

The National Counselling Service for adults who have experienced childhood abuse

Second Report



The Health Boards Executive
Working Together for Health

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Foreword

Welcome to the Second Report of the National Counselling Service (NCS) for adults who have experienced childhood abuse. This report outlines the significant developments which have taken place within the NCS between September 2001 and December 2003. Following the establishment phase of the service between 2000 and 2001, this has been a period of considerable work.

The period between September 2001 and December 2003 consolidated the NCS as an important provider of quality, accessible and client-centred counselling to adults who have experienced childhood abuse in Ireland. The provision of counselling to adults who were abused as children in institutions continues to be prioritised, and to complement this work, important links have been maintained between the NCS, the Commission to Inquire into Child Abuse, the Residential Institutions Redress Board, the National Office for Victims of Abuse (NOVA) and the more recently established Origins Information and Tracing Service.

I would like to extend my thanks to the management within NOVA for their continuing support and collaboration with the NCS. Specifically, I want to thank and acknowledge members of NOVA who make a wonderful contribution the Aislinn Centre; the Alliance Victim Support Group; Right of Place/Second Chance; and Survivors of Child Abuse, United Kingdom (SOCA

UK), In addition, on behalf of the NCS staff, thanks to all the other groups representing survivors, who continue to make such a generous and meaningful contribution to the work of the NCS.

Collaboration across all ten health boards has been maintained since the establishment of the NCS. This has been important for standardising the quality of service offered to all clients as well as in ensuring delivery on major national projects. I am very pleased that one of these national projects has been a formal evaluation of the service by its clients. The SENCs report (2003)¹ is an important piece of independent research that confirmed the overall high levels of clients' satisfaction. It is gratifying to know that the NCS has been successful in meeting many of its original targets that were laid down by survivors and that it continues to progress implementation of the recommendations of the report.

I would like to express my continuing appreciation to the directors and counsellor/therapists of the NCS who have maintained their commitment and dedication to the NCS and I welcome the appointment of NCS staff on a permanent basis in each health board, achieving as it does a greater sense of stability for both clients and staff.

Pat Donnelly
Chair, National Counselling Service Steering Group

¹ Leigh, C. Rundle, H. McGee, H. and Garavan, R. (2003), *The SENCs Report: Survivors, Experiences of the National Counselling Service for Adults who Experienced Childhood Abuse*. NCS.

Preface

Chief Executive, South Western Area Health Board

The National Counselling Service was initially established in September 2000 as a three-year project. This is the Second Report, covering the second two years of the development of the service (from September 2001 to December 2003). The NCS First Report provided a comprehensive background to the establishment of the NCS and an overview of the activities that had been achieved in that first year. Of significance is the fact that staff in each health board area have now been appointed on a permanent basis, enabling the NCS to maintain and strengthen its service. It is our intention to produce a report on an annual basis in future years.

This Second Report aims to provide:

- An update of the activities and achievements in the second and third year of NCS development (2001–2003) (Section 1).
- A description of the structures that have been put in place to support collaboration across the ten health boards (Section 2).
- An outline of the significant national developments and links that have been specifically targeted for action during this period (Section 3).
- An overview of staff development and training within the NCS (Section 4).
- An outline of the NCS Priorities for 2004 (Section 5).
- A profile of the counselling service in each health board area with details of local initiatives and developments during the last two years (Appendix 1).

The NCS looks forward to continuing its work and the staff of the NCS would like to thank all our clients for providing us with the many valuable opportunities for learning, growth and professional development.

Report Outline

Section 1 details the level of service provision within the NCS during 2001 to 2003. For example, it identifies that there has been a 12 per cent increase in the number of referrals since the First Report. This section also highlights the significant developments within the NCS in relation to group therapy. A range of therapeutic groups were established and developed in many regions across the country.

Section 2 provides a description of the structures that have been put in place to support collaboration across the ten health boards. These include the Steering Group, Directors of Counselling Group and the Counsellor Forum.

National developments, both in terms of national projects and national links, are outlined in Section 3. Important projects that were prioritised in this period are the national evaluation of *Survivors' Experience of the National Counselling Service* (SENCS Report 2003), the national information system, which supports data collection at a national level, the Waiting List Management Working Group and the development of a national helpline.

High standards have been set for qualifications and experience when recruiting staff within the NCS. The maintenance of high-quality professional practice is supported by a wide programme of continuing professional development (CPD) activities for staff.

The national events organised are highlighted in Section 4. The NCS has also become recognised as the provider of high-quality training placements within the counselling, psychotherapy and psychology fields. The provision of training placements within the NCS is also outlined in Section 4.

The priorities for 2004 are presented in Section 5. It is anticipated that 2004 will be another productive year for the NCS. Specific areas have been highlighted for action to ensure ongoing delivery of quality counselling services. Following the NCS initiative to examine ways of improving efficiency in waiting list management, the implementation of the recommendations of the Working Group will be monitored in 2004.

The recommendations from the SENCS Report will continue to form a template for the development of the NCS and significantly the implementation of an evaluation of the service through ongoing client feedback. The NCS has always been open to receiving the views of clients attending for counselling and is committed to being as responsive and client-centred as possible. In this regard the NCS intends to use the information from service users to shape service developments moving forward.



SECTION 1

NCS Achievements
(September 2001 to
December 2003)

1.1 Introduction

1.1.1 Mission Statement

The National Counselling Service (NCS) exists to listen to, value and understand those who have been abused in childhood, in particular those abused in institutional care. The National Counselling Service aims to assist clients to live more satisfying lives and, in learning from their experiences, strives to prevent further abuse in Ireland.

1.1.2 Description of Service

The NCS was established in September 2000 by the ten health boards with the objective of achieving a consistent and equitable counselling service in all regions of the country. Counselling is provided to clients who have experienced any form of childhood abuse, be it physical, emotional, sexual or neglect.

1.1.3 Aims

The National Counselling Service:

- Aims to provide accessible, therapeutic services of the highest quality that are respectful of client choice.
- Is community based.
- Is a directly accessible counselling service that is responsive to, and informed by, those who use its services.
- Achieves its objectives by working in partnership with groups representing survivors of abuse, the Commission to Inquire into Child Abuse and other health board services, as well as community and voluntary agencies.

Up to 60 counsellor/therapists, working part time and full time, two social workers and ten directors are currently providing counselling and support from almost 60 locations nationwide. All clinical staff employed with the NCS meet nationally agreed criteria for qualifications and experience.

Since the NCS was established, more than 6,500 people have sought counselling. Priority is given to those who experienced abuse while in the care of the State. The majority of clients attend counselling once weekly for one-hour sessions. Duration of counselling varies, with the majority of clients availing of up to 20 sessions. A significant proportion of clients attend for long-term work of more than one year. Group therapy is also provided in a number of centres across the country.

During the first year of the NCS service, activity concentrated on establishing the service in the ten health board regions, which was outlined in the First Report (2002)². The First Report also highlighted the achievements of the NCS in the first year, with a focus on learning from the conjoint process with all Health Boards. Priorities were identified to guide and plan service developments within the NCS.

² The National Counselling Service for Adults who Have Experienced Childhood Abuse, (2002). *First Report* NCS.

1.2 Service Provision and Profile of Clients Attending NCS

1.2.1 Introduction

The NCS First Report detailed service provision and referral information for the first year of the service (September 2000 to September 2001). This report outlines the activity of the NCS from September 2001 up to December 2003, and figures reported herein refer to this time period.

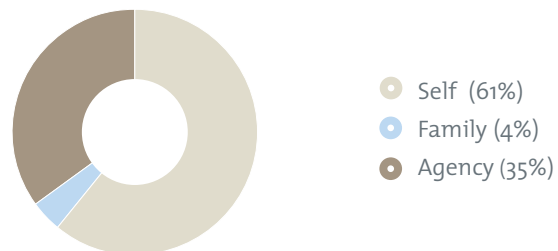
1.2.2 Numbers of Clients Attending for Counselling

Between September 2001 and December 2003, 4,990 people were referred to the NCS. Between 2001 and 2002, referrals increased by 12 per cent and have remained steady since that time.

1.2.3 Pattern of Referral to the NCS

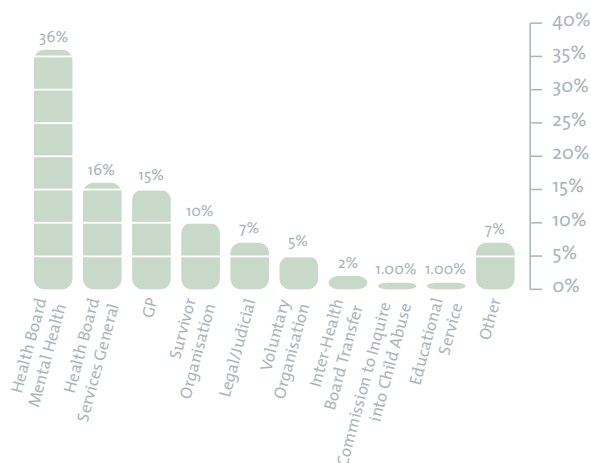
The NCS aims to be an accessible service and has a policy of self-referral – 61 per cent of clients self-referred to the NCS between September 2001 and December 2003. This figure is important, as it is a tangible measure of service accessibility.

Figure 1: Pattern of Referral to NCS, 2001–2003



Analysis of referrals from agencies and professionals indicates that the greatest number of referrals is received from mental health services – 36 per cent of all agency referrals were accounted for by mental health practitioners. Other health board staff and GPs form the next largest groupings of referral agents. On average, 10 per cent of agency referrals each year are from survivor groups, while legal sources, including solicitors, Gardaí and probation and welfare services are responsible for 7 per cent of agency referrals.

