part of its strand 'Learning for Life and Work', CCEA's Pathways document (CCEA, 2003) outlines the statutory entitlement of all 11-14 year olds to learning about Personal Development – covering areas such as personal understanding (emotions, self-esteem, etc.), relationships, family life and independent living.

At the same time the Belfast Education and library Board has reviewed its practice in relation to the upward trend in emotional and behavioural difficulties in the school population. In its report, 'Behaviour in a Learning city: Best Value Review of the Provision of Behaviour support' (BELB, 2004).

In 2004 the Department of Education, in consultation with the Youth Service Liaison Forum approved a strategy for youth work

in Northern Ireland, which recognises the range of issues concerning the mental health and wellbeing of young people and the value of youth work in promoting good mental health and wellbeing. However, the strategy itself has no specific priorities concerning counselling services for young people.

The twenty year strategy of DHSSPS, *A Healthier Future*, includes targets to improve the mental health and wellbeing of young people aged 16-24 (as measured by the General health Questionnaire) by a fifth by 2025 and targets to tackle the long waiting list for child and adolescent mental health services, so that no more than 25% have to wait for the first appointment for more than three months by 2015 and all children and young people can access child and adolescent psychiatric services within three months by 2025. However, the strategy does not provide any clear targets for the provision of Tier 2 counselling services for children and young people, which would reduce the need to access more specialist psychiatric services.

There are also currently reviews of mental health and learning disability in Northern Ireland and of the Children in Need and Children First strategies, all of which may have significant implications for the provision of counselling for children and young people.

In particular the review of Child and Adolescent Mental Health Services (Bamford, D., Chair, 2005) recommends:

- That CAMH services be located in non-stigmatising child-friendly environments;
- Increased collaboration between CAMHS, education, and the non-statutory sector;

- The inclusion by CAMHS of appropriate voluntary agencies as full partners when developing services;

## 2.10 THE INTERNATIONAL CONTEXT

In 1997 the World Health Organisation, in its Jakarta Declaration on 'Leading Health Promotion into the 21st Century' (WHO, 1997), set a list of priorities some of which are directly relevant to the work of Contact Youth and this evaluation. In particular the Jakarta Declaration advocates: "supporting the development of collaboration and networks for health development" and "accumulating knowledge on best practice".

In 2005 the World Health Organisation's European Ministerial Conference on Mental health produced a 'Mental health Action Plan for Europe' (WHO, 2005) which refers to children and young people in a number of ways also directly relevant to this context. In particular, it advocates the following 'Actions to consider':

- *"Develop mental health services sensitive to the needs of young and older people, operated in close collaboration with families, schools, day-care centres, neighbours, extended families and friends" (4, v)*
- *"Create collaborative networks across services that are essential to the quality of life of users and carers, such as social welfare, labour, education, justice, transport and health." (8, ii)*
- *"Develop and offer evidence-based programmes that foster skills, provide information and focus on resilience, emotional intelligence and psychosocial functioning, in children and young people" (1, iv)*
- *"Ensure that policies on mental health include as priorities the mental health and well-being of children and adolescents and of older people" (4, i)*



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## SECTION 3

# results from client questionnaire

The Client Questionnaires were administered from September 2004 until June 2005. This coincided with the school academic year. The number of counselling cases dealt with by Contact Youth during the period was 639. The number of questionnaires returned was 340. Of these, 218 were complete in all parts. The remaining 122 consisted of 86 where the young person had either left counselling early, were still attending counselling, or had opted not to fill in the final sections of the questionnaires.

The 36 remaining incomplete forms had Parts 1 or 2 missing. This meant that the young person had completed the final parts, but had already begun counselling before the evaluation began so it would have been inappropriate to have parts 1 and 2 administered mid-way through counselling. Any research into counselling effectiveness needs the co-operation of the client and counsellor, and the method used has to ensure that it does not interfere with, or adversely affect the counselling process.

Researching and evaluating counselling is a delicate process. The provision of confidentiality and also voluntary participation is crucial, so the number of incomplete questionnaires is at an acceptable level.

## Method of Analysis

The client questionnaires were processed and analysed using the SPSS package and results can be seen in Section 3. Quantitative and qualitative aspects were both included in the analysis. The use of a Likert Scale enabled comparisons to be made between the collated views of clients before and after counselling. A small number of cases were also selected randomly to show individual responses. The qualitative data was used throughout to bring a more personal aspect to the quantitative data by including verbatim comments.

There were different work settings within the Belfast, Southern Board and Northern Board areas and considerable variation between sites. Obviously, the school setting is different from non-schools, in that older clients are catered for in community sites, and referrals tend to be from GPs or Social Services, but schools themselves vary greatly because of their location, catchment area, social disadvantage or gender balance etc.

In this section the information from the questionnaires is presented in different phases in sequence reflecting the questionnaire structure.

3.1 Basic data and information about the client and the delivery of counselling.

3.2 Presentation in tables and graphs of the behaviours and feelings of clients before and after counselling. (Note: Verbatim comments from clients are included here. All comments from clients are contained in appendix 5)

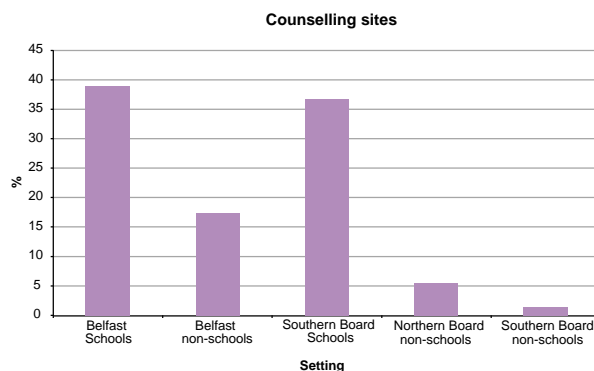
3.3 Feedback on the counselling service from the young people. Verbatim comments of how clients were helped by counselling.

3.4 Selected Cases. Two randomly selected individual cases are quoted here (one schools, one non-schools) to show how individuals responded before and after counselling.

## 3.1 BASIC INFORMATION ABOUT THE CLIENT AND THE DELIVERY OF COUNSELLING

### 3.1.1 Setting

	Frequency	Percent	Valid Percent	Cumulative Percent
Belfast Schools	85	39.0	39.0	39.0
Belfast non-schools	38	17.4	17.4	56.4
Southern Board Schools	80	36.7	36.7	93.1
Northern Board non-schools	12	5.5	5.5	98.6
Southern Board non-schools	3	1.4	1.4	100.0
<b>Total</b>	<b>218</b>	<b>100.0</b>	<b>100.0</b>	

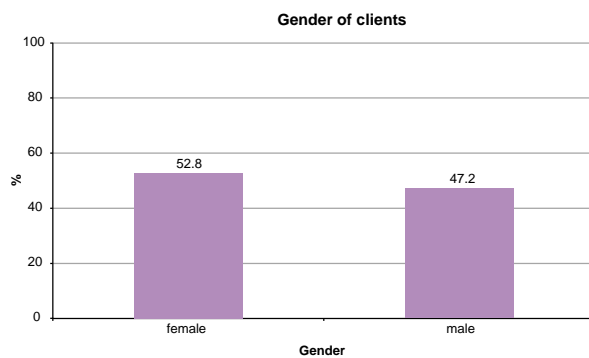


The largest numbers of cases occur in school settings, i.e. 85 (39%) and 80 (36.7%) in Belfast schools and Southern Board schools respectively. The fewer cases in non-schools Belfast, 38 (17.4%) is partly due to slightly longer cases. The number of cases which had 8 or more sessions was 28% for Belfast schools compared to 43% for Belfast non-schools. (see below). It should be noted that the numbers obtained in the Southern Board non-schools and Northern Board are not sufficient for separate statistical comparison.

Overall, 75.7% of clients were seen on school sites, and 24.3% in other sites.

### 3.1.2 Gender of client

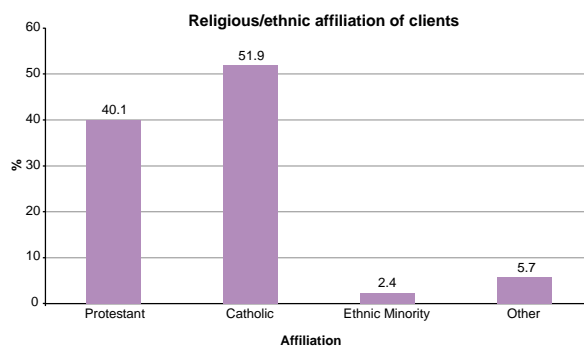
	Frequency	Percent	Valid Percent	Cumulative Percent
Female	115	52.8	52.8	52.8
Male	103	47.2	47.2	100.0
<b>Total</b>	<b>218</b>	<b>100.0</b>	<b>100.0</b>	



The gender balance is fairly even (female 52.8%; male 47.2%), considering that, as mentioned in the literature review, females are more likely to come to counselling than males. The balance is also affected by the fact that some of the schools are single sex. This balance therefore would seem to be as expected.

### 3.1.3 Religious or Ethnic Affiliation

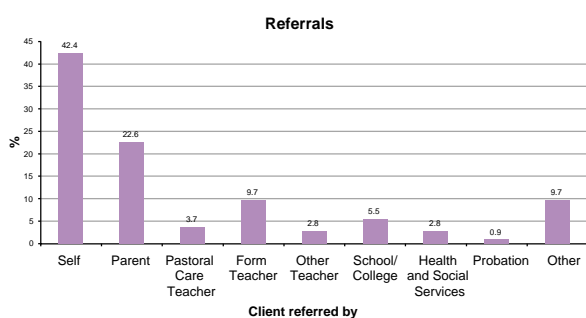
	Frequency	Percent	Valid Percent	Cumulative Percent
Protestant	85	39.0	40.1	40.1
Catholic	110	50.5	51.9	92.0
Ethnic Minority	5	2.3	2.4	94.3
Other	12	5.5	5.7	100.0
Total	212	97.2	100.0	
Missing values	6	2.8		
<b>Total</b>	<b>218</b>	<b>100.0</b>		



The percentages here (Catholic 51.9%; Protestant 40.1%; and ethnic minorities 2.4%) do not accurately reflect the balance within the population of Northern Ireland as a whole, but are affected by the numbers of Catholic, State and Integrated schools which were covered by this research. The religious balance within Northern Ireland in the 2001 Census was 53.2% Protestant and 44.0% Catholic, with 2.8% non-British or non-Irish, ethnic minorities. Not all schools are covered so this result is merely a reflection of the religious and ethnic affiliation of the young people who completed the survey.

## 3.1.4 Client referral

Client referred by	Frequency	Percent	Valid Percent	Cumulative Percent
Self	92	42.2	42.4	42.4
Parent	49	22.5	22.6	65.0
Pastoral Care Teacher	8	3.7	3.7	68.7
Form Teacher	21	9.6	9.7	78.3
Other Teacher	6	2.8	2.8	81.1
School/College	12	5.5	5.5	86.6
Health and Social Services	6	2.8	2.8	89.4
Probation	2	.9	.9	90.3
Other	21	9.6	9.7	100.0
Total	217	99.5	100.0	
Missing values	1	5		
<b>Total</b>	<b>218</b>	<b>100.0</b>		



The majority of referrals were self referrals (42.2%). Parents were also a significant referral source (22.6%). Teachers feature strongly and then Pastoral Care, Form and other teachers are grouped together, equalling 16.2% of school-based referrals. This only relates to school settings (see table below). School/college (5.5%) is a significant element of referral, particularly for non-school settings, as is Health and Social Services.

## 3.1.5 Client referred by / Work Setting Cross-tabulation

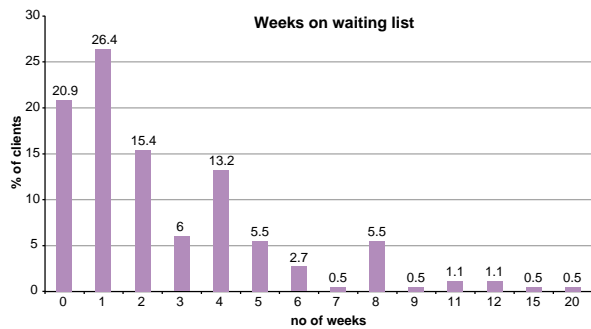
Client referred by	Work Setting Belfast Schools	Belfast Non- Schools Contact	Southern Board Schools	Northern Board Non- schools	Southern Board Non- schools	Total
Self	32	12	46	1	1	92
Parent	27	8	10	3	1	49
Pastoral Care Teacher	5		3			8
Form Teacher	10		11			21
Other Teacher	2		4			6
School/College		10	1		1	12
Health and Social Services		4	1	1		6
Probation		1		1		2
Other	8	3	4	6		21
<b>Total</b>	<b>84</b>	<b>38</b>	<b>80</b>	<b>12</b>	<b>3</b>	<b>217</b>

The table shows that in both school and non-school settings, self-referral is the highest source, 48% and 26% respectively. It is obvious that the school settings have a high percentage of referrals from teachers, but non-schools referrals have significant percentage sourced from school/college.

**Note:** The statistics from the population investigated here for September 2004 to June 2005, are different from Contact Youth Counselling Services' own findings for 2004 – 2005. The Contact Youth figures combine parents and self, and teachers under an education heading, and are Parent/self=33%; Education=30%; Health=30%; Probation/community=7%. This may suggest that our sample of clients who completed the questionnaire is somewhat biased towards self-referrers.

3.1.6 Weeks on waiting list

	Frequency	Percent	Valid Percent	Cumulative Percent
0	38	17.4	20.9	20.9
1	48	22.0	26.4	47.3
2	28	12.8	15.4	62.6
3	11	5.0	6.0	68.7
4	24	11.0	13.2	81.9
5	10	4.6	5.5	87.4
6	5	2.3	2.7	90.1
7	1	.5	.5	90.7
8	10	4.6	5.5	96.2
9	1	.5	.5	96.7
11	2	.9	1.1	97.8
12	2	.9	1.1	98.9
15	1	.5	.5	99.5
20	1	.5	.5	100.0
Total	182	83.5	100.0	
Missing	36	16.5		
<b>Total</b>	<b>218</b>	<b>100.0</b>		



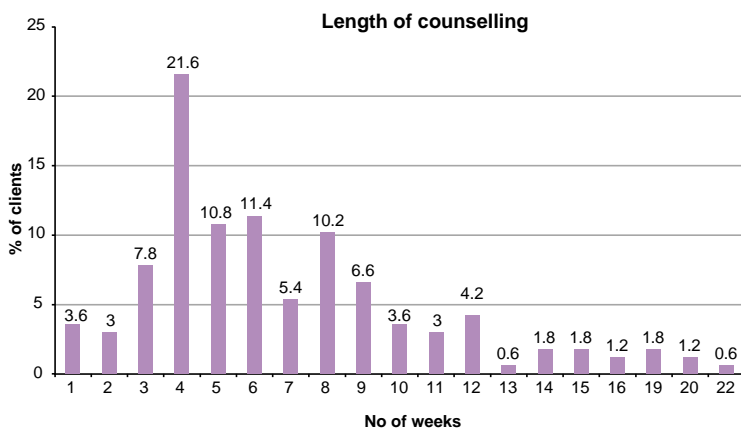
As can be seen, 62.6% of clients were seen within 2 weeks, 81.9% were seen within 4 weeks, and 96.2% within 8 weeks. The table below shows that there is some variation between the different work settings.

As can be seen from the table overleaf it is in school settings that the young people are most likely to be seen within the first two weeks. More than half (53%) of young people referred to community venues had to wait for four weeks or more. Almost a quarter of young people in schools had to wait four weeks or more before being seen (similar percentage in Belfast and Southern Board areas).

	Work Setting	Belfast non-schools	Southern Board Southern	Northern Board Non-schools	Southern Board Non-schools	Total
<b>Weeks on waiting list</b>	0	12	3	21	2	38
	1	22	3	21	1	48
	2	16	3	7	1	28
	3	2	5	3	1	11
	4	5	11	6	1	24
	5	2	5	2	1	10
	6	1	1	2	1	5
	7	1				1
	8	3	1	5	1	10
	9	1				1
	11		1	1		2
	12	2				2
	15			1		1
	20	1				1
<b>Total</b>	<b>68</b>	<b>33</b>	<b>69</b>	<b>9</b>	<b>3</b>	<b>182</b>

3.1.7 Number of sessions

	Frequency	Percent	Valid Percent	Cumulative Percent
1	6	2.8	3.6	3.6
2	5	2.3	3.0	6.6
3	13	6.0	7.8	14.4
4	36	16.5	21.6	35.9
5	18	8.3	10.8	46.7
6	19	8.7	11.4	58.1
7	9	4.1	5.4	63.5
8	17	7.8	10.2	73.7
9	11	5.0	6.6	80.2
10	6	2.8	3.6	83.8
11	5	2.3	3.0	86.8
12	7	3.2	4.2	91.0
13	1	.5	.6	91.6
14	3	1.4	1.8	93.4
15	3	1.4	1.8	95.2
16	2	.9	1.2	96.4
13	1.4	1.8	98.2	
20	2	.9	1.2	99.4
22	1	.5	.6	100.0
Total	167	76.6	100.0	
Missing	51	23.4		
<b>Total</b>		<b>218</b>	<b>100.0</b>	



The length of counselling varies from case to case but the largest number of clients, ie 21.6% are seen for 4 weeks, 35.9% of clients were seen between 1 and 4 weeks, 58% are seen for between 1 and 6 weeks, 91% of clients are seen for between 1 and 12 weeks.

Less than 10% of Contact Youth clients require more than 12 sessions of counselling.



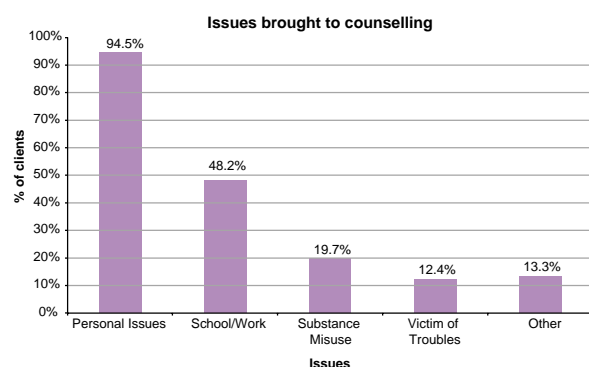
	Work Setting Belfast Schools	Belfast Non- schools Contact	Southern Board Schools	Northern Board Non- schools	Southern Board Non- schools	Total
<b>Number of sessions</b>	1	2	2			6
	2	2	3			5
	3	5	1			13
	4	15	8	1		36
	5	10	3			18
	6	10	2	1		19
	7	3	4	2		9
	8	8	3		1	17
	9	2	1		1	11
	10	1	2	2		6
	11	1		1		5
	12	2	2			7
	13		1			1
	14	3				3
	15		1	2		3
	16		2			2
	19			1		3
	20	1				2
	22	1				1
<b>Total</b>	<b>66</b>	<b>28</b>	<b>61</b>	<b>10</b>	<b>2</b>	<b>167</b>

When the length of counselling is cross tabulated against the school and non-school settings, (see table above) 4 weeks is the most common experience in each setting; Belfast schools approx. 22%, Belfast non-schools approx. 28%, and Southern Board schools, approx. 20%. It is noticeable that the non-schools have no cases under 3 weeks duration. There are proportionately longer sessions in the non-schools sector. If we look at the number of cases with sessions over 8, then Belfast schools have 15%, Southern Board schools have 17%, but the Belfast non-schools have 30%.

### 3.1.8 Issues brought to counselling

Contact Youth Counselling Services already maintains a comprehensive record of issues brought to counselling, so the data gathered from the questionnaires on issues was fairly general. To do more than this would be to encroach on the counselling process and make the administration of the evaluation questionnaires more difficult. For ease of analysis it was agreed to group the issues into 5 categories. Percentages are out of 218.

Personal Issues	206	94.5%
School/Work	105	48.2%
Substance Misuse	43	19.7%
Victim of Troubles	27	12.4%
Other	29	13.3%



For a more detailed breakdown of issues brought to counselling see the table on next page.

