



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

HSE National Counselling Service

Strategic Framework for Service Planning and Delivery 2009-2012



The National Counselling Service

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Foreword

*'Some is not a number, soon is not a time and hope is not a plan.'*¹

This popular phrase is often used to emphasise the need for a definite and quantifiable approach to organisational strategic planning. This is not always easy at a time of uncertainty. 2008 so far has been a challenging year within the public sector and throughout society in general due to economic pressures.

In this context, it would be tempting to take the 'do nothing' option and watch and wait to see what will unfold.

Despite the external climate, the HSE NCS undertook a strategic planning process in 2008. This was a proactive decision. Folk wisdom tells us that *'You find luck at the crossroads of preparation and opportunity'*.

Regardless of how the future unfolds, the set of strategic recommendations will enable the NCS and HSE to make the most of the opportunities and challenges which will arise over the next 3 years. The strategic thinking and analysis process has helped the NCS think through how to position itself locally and nationally in the future.

The evidence shows that the NCS has made a significant impact during its formative years since being established in 2000. This strategic framework sets the direction for the future. The aim is to develop the NCS for the benefit of individual service users, and for the wider mental health and well-being of the Irish population.

The strategic planning process took place during April – September 2008, with significant participation and input by staff and key stakeholders combined with client feedback and service experience of the last 8 years.

Thank you to everyone who has contributed to the strategy and supported the NCS thus far. Congratulations to the NCS Strategy Group who have been the drivers for this piece of work. We look forward to the next phase of developing the NCS together.

I would like to acknowledge the work of Anne McMurray of Anne McMurray Consulting in facilitating this process and producing this Report.

Rachel Mooney
Chair of the NCS Directors of Counselling
September 2008

¹ (Don Berwick, Institute for Health Care Improvement, Cambridge , Massachusetts)

Executive Summary

The **HSE National Counselling Service was set up in 2000** to provide a service for those who had been abused as children when resident in some Irish Institutions.

In 2008 the National Counselling Service undertook **the development of a strategic framework** to guide its future development and adapt to the changes in external environment e.g. the HSE restructuring, the development of primary care and new emerging needs from clients.

National economic pressures on the public sector mean that there is little new investment in HSE services. The challenges for the HSE NCS are how to evolve the service using existing resources.

The HSE NCS is part of the **HSE Primary and Continuing Community Care Directorate**. At a local level the 10 HSE NCS teams relate to Local Health Office Managers and other professional colleagues.

The strategic framework was developed during **April - September 2008** and involved stakeholders, NCS Staff and Directors in the process.

Stakeholders were consistent and positive in their feedback. The main areas identified are: widening the target group; networking and integration with primary care services; increasing visibility; reducing waiting times; modernising organisation; developing mental health promotion; developing an evidence base, outcome measures; evolving different models of service delivery. There is support from stakeholders for a more active national perspective.

Staff reviewed case loads to identify **patterns or changes in the nature of the demand** for services. Similar reasons for referral present across all areas: relationship difficulties; life coping skills; mental health issues; child care and parenting issues; sexual identity and psycho sexual issues; asylum seekers, economic migrants or refugees, who have experienced trauma or abuse; people with disabilities e.g. deafness.

New trends and patterns in referrals include: decrease in cases from institutional care; increase in cases of abuse experienced in foster homes or residential care settings; sexual abuse within the family or other "trusted" adults; age range extending at both ends of the continuum; expansion across all socio economic levels; increasing complexity; need for longer term support.

76 staff participated in an online staff survey during July 2008 to assess the internal organisational strengths and weaknesses. This was followed up by direct staff consultation which took the form of either a 2 hour workshop or a 1 hour teleconference, due to the HSE travel restrictions.

The **NCS HSE Purpose Statement** was agreed as: *The HSE National Counselling Service helps adults, who have experienced abuse, neglect or trauma in childhood, to cope better with their life and relationships, now in the present and on into the future.*

The HSE NCS has a track record of providing a confidential, professional and accessible counselling service which clients experience as caring, welcoming and effective. The HSE NCS works in an integrated way with other health and social care providers to inform, educate and support individuals, organisations and the Irish public in general to prevent future cycles of abuse occurring and to promote positive mental health and well being as a benefit for society.

The **NCS core values framework** was agreed as:

Values	Demonstrated by
1. Professionalism	Competence, accountability, reflexive practice, self care
2. Client Centred	Showing respect, validation of the individual, preserving dignity, offering acceptance
3. Team-working	Flexible, co-operative, responsive to others, respect for diversity of approaches
4. Caring	Hope-giving, accessible, confidential, promoting personal agency, non-judgmental

Staff had consistent views about how the NCS could be more effective: strengthening leadership and vision; developing a future plan; building external links and networks; providing evidence about impact; ongoing training and professional development; increasing public awareness and the national profile; reducing waiting lists; improving internal team working.

A **vision statement** describing how the NCS would like to be in 2012 was agreed as a guide for strategic and organisational development.