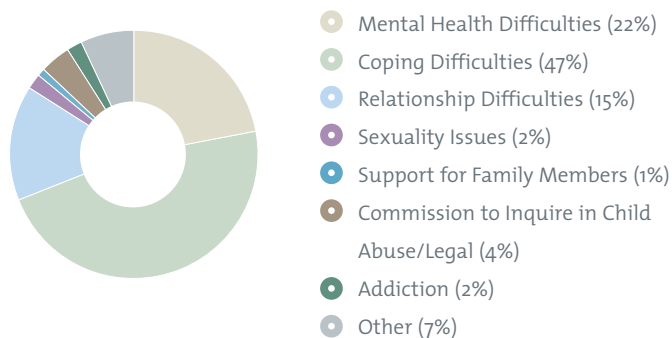
Figure 2: Profile of Agency Referrals



1.2.4 Reason for Seeking Counselling as Identified by Client

Clients who contact the NCS are asked to identify the main issue that has led to them seeking counselling at the time of their initial appointment. Reasons may change over time. In addition, many clients experience a range of difficulties that impact significantly on their day-to-day functioning. The coping difficulties category is used to describe this.

Figure 3: Reason for Seeking Counselling

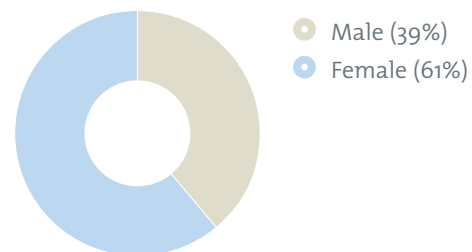


Similar trends in reasons for referral have been apparent since the NCS First Report. Coping difficulties continues to remain the most common reason for referral (identified by 47 per cent of clients), reflecting the fact that many clients experience a range of problems at the time of seeking counselling. Mental health difficulties, a category which is used to refer to a range of difficulties, including depression and suicidal feelings/behaviour, is the second most common reason for referral. Twenty-two per cent of clients stated that they sought counselling as a result of such problems.

1.2.5 Gender of Clients Attending

The percentage of male clients attending the NCS has continued to increase. Between September 2001 and December 2003, 39 per cent of all clients referred to the NCS were male. The number of men attending the NCS is significantly higher than figures usually reported for attendance at counselling services, as in general, men are more reluctant than women to seek help for psychological difficulties (Addis and Mahalik 2003)³, suggesting that the NCS is making itself accessible to a group which has not traditionally availed of counselling services.

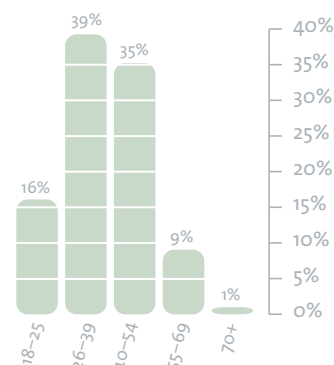
Figure 4: Gender of Clients Referred to NCS, 2001–2003



1.2.6 Age of Clients Attending

The largest group of clients attending for counselling are aged between 26 and 39 years old, with 35 per cent of clients attending aged between 40 and 54 years old.

Figure 5: Age Range of Clients Attending the NCS, 2001–2003



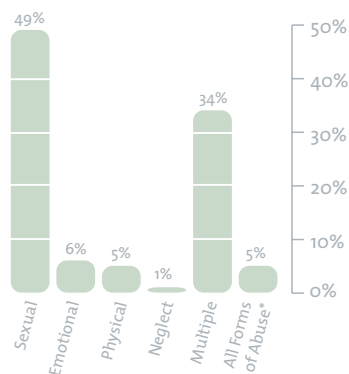
1.2.7 Nature of Abuse Experienced

The NCS information system allows the collation of information regarding the nature of abuse experienced by clients and the context in which it occurred.

³ Addis, M. and Mahalik, J. (2003), (Men, Masculinity and the Contexts of Help-seeking), *American Psychologist*, 58, (1), 5–14.

The majority of clients report that they experienced sexual abuse as children (49 per cent of clients referred between September 2001 and December 2003 reported experiencing sexual abuse). More than one-third of clients (34 per cent) reported experiencing more than one form of abuse, the most commonly reported being physical abuse in combination with either sexual or emotional abuse. In addition, a small but significant percentage of clients report having experienced all forms of abuse, that is physical, sexual and emotional abuse as well as childhood neglect. For many clients, therefore, childhood experiences are of multiple abuses.

Figure 6: Nature of Abuse Experienced

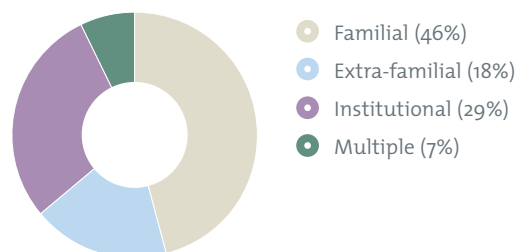


All Forms of Abuse refers to clients who report having experienced sexual, physical and emotional abuse as well as neglect in childhood.

1.2.8 Context of Abuse Experiences

Information about the setting in which abuse occurred is recorded by the NCS. Trends noted in the NCS First Report have been reflected in subsequent years – familial contexts are the most commonly reported location of abuse experiences. Twenty-nine per cent of clients attending the NCS between September 2001 and December 2003 identified that they experienced abuse in an institutional setting. A significant percentage of clients (7 per cent) reported experience of abuse in multiple contexts.

Figure 7: Context of Abuse Experiences, September 2001 to December 2003



1.2.9 Client Attendance and Service Outcome

The NCS offers all clients an initial screening appointment to meet with a counsellor. The purpose of this appointment is to determine if the service is appropriate and how the service can be of help. It also allows for clients to be referred on to other services they may require. Approximately 19 per cent of all clients referred to the NCS fail to attend their first appointment. This can be for many reasons, including lack of readiness and fear and apprehension of what counselling may involve.

Of all clients who are referred to the NCS, 16 per cent are referred on to other services or are identified as not requiring counselling at the time of their appointment. Offering an initial screening appointment enables such clients to be identified at an early stage and ensures that they are not waitlisted without a response to their additional needs. It also allows for identification of those clients seeking counselling who do not meet the criteria for the NCS, such as those who did not experience abuse in childhood but who do wish to attend counselling. Information regarding other services is provided to such clients.

Following their initial appointment, clients are waitlisted for allocation to ongoing counselling. Waiting times vary from region to region, depending on level of client demand, staffing, etc. Figures available for clients referred during the years September 2001 to December 2003 indicate that approximately 12 per cent of clients drop out following their initial appointment, i.e. when offered a counselling place they do not attend. Information available from the NCS research report, the SENCS Report (2003), indicates that the reasons clients discontinue are complex and varied and include the waiting period for appointments, client distress, competing crises and practical issues such as child care and transport, all of which impact attendance and client readiness to address their issues.

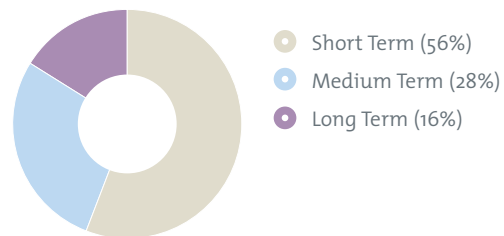
Individual Counselling

The majority of clients attending the NCS attend for individual counselling on a weekly basis. Counsellor/therapists who work with the NCS are trained in a wide range of therapeutic approaches and this wealth of experience facilitates greater client choice.

Figure 8 below illustrates client length of attendance for counselling for the period September 2001 to December 2003. A significant number of clients avail of short-term contracts (up to six sessions). This group of clients includes those who are considering counselling and who decide to terminate after a short number of sessions as well as clients availing of brief interventions. Almost one-third of clients (28 per cent) avail of medium-term counselling contracts, which range from between seven and 20 sessions.

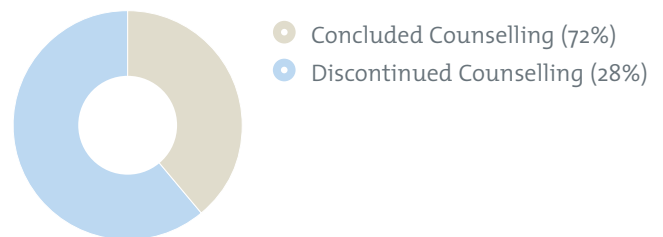
Research literature indicates that clients who have more complex difficulties require longer-term intervention in order to achieve lasting change and positive outcomes (Department of Health 2001)⁴. Sixteen per cent of NCS clients attended for long-term counselling of more than 20 sessions during the period September 2001 to December 2003; 41 per cent of this group required counselling of more than 40 sessions in duration. While the number of clients availing of such contracts is small, the length of contracts offered (which can be of more than two years in duration) can impact significantly on the length of the waiting time for clients more recently referred to the service.

Figure 8: Length of Attendance at Counselling, September 2001 to December 2003



Once engaged in counselling, the majority of clients (72 per cent in 2003) concluded their counselling contract in a planned way, having agreed an ending with their counsellor/therapist and having had an opportunity to work through this process.