## Total list of issues brought to Contact Youth Counselling Services during 2004-2005

No.	ISSUE	CASES	No.	ISSUE	CASES
1	Anger	977	34	Victims of NI conflict (witness)	107
2	Relationships	723	35	Career	97
3	Anxiety	681	36	Substance misuse-Beer	92
4	Self Esteem	672	37	Victim of violence	82
5	Family Conflict	655	38	Rape	72
6	Depression	632	39	Victim of NI conflict (bereaved)	63
7	Family Breakdown	446	40	Neglect	58
8	Bereavement	435	41	Sexuality	58
9	Rel. with Parent/carer	409	42	Housing - general	57
10	Bullying	398	43	Suicide-affected by	57
11	Self Harm	308	44	Leaving home	56
12	Abuse-emotional	264	45	Indirectly affected by substances - friend	56
13	Isolation	239	46	Pregnancy	55
14	Panic attacks	234	47	Housing-being in care	52
15	Suicide	224	48	Obesity	45
16	Abuse-physical	223	49	Ecstasy	44
17	Hate school	213	50	Risk taking behaviour	29
18	School attendance	207	51	Amphetamines	25
19	Family illness	201	52	Prescription drugs	25
20	School - disciplinary	192	53	Sexual health	24
21	Exam pressure	186	54	Theft	23
22	Obsessive compulsive disorder	171	55	Victims of NI conflict physically injured	21
23	Domestic violence	166	56	Indirectly affected by substances -siblings	19
24	Abuse-sexual	163	57	Aerosols	18
25	Indirectly affected by substances /parents	149	58	Cocaine	15
26	Relations with teacher	142	59	Abortion	14
27	Eating disorders	138	60	Gambling	14
28	Health -mental	137	61	Information	12
29	Victims of NI conflict/ (emotionally injured)	134	62	Joy riding	12
30	Health -physical	116	63	LSD	3
31	Cannabis	114	64	Heroin	2
32	Changes at school	112	65	Nail polish misuse	2
33	Spirits	109	66	Adoption	1
			67	Solvent misuse	1

The comprehensive and varied nature of the issues brought to counselling is significant and reflects the findings of the literature review in relation to the wide range of concerns of young people.

Of the 30 issues most commonly brought to Contact Youth Counselling Services, they can be categorised into four main groups: emotional wellbeing and mental health, relationships, abuse and school (although they can, of course be categorised in other ways, particularly if less frequently mentioned issues are included).

A dozen relate broadly to emotional wellbeing and mental health, in order of decreasing frequency as follows:

- Anxiety
- Self-esteem
- Depression
- Bereavement
- Self-harm
- Panic attacks
- Suicide
- Obsessive-compulsive disorder
- Eating disorders
- Mental health
- Emotionally injured (victim of NI conflict)

Seven relate to relationships, which research has shown are crucial to building resilience and emotional wellbeing, in decreasing order of frequency as follows:

- Relationships
- Family conflict
- Family breakdown
- Relationships with parent/carer
- Family illness
- Domestic violence
- Indirectly affected by substances/parents

Three are related to abuse of various kinds, as follows:

- Emotional abuse
- Physical abuse
- Sexual abuse

Six relate specifically to issues concerning school, as follows:

- Hate school
- School attendance
- School discipline
- Exam pressure
- Relationship with teacher
- Bullying

Client questionnaires used to assess change as a result of counselling include questions that relate broadly to the four areas categorised above.

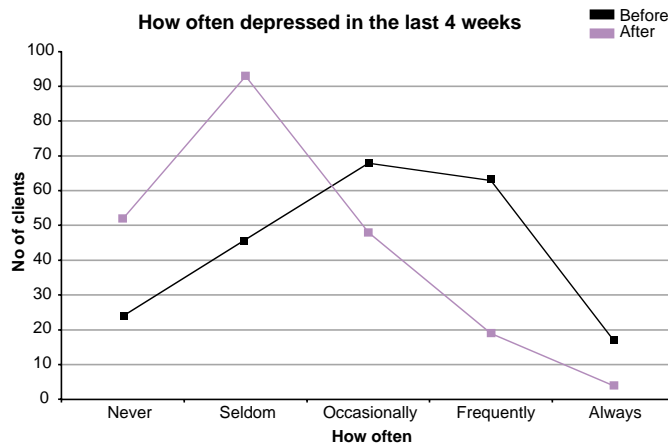
### 3.2 BEHAVIOURS AND FEELINGS OF CLIENTS BEFORE AND AFTER COUNSELLING

Parts 1 and 2 of the Client Questionnaires consisted of a Base Questionnaire which was administered at the beginning of counselling, and an identical Follow Up Questionnaire which was administered at the end of counselling. The following data gives the results showing the difference in the client's responses before and after counselling.

(Note: examples of verbatim comments from clients are included here. All comments from clients are contained in Appendix 5).

3.2.1 How often depressed in the last 4 weeks

	Before	After
Never	24	52
Seldom	46	93
Occasionally	68	48
Frequently	63	19
Always	17	4



This shows a clear improvement after counselling. There were 80 (36.7%) clients who, before counselling, said they were either “frequently” or “always” depressed. After counselling this number was reduced to 23 (10.5%). Similarly at the other end of the spectrum, 70 (32.1%) who were “never” or “seldom” depressed increased to 145 (66.5%) after counselling.

“

*She talked to me and understood what I was going through and helped me not to feel so down.*

*I now have a happier better life.*  
(15 year old female, Belfast schools)

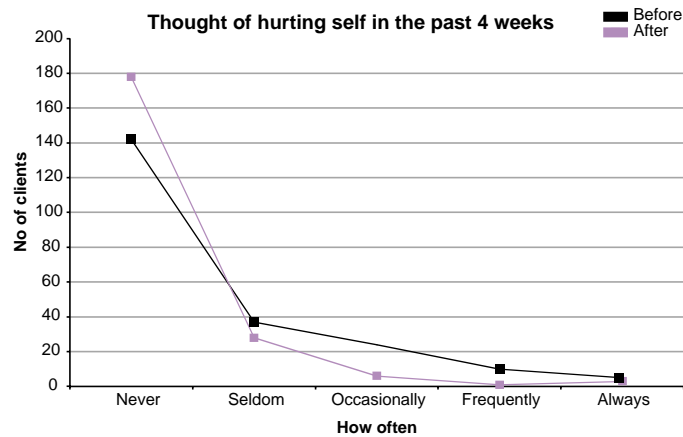
*It helped me not to feel depressed in the mornings.*

(15 year old male, Southern Board schools)

”

## 3.2.2 Thought about hurting yourself in the last 4 weeks

	Before	After
Never	142	178
Seldom	37	28
Occasionally	24	6
Frequently	10	1
Always	5	3



This graph shows that a comparatively small number of clients thought about hurting themselves. However, there is still a significant improvement after counselling. There were 15 (6.8%) who prior to counselling thought about it "frequently" or "always", and this was reduced to 4 (1.8%) after counselling. Those who thought about it "occasionally" reduced from 24 (11%) to 6 (2.7%) after counselling.

“

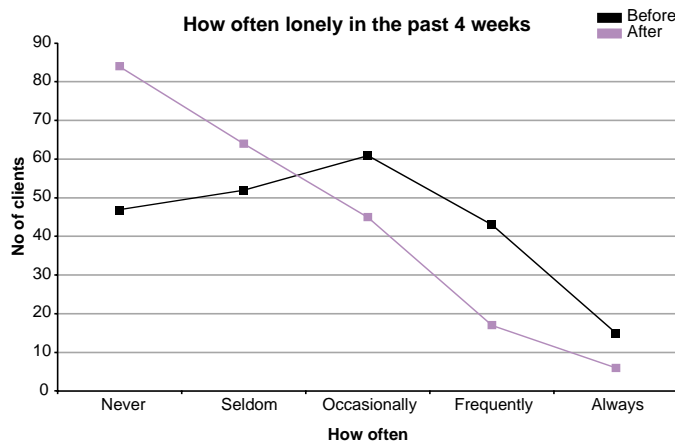
*"It helped me to stop thinking about hurting myself by helping me to realise that it isn't always my fault, and to be proud of who I am."*

(16 year old female  
Belfast non-school)

”

3.2.3 How often have you felt lonely in the last 4 weeks?

	Before	After
Never	47	84
Seldom	52	64
Occasionally	61	45
Frequently	43	17
Always	15	6



After counselling the numbers who said they “never” felt lonely increased from 47 (21.5%) to 84 (38.5%). Those clients who claimed to be “frequently” or “always” lonely reduced from 58 (26.6%) to 23 (10.5%).

“

*“Just being able to talk to someone who would give support and listen was fantastic, as I have no one I can talk to.*

*(14 year old female, Belfast non-schools)*

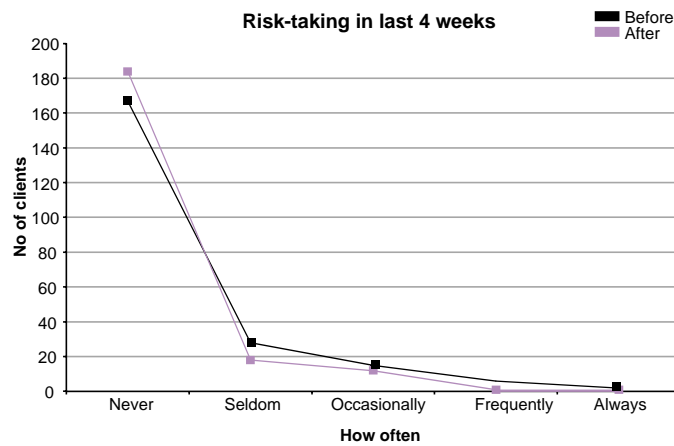
*“It made me realise there are people you can talk to and understand you. It made me come to terms with my appearance and how people saw me.”*

*(15 year old female, Southern Board schools)*

”

## 3.2.4 Risk taking behaviour in the last 4 weeks

	Before	After
Never	167	184
Seldom	28	18
Occasionally	15	12
Frequently	6	1
Always	2	1



This graph indicates that a small number of clients admitted to risk taking behaviour, and at first glance there seems to be little change. However, there are still positive affects to be seen. Those who admitted risk taking "frequently" or "always" were reduced in number from 8 (3.7%) to 2 (0.9%).

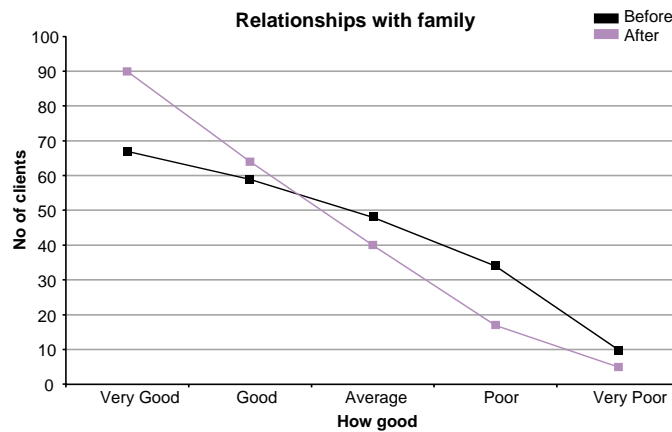
“

*I stopped smoking blow so much.*  
(15 year old male,  
Belfast non-schools)

”

## 3.2.5 Behaviour at school or work

	Before	After
Very Good	46	74
Good	74	72
Average	60	58
Poor	30	11
Very Poor	8	1



This particular finding has great importance for school counselling. At first glance there is apparently little change especially in the “good” and “average” categories, but those who reported their behaviour as “very good” increased from 46 (21.1%) to 74 (33.9%). Those in the “poor” category were reduced from 30 (13.8%) to 11 (5.0%). Those in the “very poor” category were reduced from 8 (3.7%) to 1 (0.45%).

“

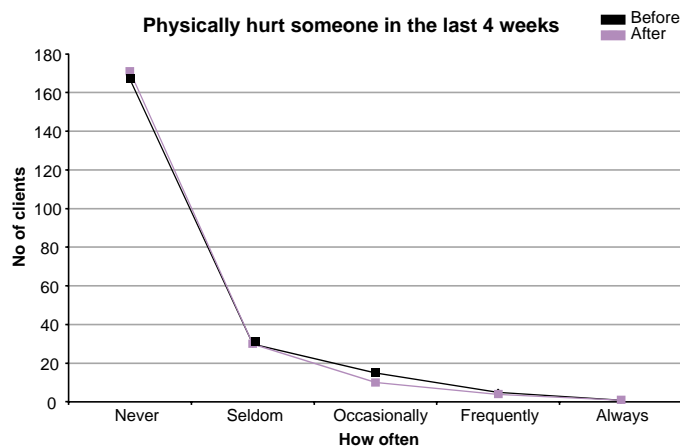
*It helped me with my behaviour.*  
(15 year old male, Belfast schools.)

”



## 3.2.6 Physically hurt someone in the last 4 weeks

	Before	After
Never	167	171
Seldom	30	30
Occasionally	15	10
Frequently	5	4
Always	1	1



This is the first graph where there is only a small change from before to after counselling. 167 (76.6%) who had never physically hurt anyone before counselling, increased to 171 (78.4%) afterwards. However the number of 'Occasionally' responses decreased by 33% and the number of 'Frequently' responses by 20%, two significant improvements.

“

*It helped me to control my anger without hitting anyone. It helped me get my anger out, so I could be more friendly. It helped me to be more happy with my family.*

(12 year old male Belfast schools.)

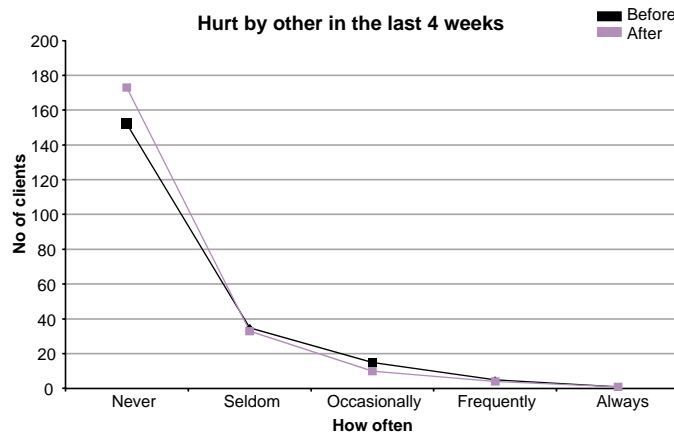
*It helped me to stop bullying, and not to feel low about my grandfather.*

(12 year old male Belfast schools)

”

3.2.7 How often have you been hurt in the last 4 weeks?

	Before	After
Never	152	173
Seldom	35	33
Occasionally	15	10
Frequently	5	4
Always	1	1

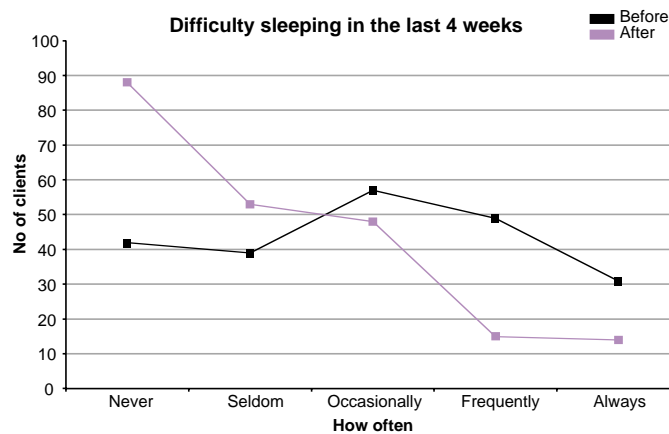


There were only a small number of clients who indicated they had been hurt in the previous four weeks prior to counselling (14.2%). Only 9% of clients had been hurt, always (.04%), frequently (2%), or occasionally (7%). After counselling the 9% had reduced to 7%, always (.04%), frequently (2%), and occasionally (4.6%).

“  
*It was very helpful because it stopped me from being bullied.  
 (15 year old female, Belfast schools.)*  
 ”

## 3.2.8 Difficulty in sleeping in the last 4 weeks

	Before	After
Never	42	88
Seldom	39	53
Occasionally	57	48
Frequently	49	15
Always	31	14



The number of clients who “frequently” or “always”, had difficulty sleeping reduced from 80 (36.7%) before counselling to 29 (13.3%) after counselling. The number who “never” had difficulty sleeping almost doubled from 42 (19.3%) to 80 (36.7%).

“

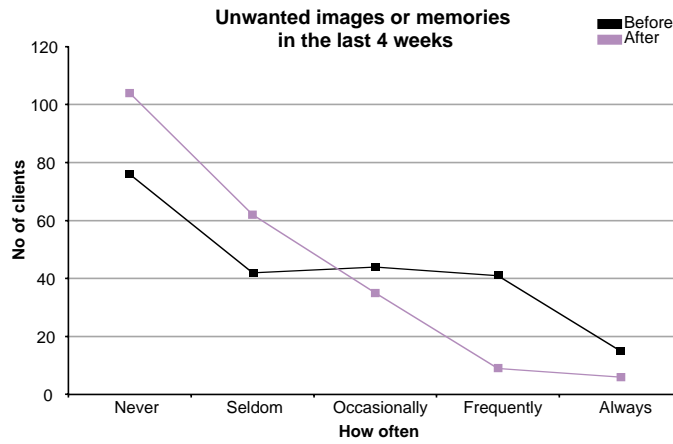
*Learning to control my temper.  
Sleeping better – breathing to relax  
sometimes. Talking about things.”*  
(13 year old male, Belfast schools.)

*Happier at dealing with sad feelings  
about parents. Sleeping better.  
Winning things at sports day.*  
(12 year old male, Belfast schools.)

”

3.2.9 Unwanted images or memories in last 4 weeks

	Before	After
Never	76	104
Seldom	42	62
Occasionally	44	35
Frequently	41	9
Always	15	6

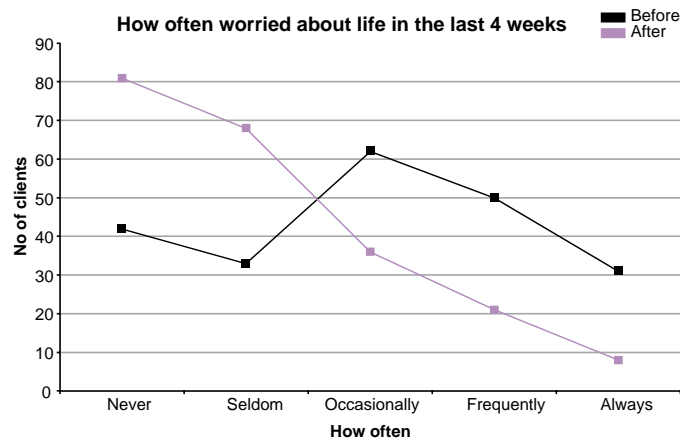


There were 56 (25.7%) young people who “frequently” or “always” experienced unwanted images or memories, which is often an indication of trauma, and this was reduced to 15 (6.9%) after counselling.

“  
*It stopped me having flashbacks.*  
 (16 year old male, Northern Board non-schools)  
  
*It helped me get rid of bad memories and gave me tips on how to cope with going away.*  
 (11year old male, Belfast non-schools)  
 ”

## 3.2.10 How often worried about life in the last 4 weeks?

	Before	After
Never	42	81
Seldom	33	68
Occasionally	62	36
Frequently	50	21
Always	31	8



There were 81 (37.2%) clients who were worried about life prior to counselling, "frequently" or "always". This was reduced to 29 (13.3%) after counselling.