Figure 9: Outcome of Attendance at Counselling, September 2001 to December 2003



1.3 Group Therapy

Research has shown that survivors of childhood abuse who complete group work are less prone to feeling guilty, ashamed or to blame themselves for their abuse experiences and also less likely to feel a sense of isolation from others (Meekums 2000)⁵. In addition, those who attend group therapy have been found to be more hopeful and to have a sense of empowerment about their futures:

⁴ Department of Health (2001), *Treatment Choice in Psychological Therapies: Evidence Based Clinical Practice Guidelines*. London: Department of Health.

⁵ Meekums, B. (2000), *Creative Group Therapy for Women Survivors of Child Sexual Abuse*. London: Jessica Kingsley Publishers.

The National Evaluation of Client Experiences (SENCS) identified that many study participants (48 per cent) wished to avail of group work. Many felt that this type of therapy would have the potential to help the healing process. Since the establishment of the NCS, group therapy has evolved according to the identified needs of our clients. Therapeutic group work is currently offered in seven of the ten health boards and is being developed across the remaining board areas. A wide range of groups are available within the NCS and it offers an important addition to the range of interventions available for clients.

Group work currently provided includes:

- Therapeutic groups at the pre-counselling stage.
- Support to clients who are awaiting ongoing counselling.
- Group work in association with ongoing counselling.
- Psycho-educational group work.
- Group work as a progression from individual therapy, including therapeutic groups and self-help groups.

(Appendix 3 details the range and scope of group therapy provision provided by the NCS during the period 2001 to 2003.)

Models of intervention vary and include use of psycho-drama, psychodynamic and integrative approaches. Approximately 10 per cent of clients have availed of group therapy interventions since September 2001.

Work is ongoing within services to facilitate the development of peer-based self-help support groups that offer clients the possibility of ongoing support. In general, client evaluation of group work has been positive, as reflected in the following comments from some clients:

- 'I identified with other group members and it [the group] helped me to feel less alone.'
- 'I feel better equipped to discuss my childhood experiences, I don't feel so isolated.'
- 'I can walk down the road without feeling afraid.'

The development of group work has been supported by the NCS annual conference and ongoing training and professional development, including skills workshops for counsellor/therapists working with groups.

The SENCS Report recommends that the NCS assesses demand for group therapy and that it develop its provision on a needs basis. The NCS is committed to further development of group work approaches.



SECTION 2

Working Together

2.1 Introduction

The NCS is a Health Boards Executive (HeBE) project, and throughout the last three years, each health board has maintained its commitment to a conjoint model of working. The process of working together has proved to be effective in establishing the necessary structures to facilitate the development of consistent standards of service across the country, and additional value is gained by the opportunity to plan and evaluate services nationally. Clients have benefited directly from this way of working in terms of choices, access and quality of service. This has direct positive effects for our clients. The National Steering Group, the Directors of Counselling Group and the Counsellor Forum all play an important function in the conjoint working process within the NCS.

Working together at a national level has facilitated the development of a range of projects, the scope of which extends beyond any individual health board service. This process provides a broader, collective overview of issues on a national scale and also facilitates the maintenance of important links with other national agencies and services.

2.2 NCS Steering Committee

The NCS Steering Committee was established in 2001 as a HeBE project. Membership includes a Director of Counselling from each of the ten Regional Counselling Services and representatives from the Department of Health and Children and the National Office for Victims of Abuse (NOVA). The Steering Committee is chaired by the chief executive officer of the South Western Area Health Board.

The role of the Steering Group is to facilitate and co-ordinate the conjoint working process across the ten health boards and to advise the CEO group, HeBE and

the Department of Health and Children as appropriate, on service activities and identified needs as well as professional and clinical issues relating to policy, quality and best practice.

2.3 NCS Directors of Counselling Group

The Directors of Counselling meet on a regular basis to develop standards and policy, share resources and monitor progress on service projects. One of the challenges for the service is achieving a balance between local demands and national commitments.

The group maintains established links with other statutory and non-statutory services, such as the Department of Health and Children, the Commission to Inquire into Child Abuse, the Residential Institutions Redress Board and other key organisations. Directors also meet with representatives of the various survivor support groups on a regular basis.

2.4 NCS Counsellor/Therapist Forum

The Counsellor/Therapist Forum is a working group within the NCS. It is attended by a counsellor/therapist representative from each Health Board Counselling Service. Issues for discussion at the forum are identified and brought by representatives to the forum meeting.

The purpose of the forum is to:

- Reflect on service needs, client needs and therapist needs from the perspective of the counsellor/therapist.
- Provide a place to discuss clinical and professional issues.
- Be a communication network between counsellor/therapists nationally for the sharing of information and ideas.



SECTION 3

National Developments

3.1 Introduction

National projects have been a feature of how the NCS conducts its work since its establishment. Since September 2001 there have been a number of key developments, including:

- A national evaluation of client experiences of the NCS (the SENCS Report).
- Enhancement of the NCS information system.
- Establishment of a Waiting List Management Working Group.
- Establishment of a working group to develop a national survivor helpline.

3.2 National Projects

3.2.1 National Evaluation of Survivors' Experience of the National Counselling Service: SENCS Report

During the planning stage of the NCS, it was agreed that a formal evaluation of the service would be carried out from the viewpoint of consumers during the first three years of the service. Three of the most important principles that were incorporated into the design of the new service were that it would be:

- Accessible.
- A high-quality service.
- Client centred.

Within this overall framework, a process was also put in place to progress the evaluation of the service. A subgroup of the Directors of Counselling drafted terms of reference for the evaluation project. Funding for the project was secured from the Department of Health and Children.

The agreed aim of the evaluation project was to *'explore the experience of service delivery from the user's perspective and rate to what degree service delivery has managed to adhere to the three principles identified.'* In addition, the outcomes were to inform future planning of service delivery on a local and national basis.

Following a tendering procedure, the Health Research Centre of the Royal College of Surgeons in Ireland was chosen to conduct the evaluation.

A National Steering Group was established to progress and oversee the project. Membership included representatives of survivor groups, the NCS, an independent researcher and a Department of Health and Children representative. The study was initiated in 2002 and completed in 2003, with an official launch of the SENCS Report in October 2003. The study represents a major milestone in the development of the NCS and the methodological, ethical and organisational challenges encountered during the project are well documented in the report itself. In addition, there has also been valuable learning gained for all involved from the process of undertaking such a project within the context of a therapeutic service.

Study Findings

More than 800 clients were randomly selected and invited to participate in the study, of whom 268 took part and were interviewed. The findings are

based on information drawn from a national sample of clients who were interviewed using a semi-structured interview devised specially for the study.

Thirty-six per cent of those who took part in the study had experienced abuse in institutional care. Differences in the life experiences of those abused in institutional care and those abused in other settings, such as family, were noted. For example, those abused in institutions were more likely to be educationally disadvantaged, to be separated or divorced (29 per cent) and to have a lower socio-economic status.

High Levels of Satisfaction with the Quality of Service

A quality service was defined as one that respects the dignity of clients, offers choice, maintains high professional standards and is private and confidential. In terms of counselling for such a sensitive issue as childhood abuse, trust is essential. The number of participants who described the relationship with their counsellor as trusting was extremely high (93 per cent).

In addition, 94 per cent of all participants were satisfied with the confidential nature of the service. Counselling staff were viewed in positive terms – the majority of participants were satisfied with counsellors' sensitivity to their issues (92 per cent), the ability of their counsellor to listen (95 per cent satisfaction) and to understand their problems (82 per cent).

Almost three-quarters of clients (73 per cent) were satisfied with the length of time spent in

counselling. Of the remainder, a range of reasons were identified for not being able to continue counselling, including practical issues such as child care, while for some clients counselling was found to be too painful.

Satisfaction with Service Accessibility

In general, participants expressed high levels of satisfaction with the counselling service in terms of accessibility of location and ease of contact with the service through the provision of a freephone service. Each counselling service offers all clients an initial meeting to discuss their therapeutic needs. This meeting was perceived positively by 80 per cent of participants. However, some participants expressed dissatisfaction at having to wait after their initial meeting before starting counselling sessions on an ongoing basis.

Satisfaction with the Client-Centred Nature of the Service

The vast majority of participants said they were satisfied that counselling had helped them to deal with the difficulties that had led them to seek help in the first place (83 per cent). They identified that counselling had increased their self-confidence (80 per cent), helped them become more independent (78 per cent) and improved their ability to make life choices (81 per cent). Overall, up to 80 per cent of participants were satisfied with the outcomes of counselling, which is a positive endorsement of the service provided.

Recommendations

The report lists 12 recommendations based on the study findings. Specifically, it is recommended that there is a key role for the counselling services in

raising awareness about the issue of childhood abuse in order to reduce the stigma and shame that many people can feel about the issue.

The SENCS Report is significant for a number of reasons, not least because the study provided an independent voice to clients to express their views about a counselling service for a very sensitive issue. As such, the study itself contributes to reducing the silence that can often surround the issue of childhood abuse. The research also raises the issue of how to ensure that clients' voices are heard in the future, and in this regard the researchers recommended that opportunities for service users to participate in future service evaluations are developed.

Additional recommendations related to the importance of providing a timely service and ensuring that the needs of clients who may be distressed as a result of having to wait for a counselling place are met. The issue of time-limited versus open-ended counselling was addressed and the researchers recommended that 'the NCS provides the optimum number of counselling sessions for positive outcomes as agreed between counsellor and client rather than as determined by resource constraints.'

Other recommendations of note include the need to consider the development of broader supports for clients in counselling, including advocacy and volunteer mentoring services. These offer exciting areas for consideration by the NCS in the future.