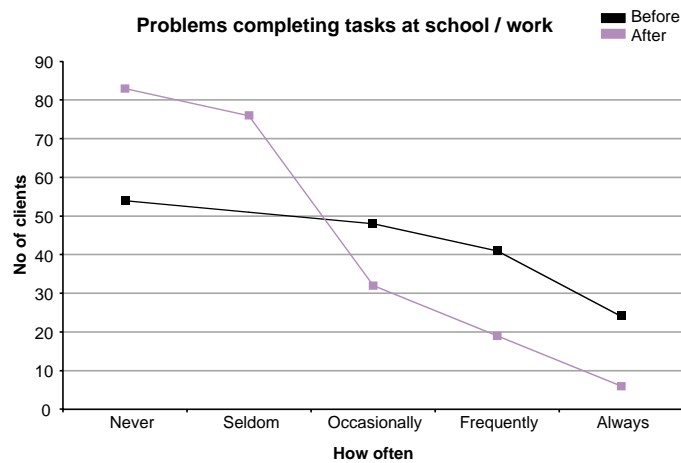
“

It made me look at life differently, and understand that things happen for a reason and I have to sort myself out and be strong.  
(14 year old female, Belfast schools)

”

## 3.2.11 Problems completing tasks at school/work

	Before	After
Never	54	83
Seldom	51	76
Occasionally	48	32
Frequently	41	19
Always	24	6



There were 65 (29.8%) clients who frequently or always had problems completing tasks at school or work before counselling and this was reduced to 25 (11.5%) after counselling.

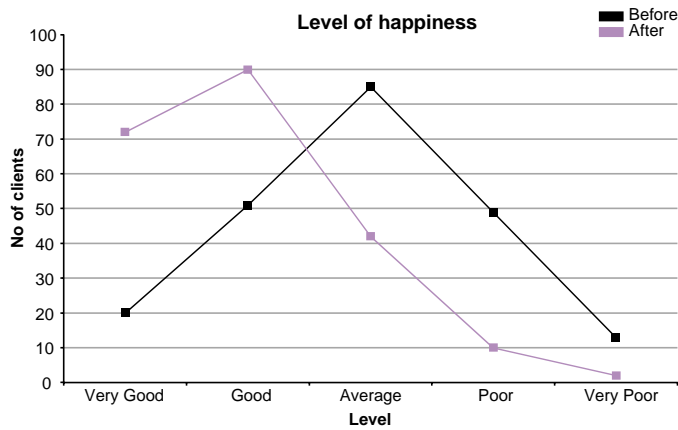
“

*It helped me to focus on school work a lot better.*  
(16 year old male, Belfast schools)

”

## 3.2.12 Level of happiness

	Before	After
Very Good	20	72
Good	51	90
Average	85	42
Poor	49	10
Very Poor	13	2



The level of happiness more than doubled in the "very good" category from 20 (9.2%) to 72 (33.0%). This result shows improvement in every category, with the "very poor" category almost eliminated.

“

*I am a happier person and I'm not so angry anymore. I can deal with a lot and I'm more confident.*

(13 year old female, Belfast schools.)

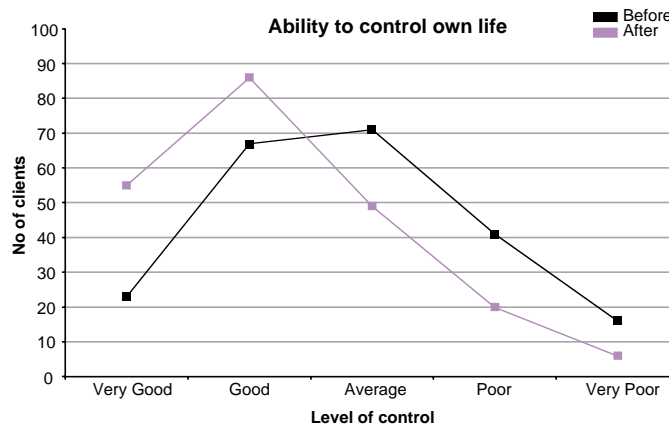
*She talked to me and understood what I was going through and helped me not to feel so down. I now have a better, happier life.*

(15 year old female, Belfast schools)

”

## 3.2.13 Ability to control own life

	Before	After
Very Good	23	55
Good	67	86
Average	71	49
Poor	41	20
Very Poor	16	6



Those who claimed "poor" or "very poor" ability before counselling, 57 (26.1%) were reduced to 26 (11.9%) after counselling. There were 90 (41.3%) clients who claimed "good" or "very good" ability to control their own life before counselling and this increased to 141 (64.7%).

“

*It helped me to look at things more positively and to sort out my problems.*

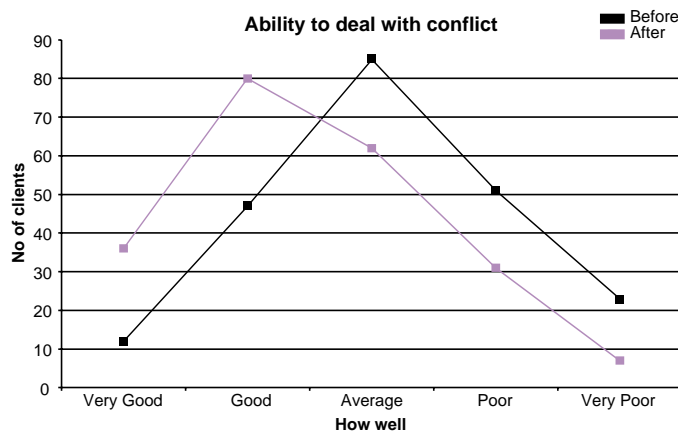
(17 year old female,  
Southern Board schools.)

”



## 3.2.14 Ability to deal with conflict

	Before	After
Very Good	12	36
Good	47	80
Average	85	62
Poor	51	31
Very Poor	23	7



Those "very good" and "good" at dealing with conflict numbered 59 (27.1%) before counselling, almost doubled to 116 (53.2%) after the counselling experience. "Poor" and "very poor" reduced from 74 (33.9%) to 38 (17.4%)

“

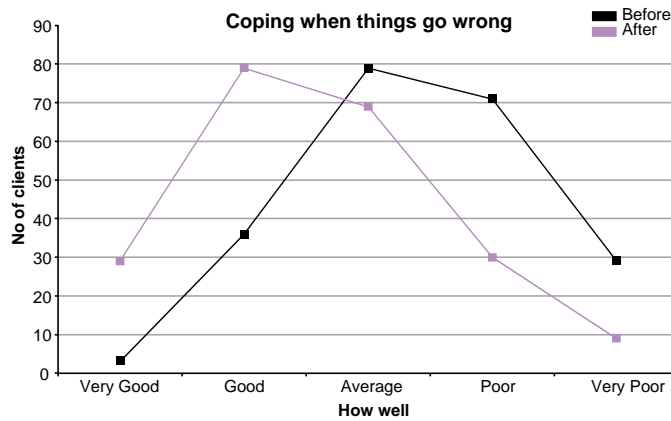
*Not to get into so many fights and control myself.*  
(14 year old, female, Belfast schools)

*It helped me to control my temper and talk to my mum and dad.*  
(12 year old female, Belfast schools).

”

3.2.15 Coping when things go wrong

	Before	After
Very Good	3	29
Good	36	79
Average	79	69
Poor	71	30
Very Poor	29	9



There was a very large improvement in numbers in those “good” and “very good” at coping when things go wrong, from 39 (17.9%) to 108 (49.5%) after counselling. Those who were “poor” or “very poor” at coping dropped from 100 (45.9%) to 39 (17.9%).

“  
*It helped me to cope with stress at home when life got bad.*  
 (13 year-old female, Southern Board schools.)

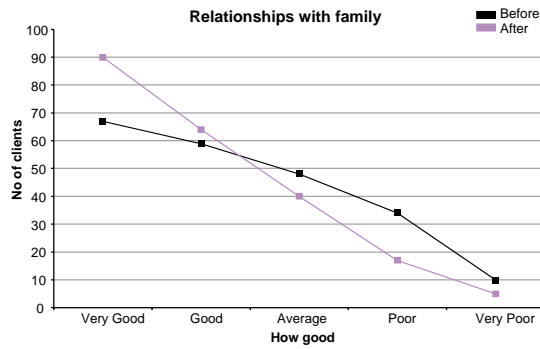
*Able to cope with situations a lot better, eg, Think before I act.*  
 (17 year-old female, Southern Board schools)

*Made me look at life differently. I was able to deal with problems a lot better. I was also able to look at myself differently.*  
 (21 year old female, Northern Board).

”

## 3.2.16 Relationships with your family

	Before	After
Very Good	67	90
Good	59	64
Average	48	40
Poor	34	17
Very Poor	10	5



The number of clients who felt they had "good" or "very good" relationships with their family increased from 126 (57.8%) to 154 (70.6%). Those who felt relationships were "poor" or "very poor" reduced from 44 (20.2%) to 22 (10.1%).

“

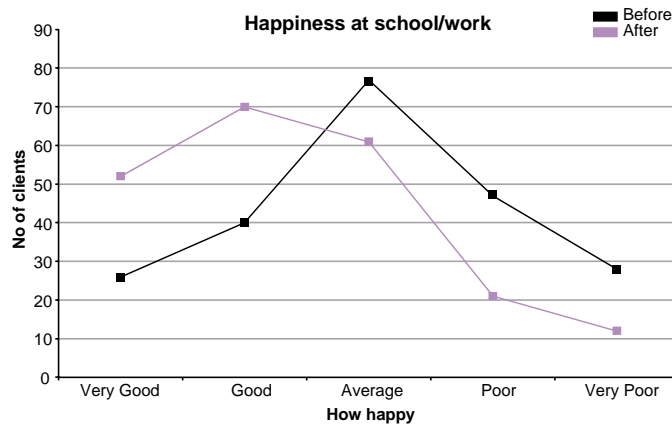
*It has resolved my problems in my house with my parents.  
(17 year-old male, Belfast schools.)*

*She helped me to have more confidence so I was able to tell my mum what I was feeling.  
(15 year-old female, Southern Board)*

”

## 3.2.17 Happiness at school or work

	Before	After
Very Good	26	52
Good	40	70
Average	77	61
Poor	47	21
Very Poor	28	12



There is a significant improvement here. Those with “good” or “very good” levels of happiness at school or work increased from 66 (30.3%) to 112 (51.4%) after counselling. Those in the “poor” and “very poor” categories reduced from 75 (34.4%) to 33 (15.1%).

“

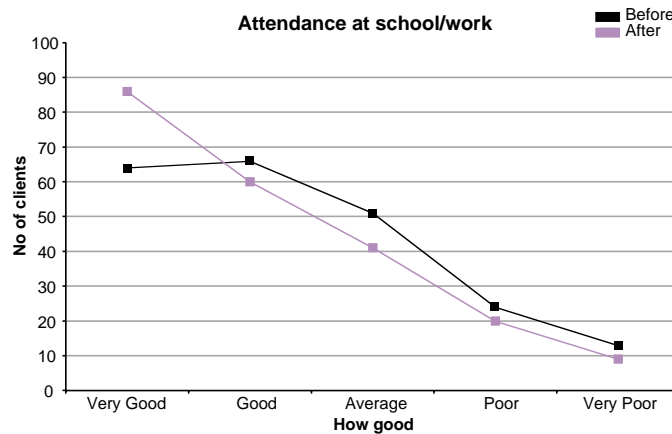
*I feel happier because I don't get  
slagged anymore.*  
(12 year-old male, Belfast schools)

*It helped me get things sorted at  
home, school and in my head.*  
(17 year-old female, Southern schools)

”

## 3.2.18 Attendance at school or work

	Before	After
Very Good	64	86
Good	66	60
Average	51	41
Poor	24	20
Very Poor	13	9



This is an important area, particularly for those involved in school settings. There is a slight improvement overall except in the “good” category, where there is a decrease in numbers. “Very good” attendance increased from 64 (29.4%) before to 86 (39.4%) after counselling. Those whose attendance they described as “poor” or “very poor” fell from 37 (17%) to 29 (13.3%).

There are no direct quotes from clients saying their attendance is better, but the comment below by a 14 year old female in a Southern Board school epitomises the sorting out of arguments and temper that affect school life.

“

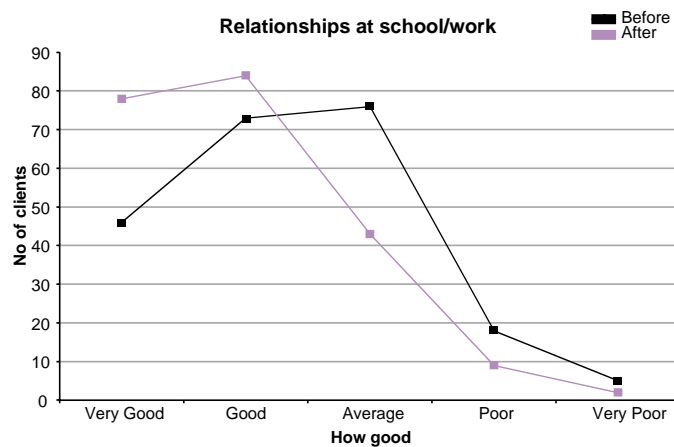
*I feel better about myself and am in the process of trying to keep my temper and walking away from arguments.*

(14 year old female,  
Southern schools.)

”

## 3.2.19 Relationship with others at school or work

	Before	After
Very Good	46	78
Good	73	84
Average	76	43
Poor	18	9
Very Poor	5	2



The number of clients with a "good" or "very good" relationship at school or work increased from 119 (54.6%) before counselling to 162 (74.3%) after counselling. The 23 (11.6%) clients who had "poor" or "very poor" relationships before counselling were reduced to 11 (5.04%).

### 3.3 SATISFACTION WITH COUNSELLING

The final part of the questionnaire elicited client views on counselling received. They ranked a series of questions from Very happy to Very Unhappy. They were asked to comment on the benefits of counselling and to say how it could be improved. Finally they were asked if they had finished counselling, why they left.

#### 3.3.1 Levels of satisfaction with aspects of the process

HOW HAPPY WERE YOU.....	Very Happy	Happy	Neutral	Unhappy	Very Unhappy	Missing
With the counselling?	125	53	13	1	0	20
With your counsellor?	149	41	5	0	0	20
The confidentiality contract was explained and kept?	140	48	6	0	0	20
That you were treated with respect?	162	30	2	1	0	20
That you were being listened to?	161	27	5	0	1	20
That you were understood?	153	36	6	0	0	20
Were allowed to make your own decisions?	149	37	7	0	0	20
That you were able to be honest with the counsellor?	145	42	8	0	0	20
With the level of support from the counsellor?	151	41	2	1	0	20

The data above represents client numbers. It can be clearly seen that in response to each of the questions, over 80% of clients were happy or very happy. The 20 missing values refer to clients who completed the written responses below but who did not complete the particular questions, above.

### 3.3.2 Benefits of counselling

Clients were asked how the counselling helped and how it might be improved. They were, in the vast majority of cases, positive about counselling received. Below are further examples of responses received:

- *"It helped me to build up my courage and talk things through with my family."* (14 year old female)
- *"It helped me to control my feelings when things go wrong and helped me realise that not everything is someone else's fault (or mine)"* (14 year old female).
- *"She helped me get my anger out."* (14 year old male)

All written client responses can be seen in Appendix 2

### 3.3.3 Reasons for leaving

The final question on the questionnaire was "If you have finished counselling, why did you leave?"

Responses: -

I have successfully dealt with the problems I wanted to.	65.5%
I felt I could deal with the problems myself	20.9%
I needed a break – I was finding it hard right now	5.6%
I didn't feel I was getting anywhere	2.0%
I found better help elsewhere	1.0%
I didn't like the counsellor	0.0%
I am no longer being forced to go	0.0%
(Missing)	5.0%
<b>Total</b>	<b>100.0%</b>

The majority of clients 65.5% felt they had successfully dealt with their problems. The next largest group 20.9% had gained confidence to deal with their problems themselves. There were no clients who said they disliked the counsellor, or who said they were forced to go to counselling.



### 3.4 SELECTED CASES

The findings quoted above give a summation of all client responses and show how the feelings and competences of the client have been helped or hindered by counselling. Each individual may have been helped in some areas and not in others, so here are two randomly selected individual cases (four more can be seen in appendix 3). The arrows show the changes from the start of counselling to afterwards. No arrow indicates no change to the response from before to after.

#### 3.4.1 Selected Case (Non-schools)

16 year old Protestant female. Referred by 'other'. No waiting. 8 sessions.

	Never	Seldom	Occasionally	Frequently	Always
<b>In the last 4 weeks;</b>					
How often have you been depressed?	1	(2) ← (3)	4	5	
How often have you thought about hurting yourself?	(1) ← (2)	3	4	5	
How often have you felt lonely?	1	(2) ← (3)	4	5	
How often have you engaged in risk taking?	(1)	2	3	4	5
How often have you physically hurt someone?	(1)	2	3	4	5
How often have you been physically hurt?	(1)	2	3	4	5
How often have you had difficulty sleeping?	1	(2) ← (3)	4	5	
How often have you experienced unwanted images?	(1)	2	3	4	5
How often have you felt worried?	1	(2) → (3)	4	5	
How often have you had problems completing work?	1	(2)	3	4	5
	Never	Seldom	Occasionally	Frequently	Always Poor
<b>How would you describe:</b>					
Your general level of happiness?	(1) ← (2)	3	4	5	
Your ability to control your own life?	1	(2)	3	4	5
Your ability to deal with conflict?	1	2	(3)	4	5
Your ability to cope when things go wrong?	1	2	(3) → (4)	5	
Your relationship with your family?	1	(2)	3	4	5
Your happiness at School/work?	1	(2)	3	4	5
Your attendance at school/work?	1	(2)	3	4	5
Your relationship with others at school/work?	1	(2) ← (3)	4	5	
Your behaviour in school work?	1	(2)	3	4	5

How did the counselling help you?

*"It helped me to stop thinking about hurting myself by helping me to realise that it isn't always my fault and to be proud of who I am."*

#### If you have finished counselling why did you leave?

Boxes ticked: I have successfully dealt with the problems I wanted to.  
And – I felt I could deal with the problems myself.

### 3.4.2 Selected Case 2 (Schools)

12 year old Catholic male. Self referred. 1 week waiting. 6 sessions

	Never	Seldom	Occasionally	Frequently	Always
<b>In the last 4 weeks;</b>					
How often have you been depressed?	1	(2) ← (3)		4	5
How often have you thought about hurting yourself?	(1)	2	3	4	5
How often have you felt lonely?	(1)	2	3	4	5
How often have you engaged in risk taking?	(1)	2	3	4	5
How often have you physically hurt someone?	(1)	2	3	4	5
How often have you been physically hurt?	(1) ← (2)		3	4	5
How often have you had difficulty sleeping?	(1)	2	3	4	5
How often have you experienced unwanted images?	(1) → (2)		3	4	5
How often have you felt worried?	(1)	2	3	4	5
How often have you had problems completing work?	1	2	(3)	4	5

#### How would you describe:

	Very Good	Good	Averag	Poor	Very Poor
Your general level of happiness?	1	(2) ← (3)		4	5
Your ability to control your own life?	(1) ← (2)		3	4	5
Your ability to deal with conflict?	1	2	(3)	4	5
Your ability to cope when things go wrong?	1	(2) ← (3)		4	5
Your relationship with your family?	(1)	2	3	4	5
Your happiness at School/work?	1	(2) ← (3)		4	5
Your attendance at school/work?	(1) ← (2)		3	4	5
Your relationship with others at school/work?	1	(2) ← (3)		4	5
Your behaviour in school work?	1	(2)	3	4	5

How did the counselling help you?

*"It helped me to stop bullying and not feel low about my grandfather."*

#### If you have finished counselling why did you leave?

Ticked one box: I have successfully dealt with the problems I wanted to.

## SECTION 4

# views from schools' key contact persons

## 4.1 THE SAMPLE

Each school is asked by Contact Youth Counselling Services to designate a key contact person who is normally a staff person responsible for pastoral care. Twenty-four of the key contact persons in schools responded to the evaluation questionnaire. Of those which indicated which Board area they were located, 14 of these were from the Belfast Board area, 6 from the Southern and 3 from the Northern Board. The schools were as follows:

### Belfast

- St Mary's CBGS
- Victoria College
- Malone College
- Castle High School.
- St Gabriel's College
- Aquinas Grammar
- Mount Gilbert Community College
- Model Secondary School for Girls
- Fleming Fulton School
- Corpus Christi College
- Loughshore ERC

### Southern

- St Patrick's High – Keady
- St Patrick's College (x 2) – Dungannon
- Lismore Comprehensive – Craigavon
- Anonymous (x 2)

### Northern

- Glengormley High
- Anonymous

Three schools chose to be anonymous but did indicate their board location. The remaining anonymous schools chose not to disclose their board area.