Next Steps – Measuring Outcomes

A client satisfaction measure has been developed which builds on the findings of the SENCS Report. From 2004 all clients who attend the service will be offered the opportunity to give feedback on their experience of the counselling service, counselling itself and how counselling has affected them in their day-to-day lives. This feedback will be used to guide service development and to enhance the service offered to clients.

The final phase of work relates to evaluating the outcomes of counselling for clients. The importance of evaluating outcomes in a validated and independent manner has been identified. Consideration is being given to different methods and measures to gain this information. At all times the needs of the service are balanced with the needs of our clients. Having an agreed model of service and identifiable principles for practice are invaluable in guiding decision making during this process. A priority for the NCS during 2004 is to begin the process of developing appropriate measures to evaluate the impact and effectiveness of counselling.

3.2.2 National Information System

Evaluating the Work of the NCS

During the development of the NCS, groups representing survivors identified the importance of having access to information about the experiences of those who were abused. The importance of learning from these experiences to contribute to the prevention of abuse in the future was also highlighted.

It was recommended that mechanisms should be put in place to gather information that would facilitate:

- An understanding of how people have been affected by the abuse they experienced as children.
- Planning and improvement of services.
- Evaluation of how counselling is helpful to clients who use the NCS.

To date these objectives have been achieved with the development of a national information system and the publication of the SENCS Report.

The development of a system for gathering information about the NCS and its work was prioritised from the onset of the NCS. The needs of the NCS have evolved over the first three years of its operation. These changing needs are reflected in the adaptations that have been made to the information system now in place and in use by all ten counselling services. Initial plans for a clinical database of information were revised following consultation and feedback. The sensitivities involved in gathering information about individuals attending a service for difficulties related to childhood abuse were carefully considered. The design and development of an information system for the NCS has been underpinned by the central principles of the NCS, i.e. quality, accessibility and a client-centred approach. The importance of protecting clients' rights and welfare has therefore been central to the information system that has been developed.

An information system was installed in all counselling services in 2002 and upgraded in 2003.

A database representative group from the NCS was established in 2002 to support the process of implementation and to develop agreed standards for information gathering. This was the outcome of a long process of work which involved developing agreed standards for information collection, agreed use of terminology and clarification of the information required to describe the work of the NCS. The system allows for collation of information in relation to use of the service, nature of services offered by the NCS, service outcomes, utilisation of the service and client counselling requirements. Training sessions for administrative and clinical staff were held during 2003, which has helped to build consistency of practice in the administration and use of the system. The development and implementation of a national information system is a significant achievement for the NCS and provides tangible evidence of the benefits of working together.

3.2.3 Waiting List Management Working Group

In recognition of concerns about waiting lists and their impact on clients, the NCS established a national working group to examine this issue and to draft recommendations with the aim of improving waiting list times.

Waiting time for an ongoing counselling place varies across health boards, with a waiting

time of up to one year or more in some areas. The working group examined the various practices around the health boards with regard to waiting list management in order to determine good practice and effective strategies for addressing waiting list concerns.

Factors affecting the length of waiting lists include the fact that the NCS allows for a system of self-referral, the broad definition of abuse, higher populations in urban areas, the long-term needs of certain clients attending the NCS and the time-intensive nature of therapy for our client group.

The waiting list group is devising a set of national guidelines based on a review of the research literature and existing practice within the NCS. One of the aims of the work is to develop consistency of practice in relation to management of waiting lists.

The main themes emerging from the work so far include:

- The importance of comprehensive information provision to clients before and during counselling which can act to support clients while waiting and also to link them to other support services.
- The need for further development of other therapy options which allow for greater choice and a variety of responses.
- The benefits of adopting a time-conscious approach to therapy, which encompasses a collaborative approach to developing therapeutic contracts with clients.
- The need for further training and development of staff in relation to

alternative models of working, such as brief therapies, group therapy, etc.

- The need for additional supports for clients with long-term needs.

Learning from this process has been disseminated on an ongoing basis and some of the initiatives identified in the work so far have already been implemented. It is hoped these guidelines will enable the NCS to improve existing waiting times.

3.2.4 Establishment of a National Helpline

Since 1990, the founder members and representatives of the Survivor Organisations of Institutional Abuse have provided information, support and guidance to their fellow survivors on a voluntary basis. In their earliest negotiations with the Department of An Taoiseach's office and the government departments of Health and Children and Education and Science, they emphasised the need for a professional helpline available during and outside office hours, alongside the professional counselling services.

The Joint Funding Submission of the NCS (September 2000 to September 2001) identified that there were 982 potential clients who contacted the service by phone but never attended their scheduled face-to-face appointment. As a result of this, the NCS prepared its first proposal for a survivor helpline (August 2002), as it had been decided to include the establishment of a helpline in its list of priorities for further developments (NCS First Report).

A needs assessment in relation to the potential uptake of the service was carried out in March 2003. Information available indicated that:

- Right of Place received an average of three calls from survivors each night. In addition, it was reported that five emergency calls are received each week by the Project Leader.
- Over the course of one year (August 2001 to August 2002), the SOCA UK office recorded 3,913 calls which they described as 'serious'. One hundred and sixty-four of those were classified as 'high risk', involving clients who have previously attempted and/or were contemplating suicide at the time of the call.
- The drop-in centre of the Aislinn organisation records between 50 and 100 phone calls per week, which are responded to while the centre also deals with between 15 to 30 clients who attend in person.
- The ERHA operated a telephone helpline in response to the screening of *States of Fear* in October 2002. It received 59 calls over its first two days of operation.

This survey demonstrated the level of need for an out-of-hours telephone service and the range of calls that might be expected. At the launch of the SENCS Report on 6 October 2003, the Minister announced that a national helpline for survivors of abuse would be established and funding was subsequently allocated for this development.

A model of provision for the helpline service was developed by NOVA, the NCS and representatives of the survivor groups.

When fully operational, the helpline will:

- Provide a listening service in crisis situations, particularly out of hours.
- Inform the callers of services available.
- Encourage callers to use these services appropriately.
- Support service users.
- Facilitate the involvement of survivors to work as volunteers, using their experience to support others.
- Enable clients to make contact with counselling services and will support clients who are in counselling or on waiting lists.

To ensure the highest possible involvement from the survivor organisations, the helpline will be based in the NOVA office and will complement the services provided by the NCS by operating an out-of-hours service on evenings and weekends from the NOVA office, with the Northern Area Health Board counselling service providing clinical guidance. It will hold a separate legal identity, NOVA Help Line Ltd, governed by a board of directors.

A helpline manager and three part-time counsellors will be employed to manage and deliver the service. Volunteers will be selected into a training programme in accordance with agreed standards. Training will be provided in close co-operation with the survivor

organisations represented in the NOVA office and with the NCS. In line with NCS standards, the helpline will be monitored, audited and evaluated on an ongoing basis. The NCS is pleased to note the progress made in relation to establishing this important service.

3.3 National Links

In recognition of the importance of the role of survivor groups in representing the needs of clients, the NCS maintains strong links with the NOVA which is the representative body for the majority of survivor groups nationally. In addition, there are ongoing links with the Commission to Inquire into Childhood Abuse, the Residential Institutions Redress Board and Origins Information and Tracing Service.

3.3.1 Commission to Inquire into Child Abuse

Representatives from the Directors of Counselling Group continue to meet with representatives from the Commission to update on relevant developments and exchange information.

The NCS continues to support clients who are attending the Commission in a variety of ways, including counsellor support during and after Commission hearings around the country as required.

On behalf of the NCS, AVOCA Counselling Service (East Coast Area Health Board) provides an emergency outreach service for those attending Commission hearings who

are not in counselling or who have come from abroad.

The Investigation Committee of the Commission was suspended in 2003 in order to review its workings. Since that time there have been very few contacts for assistance. It is anticipated that this service will increase when the work of the Investigation Committee resumes in 2004.

3.3.2 Residential Institutions Redress Board

The Residential Institutions Redress Board was established under the Residential Institutions Redress Act 2002. Its function is to make awards to persons who, as children, were abused while resident in industrial schools and other State-run institutions.

Survivors of institutional abuse who are attending the National Counselling Service are eligible to apply to the Redress Board for financial awards. The NCS has made information available regarding the Redress Board to clients and other health board staff who might come into contact with institutional survivors. In 2002 the NCS made a submission to the Redress Board clarifying its role in relation to provision of counselling progress reports.

Many clients seek further support/advocacy from their counsellors during this process. Counselling progress reports are provided where required to assist clients in their applications to the Redress Board.

3.3.3 Origins – Information and Tracing Service for Adults Raised in Residential Institutional Care

The Origins service supports individuals who wish to access personal information held by the Department of Education and Science concerning their time resident in industrial or reformatory schools. In addition, it provides assistance to those who wish to trace family members. Close working links have been established between the NCS and with the Origins service, which has offices in Dublin, Galway, Wexford and Cork.

3.3.4 National Office for Victims of Abuse (NOVA)

The National Office for Victims of Abuse opened to the public in February 2001. NOVA has been set up as part of the overall government strategy to provide information, advice and support to persons who, as children, were abused while residing under the care of the State. The office is funded in full by the Department of Education and Science and the Department of Health and Children and operates under the auspices of the South Western Area Health Board.


In recognising the need to have the input of survivors, it was decided to set up a Management Committee for NOVA, comprised of four of the main survivor groups. They are the Aislinn Centre, the Alliance Victim Support Group, Right of Place/Second Chance and Survivors of Child Abuse, United Kingdom (SOCA UK). Since its inception, the groups on the Management Committee have worked tirelessly, campaigning on behalf of their membership

in conjunction with the relevant government departments and other appropriate bodies, making sure that their needs are met.