#### 4.2 INFORMATION RECEIVED ABOUT CONTACT YOUTH COUNSELLING SERVICES?

This information is important in setting up and explaining the counselling service to, not only prospective clients, but also staff and teachers at each school.

The key contact persons were asked how they would rate the clarity of information received about Contact Youth Counselling Services in Schools.

The responses were as follows:

<b>Very Good</b>	<b>- 14</b>
<b>Good</b>	<b>- 6</b>
<b>Average</b>	<b>- 4</b>
<b>Poor</b>	<b>- 0</b>
<b>Very Poor</b>	<b>- 0</b>
<b>Total</b>	<b>= 24</b>

The majority of Key Contact Persons were satisfied with the information and one made the following comment:

*"All information pertaining to the service has been clearly made known to me as Contact Person and subsequently disseminated as appropriate. This information is shared at the start of each academic year and any changes highlighted."*

Another Contact Person said:

*"Excellent information provided verbally, telephone and leaflets, forms etc"*

The information is not just required when the service is placed in a new setting, but is renewed each year. Respondents were asked to offer suggestions for improving the dissemination of information.

Here are two comments.

*"CY counsellor is only in school for 3 hrs on a Friday each week. Most pupils do not see the counsellor and*

*even though she has been introduced in assemblies (most pupils are unaware of her) – I feel a visit to groups of classes at the start of the year and each term may help raise pupils awareness."*

*"During our first year in the pilot scheme we did have an information session with our counsellor. Unfortunately this was not done this year and there were several misunderstandings between staff and the counselling service."*

This second comment is a reminder that the flow of information has to be continuous and the quality of communication between Contact Youth Counselling Services and each school has to be maintained.

#### 4.3 HOW IS THE PROMOTION OF THE SERVICE IN THE SCHOOL?

The key contact persons were asked about the promotion of the service in their school. The responses were as follows:

<b>Very Good</b>	<b>- 13</b>
<b>Good</b>	<b>- 5</b>
<b>Average</b>	<b>- 6</b>
<b>Poor</b>	<b>- 0</b>
<b>Very Poor</b>	<b>- 0</b>
<b>Total</b>	<b>= 24</b>

Respondents recognised the promotion of counselling was something the school had to pursue, but as can be seen in the comments below, most felt it was being promoted as much as possible.

*"We afford the service high profile in terms of the pastoral support services we offer our pupils. The service is promoted through assemblies,*

*pastoral notice boards, letter to parents, pastoral update to all staff and with other supporting agencies i.e. EWO, Social Services."*

*"The pupils are informed by their year heads of the availability of the service and there was an information session for each year group. Because of the nature of the service it would be difficult to promote it any further."*

#### 4.4 SUGGESTIONS FOR IMPROVING THE PROMOTION OF THE SERVICE

The main suggestions for improvement of service promotion involved continuous intervention by Contact Youth counsellors each term at assembly. The two comments below are typical responses.

*"Talks in assembly / each term Contact Youth counsellor to talk in assembly and remind all year groups that the service is available."*

*"Year Heads in school doing assembly about CYCIS. Each year group having visit during timetabled class by CYCIS contact. Masses of posters to put up round school."*

#### 4.5 REFERRAL PROCESS

The key contact persons were asked how they would rate the speed and effectiveness of the referral process. The responses were as follows:

<b>Very Good</b>	<b>- 10</b>
<b>Good</b>	<b>- 8</b>
<b>Average</b>	<b>- 5</b>
<b>Poor</b>	<b>- 1</b>
<b>Very Poor</b>	<b>- 0</b>
<b>Total</b>	<b>= 24</b>

The majority were satisfied with the referral process.

Respondents were asked how the referral process could be improved. Several key contact persons referred to difficulties in availability, particularly at certain times. Comments included:

*"At times it can be slow. All you need is 3-4 pupils who need long term counselling to clog up the system. In a school this size – pupils could be on the waiting list for a number of months. Way to solve this would be see more pupils by giving shorter interview times or bring in another counsellor."*

*"As the service has become more widely recognised we have had an increase in referrals thus necessitating a longer waiting list. On the whole, the counsellors did attempt to see referrals quite quickly for assessments. However with several clients the need to re-contact arose and this meant in excess of 15 appointments for 2 pupils. This led to an imbalance of the resource."*

*"Because of the time allowance (one morning per week, broken into 3 sessions) it can be difficult to accommodate all the pupils who wish to see the counsellor. I feel that it falls down re the length of time pupils have to wait between referral and assessment. I would like to see a 'speedier' turnover in clients and a slot for 'quick, urgent' referrals."*

*"As discussed with counsellor a referral box for pupils to be placed in a central place, so that pupils can refer themselves directly. (At the moment they are referred through the Year Head – this*

*slows up process)."*

*"Pupils can call – refer, staff can refer. We have a referral box, the box who only the counsellor is to see. This has taken 2 years. It is working extremely well."*

#### 4.6 CONFIDENTIALITY POLICY

The key contact persons were asked whether they thought Contact Youth Counselling Services confidentiality policy was clear and appropriate. They all said that it was. Two key contact persons commented as follows:

*"The confidentiality policy is clearly outlined in the contract which our pastoral team and year heads have copies of. We understand that information about the content of the sessions will be discussed with school in exceptional circumstances."*

*"We are happy with the confidentiality policy as it is."*

However, others, while recognising the policy is clear and appropriate, indicated a desire for the counsellor to disclose more to school staff. There was clearly a perceived difference in professional ethos here, with some teachers feeling they should not be excluded entirely from information shared in counselling. Suggested improvement included the following:

*"As it is the responsibility of the school to protect their pupils, I think at least the contact person/principal needs to be informed if a pupil attending the CY counsellor is a risk or at risk."*

*"Some feedback in very general terms would be valuable."*

*"Again this is a discrepancy of culture and ethos between*

*school and CYCIS. The policy is clear but often from the school's perspective it is not appropriate. Schools have a duty of care and parents can resent agency involvement which they know nothing about."*

*"However the 'guardedness' is maybe too strict – As teachers we might be able to help our students more regularly if we know their difficulties."*

*"Stressing this confidentiality policy at termly assemblies. Meeting classes at PHSE classes."*

#### 4.7 HOW DO YOU RATE THE COUNSELLING IN YOUR SCHOOL?

The key contact persons were asked how they rated the counselling received by the clients.

<b>Very Good</b>	<b>-</b>	<b>11</b>
<b>Good</b>	<b>-</b>	<b>7</b>
<b>Don't Know</b>	<b>-</b>	<b>3</b>
<b>Poor</b>	<b>-</b>	<b>0</b>
<b>Very Poor</b>	<b>-</b>	<b>1</b>
<b>Total</b>	<b>=</b>	<b>24 (2 missing)</b>

The majority rate the counselling highly. One school (in Belfast) rated it as Very Poor. When asked by the questionnaire, how it could be improved this school did not put forward any particular suggestions. There were only three responses as listed below. It would seem that the concerns over confidentiality and other differences in professional approach may be a feature here. This contrasts with the comments in section 4.8 below.

*"We assume from their attendance the value of the service."*

*"As far as I know the young people think it is very good."*

*"Depends on young person".*

#### 4.8 WHAT ARE THE BENEFITS OF THE COUNSELLING SERVICE?

The key contact persons were asked to identify the specific benefits of Contact Youth Counselling. In the previous sections 4.6 and 4.7 there were differing professional perceptions, for example, about confidentiality. However, the responses to this question emphasised the value in such differences. The fact that the counselling is offered by an 'outside agency' is seen as a strength, as is the opportunity for the young people to talk with someone who is not a teacher. The confidentiality of the process was also seen an essential factor and very beneficial.

*"Being an outside agency the service gives young people yet another opportunity to have contact with another set of responsible, caring adults. The free phone line from 4-9 Monday-Friday I believe is of great benefit to young people in crisis, gives them immediate confidential help."*

*"An opportunity to share concerns with an understanding adult who is not a teacher/ a member of their family."*

*"Contact Youth Counselling In Schools empowers our young people to express their inner thoughts and feelings in a safe environment. It compliments the ongoing work in the area of pastoral care in our school in the support offered. Counselling in schools has become an integral aspect our students can be reassured the service is there for them."*

*"The young people really appreciate having someone to*

*talk to whom they can trust and be confident of confidentiality. The vast majority of our referrals have engaged wholeheartedly and have benefited greatly."*

*"Main factor – counsellor is not a teacher. Young counsellor who offers confidentiality and a listening ear. Good relationship."*

*"I think it is extremely beneficial for students to have access to a qualified counsellor as sometimes teachers do not have the time or skills required to assist them with more serious problems."*

#### 4.9 HOW DO YOU RATE THE COUNSELLOR'S RELATIONSHIP WITH THE SCHOOL?

The key contact persons were asked to rate the counsellor's relationship with their school. The responses were as follows:

<b>Very Good</b>	<b>- 15</b>
<b>Good</b>	<b>- 4</b>
<b>Average</b>	<b>- 2</b>
<b>Poor</b>	<b>- 1</b>
<b>Very Poor</b>	<b>- 1</b>
<b>Total</b>	<b>= 24 (1 missing)</b>

There was a high level of satisfaction with the counsellors within the school setting. It has to be noted that there are 2 schools (both Belfast) with negative ratings for the counsellor's relationship with the school.

They were asked to comment on the counsellor's reliability, punctuality, co-operation and general attitude and to indicate where improvements could be made. The comments are generally very positive. Here are three typical examples:

*"Counsellor allocated to our school is very pleasant and easy to communicate with. She has good empathy with the pupils. During the year she comes in outside her allocated time to counsel a pupil in crisis. She has a very professional approach to her work. Arrives on time & has notified the school when unable to attend."*

*"The counsellor's reliability and punctuality are excellent. She relates well to all personnel and remains detached from general school movement in an effort to protect confidentiality. Her professional approach and flexibility are very much appreciated."*

*"Reliability, punctuality, cooperation & general attitude could not be better. This applies to our regular counsellor and to the counsellor who has been assigned on a more temporary basis."*

There were three comments that included slightly negative feedback or suggestions for improvement, as follows:

*"Always present. Very accommodating and conscientious. Appears to be a good listener. Feel we don't get enough 'back' from Contact Youth".*

*"Our counsellor is very reliable, punctual and co-operative though rather 'distant'. School staff have had a few issues re the lack of contact with them and the 'isolation' of the counsellor – this is very obviously policy."*

*"Reliability, punctuality, very good. Feel personnel need to be seen as part of the service. Need to link*

*with year heads who deliver pastoral programme & how it can be built in."*

#### 4.10 HOW COULD THE SERVICE BE IMPROVED?

The key contact persons were asked if they had suggestions for how the counselling service could be improved. Many of the suggestions were repetitions of ideas to improve service promotion. However, one of the key issues for schools was trying to ensure the longer-term sustainability of the service and being able to access more of the service, and this was reflected in several suggestions. One example below:

*"We are confident that the service provided to our students is professional and supportive of our caring ethos. We look forward to the continuation of the service for the 2005-06 school year. However, financial cutbacks may impinge on costs to schools, we must work with CYCIS to sustain the viability of a much needed service."*

There were three responses which seemed to reflect a problem over differing philosophies, and as before these focused on the issue of confidentiality and referral.

*"Total confidentiality ( which can be a concern for staff who would like some feedback particularly Heads of Year)."*

*"Need for more understanding between school staff and CYCIS as to their differing philosophies and rationales. Self referral of 11-14 year olds requires close monitoring and some advice needs to be taken from the school staff as to the legitimacy of the referrals."*

*"The issues of confidentiality should be addressed."*

*"Can't understand the policy that only the CY counsellor is allowed to have a key to the Post Box!!!"*

#### 4.11 ARE THERE OTHER SERVICES THE SCHOOLS WOULD WELCOME?

The key contact persons were asked if there were other services that they would welcome from Contact Youth. Several key contact persons indicated that they didn't know enough about what Contact Youth might be able to provide to comment. By far the most common suggestion concerned facilitating group work, especially around bullying. There were also suggestions concerning services for staff, such as staff training.

There was also a comment concerning the needs of parents, suggesting that support for families or even group counselling might be provided. Support from Contact Youth Counselling Services for pupils over the summer months was also suggested

In the final section of "Any Other Comments" the key contact persons were mostly very positive. The recurring theme of financial support and the desire to keep this service on a permanent basis was a feature of these comments.

*"I believe the CY counselling services have filled a much needed gap in today's society for many young people who find themselves isolated & in crisis. Well done."*

*"As previously stated, financial implications will no doubt have a direct impact on the continuation of the service in our school. Whilst we recognise the immense value, as does DENI, that such a*

*service provides for our young people, we are fearful of the long term resourcing consequences. As counselling had become an integral part of our pastoral system we must seek ways of maintaining it."*

*"We are more than pleased with the high level of service and commitment from our counsellor but would be encouraged by more support coming from the organisation and even more hours if possible."*

There were some comments which highlighted difficulties for example:

*"We have had a problem with accommodation – unfortunately a suitable room or private room is not always possible with a school setting. We finally re-arranged a few jobs and freed up a small classroom, but this room may not be available next year. Requirements of space & privacy are not always possible to achieve in the school setting."*

*"Pupils need to feel comfortable with counsellor. She must be more visible in the school and give the pupils an opportunity to get to know her or see her as part of school."*

#### 4.12 SUMMARY OF RESPONSES FROM KEY CONTACT PERSONS IN SCHOOLS

The majority of Key Persons were very positive about the service provided by Contact Youth Counselling in schools. The main problems concerned getting more of the service and ensuring that finance was secured to make the service a permanent fixture. The promotion and maintenance of the service was a recurring theme and most suggestions about improving this indicated the need for interventions each term by the counsellor at assembly and certain classes.

There is important feedback about how some respondents view the confidentiality policy. There is a differing professional perspective here which means that some Key Persons feel they should not be excluded from information because of confidentiality. The majority however, do recognise the value and benefit of the policy. This is an area which requires discussion and collaboration.



## SECTION 5

# views from community based referrers

Community referrers to Contact Youth Counselling Services differ from school Key Contacts as they may have little contact with the client after referral. For this reason the type of questions asked are mainly about issues such as information about the service, the speed and effectiveness of referral, etc. The type of agency referring young people is extremely varied. Contact Youth Counselling Services provided a list of referrers and questionnaires were sent to all of them. Twenty-eight referral agencies returned completed questionnaires.

The range of agencies covered by the 28 questionnaires included the following:

- Social services
- Education and Library Boards
- GP's
- Youth Workers
- Probation
- CAMHS
- Community Services – Youth Justice Agency
- School
- Advice/Guidance – Parents Advice Centre
- Community Agency – Healthy Living Centre, Craigavon & Banbridge Trust
- Homeless Hostel
- Education Welfare Service
- Bereavement Support
- Voluntary Agency – Victim Support
- Health – Speech & language therapy

Referral agencies referred anything from one to ten clients, with an average of 2.6 per agency. There were 38 individual clients referred by referral agencies in the Northern Board; 23 in the Belfast Board; and 13 in the Southern Board.

The Contact Youth project locations clients were referred to were as follows:

- Contact Youth Head Office - Ravenhill Road (x8)
- Belfast (x4)
- Ballymena (x7)
- Antrim (x3)
- F/C Carrickfergus
- Magnet YAC
- Probation Office – Newry
- Magherafelt
- Coleraine

### 5.1 CLARITY OF INFORMATION ABOUT THE COUNSELLING SERVICE

**Very Good** – 9  
**Good** – 12  
**Average** – 5  
**Poor** – 1  
**Very Poor** – 0

The majority of respondents ie 21 (75%) rated the information as Good or Very Good.

*"I found the information very comprehensive however personal contact proved even more beneficial, ie – the presentation provided to our team by Contact Youth. This was invaluable."*

### 5.2 HOW MIGHT YOU IMPROVE THE INFORMATION?

Here are some of the suggestions received:

*"Multilingual information?"*

*"Send information leaflets to offices."*

*"More awareness-raising activities at local community level."*

*"More brochures explaining the services offered, ones that are teen/child friendly, that they could keep."*

### 5.3 SPEED AND EFFECTIVENESS OF REFERRAL

**Very Good** – 13  
**Good** – 8  
**Average** – 5  
**Poor** – 1  
**Very Poor** – 0

The majority of respondents 21(75%) rated the speed and effectiveness of the referral process as Good or Very Good.

*"Found service very accessible and efficient."*

### 5.4 IMPROVING THE EFFECTIVENESS OF REFERRAL

The following are some of the suggestions:

*"Once again the opportunity to discuss the referral prior to my proceeding with Contact Youth assisted my decision regarding the appropriateness of the referral for Contact Youth."*

*"Geographic spread too large – Northern Board!!!"*

*"I was unsure if referral was by phone or paper. It would be better if there was a standard referral form sent to agencies & signed by referrer & young person."*

*"There is a need to process referrals faster to help young people in crisis situations."*

### 5.5 HOW DO YOU RATE THE COUNSELLING RECEIVED?

**Very Good** – 6  
**Good** – 4  
**Don't Know** – 16  
**Poor** – 0  
**Very Poor** – 0

Referral agencies provide clients with the appropriate links to the counselling service but do not necessarily receive feedback about the process. This explains the high number of 'Don't Knows'. In addition to this several agencies pointed out that the process was confidential so they did not expect to know how the counselling had gone.

However, some were able to comment on their perceptions of the counselling as follows:

*"Very positive feedback."*

*"Unable to comment as I have moved post and geographic location and am unaware of outcome. However I was impressed by (worker's name) endeavours to respond whilst under severe pressure, with commitment and professionalism."*

### 5.6 BENEFITS OF THE COUNSELLING SERVICE?

There was a very positive response to this question with 23 of the 28 respondents replying with comments. For some referrers it was the fact that there was no other service for young people available that made this important. For others it was the accessibility, speed and appropriateness that increased the benefits. Included below are some of the comments:

*"The individual concerned required the opportunity to engage in a therapeutic relationship in which she might be enabled to reflect upon &*

*process her past experiences/relationships. Contact Youth provided the means by which this could be addressed outside adult mental health services thus decreasing the potential for pathologising."*

*"Confidential service over long period enables trust to be developed and purposeful link to be completed."*

*"Accessibility – speed of access – appropriateness of the service (lack of provision of services under NHS/CPN/ Psychiatry)."*

*"Children of a parent who has a mental illness are often sidelined in terms of their own child needs. These children sometimes become the parent to their mentally unwell parent. They need to be able to talk about the effects of their parent's illness on their own lives".*

*"The young people are supported & assisted to find resolutions to their individual circumstances. They are valued & kept safe within the working relationship."*

*"Self esteem & prevention of other problems now and later in life. Help overall with family dynamics, encourage positive coping strategies early in life – halt negative cycles (personal & family)."*

## **5.7 HOW COULD CONTACT YOUTH COUNSELLING SERVICES IN COMMUNITY SETTINGS BE IMPROVED?**

The referral agencies offered a wide range of suggestions which are summated here under appropriate headings.

### **5.7.1 Improving the promotion of the service.**

There is need for better PR especially relating to young people, may increase awareness of the service within the community. Promotion could be enhanced by counsellor visits to community sites to explain the service. It is also important to ensure clarity in the information presented.

### **5.7.2 Expanding the service/shorter referral times**

It was generally felt there was a need to expand the service by increasing the number of staff. This expansion would include staff appropriately trained to specifically work with young people, using appropriate language and communication skills. This would improve the service by creating shorter time scale between referral and when the young person actually sees the counsellor. It would also give a wider availability of services and a quicker first appointment system.

### **5.7.3 Inter-agency communication**

Referrers expressed the need for more feedback from counsellors provided this could be done without breaking confidentiality. One youth worker wanted to know how the sessions had worked overall. Another worker within the juvenile justice system wanted feedback in order to be able to continue working with the client. For example, it might be necessary to convey to a court how much work a client has undertaken to overcome issues which may have contributed to offending. Another agency requested better interagency communication links.