The link between the National Counselling Service and the groups is provided not only locally where support groups are located, but also with NOVA being represented on the NCS Steering Committee. This ensures that any issue that is brought up at Management Committee level in NOVA can be brought up at national level with all the Directors of Counselling, the chairperson of the NCS Steering Committee and a representative of the Department of Health and Children.

This mechanism for feedback has proved instrumental in overall service delivery. Support groups have been heavily involved in making contributions to the SENCs Report and the First Report of the National Counselling Service. This forum provides the platform where certain service developments may be discussed, such as the setting up of a helpline, as outlined earlier.

Having the views of survivors represented is vital to the success of any project in relation to institutional abuse. The good relationships that have developed between NOVA, its support groups and the National Counselling Service will ensure that the needs of all victims are met adequately, thereby facilitating the healing process of all who require counselling, both now and in the future.

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SECTION 4

Continuing
Professional
Development and
Training

4.1 Introduction

In order to continue to ensure delivery of a high-quality and effective service, it is essential to invest in ongoing professional development and training. This is particularly important given the dedicated nature of the service. The NCS is committed to provision of high-quality continuing professional development (CPD) and ongoing staff training.

The promotion of training and provision of placements by the NCS for those training to be counsellor/therapists is seen as integral to the development of counsellor/therapists within the Irish health services and is important for the future development of the service.

4.2 NCS Annual Conference

The NCS annual conference provides a forum for the ongoing professional development of counsellor/therapists in the NCS. It takes place each autumn and is attended by all clinical staff. Themes for the conference are selected following consultation with teams and based on identified needs. These have included specific issues in working with institutional abuse, best practice in working with clients who have dissociative disorders and the development of group work in the NCS.

Delegates have the opportunity to reflect and discuss clinical issues. Presentations are made from invited speakers as well as counsellor/therapists within the service. A range of methods are used, including small group work, experiential work and group discussion.

The conference serves as a forum for staff to learn from each other and to share clinical practice, such as how different approaches may be employed to address the complex issues that adult survivors of childhood abuse present in therapy.

4.3 Support and Training for Administrative and Clerical Staff

The valuable contribution of the administrative staff within the NCS is widely acknowledged by the directors and the counsellor/therapists. The administrative and clerical staff have a vital role in the functioning of the organisation. They are often the first point of contact for clients who make contact with the service. In addition to the administrative role, they are also required to engage directly with clients, both on the telephone and in face-to-face contacts. There is a recognised need to support administration/clerical staff, as the nature of work in the NCS also impacts them. This is largely conducted at local level. National consultation and training is provided each year as well. This has included training sessions on dealing with difficult client situations and positive strategies for managing these. Ongoing training in relation to the NCS information system has also been provided.

Support and training needs have been highlighted for future action and include development of a national induction pack for new staff within the NCS and the development of an informal support system for new staff and those working alone.

4.4 Provision of Placements Within the NCS

The promotion of training placements in the NCS is seen as integral to the development of counsellor/therapists within the Irish health services. A wide range of experiences are offered to those in training and placements are tailored to the needs of trainees. Placements are provided to individuals in the final stages of their training and trainees are required to have completed a previous placement in adult counselling. Placements offer specialist experience in working with clients who have experienced abuse and trauma during their childhood. In order to meet the needs of the trainee and clients, the NCS recommends that placements are of at least nine months' duration.

In the academic year 2001–2002, five trainees were provided with placements. This number increased to 12 placements in the following year, provided by six of the health boards. To date, trainees undertaking doctorates in Clinical Psychology at UCD and TCD, the MSc. in Counselling Psychology (TCD) as well as the two-year diploma in Counselling (TCD) have completed placements within the NCS.

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SECTION 5

NCS Priorities for 2004

5.1 Introduction

The NCS First Report outlined 19 recommendations which have informed the work of the NCS over the last two years. Many of these objectives have been achieved or progressed, as is evident from this report, and include:

- Obtaining client feedback through independent consultation processes, i.e. the SENCS Report (2003).
- Developments towards establishing a national survivor helpline.
- Maintenance of established standards.
- Creation of permanent positions for NCS staff.
- Facilitating access to counselling for disadvantaged groups.
- Promoting the need for services for those who perpetrate abuse.
- Working collaboratively with the National Information and Tracing Service.
- Continuing to work together across the NCS and working with the Health Board's Executive.

The NCS priorities for 2004, outlined below, will build on our earlier work. In addition, new priorities have also emerged which, when achieved, will enhance the quality of service provision.

A detailed strategic action plan and a comprehensive programme of activity for the NCS in 2004 will take account of the recommendations of the SENCS report and the Waiting List Management Working Group as well as the proposed health service reforms.

5.2 NCS Priorities for 2004

- **To establish appropriate mechanisms to ensure the implementation of the SENCS Report.**

It is an aim of the NCS in 2004 to devise an action plan to progress the implementation of the recommendations.

- **To establish a mechanism for ongoing client feedback.**

Following the client consultation process which resulted in the SENCS Report, an ongoing process of receiving and reviewing client feedback on the NCS will be put in place in 2004.

- **To establish a national survivor helpline.**

Progress has been made in developing the national helpline and this is a priority for 2004.

- **To consider the implications of proposed health reforms.**

In the context of the proposed health reforms, the NCS is committed to maintaining an integrated position within the broader health services and, to meet this aim, an NCS strategic plan will be devised in 2004.

- **To progress the work of the NCS Waiting List Management Working Group.**

A system for monitoring and evaluating the implementation of the recommendations of the

Waiting List Management Working Group will be initiated in 2004.

- **To develop agreed national performance indicators for the NCS.**

As part of ongoing monitoring and tracking of standards for quality service provision, the NCS will develop specific performance indicators in 2004.

- **To review the models of therapy being delivered by the NCS.**

Clients attending the NCS have a wide range of needs and counsellor/therapists within the NCS have diverse training and professional experiences. In 2004 a comprehensive review of the models of therapy being offered within the NCS will be undertaken with the aim of increasing choice for clients and reducing waiting lists.

- **To conduct an audit of current out-of-hours counselling provision.**

The important aim, that of providing a counselling service that is accessible, has been to the forefront of developments within the NCS since it was established. One aspect of accessibility is the provision of counselling outside the standard nine-to-five working day. An audit of out-of-hours service provision to identify the extent to which this aim is being met within existing resources will be a priority for 2004.

- **To further develop staff training and development.**

In the context of the current health service reforms the NCS will continue to promote staff training and development in order to ensure continued provision of an effective, quality service.

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Appendix 1

Profile of Regional Services

Introduction

The NCS operates a conjoint model of working, linking nationally to devise policy and facilitate consistency of practice. Common themes reflected across all services have been the strengthening and development of linkages with other services such as mental health, social work, GPs, addiction services, services for the homeless, etc., and the Commission to Inquire into Child Abuse. Clients benefit enormously from this partnership approach to working. Central to such relationships are the development of cross-referral procedures, mutual educational events and inputs. Good integration has had positive impacts for clients in that a range of services can be quickly and easily accessed as appropriate so that the broad range of needs that many clients have can be more comprehensively met. It also offers the opportunity for working with others on partnership projects aimed at improving the provision and quality of health services at local community level.

Links with survivor groups continue to be developed and enhanced. These are essential and offer a mechanism for consulting with clients and obtaining feedback about the NCS.

A common challenge across the boards has been to improve the waiting times for counselling and progress has been made in this regard in various health board areas. In addition, there is the challenge of providing accessible, quality services across wide and diverse geographical areas. The changing demographics of the population and the resultant impact on services are highlighted in some areas. An ongoing challenge is to ensure that

the counselling services remain responsive to the needs of our clients. The publication of the SENCS Report offers a map to guide our future work and its recommendations form the work plan for developments in the coming years.

The following section outlines the scope of service available in each health board area and provides an overview of the main developments in each region since 2001 and some of the challenges currently being addressed by services.

1.1 East Coast Area Health Board: AVOCA. Counselling Service

AVOCA Counselling Service has two centres located in Baggot Street Community Hospital and Dún Laoghaire. The staff team has remained constant at six with the welcome addition of two trainee counselling psychologists in 2003.

Service to Commission to Inquire into Child Abuse

On behalf of the NCS, AVOCA provides debriefing for people attending the Commission to Inquire into Child Abuse.

Developments

Part of the service's development programme has been to offer evening sessions from both counselling centres. Clients unable to attend during daytime working hours have welcomed this. In addition, a programme of group work has begun, which has received very positive feedback from participants. It is planned to

extend this programme in the coming months.

Staff have a commitment to continuous professional development and at present staff are availing of ongoing training in Group Analysis and Counselling Supervision. In addition, staff have attended many conferences and workshops addressing a diverse range of clinical issues.

Challenges

The existing employment ceiling has posed a challenge to all services, but the AVOCA team has embraced the challenge and continues to provide an efficient and professional service within these resource constraints.

1.2 Midland Health Board: The Arches, Adult Counselling Service

The Arches is based in Tullamore, Co. Offaly and covers the four counties of Laois, Offaly, Longford and Westmeath, with a population of approximately 205,000 people. Counselling is provided in Tullamore, Edenderry, Portlaoise, Athlone, Mullingar and Longford. Outreach clinics are provided in the two prisons in Portlaoise for adult survivors of institutional abuse.

Developments

The counselling team is very committed to the supervision of trainees specialising in counselling and psychotherapy and it continues to offer training placements. An audit of the satisfaction levels of consumers

attending counsellors in training was conducted during 2003, which demonstrated high levels of satisfaction with the service provided by both GPs referring to the service and clients attending.

The counselling service was successful in securing funding from the Crisis Pregnancy Agency to co-ordinate the development of a crisis counselling service in 2003. The results of the audit of this service were very favourable and resulted in renewed funding being granted for 2004 and 2005.

It is planned to have a comprehensive poster and leaflet campaign across the Midland Health Board region in 2004 in line with the recommendations of the SENCS Report.

Challenges

The emerging needs of the service are concerned with addressing waiting lists, developing flexible working and flexible hours for users of the service and further improving the level of self-referral from an already high rate of 60 per cent of referrals.

As the service is now over three years old, a key challenge for the service is ensuring staff well-being. Counselling and therapy with trauma survivors is well documented as potentially impacting on staff. The Director of Counselling is currently conducting research on the issue of burnout in counsellor/therapists.

1.3 Mid-Western Health Board Adult Counselling Service

The Adult Counselling Service of the Mid-Western Health Board covers counties Limerick, Clare and Tipperary. The Board caters for the needs of a population of 339,591, of which 71 per cent (239,687) is over the age of 19.

The headquarters for the Adult Counselling Service is in Limerick city and counselling is provided by a director and six counsellor/therapists assisted by two administrative staff. The service currently has one trainee on placement.

Counselling is offered from several outreach facilities, including Rathkeale, Shannon, Roscrea, Kilrush, Nenagh, Thurles and Ennis. The service in Kilrush is a new development and is meeting a huge demand in the area. After-hours appointments are provided from all centres where possible.

Developments

Group work has commenced in the Ennis office for women survivors of institutional abuse and a separate group for male survivors has been initiated. Pre-therapy information sessions were held in 2003 in the Limerick city office and were well received by the clients who attended. A further pre-therapy group is planned for September 2004.

The service continues to look at the development of outreach services and education and prevention work remains a high priority for the team.

Challenges

The most significant challenge facing the service is the waiting list and the team has had to respond to the challenge of providing a quality and equitable service both to the survivors of institutional abuse and sufferers of intra-familial abuse alike. There has been an increased demand for the service due to clients attending the Residential Institutions Redress Board.

The service regularly reviews its operation and staff engage in continuing professional development. Training events organised over the last 18 months have included the art therapy, deaf awareness training and suicide risk identification and management.

1.4 Northern Area Health Board: LARAGH Counselling Service

Following the Kilkenny Incest Report LARAGH Counselling Service was established in 1993, to provide counselling/therapy to adults who had experienced child sexual abuse. From May 1999, LARAGH widened its brief to include survivors who have experienced all forms of childhood abuse. The service is managed through the Special Projects Department of the Northern Area Health Board.

At present, the service is provided by a full staff complement of 12 counsellor/therapists in permanent positions, assisted by two administrators.

Counselling is offered from Glasnevin, Clontarf and the North Circular Road and clients can choose the centre they find easiest to access. Evening appointments are offered in all three centres.

The service provides postgraduate placement opportunities for counsellor/therapists in training.

An outreach service with initial assessments and educational inputs is provided to the prisons located in the NAHB area. Counselling is also provided from the NOVA office.

Links with Survivor Groups

Strong links exist between LARAGH and groups supporting survivors of institutional abuse. Ongoing support is offered to staff of the National Office for Victims of Abuse and the Aislinn Centre through training events for the adult education team and ongoing supervision sessions for clerical staff.

Developments

In November 2003, NAHB Board Members of the Community Services Committee visited LARAGH to celebrate the tenth anniversary of the Service.

In partnership with NOVA, LARAGH has made a significant contribution to the development of a national survivor helpline. Recruitment for the helpline will begin in 2004.

Inter-agency meetings have been initiated with St. Michael's House for clients with learning disabilities to develop referral procedures and a comprehensive treatment programme for clients with learning difficulties.

LARAGH is currently working with St. Clare's sexual abuse validation unit, National Children's Hospital, Temple Street, with a view to streamlining referrals and establishing a joint group treatment programme.

Challenges

In light of the increase in referrals to LARAGH, the main challenge for the service consists of finding a balance between individual therapies, a comprehensive group treatment programme and the dissemination of information to other health professionals. Additionally, further training and inter-agency collaboration needs to be pursued to optimise service provision to client groups with special needs.

1.5 North Eastern Health Board (NEHB): Rian Counselling Service

Rian Counselling Service provides counselling to adults who have experienced childhood abuse in counties Meath, Louth, Cavan and Monaghan. The Census (2002) showed that the NEHB area has seen the

largest increase (12.7 per cent) in population of all health board areas and now has a population of 344,965 people. There are seven counsellor/therapists on the Rian team who work from offices in Drogheda, Dundalk, Cavan town, Monaghan town and Navan. Throughout 2002 and 2003, Rian offered clinical placements to a total of four counsellors in counselling and psychotherapy training.

Inter-agency Links

Rian's participation on a number of inter-agency groups, including the North East Suicide Prevention Group, the Regional Planning Committee on Violence Against Women and Local Area Networks, has helped to develop relationships with other services and facilitate a more effective response to clients.

Developments

2002 and 2003 were busy years for Rian Counselling and saw the initiation of many new developments in the region and a growing demand for the counselling service. Rian was instrumental in the establishment of a support group for survivors of institutional abuse in the north east. The group came together as a result of requests from individuals attending for counselling to meet with other survivors and the felt need of the Rian counsellors to clarify issues with regard to the many questions posed by clients of the service. From the outset, one of the main issues which emerged was the need for survivors to share their past experiences with one another. In May 2002, the new survivors

group registered with NOVA as Le Chéile Eile. The group continues to meet monthly. They have established links, networked and made representations to relevant organisations and other survivor groups. The involvement of one of the Rian counselling staff in this development has been very significant, as it has provided an alternative method of offering support to clients, building as it does on clients' existing strengths and resources to support each other.

In January 2002, Rian Counselling Service commenced its first therapy group for women survivors of childhood abuse. It is facilitated by two counsellor/therapists and will continue into 2004.

In May 2003, Rian Counselling Service hosted a group workshop for therapists working with groups within the National Counselling Service. The aim of the workshop was to share experiences and practice in order to learn from, and to support, one another. This promoted valuable discussion on the role and contribution that group therapy can make to the services provided by the NCS.

As part of its regional service plan, Rian conducted a survey of GPs in the region in relation their views on the need for counselling services. This survey was completed in 2003 and the results will be published in 2004. Initial analysis indicates that GPs view the biggest barriers to counselling to be availability, accessibility, cost and waiting times.

Rian has been responsible for the development and co-ordination of the NCS information system since the establishment of the NCS. In 2002–2003 work on the information system included conducting a national review of the system, redesign of the programme and staff training.

Challenges

Rian Counselling received the greatest number of referrals when compared with other counselling services in 2002 and 2003 which, when combined with the growing population of the NEHB region, has added to the demand for the service. A key challenge involves balancing demands on the service and maintaining a high-quality service.

1.6 North Western Health Board: North West Regional Counselling Service

The Regional Counselling Service serves the people of Donegal, Sligo and Leitrim and has two main bases in Letterkenny and Sligo. We also have a full-time counsellor/therapist based in Carrick-on-Shannon, Co. Leitrim. A comprehensive range of outreach clinics has been developed to facilitate access to the service in a region that has a large geographical spread. Staffing includes six counsellor/therapists, one senior clinical psychologist on a part-time contractual basis providing group work and a part-time counsellor/therapist in training.

Referral levels have been high and the number of clients seen has been impressive given population size and density. To date, waiting lists have been short, with the majority of clients seen quickly on referral.

Health board services in the north west have provided group therapy for adults affected by childhood trauma in the past and we are pleased to be able to carry on this tradition with the establishment of a number of excellent psychotherapy and creativity groups over the last two years. The Regional Counselling Service is working towards having group work as an established core element of service options for all clients in the region.

Collaboration and Links

The North West Regional Counselling Service has worked hard at developing strong links with local services. We have established good working relationships with Cosc, the local Community Offender Programme, an initiative developed by the health board and the Probation and Welfare Service. At director level, engagement with wider Community Care Services has led to participation in the Regional Suicide Steering Committee, the Regional Inter-Agency Child Protection Committee and the board of management of the Donegal Domestic Violence Service.

Developments

New pilot projects for 2004 included the development of the Staff Counselling Service and a strategic review of the regional RESTORE critical incident response service, which, following evaluation, may provide useful examples for the possibility of replicating the NCS model in other settings.

Staff are keen to continue to make their contribution to national projects and to be part of developing the national structures available in the NCS. Developing opportunities for greater involvement by staff in national projects will be a strategic priority for the year ahead.

The ongoing review and development of our own staff support and supervision structures have led to the introduction of personal development plans for all staff in 2004. This will dovetail with efforts to develop appropriate and planned programmes of training, which, where possible, will meet the needs of individual counsellor/therapists. This initiative will be evaluated at year's end.

Challenges

Longer-term challenges include the retention of experienced staff and the maintenance of good levels of staff morale and job satisfaction. From a quality perspective, motivating, supporting and encouraging staff to continue to perform their work at a high level is extremely important. The provision of a top-quality therapeutic service is heavily dependent on the availability of

well-qualified, experienced staff who are motivated and feel supported and valued for their contribution. Paying attention to stress levels among staff and identifying and assisting those who may be vulnerable must form part of our developing human resource skill base.