### **5.7.4 Special Client groups/special needs**

One referrer was unsure of how the service provides counselling for young people with specific needs e.g. other speech/ language difficulties. Another suggestion was the possibility of including advertising / targeting counselling for ethnic minorities.

### **5.7.5 Other suggestions**

One referrer expressed gratitude to Contact Youth Counselling Services for identifying a gap in service and plugging it. Another suggested regular appointment times and dates. There was a request for increased availability of staff for crisis intervention.

## **5.8 Summary of views from referrers**

The majority of referrers rated Contact Youth Counselling Services highly in regard to clarity of information and speed/efficiency of referrals. Since they are not directly involved after referral, half the respondents (57%) said they did not receive enough feedback to rate the quality of counselling. However all the remainder rated the counselling as Good or Very Good.

In regard to feedback about the counselling process, 3 agencies made a request for more feedback. They wanted to have information on the clients progress providing that it did not breach confidentiality. These agencies felt that the information would be helpful to their ongoing work with the client. One example given was the use of positive information about the client's progress in court reports. This is a difficult area, but it does raise the need for greater communication between agencies that does not breach client confidentiality.

It was clear referrers valued the counselling service very highly. This was especially clear in the eloquent praise of the benefits of counselling.

There were many useful suggestions about ways in which the service could be improved. These included standardised referral forms and speedier processing of clients.

The suggestions to expand the service to widen and increase the remit, indicate a positive feeling from the referrers but such development obviously depends on availability of funding and resources.

SECTION 6

# the counsellor's view

Contact Youth counsellors involved in face-to-face counselling with young people and taking part in client evaluations, were asked to complete a confidential questionnaire. The findings from the 8 completed questionnaires are highlighted below.

### 6.1 CONTEXTS

The counsellors work in a variety of different contexts (Head Office in Belfast, schools, and community sites). Some work in one kind of site only, others in two kinds of sites and some three. Of the counsellors who returned the questionnaires, seven are involved in counselling in schools; three in community sites; and two in Ravenhill Road (Contact Youth Counselling Services head office).

### 6.2 QUALIFICATIONS

Counsellors qualifications included:

- Diploma in Counselling (UU & QUB)
- Postgraduate Diploma in Counselling.
- Postgraduate Diploma Gestalt Psychotherapy/ Postgraduate Certificate in Psychoanalytic Psychotherapy.
- Advanced Diploma in Therapeutic Counselling & Advanced Trauma and Couple Counselling
- MSc Guidance & Counselling
- MA Counselling

The minimum qualification necessary for employment with Contact Youth Counselling Services is a Diploma in Counselling with at least 250 hours of training in skills and theory plus 150 supervised client hours.

### 6.3 COUNSELLING APPROACH

The counsellors were asked to describe the main counselling orientation & techniques they use with young people. These were described in a wide range of ways, which included the following:

- Person Centred
- Integrative
- Cognitive Behavioural Therapy
- Solution Focused Therapy

- Egan
- Gestalt Psychotherapy
- Awareness of environment/wider systems
- Trauma work
- Somatic Experiencing
- Art Work
- Working creatively
- Gestalt theory
- Creating awareness
- Holistic
- Phenomenology
- Paradoxical theory of change

The majority (6) of the counsellors referred to using a young-person, or client-centred approach. Four mentioned an integrative approach. Two specifically mention gestalt.

### 6.4 INDUCTION AND TRAINING

The counsellors were asked to rate induction and training they received. Four said it was either good (2) or very good (2), and four that it was average. No-one said that it was poor or very poor.

The counsellors were asked what additional training needs they have now. The responses were as follows:

- *'Handing over' child protection issues would be helpful. Anything relevant to young people issues like self-harm.*
- *An additional diploma in CBT.*
- *Management skills. Creative therapies e.g. play therapy. Family & Systematic Therapy.*
- *Advanced psychotherapeutic training on working with*

*adolescents with complex 'special needs'.*

- *Suicide risk assessment; Diploma in gestalt therapy.*
- *Group counselling; Working with trauma; art therapy; assertiveness training; advanced child protection; learn more about what social workers do when CY refer clients on.*
- *Ongoing training - I believe as I identify it; difficult to be specific over learning.*
- *None.*

### 6.5 CLINICAL SUPERVISION

All counsellors are required to receive clinical, off-line supervision. The average number of hours of clinical supervision varied from 2 to 3.5 hours per month, with an average of 3.12. This included both one-to-one clinical supervision and group supervision. Four counsellors said that it was either good (3) or very good (1) and four that it was average. No-one said that it was poor or very poor.

Most responses suggesting how clinical supervision could be improved indicated that it was currently fine and couldn't be improved. The only suggestions for improving clinical supervision were as follows:

- *More flexibility in appointments.*
- *Flexibility re times of appointments.*
- *More frequent or longer fortnightly given complexity of work in special needs environment or longer (given severity & complexity of situations for young people & me).*

### 6.6 REFERRAL PROCESS

According to the counsellors, the average wait from assessment to counselling starting was just under 2 weeks (1.92 weeks).

Six counsellors said referral processes were good. One said they were average and one that they were poor. None said that they were either very good or very poor. The counsellors who said it was average or poor both only work within schools.

Suggestions for how the referral process could be improved, mostly related to schools and were as follows:

- *Good communication with your key contact. Regular checking of your post box both arriving and leaving school.*
- *Better training for key people in schools.*
- *Induction of key person to ensure importance of referral forms. Regular meetings with key person.*
- *People resources i.e. that clients could be contacted & set up with an appointment within a week of referral.*

### 6.7 NUMBER OF SESSIONS

The counsellors had carried out an average on 58.5 counselling sessions over the previous nine months. The number of sessions per counsellor varied from 10 to 139. Four counsellors commented on the figure they had given, as follows:

- *This figure is not helpful due to the range between short and long-term clients.*
- *This varies from location to location – Carrick @ present in 3 months & Antrim, Coleraine, Ballymena & Magherafelt at present in 2-4 weeks. Newtownabbey in 2-4 wks – 25/5/05. Since 16/6/05*

*waiting times in all areas is 6 wks plus.*

- *This is in relation to clients who I assess and take on myself. It's not possible for me to trace other clients who I've assessed or placed on waiting list to be picked up by other counsellors (at CY HQs).*
- *Depends on my school.*

The average number of counselling sessions per client varied from 5 to 10, depending on the counsellor, with an average of just over 7 (7.12) per client. For most counsellors, the lowest number of counselling sessions for individual clients was one. The longest for most counsellors was 22 sessions. One had 25 sessions. One had counselling sessions over 2.5 years (actual number of sessions was not specified).

### 6.8 SUICIDE RISK ASSESSMENTS

The number of suicide risk assessments carried out varied hugely from counsellor to counsellor, from none for two counsellors to 19 in relation to another counsellor. Suicide risk assessments were on average carried out with 10% of the clients.

### 6.9 CHILD PROTECTION

Child protection referrals were made in relation to 28 young people (an average of 6% of clients). This represented an average of 3.5 clients per counsellor, although the average per counsellor varied from none to 12.

### 6.10 ISSUES BROUGHT BY THE YOUNG PEOPLE

The counsellors were asked to indicate the four main issues that young people brought to counselling. The responses were as follow:

- Family conflict/ break down (x6)
- Bullying (x5)
- Self-esteem (x5)
- Anger (x5)
- Anxiety (x3)
- Peer relationships (x3)
- Hating school / school issues (x2)
- Depression (x2)
- Isolation.
- Fighting ('acting out' because of trauma)
- High levels of stress (e.g. imprisonment of father, sexual abuse, alcoholism, murder in family, serious illness)

The issues were both specific external issues, such as family conflict/breakdown, bullying, peer relationships, and other issues specifically to do with school and internal issues/feelings of self-esteem, anger, anxiety, and depression.

### 6.11 OUTCOMES OF COUNSELLING FOR THE YOUNG PEOPLE

The counsellors were asked what in their views were on the counselling outcomes for young people. The responses were as follows:

- *Better or new perspectives on their issues. Improved self-confidence.*
- *The outcomes can be: higher self-esteem; greater confidence; recognition that they do have responsibility for their situation; a realisation they have options, if not the ones they want.*
- *Increased self-awareness. Better able to cope with their lives / situations.*

- *To take responsibility for self. Enhance self-esteem. In general to empower clients. Autonomy & self-care.*
- *Feeling listened to and understood; increased confidence and self-awareness; empowered to act on own behalf.*
- *More aware of how to get support as & when they need it, or possibility of contact & support. More choice & capacity in how to live with often very difficult situations/experiences. Reducing risk of suicide, self-harm, mental health problems. A safe enough space to process & integrate traumatic events.*
- *Increased awareness; more support strategies; Better understanding of their resources and how they influence others and are influenced by others*
- *Problem-solving; young people developing own support system; being able to cope; develop self-awareness; young person feeling a sense of better understanding of their situation; young person being listened to; client being able to resolve their own issues.*
- *Having a safe place to bring their issues not being judged for having them. Acceptance of them and their views and opinions.*
- *Strong, adult, caring relationship built on equity, trust & genuineness.*
- *At most to feel they have a voice and have someone to hear what they feel and have a say to develop skills to make life choices.*
- *Privacy accepted.*
- *Suicide/self-harm intervention & education. Also reducing harm to self through risk taking, drug/alcohol misuse, handling bullies in schools, community, at home. Increased safety. Being there as a support to young people who have limited support & maximum risk factors. Increase choice. Having a counsellor at school – confidentiality.*
- *Having control over their process and what information they wish to share; increasing choices in their lives*
- *Young person knowing they have a regular appointment slot on a weekly basis; that the counsellor is there for them to help them with the process.*
- *If there were a fuller understanding by the staff in schools, of the counselling service and if they realised the importance of confidentiality and privacy for the young people who use the service.*
- *Improvement for me would be around the whole area of accessibility & reduced waiting times to see a counsellor.*
- *Funding in the school at large e.g. school, community, GP access (to be available on sites re Health Centres) less waiting lists.*
- *Quicker response time for all within a week of referral.*
- *More sessions, more training around young people and their issues.*
- *Secure funding/increased resourcing in order to be responsive to need and provide more secure work; adequate resourcing to allow for writing notes, training times etc. Sand tray, etc. Creative equipment. Non-contact sessional payment; increased understanding by the school on role of counselling/therapy.*
- *Accreditation of counsellors and supervisors; more facilities: community and city centre. Financial resources for counsellors and their clinical support.*

#### 6.12 MOST BENEFICIAL ASPECTS OF COUNSELLING FOR THE YOUNG PEOPLE

The counsellors were asked what aspects of the counselling process they felt were of most benefit to the young people. The responses were as follows:

- *Working with an adult they can learn to trust. Their own voice being heard. Their opinions and feelings are valid.*

#### 6.13 SUGGESTIONS FOR IMPROVEMENT

The counsellors were asked to make suggestions on how the counselling services for young people could be improved. The responses were as follows:

- *I think Contact Youth does a good job, maybe more education / information in the schools as to what counselling is or can be.*

- *Young people seem to want counsellors after school hours, so they are not missing classes and peers aren't questioning where the young person has been – difficult to provide in the SELB area, no office, or young person can't travel from rural areas. Not time bounded (pacing client as opposed to Cognitive Behavioural Therapy or Solution Focused Brief Therapy.)*



#### 6.14 DIFFICULT ISSUES FOR COUNSELLORS

The counsellors were asked what, if any, issues did clients raise that you felt you weren't able to deal with adequately. The responses were as follows:

- *When they were having extreme difficulty with, say, a teacher and you just can't go there! Same applies when it is a parent or carer who may be contributing to the difficulty.*
- *Mental health issues i.e. some require medical assessment.*
- *Suicidal thoughts in a context of absence from school. This was very difficult to handle given very poor attendance at school.*
- *Child protection issue – mother beating up the young person. I received support with this issue. This came up before my child protection training.*
- *Extreme pressure.*
- *Not applicable.*
- *None.*

#### 6.15 RECORDING AND DOCUMENTATION

The counsellors were asked in what way, if any, could the various pro-forma be improved. The main suggestions concerned the Assessment Form. Suggestions were as follows:

- *Some of the pro-forma required slight changes to suit regional specifics. Aesthetically the pro-forma could do with an overhaul, e.g. same font size logos etc. Assessment pro-forma needs to be updated & more detailed.*
- *More space on the assessment form particularly for family history*

- *No major improvements i.e. I'd like to change some of the wording or contracts & change spacing on assessment form (i.e. more space for family/support relationships & history).*
- *Assessment – I have given feedback at training day. Main point is to ask what supports/resources are in young person's life at end of form & to finish assessment on this strength/note.*
- *Simplified, more flexibility in how/when they are used. As an option/help not to have to.*
- *A reduction in the amount of pro-forma.*
- *The new questionnaire parts 2&3, there are a few words on them that 11-17 year olds are not sure of the meaning. Needs to be more user-friendly.*
- *Still feel I am monitoring this (seem to be going ok).*

The counsellors were asked how the counselling work is documented and how it could be improved. All the counsellors were happy with how it is currently being documented and have no suggestions for improvements. The responses were as follows:

- *It's documented through assessment, notes and supervision and I don't think adding to this would be an improvement.*
- *It's fine as it is.*
- *Work is recorded on clients' notes forms – feel its fine.*
- *Acceptable at this stage.*
- *On CY pro-forma no obvious improvements required.*

- *Client notes. Difficult to improve within the time constraints.*
- *Adequate.*
- *CY standard "notes" pro-forma.*

#### 6.16 CONFIDENTIALITY

The counsellors were asked whether Contact Youth Counselling Services's confidentiality policy (or any other policies) created any difficulties for the young people, parents, referral agencies, or them as counsellors, and if so, how. The responses were as follows:

- *Some of the staff in school have difficulties with the confidential aspect of CY policy. They can't understand why we don't pass on what's discussed during a session with the exception of the boundary issues.*
- *Always difficult around area of parents of clients if they are concerned or require support themselves.*
- *Parents can find it difficult not to be informed as to details of counselling sessions.*
- *Yes – at times felt difficult carrying the weight of the issues & concerns. However, I did receive good support from Child Protection Officers which helped enormously.*
- *When I had a suicidal client, I felt that I needed to break confidentiality. The policy with CY states I need to contact my line manager, who reminded me I needed my clients' permission to break confidentiality. I obtained this,*

*but wonder what if I hadn't. What would happen if young person didn't give permission or of that young person was an 18 or 19 year old in school and didn't give permission.*

- *Not that I'm aware of.*

### 6.17 PREMISES

The counsellors were asked how suitable the premises they are working in are and how might they be improved. The responses were as follows:

- *They're OK, a bit basic, I like to personalise where I work but that's not possible. I'm not sure about the 'window in the door' bit – is it helpful or unhelpful, I don't know – from the young persons perspective.*
- *Not all the schools have a glass panel on door of counselling room as stated for child protection purposes.*
- *Some of the school counselling rooms are not the most comfortable or welcoming, however this is understandable as space is at a premium in most schools.*
- *Acceptable in all schools (cosy chairs would be nice in all schools) but not a big issue – manageable.*
- *Schools – no complaints, rooms are accessible discreetly by pupils & kept available each week for counselling. Community sites – again location within sites is appropriate & privacy/anonymity is ensured (not lots of people walking past etc).*
- *Just about suitable. Need to be able to leave equipment – e.g. art materials, resources for working with anger etc.*

- *Not very suitable due to lack of space and location. Need for alternative and larger premises that are accessible to all sections of the community.*

- *Premises are fine.*

### 6.18 OTHER COMMENTS

The counsellors were asked whether they had any other comments or suggestions that they would like the evaluators to be aware of. Most had no additional comments. The two that did responded as follows:

- *Change can be very unsettling, it seems like an unsettled organisation to me at the moment. This would need to improve / get better.*
- *The organisation is clearly working hard to improve all aspects of service delivery in a difficult environment. Appreciate the openness of management. Need more education work with the schools key person on counselling service.*

## SECTION 7

# conclusions and recommendations

This evaluation used a range of methods for assessing the value of counselling provided by Contact Youth Counselling Services. These included assessing changes in feelings, attitudes and behaviour of clients; gaining feedback from the young people on the service received; gathering the views of referral agencies, key contact persons in schools and the counsellors themselves.

The largest part of the evaluation was the assessment of the effectiveness of the counselling, using client questionnaires. The questionnaires which assessed behaviours, feelings and attitudes, were administered before and after counselling and were compared for evidence of change, positive or negative.

## 7.1 BEFORE AND AFTER COUNSELLING QUESTIONNAIRES

The results of the Client Questionnaires can be seen in Section 3, and are very positive. There is evidence of considerable change for the better after counselling. It has to be restated that it can not be proved conclusively that the changes were brought about by the counselling, or that they will be sustained over time. In addition, some of the high percentage improvements shown in the table below are based on small case numbers (e.g. risk-taking and self-harm). In spite of this, the positive nature of the counselling experience for this group of young people must be acknowledged. While global conclusions cannot be drawn, there is evidence here of the very significant benefits of counselling.

On all 19 counselling issues, the results show a high level of change for the better. This is a very significant result and suggests there can be major benefits for young people availing of counselling services with Contact Youth. Some areas, however, indicated a greater change than others, as can be seen from the table below, which highlights the percentage change for those young people who had the lowest ratings for the relevant areas (i.e. scored "poor" or "very poor"; or "frequently" or "always").

For example, to illustrate the table below, under "Happiness" (first column, second row), when asked, prior to counselling, about how they would rate their level of happiness, 62 of the 128 clients (second column, second row) said that their happiness was "poor" or "very poor". After counselling, however, only 12 clients indicated their happiness as being "poor" or "very poor" (third column, second row). This is a change of 99.8% (fourth column). Under "Risk-taking", before counselling, 8 clients out of the 218 indicated that they engaged in risk-taking behaviour "always" or "frequently" (second column, third row). After counselling only 2 clients indicated that they engaged in risk-taking behaviour "frequently" or "always" (third column, third row). This was an improvement of 75.7% (fourth column, third row).

### 7.1.1 Percentage improvement after counselling

Issue	Number indicating a significant problem before counselling	Number indicating a significant problem after counselling	% improvement
Happiness	62	12	80.6
Risk-taking	8	2	75.7
Self-harm	15	4	73.5
Unwanted images	56	15	73.1
Depression	80	23	71.4
Behaviour	38	12	69.1
Worry about life	81	29	64.2
Problem sleeping	80	29	63.8
Completing tasks	65	25	61.4
Coping	100	39	61.0
Loneliness	58	23	60.5
Relationships at school/work	23	11	56.6
Happiness at school/work	75	33	56.1
Control own life	57	26	54.4
Family relations	44	22	50.0
Handling conflict	74	38	48.7
Attendance school/work	37	29	22.0
Hurting others	6	5	16.7
Been hurt	6	5	16.7

The sections below highlight some of the implications of the changes in attitudes, behaviour and feelings of the young people.

### 7.1.2 Emotional wellbeing and mental health

While improvements in any of the issues brought to counselling are likely to improve the young person's emotional wellbeing and mental health, the above table indicates that the counselling very significantly improves (over 50% improvement) the specific mental health areas shown below (in order of the significance of the change):

- Happiness
- Self-harm
- Unwanted images
- Depression
- Worry about life
- Problem sleeping
- Coping when things go wrong
- Control of own life

The most basic indicator of emotional wellbeing, i.e. happiness, show 28.4% of the young people had "poor" or "very poor" levels of happiness prior to counselling. There was virtually a 100% improvement after counselling, the highest percentage change of all indicators.

The very substantial improvement in issues concerning self-harm, as well as other improvements to emotional wellbeing and mental health, would suggest that making the service more widely available is likely to have a significant effect on the high level of suicide among young people in Northern Ireland, which is currently a matter of great concern to many agencies.

More than a quarter of the young people had significant concerns in relation to unwanted images, which indicates they may have experienced significant trauma. The high level of improvement experienced (73%) by these young people indicates that counselling has a significant potential to contribute to work with young victims of trauma.

These and the other very significant improvements in relation to emotional wellbeing and mental health, have the potential to contribute significantly to the achievement of the following high-level outcomes adopted by all four Health & Social Services Boards, i.e.

1. *"All children and young people have a stable upbringing"* .
9. *"All children and young people make a safe transition to adulthood"*.  
(Children's Services Plan 2005-2008)

Tackling emotional wellbeing difficulties before they became an overwhelming problem is also a vital mechanism in preventing the need for a much more intensive intervention at a later stage. In terms of the model developed by Hardiker, an effective intervention at level 2 is crucial in reducing the requirement for intervention at level 3, requiring psychiatric input, through CAMHS teams.

### 7.1.3 Relationships

As well as improvements in relationships in school/work, there was a significant improvement (50%) in family relationships and a very significant reduction in feelings of loneliness. Research shows that supportive relationships are significantly related to resilience and emotional wellbeing and mental health in young people.

### 7.1.4 School

In relation to school, while all improvements in emotional wellbeing and mental health are likely to also result in improvements in education-related outcomes, the table above indicates that counselling has significant benefits in relation to the following areas relevant to school (and for a small number of the young people, work) (in order of significance of the change):

- Behaviour in school/work
- Completing tasks in school/work
- Relationships with others in school/work
- Happiness in school/work
- Attendance at school/work

All the above improved by more than 50%, except for 'attendance' which improved by more than 20%:

These significant improvements all contribute towards high-level outcome no. 6, adopted by the Health & Social Services Boards, i.e..

*All children and young people enjoy and succeed during school years"*.  
(Children's Services Plan 2005-2008)

Successful counselling for young people is also likely to make a contribution to the aims of Education in Northern Ireland to "raise educational attainment", "foster personal development of young people" and "provide young people with the...skills for life...", and make a contribution to the achievement of the Northern Ireland Youth Work strategy aim to "ensure that high quality youth work is inclusively and effectively delivered to facilitate the personal and social development of young people within a supportive public policy framework".

### 7.1.5 Risk-taking behaviour

Although the number of young people who indicated significant issues about engaging in risk-taking behaviour was comparatively low, the percentage improvement was the second highest at over 75%. This would suggest that such a counselling service has the potential to contribute significantly to youth justice strategies.

### 7.1.6 Hurt to and by others

In relation to hurting others or being hurt, the client survey showed an improvement, but only a comparatively small one (16.7%). However, the number of clients bringing these issues to counselling was relatively low. Improvements in these areas should contribute to the achievement of the Health & Social Services high-level outcomes mentioned above, as well as education and youth justice priorities.

### 7.1.7 Direct feedback from clients

The final part of the questionnaire provided an opportunity for the young person to indicate how they felt about the counselling experience and the counsellor.

The results can be seen in section 3.3. Over 80% of respondents were "happy" or "very happy" with all aspects of the counselling experience. Also 83.5% of respondents indicated they were "happy" or "very happy" about being able to make their own decisions. This links directly to the high level objective;

*7. "All children are involved in decisions that affect them."*

(Children's Services Plan 2005-2008)

The young people were asked for comments on how counselling helped and how it might be improved. Their comments were hugely positive and can be seen both in Appendix 5 and also under the graphs in Section 3. A typical example was:

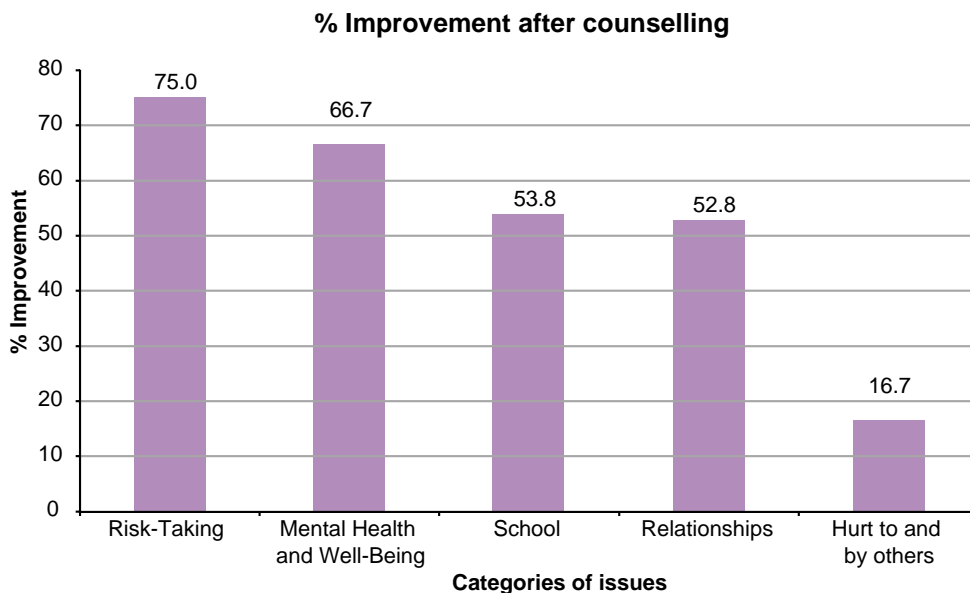
*"Just being able to talk to someone who would give support and listen was fantastic, as I have no one I can talk to" (14 year old female, non-schools setting, Belfast).*

### 7.1.8 Summary conclusion re client questionnaires

The table below summarises the impact of counselling on young clients under the five categories mentioned above, namely:

<p><b>1-Mental Health and Well-Being</b></p> <ul style="list-style-type: none"> <li>• happiness</li> <li>• self-harm</li> <li>• unwanted images</li> <li>• depression</li> <li>• worry about life</li> <li>• problem sleeping</li> <li>• coping when things go wrong</li> <li>• control of own life</li> </ul>	<p><b>3-Relationships</b></p> <ul style="list-style-type: none"> <li>• Relationships at school/work</li> <li>• Family relations</li> <li>• Handling conflict</li> <li>• Loneliness</li> </ul>
<p><b>2-School</b></p> <ul style="list-style-type: none"> <li>• Behaviour at school/work</li> <li>• Completing tasks at school/work</li> <li>• Relationships at school/work</li> <li>• Happiness at school/work</li> <li>• Attendance at school/work</li> </ul>	<p><b>4-Risk-Taking</b></p>
	<p><b>5-Hurt to and by others</b></p> <ul style="list-style-type: none"> <li>• Hurting others</li> <li>• Being hurt</li> </ul>

The chart below shows the positive impact of counselling in decreasing order of percentage of positive change:



It is clear from the before and after client questionnaires that the Contact Youth Counselling Services is a highly valued service, that makes a significant difference to the lives of young people and makes a significant contribution to the achievement of key Government objectives.

It is, or course, impossible to prove that all the changes were brought about by counselling, or that the changes will be long-lasting, but the evidence available indicates very positive

improvements in feelings, attitudes and behaviour as a result of counselling.

Having the freedom to talk to a professional, trained counsellor in privacy and confidentiality and being listened to and understood clearly improves young people's self-awareness, self-esteem and self-confidence. Problem-solving and coping skills are improved and the young person takes greater ownership of their situation and becomes aware of possible options for dealing with difficulties and achieving what they want in life.

## 7.2 KEY CONTACT PERSONS IN SCHOOLS

The key contact persons in schools provided feedback about the practical management and delivery side of the work. Their comments were overwhelmingly positive, as can be seen below:

How do you rate the information received about CYCSIS?	Very	Good/Good	83%
How is the service promoted in your school?	"	"	75%
How good is the referral process?	"	"	75%
How do you rate the confidentiality policy?	"	"	75%
How do you rate the counselling service?	"	"	75%
(Note: 1 school rated it "very poor")			
How do you rate the school's relationship with the counsellor?	"	"	75%

(Note: 1 school said "poor", 1 school said "very poor")

There were 24 Key Contact Persons who completed the questionnaires and within their responses there is recognition of the need for partnership between Contact Youth Counselling Services and the individual schools in order to deliver an efficient service. In other words, the promotion of the service within each school is the responsibility of the staff but is dependant on the information and materials provide by Contact Youth Counselling Services. The need for regular talks by the counsellor in assembly, meetings with relevant year groups and key staff members were recurring themes.

The issue of confidentiality was an important aspect in the Key Contact Person's views. All said that the policy of confidentiality was clearly stated by Contact Youth Counselling Services and was appropriate. However, there was a feeling from some school staff that there should be some more disclosure in certain cases.

There is a perceived difference of professional culture here, best summed up by one key contact person:

*"Again this is a discrepancy of culture and ethos between school and Contact Youth Counselling Service. The policy is clear but often from the school's perspective it is not appropriate. Schools have a duty of care and parents can resent agency involvement which they know nothing about."*

This is an important area of discussion. However, the majority of schools surveyed were happy with the policy of confidentiality and expressed the value and benefit of it.



The majority of key contact persons in schools rated Contact Youth Counselling highly (18 out of 24 rate it as "good" or "very good"). There was one Belfast school that rated the counselling as "very poor". This would need to be addressed, if it has not already been.

There was a similar response to the rating of the counsellor's relationship with the school. The vast majority praising the counsellor very highly. There were 2 schools however, in the Belfast area who rated the relationship "poor"/"very poor". This is a matter to be discussed with the individual schools.

One recurring issue was concern about long term funding for the service. This is linked to the expressed need for more counsellors and counselling sessions in order to ensure a more adequate service. The request for a sustainable service is summed up by one key contact person:

*"We are confident that the service provided to our students is professional and supportive of our caring ethos. We look forward to the continuation of the service for the 2005 – 2006 school year. However, financial cutbacks may impinge on costs to schools, we must work with Contact Youth Counselling In Schools to sustain the viability of a much needed service."*

### 7.3 VIEWS OF THE REFERRAL AGENCIES

The referral agencies are key players in providing information and referring clients to Contact Youth Counselling Services. They represent a wide range of agencies and colleagues, and their identification of clients is crucial to the effectiveness of Contact Youth counselling in meeting the needs of young people. Unlike the key contact persons in schools they do not normally have any contact with clients after referral. It is, therefore, more difficult for them to evaluate the counselling received.

A similar questionnaire was used with the referrers to that used with the key contact persons in schools, although focused on issues concerning community sites. The majority of the 28 responses were very positive, as can be seen in section 5 and summarised here.

The referrers were asked how they rated the following:

#### **The clarity of information about Contact Youth Counselling Services.**

75% of the referrers rated this Very Good or Good.

#### **Speed and effectiveness of referral**

75% of referrers rated this Very Good/Good.

#### **The counselling received**

A smaller proportion ie. 37% of referrers rated this as Very Good or Good, but there were 57% said they did not know, with 7% (2 people) not responding. This is in keeping with the fact that referrers do not usually have contact with clients after referral (see section 5.5).

Referrers were also asked for their views on the benefits of counselling, and on how Contact Youth Counselling Services might be improved.

All respondents gave suggestions for improvement, summated as follows:

- Enhanced promotion of Contact Youth Counselling Services by increasing awareness within communities.
- Expanding the service by increasing staff to reach more young people, thus reducing referral times and waiting lists.
- Developing inter-agency communication in order to co-ordinate continuing work for agencies with the same client (see para.5.7.3).
- Developing work with ethnic minorities.
- Continuing to develop work with special needs groups.

These suggestions are incorporated in the recommendations below.

### 7.4 VIEWS OF THE COUNSELLORS

The counsellors were surveyed in order to obtain information about their training and on-going support, and also to sample their views on the delivery of Contact Youth Counselling Services.

Eight counsellors returned the questionnaire and their views are outlined in Section 6, above.

The counsellors are obviously the key players in the delivery of Contact Youth Counselling Services. They work in a range of settings with young people of all ages. As can be seen from Section 3, the issues brought to counselling were not only very diverse but also crucially important to the development of the young people. In other words these counsellors were dealing with young people at times of crisis and/or transition.

It was not appropriate to ask counsellors to evaluate their own effectiveness, so they were surveyed about their particular concerns and difficulties.

All counsellors are required to be qualified in counselling but induction training and regular monthly clinical supervision is provided in-house. The majority of counsellors surveyed rated these aspects highly and most wanted to pursue further training usually of a specialist nature.

There were a number of issues which emerged from counsellor survey such as the different models of approach and the variation in the number of sessions undertaken, which are reflected in the recommendations below. There are also issues which are similar to those raised by the key contact persons in schools and referrers, such as confidentiality, which are incorporated below.

## 7.5 RECOMMENDATIONS

### 7.5.1 Funding and Partnership

Much of the funding of Contact Youth Counselling Services is piecemeal and short-term. EU funding is coming to an end, social services budgets are very tight, and education budgets are currently under particular pressure, which threatens the future of the existing counselling service in schools. If the mental health needs of young people (see Section 2 Literature Review above) are to be addressed in a serious way, the provision of a youth counselling service should be available as of right in all schools and a wide range of accessible community venues. The mental health benefits of this work are considerable therefore this work should become part of the overall planning and delivery of the continuum of CAMHS in each Health Board area. This is consistent with the recommendation made by the CAMHS Review report (see Section 2). There needs to be a close partnership with NSPCC counselling to inform Department of Education policy on schools counselling. Funding should be both adequate, to ensure there are not long waiting times for young people in crisis, and long-term, to allow for confident development of the service and to foster relationships with partners, referral agencies, etc. There needs to be a combination of core funding from government departments to ensure a minimum level of service and appropriate service level agreements.

#### Recommendations

**R1:** Contact Youth Counselling Services should become part of the CAMHS continuum in each board area in terms of planning and delivery at tiers 2-3.

**R2:** A close partnership should be formed with NSPCC counselling to inform Department of Education policy on schools counselling.

**R3:** Adequate long-term statutory funding should be made available to ensure that a youth counselling service can be provided in all schools and a wide range of accessible community venues.

**R4:** Contact Youth Counselling Services should develop a multi-agency approach to the assessment and delivery of services to young people.

### 7.5.2 Promotion and education

The promotion and indeed marketing of Contact Youth Counselling Services in both school and community settings can be improved, so that all young people who need it, and potential referral agencies, are aware of the service provided. However, this needs to be done in conjunction with increased funding, in order not to raise expectations, or to create waiting lists, that cannot be addressed.

In schools, as well as ensuring an annual talk at school assemblies, there should be regular talks to year assemblies and PHSE classes. Each year, all pupils should be given a card to carry about the service. Such interventions would fit into the school's curriculum development programme on Personal Development (see Section 2).

In community settings more visits to potential referral agencies would be helpful, as well as making young-person friendly information more widely available. There also needs to be closer links with Youth Justice agencies in order to strategically target the young people within the Youth Justice system.

#### Recommendations

**R5:** Contact Youth Counselling Services should ensure that all young people in schools and community settings are aware of the service, but such promotion and marketing should be linked to increased funding so that unrealistic expectations are not raised.

**R6:** Contact Youth Counselling Services should establish closer links with Youth Justice agencies.

### 7.5.3 School Settings

There are particular challenges about confidentiality in relation to school settings, where the culture concerning confidentiality is different from Contact Youth's Policy. Annual meetings, with teachers are needed to discuss Contact Youth's approach to confidentiality, so it is clearly understood.

The Contact Youth Counselling Services mechanism for school-based counsellors to feedback general issues to a school needs to be re-enforced, so that teachers are more aware of the kind of issues their students are facing, and any possible actions from the school that might be helpful.

All settings, including schools, need to have a clear system enabling young people to make confidential self-referrals.

Schools would also welcome further support in terms of small groupwork, particularly on bullying, where one-to-one counselling is important for the individual, but needs to be complimented by other forms of work, especially in groups.

Some young people would welcome the opportunity to receive counselling in the evenings, regardless of the setting, so it doesn't disrupt their education, training or work and is less stigmatising.

Contact Youth Counselling Services needs to develop closer links with the Department of Education in order to demonstrate links with education and youth policy and schools counselling strategy.

There needs to be more counselling sessions available on all sites. The ability to deploy sessional counsellors to deal with waiting lists has been effective in keeping waiting lists below 8 weeks. This use of sessional counsellors needs to be developed.

#### Recommendations

**R7:** Contact Youth Counselling Services should ensure their confidentiality policy is regularly explained to teachers and others to ensure the underpinning principles are fully understood and appreciated.

**R8:** A clear system for confidential self-referrals for all counselling sites must be maintained.

**R9:** Contact Youth Counselling Services should consider the provision of therapeutic group work, particularly around bullying, adolescent development and trauma recovery.

**R10:** Closer links should be developed with the Department of Education in relation to education and youth policy issues.

#### 7.5.4 Non-school settings

Contact Youth Counselling Services currently provides a direct counselling service in a range of community sites, which provides the opportunity to work with older young people, without the restriction of school terms. This should be more effectively promoted to young people and to organisations that work with young people (see the recommendation R5 under "Promotion and Education" above). As above this would require an expansion of capacity, and therefore of funding, to accommodate increased referrals.

Agencies involved with Contact Youth Counselling Services are very varied. They have requested more inter-agency collaboration (see section 7.3 above). This is because, although most referrers have little contact with clients after referral, others continue to work with them. In addition, in some cases there are

several agencies working with the same client. Sharing information between agencies is fraught with difficulties not least of which is confidentiality. Nevertheless the co-ordination and collaboration of work is a logical course.

#### Recommendation

**R11:** Contact Youth Counselling Services should further develop inter-agency collaboration in order to improve initial assessment, referral on, and continuous development of comprehensive focussed counselling services to young people.

#### 7.5.5 Physical Environment for Counselling

The physical environment in which counselling takes place is sometimes far from ideal, although there are often no other options. Every effort should be made to try and ensure that the counselling room is safe, welcoming and comfortable. The counselling rooms at Contact Youth headquarters are of good quality, and it should be a goal to try and achieve this standard in all settings.

#### Recommendation

**R12:** Contact Youth Counselling Services should ensure that all settings for counselling are safe, secure and comfortable.

#### 7.5.6 Ethnic Minorities

Changes in population diversity in Northern Ireland suggest that Contact Youth Counselling Services should consider ways of ensuring it meets the needs of ethnic and other minority groups. 2.4% of clients in this research sample were from ethnic minority groups, and 5.7% 'other'.

An increased awareness of the needs arising for ethnic minority children in community settings would reinforce the need for development here. Referring agencies also highlighted this need. As with all of these extra demands the resource implications need to be addressed.

#### Recommendation

**R13:** Contact Youth Counselling Services should ensure that services take account of the needs of ethnic minorities.

#### 7.5.7 Disability

Contact Youth Counselling Services is already established in Fleming Fulton and Cedar Lodge special schools and is aware of the need to provide for young people with specific needs. In para 5.7.4, above, one of the referrers highlights the specific needs of young people with speech and language difficulties. Continued identification and response to such needs is important.

### Recommendation

**R14:** Contact Youth Counselling Services should continue to identify the counselling needs of young people with particular challenges such as disabilities and develop counselling services for them.

#### 7.5.8 Pro-formas and evaluation

The number of pro-forma are considerable in the counselling procedures, although all are not used with all clients. There is an assessment pro-forma used before counselling begins. There are pro-forma to document the counselling process in Case Notes and there are self-harm contracts, risk assessments, child protection documentation, etc. The pro-forma used by Contact Youth counsellors are regularly reviewed and developed further. The counsellors should continue to be involved in improving wording and layout.

The current evaluation used client assessment forms before and after counselling which added to the administrative load. This was a factor in the evaluation process. If evaluation of the impact of counselling is to be a permanent feature in monitoring the effectiveness of Contact Youth Counselling Services, then client assessment forms need to continue to be integrated into the pro-forma system.

The current evaluation used before and after questionnaires. It does not demonstrate that the changes came about as a direct result of counselling or how long-lasting any changes are. As a further step in the evaluation process, Contact Youth Counselling Services should explore the potential for more longitudinal evaluation and the potential for using control groups.

### Recommendations

**R15:** Proformas should continue to be regularly reviewed, with counsellor input.

**R16:** Evaluation documentation should continue to be integrated in the counselling proforma, to include a permanent system of 'before' and 'after' assessment of counselling effectiveness.

**R17:** Contact Youth Counselling Services should explore the potential for more longitudinal evaluation and the potential for using control groups in future evaluations.

#### 7.5.9 Induction & Training

Induction, training and professional development are all critical to ensuring the highest standard of

counselling is provided to clients.