1.7 South Eastern Health Board: Comhar Regional Adult Counselling Service

The South Eastern Health Board has a population of over 423,000 spread across counties Carlow, Kilkenny, Tipperary (South), Wexford and Waterford. Comhar provides counselling from bases in Waterford city, Wexford town and Kilkenny city. Outreach locations include Enniscorthy, Carlow, Carrick-on-Suir, Dungarvan, Clonmel and Tipperary town. The service is staffed by two administrative staff, six counsellor/therapists and the Director of Counselling.

Collaboration and Links

A Regional Interdisciplinary Advisory Forum was set up in January 2000 with a view to addressing the interface between the Comhar counselling service and other health board services by progressing the aim of service integration and by achieving a seamless service on behalf of the service user. Protocols are now in place in relation to the community welfare service, child protection services and services that work with clients with intellectual disability and mental health difficulties.

Right of Place in Wexford and Right to Peace in South Tipperary play a very active part in linking clients with the counselling service and provide ongoing support, advice and information to survivors of institutional abuse.

Developments

An operational base was opened in Wexford in 2003. An emerging need to respond to clients experiencing psychosexual difficulties was identified within the service. One counsellor/therapist is currently undertaking specialist training in order to respond to this need.

In an initiative being jointly undertaken by the Adult Counselling Service and the Regional Suicide Resource Office, a counsellor/therapist will be appointed to work in the area of suicide and para-suicide prevention. This project is being established on a pilot basis initially and, if successful, it is hoped to promote its replication in other Community Care Areas.

Challenges

Difficulties experienced in the recruitment of counsellor/therapists have impacted on the capacity to provide a service. The recent competition for permanency has contributed considerably in addressing this issue.

1.8 Southern Health Board: Harbour Counselling Service

Harbour Counselling Service provides individual counselling and group therapy to adults who experienced childhood abuse in Cork and Kerry. With a total population of 580,356 people, the population of the Southern Health Board is at the highest recorded level in the region since 1901.

Harbour provides counselling in ten locations throughout the region: Penrose Wharf (Cork city), Ballincollig, Cork Prison, Mallow, Charleville, Fermoy, Bandon, Skibbereen, Tralee and Killarney. There are eight counsellor/therapists (full time and part time) offering counselling/therapy across the region together with an Administrative Officer, Clerical Officer and the Director of Counselling.

The Director of Counselling has participated in a working group to establish a policy approach in respect of the provision of counselling services in the community and mental health services of the Southern Health Board. Harbour holds regular open sessions where representatives of other services are invited to meet the team and share information. Harbour has provided presentations to various groups, including addiction services staff and student psychiatric nurses.

Developments

- In response to requests from the Probation and Welfare Service, Harbour extended its outreach programme to provide counselling in the prison service to clients who experienced childhood abuse in institutions.
- Internal training provision was extended with the inclusion of other Southern Health Board counsellors at the Harbour monthly case/academic seminars.
- An initiative was established in conjunction with addiction services to profile clients who experienced childhood abuse and who also have addiction problems.
- A pilot project was initiated to introduce personal development plans for all staff members in consultation with the Corporate Learning and Development Service.
- Two psychologists in clinical and counselling training were provided with placement and supervision experience.

Challenges

In addition to meeting the increasing demands for the service at a regional level, balancing participation on national-level projects is also a challenge. Members of the team have been actively participating in national service development groups.

1.9 South Western Area Health Board: Alba Counselling Service

Alba Counselling Service covers the South Western Area Health Board, which has a population in excess of 580,000, and is responsible for the delivery of counselling services to adults living in

Dublin south city, south Co. Dublin, Kildare and west Wicklow.

Alba Counselling Service currently employs a Director of Service, seven counsellor/therapists and two administration staff. The regional office is located in Newbridge, Co. Kildare. Other offices are located in Tallaght and in Dublin city centre. There is also an outreach office situated in the Jobstown Health Centre, which operates two days per week, and a counselling service is provided one day each week from the National Office for Victims of Abuse. Alba also offers group therapy on a weekly basis in Tallaght and Dublin city centre.

Challenges

Challenges Alba has identified and which will underpin its plan of work for 2004 include the development of creative ways of supporting and assisting clients on waiting lists and the further development of close links with key stakeholders.

1.10 Western Health Board: Wood Quay Counselling Service

The Western Health Board service covers Galway, Mayo and Roscommon and includes seven inhabited off-shore islands as well as Castlerea Prison, Co. Roscommon. Counselling is provided in eight locations throughout the region, including Galway city, Ballinasloe, Roscommon town, Castlerea town, Castlerea Prison, Ballina, Claremorris and Castlebar. Galway city has the highest number of survivors who have been abused in an institutional setting.

Developments

- An open day for professionals for the region is planned.
- The counselling service regularly delivers training to other professionals and provides a training session on the effects of childhood abuse as part of the Western Health Board training programme.
- To address the needs of clients who are deaf, one therapist is training in sign language.

Challenges

The continued provision of quality, accessible services across a wide geographic area has posed some challenges in terms of staffing. However, recruitment of a second counsellor for Co. Mayo commenced in March and it is hoped to have full service provision to the area during 2004.

Social Work Service in Western Health Board Adult Counselling Service

The Western Health Board Counselling Service has had the services of a social worker since the establishment of the service in 2000. The social work service offers a huge resource to the team and is of immense benefit to clients of the service.

Sources of referral to the social work service vary. Many are internal referrals from NCS counsellors, others are self-referrals from clients directly, while external referrals are also received from other sections of the health board and other agencies.

The scope of the work activity is broad and flexible and includes accessing records, tracing family, support, child protection and services to prisoners.

Accessing Records

This service is provided for people who were brought up in care and involves:

- Information giving about where and how to apply for records.
- Preparation for the process, exploration of reasons for their search and expectations and possible outcomes, both positive and negative.
- Support in reviewing records.

Tracing Family

This forms a significant part of the caseload and involves different stages:

- Pre-search – work around preparation for a search.
- The search itself, involving ongoing contact with the client.
- Outcome of search.
- Post-contact support in building relationships.

Support

The social worker offers a flexible, supportive service for individuals who either choose not to, or who are not in a position, to engage in counselling. This has had the benefit of responding to, and holding, clients who have subsequently been able to engage in counselling, clients who may have been lost to the service otherwise.

Support is offered to individuals and families of individuals of those who are involved in court cases as witnesses to their past experiences of childhood abuse.

Support is also offered to clients who have been heard, or are waiting to be heard, by the Confidential Committee or the Investigative Committee of the Commission and the Residential Institutions Redress Board.

Support to address practical issues such as housing, financial difficulties, etc.

Child Protection

This deals with reporting issues to child protection services and Gardaí.

Service to Prisoners

The social work service is also offered on an ongoing basis to prisoners in Castlerea Prison.

A short-term focused group was run over eight weeks in 2003 within the prison in conjunction with a member of the prison staff.

NCS Contact Details

Health Board

Telephone Number

Northern Area Health Board	1800 234 110
East Coast Area Health Board	1800 234 111
South Western Area Health Board	1800 234 112
Midland Health Board	1800 234 113
Western Health Board	1800 234 114
Mid Western Health Board	1800 234 115
Southern Health Board	1800 234 116
North Eastern Health Board	1800 234 117
South Eastern Health Board	1800 234 118
North Western Health Board	1800 234 119

A decorative header image featuring a bokeh effect with out-of-focus light spots in shades of blue and white against a dark background.

Appendix 2

Summary of NCS Group
Therapy Provision,
September 2001 to
December 2003

Summary of NCS Group Therapy Provision

Health Board Area	Year	Type of Group: Fixed Membership (Closed) or Open to New Members (Open)	Duration and Membership	Frequency and Location	Client Group	No. of Clients Availing of group	Evaluation	Additional Information
SHB	2001–present	Psycho-drama / psychodynamic	Ongoing	Weekly, Cork city	Men and women	15	Ongoing evaluation using the Clinical Outcomes in Routine Evaluation (CORE) scale.	This group operates on a slow-open model, with clients joining the group at different points.
	2001–present	Personal development support group	Fixed duration	Weekly, Cork city	Men and women	13	CORE	This group focused on developing client coping resources. One group completed to date. Second group ongoing.
	2001–present	Support and education	Ongoing	On request, Cork city	Men and women who have experienced abuse in institutions	13		Support offered in a group context to members of Right of Place Survivors Group. Offered on a needs basis.



Health Board Area	Year	Type of Group: Fixed Membership (Closed) or Open to New Members (Open)	Duration and Membership	Frequency and Location	Client Group	No. of Clients Availing of group	Evaluation	Additional Information
NEHB	2001–present	Support for Le Chéile Eile	Ongoing	Monthly, based in Navan serving North East and Midlands region	Men and women who have experienced abuse in institutions	up to 9		Le Chéile Eile is a support group for survivors of institutional abuse; Rian Counselling Service offers facilitation. The focus of the group is informal support to share common experiences in care.
	2002	Pre-therapy group, open	Fixed duration	Offered on a monthly basis	Men and women in Drogheda and Cavan	4	Client feedback form completed. Positive evaluation of the group.	Offered to clients awaiting counselling. Focus of sessions was to enhance the coping skills of clients on the waiting list for counselling and to inform clients about the process of counselling.
	2002–2003	Therapeutic group (drawing on a range of approaches), co-facilitated by two counsellor/therapists, closed	Fixed duration	Weekly for 20 weeks, Navan	Women (age range 29–48 years)	7		This group operates on a modular basis, with new members joining at each new module. Group members commit to attend for at least one module (20 weeks). The group is semi-structured, utilising art, relaxation therapy and group discussion. Facilitators receive ongoing group supervision. Two modules have been completed to date; the third module is ongoing.