### Recommendations

**R18:** Contact Youth Counselling Services should ensure that all new counsellors, and those moving to a different form of counselling, receive appropriate induction training.

**R19:** Contact Youth Counselling Services should ensure that all staff have access to regular opportunities to assess their individual training and professional development needs and that these are effectively addressed along with training needs identified by the organization.

#### 7.5.10 Consistency of Practice

All counsellors described their approach to counselling in very different ways, using very different language to describe the counselling process.

The number of counselling sessions vary considerably between clients (between 1 and 25) and between counsellors (from an average of 5 to an average of 10). While it is perfectly appropriate that the number of sessions should depend on the specific needs of the client, Contact Youth Counselling Services needs to have in place a mechanism for monitoring the number of sessions per counsellor/per client to ensure consistency of practice across the agency.

The number of suicide risk assessments (from none to 19) and child protection referrals (from none to 12) also varied considerably between counsellors. This may be entirely appropriate. However, Contact Youth Counselling Services needs to have a mechanism for gathering and analysing this information by counsellor/client in order to ensure that consistent practice is taking place across the agency.

### Recommendations

**R20:** Contact Youth Counselling Services should review the counselling model/models in use and the language used to describe them, in order to try and develop a more consistent language with which to discuss the approach(es) that Contact Youth counsellors are expected to use in their work.

**R21:** Contact Youth Counselling Services should put in place a mechanism for monitoring the number of counselling sessions by client and counsellor, to ensure consistency across the agency.

**R22:** Contact Youth Counselling Services should put in place a mechanism for monitoring the number of suicide risk assessments and child protection referrals by counsellor/client.

## SUMMARY OF RECOMMENDATIONS

To facilitate reading, all recommendations are listed below, and have been grouped thematically.

### Working in partnership

**R1:** Contact Youth Counselling Service should become part of the CAMHS continuum in each board area in terms of planning and delivery at tiers two and three.

**R2:** A close partnership should be formed with NSPCC counselling to inform Department of Education policy on schools counselling.

**R4:** Contact Youth Counselling services should develop a multi-agency approach to the assessment and delivery of services to young people.

**R6:** Contact Youth Counselling Services should establish closer links with Youth Justice agencies.

**R10:** Closer links should be developed with the Department of Education in relation to education and youth policy issues.

**R11:** Contact Youth Counselling Services should further develop inter-agency collaboration in order to improve initial assessment, referral on and continuous development of comprehensive focussed counselling services to young people.

### Consolidating Funding

**R3:** Adequate long-term statutory funding should be made available to ensure that a youth counselling service can be provided in all schools and a wide range of accessible community venues.

### Promotion and Education

**R5:** Contact Youth Counselling Services should ensure that all young people in schools and community settings are aware of the service, but such promotion should be linked to increased funding so that unrealistic expectations are not raised.

### Ethics and Code of Practice

**R7:** Contact Youth Counselling Services should ensure their confidentiality policy is regularly explained to teachers and others to ensure the underpinning principles are fully understood and appreciated.

**R8:** A clear system for confidential self-referrals for all schools must be maintained.

**R13:** Contact Youth Counselling Services should make sure that services take account of the needs of ethnic minorities

**R14:** Contact Youth Counselling Services should continue to identify the counselling needs of young people with particular challenges, such as disability, and develop counselling services for them.

### Improving and Standardising Practice

**R9:** Contact Youth Counselling Services should consider the provision of therapeutic group work, particularly around adolescent development, bullying and trauma recovery.

**R12:** Contact Youth Counselling Services should ensure that all settings for counselling are safe, secure and comfortable.

**R21:** Contact Youth Counselling Services should establish a mechanism for monitoring the number of counselling sessions by client and counsellor, to ensure consistency across the agency.

**R22:** Contact Youth Counselling Services should put in place a mechanism for monitoring the number of suicide risk assessments and child protection referrals by counsellor/client.

### Building on Organisational Learning

**R15:** Proformas should continue to be regularly reviewed, with counsellor input.

**R16:** Evaluation documentation should continue to be integrated in the counselling proforma, to include a permanent system of 'before' and 'after' assessment of counselling effectiveness.

**R17:** Contact Youth Counselling Services should explore the potential for more longitudinal evaluation and the potential for using control groups in future evaluations.

**R18:** Contact Youth Counselling Services should ensure that all new counsellors, and those moving to a different form of counselling, receive appropriate induction training.

**R19:** Contact Youth Counselling Services should ensure that all staff have regular opportunities to assess their individual training and professional development needs and that these are effectively addressed along with training needs identified by the organisation

**R20:** Contact Youth Counselling Services should review the counselling model/models in use and the language used to describe them, in order to try and develop a more consistent language with which to discuss the approach(es) that Contact Youth counsellors are expected to use in their work.

# appendices

- Appendix 1: Client Evaluation Forms (schools and non-schools)
- Appendix 2: Anonymous Questionnaire – Key Contact Persons in Schools
- Appendix 3: Anonymous Questionnaire – Counsellors
- Appendix 4: Anonymous Questionnaire – Referral Agencies
- Appendix 5: Written responses to open questions from clients on counselling receive

## APPENDIX 1

### CLIENT EVALUATION FORMS

#### CONTACT YOUTH COUNSELLING SERVICE

#### EVALUATION FORMS (school settings)

(These forms are part of the evaluation process. Part 1 provides the basic information concerning the young person. Part 2, Part 3 and Part 4 are Questionnaires, which enable Contact Youth to monitor the effectiveness of the service. Part 1 must be filled in by the counsellor; part 2 may be filled in by the counsellor or the young person at first counselling session, Part 3 may be filled by the Counsellor or young person at the end of counselling, part 4 must be filled in by the young person and put in a sealed envelope provided for the purpose)

#### Part 1. Basic Information

Counsellor: \_\_\_\_\_ Location/site: \_\_\_\_\_

Client ID: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Religious or ethnic Affiliation:       Protestant                       Catholic  
 Ethnic minority (please specify)

\_\_\_\_\_

Other (please specify)

\_\_\_\_\_

Referred by:                               Self  
 Parent  
 Pastoral Care teacher/tutor  
 Form teacher  
 Other teacher  
 Other

Length of time waiting for counselling (since referral form sent in)? \_\_\_\_\_ weeks

Issues brought to counselling

- Issue 1 \_\_\_\_\_
- Issue 2 \_\_\_\_\_
- Issue 3 \_\_\_\_\_
- Issue 4 \_\_\_\_\_
- Issue 5 \_\_\_\_\_
- Issue 6 \_\_\_\_\_



## Part 2 Base Line Questionnaire

Client ID \_\_\_\_\_

(This form should be filled in at the first counselling session, by either the young person or, if necessary, by the counsellor. Along with the Follow-up questionnaire, it is designed to monitor the impact of the service.)

	(1) Never	(2) Seldom	(3) Occasionally	(4) Frequently	(5) Always
1. How often have you felt low or depressed in the last 4 weeks?	1	2	3	4	5
2. How often have you thought about hurting yourself in the last 4 weeks?	1	2	3	4	5
3. How often have you felt lonely in the last 4 weeks?	1	2	3	4	5
4. How often have you engaged in risk-taking behaviour in the last 4 weeks? (Joyriding/theft/vandalism/unprotected sex, etc.)	1	2	3	4	5
5. How often have you physically hurt someone in the last 4 weeks?	1	2	3	4	5
6. How often have you been physically hurt in the last 4 weeks?	1	2	3	4	5
7. How often have you had difficulty sleeping in the last 4 weeks?	1	2	3	4	5
8. How often have you experienced unwanted images or memories in the last 4 weeks?	1	2	3	4	5
9. How often have you felt worried about your life in the last 4 weeks?	1	2	3	4	5
10. How often have you had problems completing your school work in the last 4 weeks?	1	2	3	4	5
	(1) Never	(2) Seldom	(3) Occasionally	(4) Frequently	(5) Always
11. How would you describe your general level of happiness at present?	1	2	3	4	5
12. How would you describe your ability to control your own life?	1	2	3	4	5
13. How would you describe your ability to deal with conflict?	1	2	3	4	5
14. How would you describe your ability to cope when things go wrong?	1	2	3	4	5
15. How would you describe your relationship with your family?	1	2	3	4	5
16. How would you describe your happiness at school?	1	2	3	4	5
17. How would you describe your attendance at school?	1	2	3	4	5
18. How would you describe your relationship with others in school?	1	2	3	4	5
19. How would you describe your behaviour in school?	1	2	3	4	5

**Part 3 Follow Up Questionnaire**    **Date:** \_\_\_\_\_    **Client ID** \_\_\_\_\_

*(This form is to be filled in at the end of counselling. The counsellor can help with this ,if necessary.)*

	(1) Never	(2) Seldom	(3) Occasionally	(4) Frequently	(5) Always
1. How often have you felt low or depressed in the last 4 weeks?	1	2	3	4	5
2. How often have you thought about hurting yourself in the last 4 weeks?	1	2	3	4	5
3. How often have you felt lonely in the last 4 weeks?	1	2	3	4	5
4. How often have you engaged in risk-taking behaviour in the last 4 weeks? (Joyriding/theft/vandalism/unprotected sex, etc.)	1	2	3	4	5
5. How often have you physically hurt someone in the last 4 weeks?	1	2	3	4	5
6. How often have you been physically hurt in the last 4 weeks?	1	2	3	4	5
7. How often have you had difficulty sleeping in the last 4 weeks?	1	2	3	4	5
8. How often have you experienced unwanted images or memories in the last 4 weeks?	1	2	3	4	5
9. How often have you felt worried about your life in the last 4 weeks?	1	2	3	4	5
10. Do you have problems successfully completing school work?	1	2	3	4	5
	(1) Never	(2) Seldom	(3) Occasionally	(4) Frequently	(5) Always
11. How would you describe your general level of happiness at present?	1	2	3	4	5
12. How would you describe your ability to control your own life?	1	2	3	4	5
13. How would you describe your ability to deal with conflict?	1	2	3	4	5
14. How would you describe your ability to cope when things go wrong?	1	2	3	4	5
15. How would you describe your relationship with your family?	1	2	3	4	5
16. How would you describe your happiness at school?	1	2	3	4	5
17. How would you describe your attendance at school?	1	2	3	4	5
18. How would you describe your relationship with others in school?	1	2	3	4	5
19. How would you describe your behaviour in school ?	1	2	3	4	5

**Client ID** \_\_\_\_\_ **How many sessions has the young person had?** \_\_\_\_\_

*(ID and no. of sessions to be completed by the counsellor on the blank form before being given/sent to the young person)*

**Part 4. YOUR VIEWS ON THE COUNSELLING RECEIVED**

(Please circle the number on the right hand side which is closest to your answer. The questionnaire is completely confidential. No-one will know what answers you have given – when you have finished please put the form in the envelope provided and stick down the flap)

	(1)	(2)	(3)	(4)	5)
	Very happy	Happy	Neither happy nor unhappy	Unhappy	Very unhappy
20. How happy were you with the counselling?	1	2	3	4	5
21. How happy were you with your counsellor?	1	2	3	4	5
22. How happy were you that the confidentiality contract was fully explained and kept?	1	2	3	4	5
23. How happy were you that you were treated with respect?	1	2	3	4	5
24. How happy were you that you were being listened to?	1	2	3	4	5
25. How happy were you that you were understood?	1	2	3	4	5
26. How happy were you that you were allowed to make your own decisions?	1	2	3	4	5
27. How happy were you that you were able to be honest with the counsellor?	1	2	3	4	5
28. How happy were you with the level of support from the counsellor?	1	2	3	4	5

**BENEFITS**

29. How did the counselling help you?

30. How could the counselling service to be improved?

31. If you have finished counselling, why did you leave? (*Tick as appropriate*)

I have successfully dealt with the problems I wanted to

I needed a break – I was finding it too hard right now

I didn't like the counsellor

I am no longer being forced to go

I felt I could deal with the problems myself

I didn't feel I was getting anywhere

I found better help elsewhere

N.B. Please put in the sealed envelope provided and hand/send in the completed form – thank you very much for your help

**CONTACT YOUTH COUNSELLING SERVICE****EVALUATION FORMS (non-school settings)**

(These forms are part of the evaluation process. Part 1 provides the basic information concerning the young person. Part 2, Part 3 and Part 4 are questionnaires, which enable Contact Youth to monitor the effectiveness of the service. Part 1 must be filled in by the counsellor; parts 2 & 3 may be filled in by the counsellor or the young person; part 4 must be filled in by the young person and put in a sealed envelope provided for the purpose)

**Part 1. Basic Information**

Counsellor: \_\_\_\_\_ Location/site: \_\_\_\_\_

Client ID: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Religious or ethnic Affiliation:       Protestant                       Catholic  
 Ethnic minority (please specify)

\_\_\_\_\_

Other (please specify)

\_\_\_\_\_

Referred by:                               Self  
 Parent  
 Pastoral Care teacher/tutor  
 Form teacher  
 Other teacher  
 Other

Length of time waiting for counselling (since referral form sent in)? \_\_\_\_\_ weeks

Issues brought to counselling

- Issue 1 \_\_\_\_\_
- Issue 2 \_\_\_\_\_
- Issue 3 \_\_\_\_\_
- Issue 4 \_\_\_\_\_
- Issue 5 \_\_\_\_\_
- Issue 6 \_\_\_\_\_

**Part 2 Base Line Questionnaire**

Client ID \_\_\_\_\_

(This form should be filled in at the first counselling session, by either the young person or, if necessary, by the counsellor. Along with the Follow-up questionnaire, it is designed to monitor the impact of the service.)

	(1) Never	(2) Seldom	(3) Occasionally	(4) Frequently	(5) Always
1. How often have you felt low or depressed in the last 4 weeks?	1	2	3	4	5
2. How often have you thought about hurting yourself in the last 4 weeks?	1	2	3	4	5
3. How often have you felt lonely in the last 4 weeks?	1	2	3	4	5
4. How often have you engaged in risk-taking behaviour in the last 4 weeks? (Joyriding/theft/vandalism/unprotected sex, etc.)	1	2	3	4	5
5. How often have you physically hurt someone in the last 4 weeks?	1	2	3	4	5
6. How often have you been physically hurt in the last 4 weeks?	1	2	3	4	5
7. How often have you had difficulty sleeping in the last 4 weeks?	1	2	3	4	5
8. How often have you experienced unwanted images or memories in the last 4 weeks?	1	2	3	4	5
9. How often have you felt worried about your life in the last 4 weeks?	1	2	3	4	5
10. How often have you had problems successfully completing work in school/training/job?	1	2	3	4	5
	(1) Never	(2) Seldom	(3) Occasionally	(4) Frequently	(5) Always
11. How would you describe your general level of happiness?	1	2	3	4	5
12. How would you describe your ability to control your own life?	1	2	3	4	5
13. How would you describe your ability to deal with conflict?	1	2	3	4	5
14. How would you describe your ability to cope when things go wrong?	1	2	3	4	5
15. How would you describe your relationship with your family?	1	2	3	4	5
16. How would you describe your happiness at school/training /work?	1	2	3	4	5
17. How would you describe your attendance at school/training /work?	1	2	3	4	5
18. How would you describe your relationship with others in school/training/work?	1	2	3	4	5
19. How would you describe your behaviour in school/training/work?	1	2	3	4	5

**Part 3 Follow Up Questionnaire**    **Date:** \_\_\_\_\_    **Client ID** \_\_\_\_\_

*(This form is to be filled in at the end of counselling. The counsellor can help with this ,if necessary.)*

	(1) Never	(2) Seldom	(3) Occasionally	(4) Frequently	(5) Always
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**Client ID** \_\_\_\_\_ **How many sessions has the young person had?** \_\_\_\_\_

*(ID and no. of sessions to be completed by the counsellor on the blank form before being given/sent to the young person)*

**PART 4. YOUR VIEWS ON THE COUNSELLING RECEIVED**

(Please circle the number on the right hand side which is closest to your answer. The questionnaire is completely confidential. No-one will know what answers you have given – when you have finished please put the form in the envelope provided and stick down the flap).

	(1)	(2)	(3)	(4)	5)
	Very happy	Happy	Neither happy nor unhappy	Unhappy	Very unhappy
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26. How happy were you that you were allowed to make your own decisions?	1	2	3	4	5
27. How happy were you that you were able to be honest with the counsellor?	1	2	3	4	5
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**BENEFITS**

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I have successfully dealt with the problems I wanted to

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I didn't like the counsellor

I am no longer being forced to go

I felt I could deal with the problems myself

I didn't feel I was getting anywhere

I found better help elsewhere

N.B. Please put in the sealed envelope provided and hand/send in the completed form – thank you very much for your help.

## APPENDIX 2

### CONTACT YOUTH COUNSELLING SERVICE

#### ANONYMOUS EVALUATION QUESTIONNAIRE (KEY CONTACT PERSONS)

Geographical area of the school: BELB;  SELB;  NEELB

How would you rate the clarity of information you have about the \*Contact Youth Counselling in Schools Service? (\*hereafter called CYCIS)

Very poor;  Poor;  Average;  Good;  Very good

Suggestions for improving the information:

How good is the promotion of the CYCIS in your school?

Very poor;  Poor;  Average;  Good;  Very good

How could the promotion of the CYCIS in your school be improved?

How would you rate the speed and effectiveness of the referral process?

Very poor;  Poor;  Average;  Good;  Very good

Suggestions for improving the referral process:

Is the CYCIS policy on confidentiality clear and appropriate? Yes/No



How could the policy on confidentiality be improved?

How do the young people rate the counselling they receive from CYCIS?

- Very poor;     Poor;     Average;     Good;     Very good

How would you rate the counsellor's relationship with the school?

- Very poor;     Poor;     Average;     Good;     Very good

Please comment on the counsellor's reliability, punctuality, co-operation and general attitude, and indicate any improvements needed.

What are the benefits of the CYCIS for the young people?

How could the CYCIS be improved?

Are there other services that you would welcome from CYCIS?

Any other comments

This is an anonymous questionnaire, but if you are willing for this information to be shared directly with Contact Youth Counselling in Schools, put the name of your school here **APPEN**

## APPENDIX 3

### CONTACT YOUTH COUNSELLING SERVICE

#### ANONYMOUS EVALUATION QUESTIONNAIRE (COUNSELLORS)

Where do you do your face-to-face counselling work (tick as many as are relevant)?

- Schools
- Community sites
- Contact Youth (Ravenhill Road)

#### TRAINING

What relevant qualification(s) do you have?

- Very poor;     Poor;     Average;     Good;     Very good

What additional training needs do you have now?

How would you rate the induction and training that you have received from Contact Youth?

#### MANAGEMENT/CLINICAL SUPERVISION

How would you rate the line management support that you have received from Contact Youth?

- Very poor;     Poor;     Average;     Good;     Very good

How many hours clinical supervision do you receive each month on average? \_\_\_\_\_

How useful is the clinical supervision you receive?

- Very poor;     Poor;     Average;     Good;     Very good

How could the clinical supervision be improved?

**REFERRAL PROCESSES**

What is the average wait from assessment to the start of counselling

---

How good are the referral processes?

- Very poor;     Poor;     Average;     Good;     Very good

How could the referral processes be improved?

**COUNSELLING**

How many face-to-face clients have you dealt with since Sept '04? \_\_\_\_\_

How many face-to-face counselling hours do you have per month on average? \_\_\_\_\_

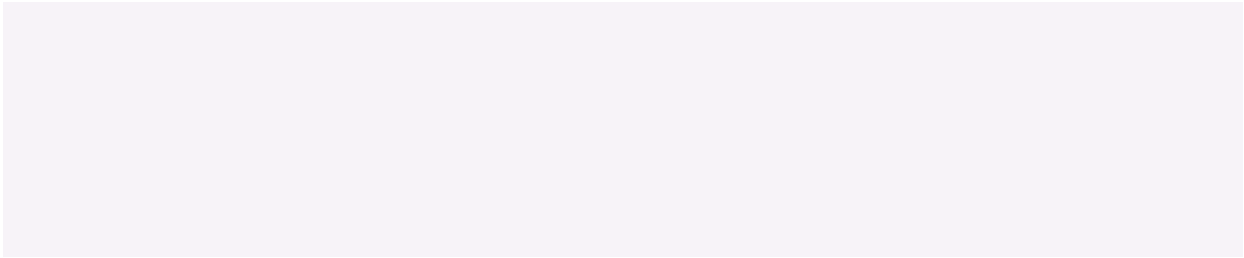
What is the average number of counselling sessions per client? \_\_\_\_\_

What is the shortest number of counselling sessions per client? \_\_\_\_\_

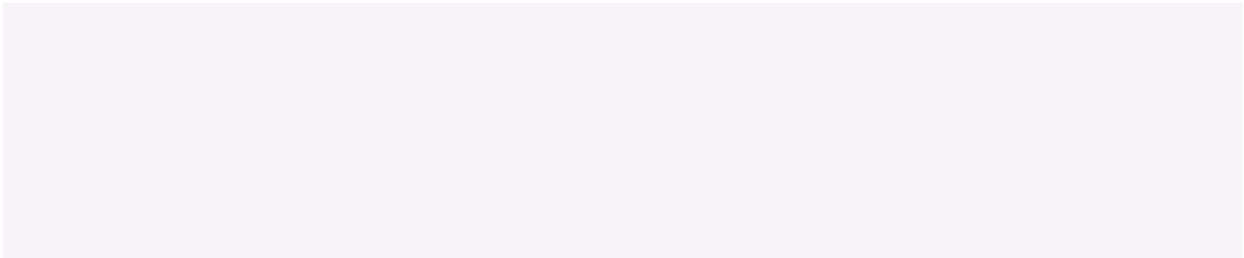
What is the longest number of counselling sessions per client? \_\_\_\_\_

How would you describe the main counselling approach(s) and techniques you use in counselling the young people?

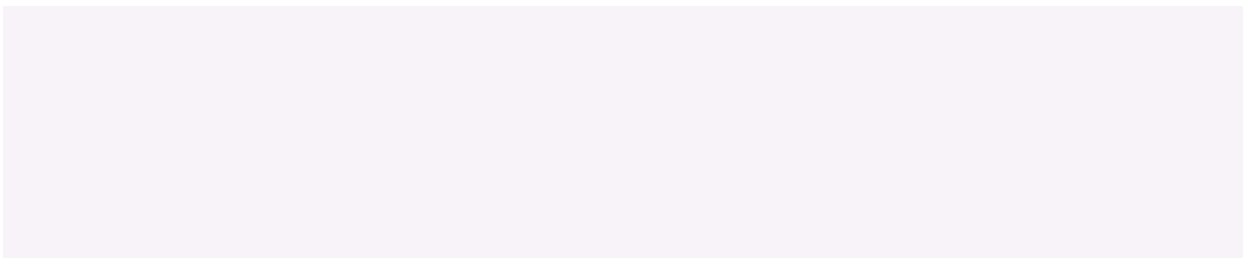
What do you feel are the outcomes of the counselling for the young people?



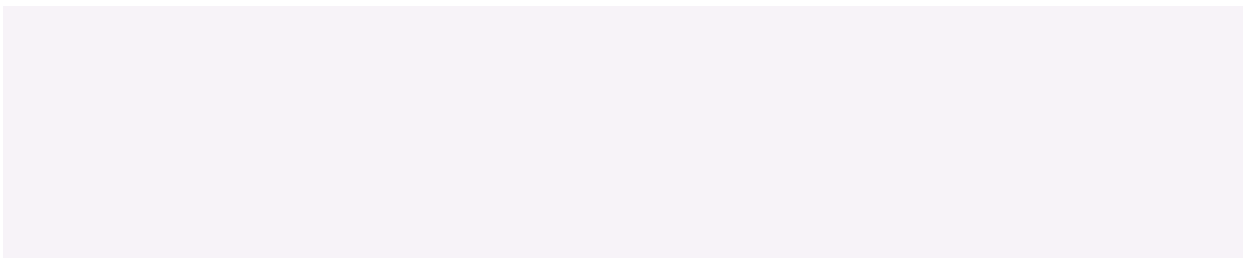
What aspects of the counselling process do you feel are of most benefit to the young people?



How could the counselling services for young people be improved?



What were the four main issues that brought young people to counselling?



What, if any, issues did clients raise that you felt you weren't able to deal with adequately?

In what way, if any, could the various proformas be improved?

Did Contact Youth's confidentiality policy (or any other policy) create any difficulties for the young people, parents, referral agencies, or you as the counsellor? If so, how?

Since Sept.04, how many clients did you carry out a suicide risk assessment with? \_\_\_\_\_

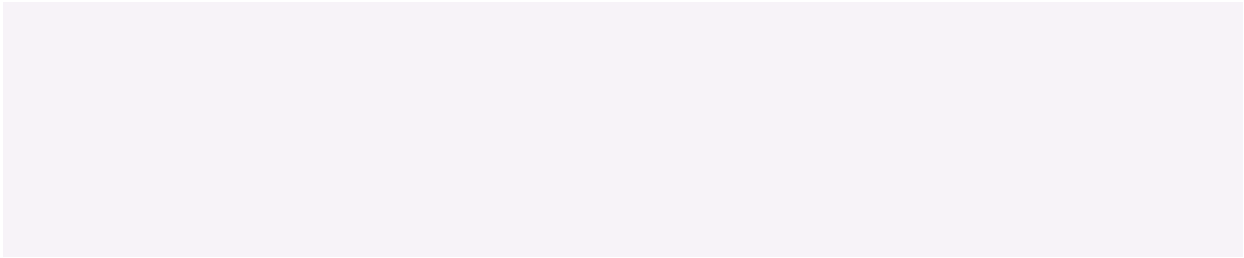
Since Sept. 04, how many clients did you refer in relation to child protection? \_\_\_\_\_

**PREMISES**

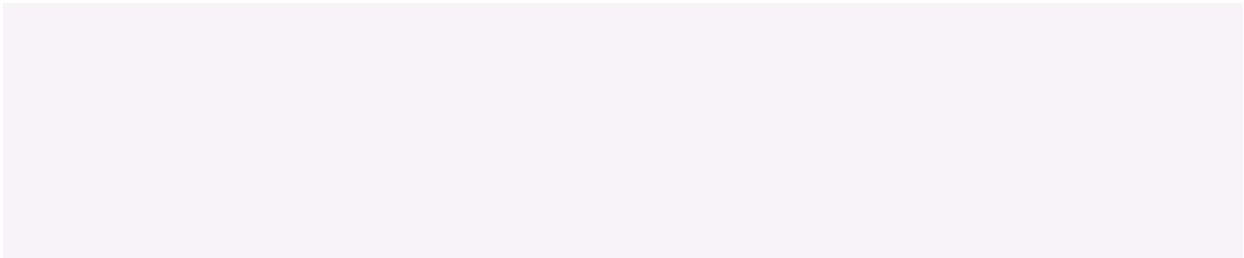
How suitable are the premises you are working in, and how might they be improved?

**RECORDING**

How is the counselling work documented and could it be improved?



Have you any other comments or suggestions that you would like to evaluators to be aware of?



Please return the anonymous questionnaire in the SAE provided to: Roger Courtney 20 Bryansburn Road  
Bangor Co Down BT20 3SB

## APPENDIX 4

### CONTACT YOUTH COUNSELLING SERVICES

#### ANONYMOUS EVALUATION QUESTIONNAIRE (REFERRAL AGENCIES)

Type of referral agency:

GP;  Social Services;  School;  Parent;  Youth worker;  Probation;

Other (please specify): \_\_\_\_\_

Geographical area:  Belfast;  Northern Board;  Southern Board

Which Contact Youth location did you refer a client(s) to?

How many clients have you referred to Contact Youth?

How would you rate the clarity of information you have about the Contact Youth ounseling service?

Very poor;  Poor;  Average;  Good;  Very good

Suggestions for improving the information:

How would you rate the speed and effectiveness of the referral process?

Very poor;  Poor;  Average;  Good;  Very good

Suggestions for improving the referral process:



How would you rate the ounseling the clients have received?

Very poor;     Poor;     Average;     Good;     Very good

What are the benefits of the counselling for the young people?

How could the counselling service be improved?

Please return the questionnaire in the SAE provided by Friday 24th June at the latest to:  
Roger Courtney  
Courtney Consulting  
20 Bryansburn Road  
Bangor  
Co Down  
BT20 3SB

## APPENDIX 5

### WRITTEN RESPONSES TO OPEN QUESTIONS FROM THE CLIENTS ON THE COUNSELLING RECEIVED.

#### How did counselling help you?

#### Contact Youth – Ravenhill Road (Responses – 24 positive, 1 negative, 3 no response)

- I got on better with people.
- It made me feel that there was someone who understood me, which was a brilliant feeling.
- not so angry or confused
- I got a job and feel better
- I feel better now Denise understands
- I stopped smoking blow so much.
- I got moved to someone nicer to live with.
- Didn't make a difference.
- It helped me to understand a lot of situations.
- In going to hospital to see about me and checking if I was worse.
- I don't feel as guilty now.
- I'm not in so much trouble.
- To think
- I don't feel bad anymore.
- Something to do.
- Support at times when I was very vulnerable.
- Just being able to talk to someone who would give support and listen was fantastic, as I have no one I can talk to.
- It helped me be honest and trust another.
- It helped me get rid of bad memories and gave me tips on how to cope with going away.
- It's helped me to make links with things and events that I couldn't have made before. It has alleviated a lot of stress knowing that I have a place to come to every week to talk about things that bother me.
- It made me look at things differently and helped me cope with my anger and problems.
- The counselling has helped me really well and I am glad I came here.
- It helped me to stop thinking about hurting myself by helping me to realise that it isn't always my fault, and to be proud of who I am.
- It helped me work things out in my head.

- It helped a lot and put things into perspective.
- I'm more confident and happier because I can talk about things I couldn't before.

**Belfast Schools (Responses – 72 positive, 0 negative, 14 no response)**

- Could talk about things.
- To cope with things better.
- It helped me in like to stop thinking of what happened and to express myself
- It helped me to calm down.
- Counselling helped me to control my temper, and helped me to deal with anything that went wrong.
- Happier at dealing with sad feelings about parents. Sleeping better. Winning things at sport's day.
- Learning to control my temper. Sleeping better – breathing to relax sometimes. Talking about things.
- Got the reasons I needed to understand things like why I'd been moved for a special school.
- To cope with things better.
- He made me more confident.
- It helped me to speak with a voice.
- It helped me to stop bullying and not feel low about my grandfather. It made me look at life and friends differently, and understand that things happen for a reason and I have to sort myself out and be strong.
- It has resolved my problems in my house with my parents.
- It let me be not as angry as I was.
- It helped me realise that there is a future out there for me and that there are people that really care. It helped me to realise what I needed in order to be happy.
- He let me talk with no interruptions which is important and he didn't judge.
- I know that I have the ability to deal with conflict and my general levels of confidence and general happiness are higher than before.
- It made me emotionally stronger.
- Helped me back, not feeling down anymore, to being myself.
- It helped me to be able to talk about problems.
- She helped me by giving advice that was really good and I used it.
- Helped me be confident.
- To deal better with various points of contention in my life.
- It helped me to solve the problems by listening to me and gave me ideas of how things could be better.(incomplete)
- It enabled me to talk about what was bothering me and for someone to be there to listen.
- Very good ways.

- To do what I want to.
- Feel happier because I don't get slagged anymore.
- It helped me by getting rid of my fears.
- I had someone to talk to as well as being listened to.
- Counselling made me believe in myself and taught me how to handle it when things go wrong. It showed an alternative way out, to what I was accustomed to.
- Counselling helped me by ignoring others and not getting in to fights, and suggesting new ways to deal with my temper.
- It helped me also.
- Helped me to focus on school work a lot better.
- It helped me to be more independent and confident.
- Helped by being understanding towards the matter and being friendly.
- She talked to me and understood what I was going through and helped me not to feel so down. I now have a better, happier life.
- Afterwards it made me feel better and happier.
- It helped me a lot by helping me realise what I needed to change in my life, to make me happier, and also what was the best way of dealing with changes.
- It has made me have more control over myself and how I deal with others.
- To take a step back when I am angry.
- It helped me deal with my problems.
- She helped me get my anger out.
- I can deal with my problems in a more positive way.
- It has made me feel better.
- It helped me control my anger without hitting anyone. It helped me get my anger out, so I could be more friendly. It helped me be more happy with my family.
- I had to leave this school, but I didn't want to leave counselling.
- Get to speak to someone and your anger goes away.
- Not to get into so many fights and how to control myself.
- It helped me to make decisions on what to do.
- Very good. Understanding and made you feel happy that you were being treated with respect. It was fun and helpful.
- Yes, He did help. Thank you.
- It got me around the bad things that had gone on. Now I can leave the house without any worries.
- It helped me in many ways. I felt that someone wanted to listen to what I needed to say and wanted to help me out, not just because it's the counsellor's job, but because she liked to help me and wanted to. It sorted out a lot of my problems and I was given good advice.

- It was very helpful because it stopped me from being bullied.
- It helped me to control my temper and talk to my Mum and Dad.
- It helped me because she gave a lot of good advice and I took it and I actually understood it.
- Helped me realise that practising talking to people and expressing my opinion more often.
- It my situation easier, good advice provided.
- It got me through a hard time and made me realise that I have positive points, it has made me more happy and confident.
- It helped me feel better about myself and be a little more confident.
- I have built a slightly higher self esteem, and I would definitely come back if I needed to.
- I feel a bit better about myself and I think a lot more about others.
- I am a happier person and I'm not so angry anymore. I can deal with a lot and I feel more confident.
- Helped me with my behaviour.
- It was really helpful to calm me down.
- She helped me to understand my problems.
- I think the counsellor helped me because I feel secure at school.
- Let me tell everything and was very nice.
- By giving me ideas on how to relax and by listening, and the support she gave me.
- It helped by ignoring my bullies.
- It made me feel better after I went through a bad time.

**Southern Board (Responses – 72 positive, 0 negative, 5 no response)**

- It made me feel happy about myself.
- It made me look at things more positively and to sort out my problems.
- I am more settled and feel as though the counsellor understands and supports me, and isn't influenced by anyone else other than me in her opinions.
- She helped me to stick up for myself.
- She helped me as my behaviour changed and I thought through things more.
- She helped me to express my feelings more.
- She was there when I needed her.
- Counselling gave me confidence.
- Improve my confidence.
- It let me get rid of a lot of stuff so I can deal with the important stuff.
- It got rid of my problems like the bullying, etc.

- Being more confident and to think more about my problems.
- It helped me with my confidence.
- It helped me how to control my feelings when things go wrong and helped me realise not everything is someone else's fault. (or mine)
- In a lot of ways.
- It helped me clear my head and took the pressure away from me.
- To let someone know how I'm like and get help
- Regain some confidence.
- OK
- It helped me a lot with my problems.
- It helped me to sort out my problem.
- Made me more confident to do my work and be good.
- Helps me to be more confident in life.
- Made me realise that there can be so many underlying causes to my problems and that they mattered no matter how mundane.
- I have changed a lot and am not doing the bad things I was doing.
- It has let me have more self confidence.
- She helped me to find out how to get back the confidences that I lost and find out why I lost them.
- It helped me build up the courage to talk things through with my family.
- To know what to do.
- It made me feel calmer and in control of my anger.
- She helped me to have more confidence so I was able to tell my mum what I was feeling.
- It helped me by calming myself down and stopping swearing.
- It helped me to sort out my problems with the family.
- It helped me be the person I used to be, and to listen to myself and what I wanted not what others wanted.
- It made me see that are other ways to control yourself, and thoughts are not all that they seem.
- The counselling helped me very well.
- The counselling helped me because the counsellor explained different advice, and listened to what I had to say.
- Counselling helped me very much.
- It made me think more and sort my problems out instead of thinking about them.
- It gave me someone to talk to.
- It helped me to realise the things going on in my life and how to deal with them.
- It helped me sort out different feelings and thoughts that I had

- By listening to me.
- It was only one week but I learnt to be a better person within.
- It helped by letting out my feelings and that I could talk to someone else who could understand.
- An outlet, released problems, dealt with them, felt the need and an approachable ear, which I felt in the sessions when there was no-one else to turn to.
- It helped me get things sorted at home, at school and in my own head.
- To come to terms with my life and to accept myself and family.
- It helped a lot. I was very happy with the support I got.
- The counsellor talked to me.
- The counselling helped by giving hints in what to do when I was getting bullied.
- I learned a lot about myself.
- A lot.
- It made me a happier person and I have better control of my life.
- She helped me find different ways of dealing with my anger.
- Helped me to become happier as a person. Helped me to become more confident.
- Let me deal with things better.
- It helped me very much.
- It helped me sort out my problems.
- I feel better about myself and am in the process of trying to keep my temper and walking away from arguments.
- It made me realise there are people you can talk to and understand you. It made me come to terms with my appearance and how people saw me.
- It helped me to talk about things a lot more and to cope with them.
- It helped me understand what I was mad and angry about.
- It helped me not to feel depressed in the mornings.
- It helped me to cope with stress at home when my life got bad.
- It helped me sort things out at home.
- Open up more.
- Coping with difficult things and getting things off my chest.
- Helped me with bullying.
- It helped me gain confidence in myself.
- I am happier now than before I came.
- Able to cope with situations a lot better, eg. Think before I act.

**Northern Board (Responses – 9 positive, 1 negative, 0 no responses)**

- Allowed me to talk to who was able to listen and discuss solutions for my problems. Gave me timeout from pressures I was under, home/university etc.
- It didn't. It was shit!
- Made me look at life differently. I was able to deal with problems a lot better. It also made me look at myself differently.
- Well, it helped me realise my own features in me and made me get on with my life and just forget everything from the past and move on.
- It made me a stronger person and made me feel better about myself and life in general.
- It stopped me having flashbacks.
- Talking to someone has helped me reorganise the thoughts that had been making me miserable for the last few years. I was taught to believe in myself again. I learnt that it is OK to be an emotional person, but also that I must control certain emotions when they threaten to explode.
- It helped me to release my problems that were in my head by talking them over.
- It helped me with the stuff that I needed to talk with someone about/and with all my problems.
- I feel better and can cope easier now.

**How could it be improved?**

The vast majority of respondents either did not answer this question or said that it was fine and didn't need improving. For this reason I have included only a sample of such answers. However, I have separated out all of the answers that included a suggested improvement.

**School Settings**

- Cups of tea.
- More advice.
- More questionnaires.
- I think it should be made more aware in the school that counselling is there and that they are there to help.
- It just depends on the type of person you are.
- More frequent/ more counsellors.
- I think it should be made aware to the student body.
- It could try to be a place where people will feel that it is easy to say what they want and bring a friend or boyfriend/girlfriend if they wanted for support.
- It could be improved by having lots of ideas.
- More counsellors.
- More fun activities, longer periods by 10 minutes, maybe more relationship advice.
- I could have used more of the ideas than my own.
- Visit the school more often.



**Non school Settings**

- It would be nice if counselling would be open during evening hours due to people working.
- Group work with the client's abusers.

**Some examples of the positive answers.**

- Not one bit!
- It couldn't. It's brill the way it is!
- I don't know as it is very good.
- It doesn't need to be, everything is dead on with the service.
- It doesn't need to be.
- The service is very good and doesn't need to be improved.
- No improvements needed
- Don't know.
- It couldn't.
- Nothing, it is OK.
- I think it is OK the way it is.
- I don't think it should be improved I like it the way it is.
- Couldn't
- None
- I don't think it could get any better then what I've experienced
- I don't think it has to be improved. I think it's great the way it is now.
- I was happy with it.
- Nothing.
- Nothing, I think it is brilliant
- No I think the stuff he done was great.
- I cannot think of any.
- No!
- It doesn't need improved.
- I think it is OK.
- Nothing
- It shouldn't.
- No!
- Couldn't.

- It's fine.
- It couldn't.
- It doesn't need to.
- I don't think it can be improved. I was very pleased with the service I got.
- It couldn't be improved it's very good.
- I found that the counselling service is fine the way it is.
- I don't know. I think it's excellent already and it has helped me so I'm happy.
- It's fine the way it is.
- I think it is fine the way it is.
- Can't think of anything. It seems perfect.

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PBNI

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Awards For All





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