Health Board Area	Year	Type of Group: Fixed Membership (Closed) or Open to New Members (Open)	Duration and Membership	Frequency and Location	Client Group	No. of Clients Availing of group	Evaluation	Additional Information
WHB	2000–2001	Group support with clients who have a learning disability. Facilitated by social worker and staff of Brothers of Charity.	Short-term, fixed duration	Weekly for 6 sessions, Galway	Men and women.	6	Positive evaluation by clients.	Focus of group to address the needs of clients attending the Brothers of Charity services. Issues included boundaries, relationships and personal safety.
	2002	Tracing group	Short-term, fixed duration	Weekly for 4 weeks, Galway	Women who had experienced institutional abuse. Clients on waiting list for a counselling place.	8	Positive evaluation by clients who requested further group work.	Focus of the group was on supporting clients who had been brought up in care who were tracing family. Focus on promoting positive coping skills.
	2002	Waiting list group	Short-term, fixed duration	Weekly for 4 weeks, Galway	Men who experienced childhood abuse serving a prison sentence	7	Evaluation by clients demonstrated positive reactions and highlighted areas of learning.	Run jointly between WHB social worker and prison staff. Focus on developing coping skills, anger management and provision of support.
	2003	Support group for prisoners, open ended	Short-term, fixed duration	Weekly for eight weeks	Women who experienced institutional abuse	6	Positive evaluation by clients who attended.	Group support for women attending counselling service who experienced abuse in institutions. Focus is informal support to look at common experiences in care.
	2003	Support group	Ongoing	Monthly, Galway			Positive feedback by clients.	



Health Board Area	Year	Type of Group: Fixed Membership (Closed) or Open to New Members (Open)	Duration and Membership	Frequency and Location	Client Group	No. of Clients Availing of group	Evaluation	Additional Information
NWHB	2002–2003	Group psychotherapy	Ongoing	Weekly, Co. Roscommon	Women	18 to date	Post-group evaluation positive.	Time-managed group for women who have experienced childhood trauma. Women can access the group directly or be referred by their counsellor/therapist.
	2003	Psycho-dynamic, analytical model of group intervention	Fixed duration for one year	Weekly	Women		Ongoing research project to evaluate outcomes of group psychotherapy. Initial results indicate positive outcomes.	One group completed to date, second group ongoing.
	2003	Creative group	Fixed duration	Weekly for six weeks, Sligo	Men and women	6	Positive evaluation by clients, helped to reduce isolation.	The group aimed to complement clients' ongoing individual therapy.



Health Board Area	Year	Type of Group: Fixed Membership (Closed) or Open to New Members (Open)	Duration and Membership	Frequency and Location	Client Group	No. of Clients Availing of group	Evaluation	Additional Information
MWHB	2003	Pre-therapy group	Fixed duration	Weekly for six weeks, Limerick	Men and women	6	Positive feedback by clients. Request for more groups.	Focus of sessions was to enhance the coping skills of clients on the waiting list for counselling and to inform clients about the process of counselling.
	2003	Women's therapy group	Open ended	Ongoing, weekly Co. Clare	Women	6		Offered to women who have experienced institutional abuse. Focus on sharing experiences and supporting each other. Open to clients who have completed individual therapy.



Health Board Area	Year	Type of Group: Fixed Membership (Closed) or Open to New Members (Open)	Duration and Membership	Frequency and Location	Client Group	No. of Clients Availing of group	Evaluation	Additional Information
NAHB	2002	Therapy group	Long term (12 months)	Weekly, Prospect House	Men and women	6	<p>Feedback is sought from clients attending all groups. Client feedback is very positive. Self-development groups have now been incorporated into the programme operated by the VEC at NOVA and are accredited through FETAC.</p>	<p>All groups are co-facilitated by two counsellor/therapists. To date in LARAGH counselling service more than 20 short-term groups have been provided that have addressed topics such as anger management, personal development, sexuality issues, etc.</p> <p>Long-term therapy groups are run on a 'slow open' basis with new members joining at three points in the year. All clients must commit to attend for at least four months. The aim of the group is to facilitate clients to share their concerns and to experience a sense of belonging in a stable and secure group environment.</p> <p>Such groups serve to enable clients to address the burden of secrecy they may carry about their abuse, to alleviate feelings of blame and to reduce their sense of isolation. Clients often attend a group following a period of individual therapy and find the group setting a positive challenge.</p>



Health Board Area	Year	Type of Group: Fixed Membership (Closed) or Open to New Members (Open)	Duration and Membership	Frequency and Location	Client Group	No. of Clients Availing of group	Evaluation	Additional Information
NAHB	2002	Women's therapy group	Long term	Weekly, Clontarf	Women	6		
	2002	Self-development group for men	Fixed duration (3 months)	Weekly, NOVA office	Men who have experienced institutional abuse	4		
	2002	Self-development group for women	Fixed duration (3 months)	Weekly, NOVA office	Women who have experienced institutional abuse	6		
	2003	Mixed therapy group	Long term (11 months)	Weekly, Glasnevin Office	Men and women	8		
	2003	Women's therapy group	Long term (11 months)	Weekly, Clontarf office	Women	6		
	2003	Self-development group for women	Fixed duration (3 months), run on two occasions	Weekly, NOVA office	Women who have experienced institutional abuse	12		
	2003	Young women's therapy group	Fixed duration (6 months)	Weekly, Clontarf office	Young women under 30 years of age who have experienced abuse	6		



Health Board Area	Year	Type of Group: Fixed Membership (Closed) or Open to New Members (Open)	Duration and Membership	Frequency and Location	Client Group	No. of Clients Availing of group	Evaluation	Additional Information
SWAHB	2002–2003	Psychotherapy group, open	Long term, ongoing	Weekly, Tallaght	Men and women	8–9 members at any one time	Evaluation by client self-report: reduced sense of isolation; feeling supported and understood; positive about sharing with others who have had similar experiences; and group members would value additional group sessions.	The focus of the group was to facilitate clients to find out more about themselves through interpretation with others while also providing support for one another and relieving the isolation and stigma associated with childhood abuse.





Appendix 3

Membership of NCS Working Groups

Membership of NCS Working Groups

NCS Waiting List Management Working Group

Noreen Harrington	Director of Counselling, MWHB
Catherine Maloney	Social Worker, WHB
Philip Moore	Director of Counselling, SHB
Anne O'Connor	Counsellor/Therapist, SWAHB
Margaret O'Mahony	Counsellor/Therapist, SHB
Fiona Ward	Director of Counselling, NEHB

NCS Database Representatives Group

Tara Aughey	Counsellor/Therapist, NEHB
Mark Foster	Counsellor/Therapist, WHB
Marie Gavin	Counsellor/Therapist, MWHB
Lindsey Gordon	Counsellor/Therapist, ECAHB
Jean Lynch	Counsellor/Therapist, NAHB
Simon Molloy	Counsellor/Therapist, SWAHB
Marian McNulty	Counsellor/Therapist, NWHB
Dawn Nance	Counsellor/Therapist, MHB
Marian O’Flynn	Counsellor/Therapist, NAHB
Deirdre Walsh	Counsellor/Therapist, SHB
Fiona Ward	Director of Counselling, NEHB
Evelyn Watters	Counsellor/Therapist, SEHB

National Evaluation of Client Experiences Research Steering Group

Christine Buckley	Aislinn Centre, Dublin
Dave Byrne	Principal Officer, Child Care Policy Unit, Department of Health and Children
Joanne Byrne	Health Services Research Centre, RCSI
Rebecca Garavan	Health Services Research Centre, RCSI
Noreen Harrington	Director of Counselling, MWHB
Jackie Kavanagh	Right of Place, Cork
Colette Leigh	Health Services Research Centre, RCSI
Hannah McGee	Health Services Research Centre, RCSI
Rosalyn Moran	Health Research Board
Gerard O'Neill	Director of Counselling, SEHB
Billy O'Regan	Right of Place, Cork
Kay Rundle	Health Services Research Centre, RCSI
Fiona Ward	Director of Counselling, NEHB (Chairperson)

NCS Counsellor Forum

Health Board Area

NAHB

Representatives

Marian O'Flynn

Fran Hayes

SHB

Margaret O'Mahony

(Chairperson 2002–2003)

MHB

Pauline Butler

(Secretary 2002–2003)

NWHB

Geraldine McLoughlin

Frances Larkin

NEHB

Lorraine McColgan

Patrick Griffin

WHB

Yvonne McCaffrey

John Foden

MWHB

Mary Greaney

Dolores Sciascia

SWAHB

Marion Buckley

(Assistant Chairperson 2002–2003)

SEHB

Sally McKane

Maura Whelan

Teresa Curran

ECAHB

Lindsey Gordon

(Meeting Co-ordinator 2002–2003)

Notes:

Notes:

Notes:



The Health Boards Executive
Working Together for Health

HeBE comprises the ten Health Boards
and the Eastern Regional Health Authority



**EAST
COAST
AREA
HEALTH
BOARD**
Bord Sláinte
Uimistear an
Chosta Thoir



Southern Health Board
Bord Sláinte An Deiscirt



northern area
health board
bord sláinte an
limistéir thuaidh



ERHA



**MID-WESTERN
HEALTH BOARD**



Western Health Board
Bord Sláinte an Iarthair



North Western Health Board
Bórd Sláinte an Iar-Thuaiscirt

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