The **six strategic priorities for the NCS during 2009-2012** are to

1. **Raise awareness** of the NCS with the general public and media to increase access for those who need it and to brand the service positively
2. Develop a **national profile** and strategic presence to influence policy and planning for services for children and vulnerable adults
3. Position within the HSE as a counselling and psychotherapy service **integrated with primary care and social care networks**, with specialist components which are locally defined
4. Provide **knowledge transfer from NCS** to other services and professionals through education, preventative initiatives and mental health promotion to stop the cycle of abuse.
5. Build on the capacity and capability of the NCS staff to ensure **continuity and quality** of the service
6. Develop a **resources plan** for 2008-2011 to secure the finance necessary to deliver the service.

Initial **implementation steps** are outlined in the final section.

1. Introduction: Why a strategic framework is necessary

The HSE National Counselling Service was set up on 11th September 2000 following the public apology from An Taoiseach Bertie Ahern for abuse that occurred to children resident in some Irish Institutions. Since then the service has developed throughout Ireland. The HSE NCS provides free confidential counselling and psychotherapy for any adult who experienced abuse or neglect as a child.

There are ten Directors of Counselling and over 60 Counsellor/Therapists who provide professional counselling and psychotherapy directly to the client group in 60 locations nationwide. Every county in the Republic of Ireland has at least one discreet counselling centre. Access is via free phone on 1800 235 234. Individuals can self refer. Clients are referred by others such as their GP, mental health, nursing and social work professionals or other voluntary/community based organisations. Since inception, the NCS has processed in excess of 14,700 counselling referrals nationwide.

In 2006 a confidential telephone counselling and helpline service was established. The National Counselling Helpline Service provides telephone counselling in the evenings on Wednesday, Thursday and Friday and over the weekend. This is also a free phone service – 1800 235 235 (ROI) & 00 800 235 235 55 from Northern Ireland and Great Britain.

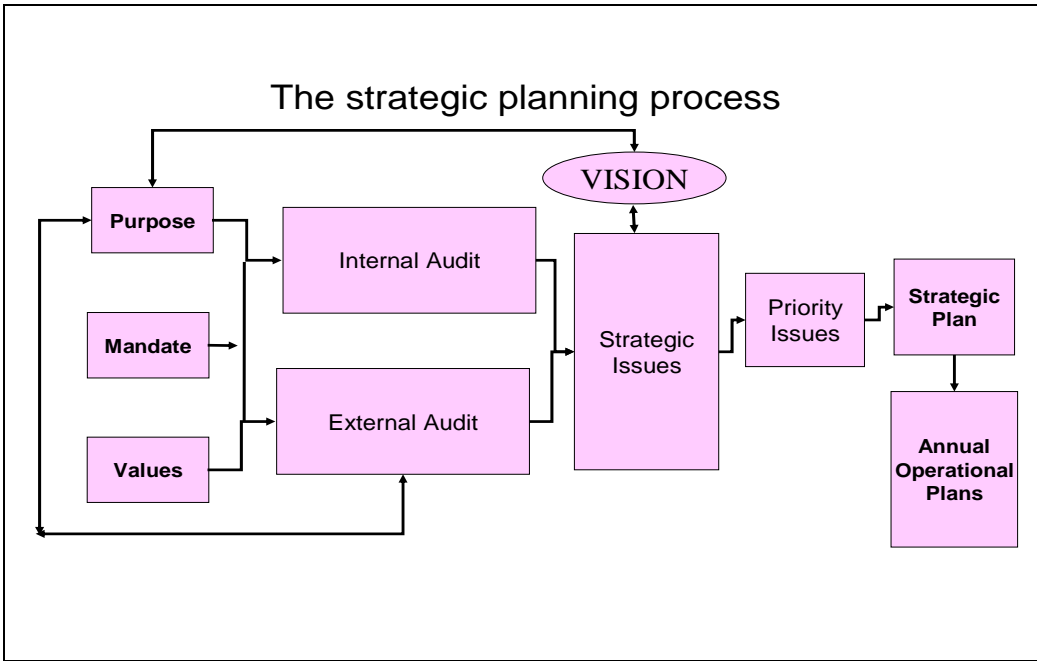
Eight years on it is timely for the National Counselling Service to revisit, refresh and revitalise its purpose and mandate. As an evolving service that exists in a changing context, it is important to reflect on its position in a changing external environment e.g. the HSE restructuring, the development of primary care and new emerging needs from clients.

Strategy development involves three related sets of activities:

- a) **Analysis:** of the external environment, demand and need for services, the organisation's resources and the stakeholder environment
- b) **Choices:** about where the service believes it can most add public value, its capability to deliver, assessment of the level of support and capacity to do this.
- c) **Implementation:** ensuring feasibility and managing the delivery

Strategy can be defined as *"the thinking that links current resources to future uncertainties"* – i.e. considering the options for how to move from now to a future point in time which is unknown, making best use of all available resources. There are different possible future scenarios for the NCS. The

challenge is to think through which strategic direction and actions are most likely to position the NCS in a relevant and sustainable way regardless of how the future unfolds. The process for producing a strategic framework to guide the future development of the NCS at a national and local level was guided by the model below:



The timeline and approach which was taken are outlined in the table below:

Activity	Who	When
Strategic Scoping workshop with Directors of Counselling in Dublin to agree process, outcomes and roles	DOCs/AMCM	9 April 2008
Stakeholder Consultation – survey and report	Stakeholders/DOCs/AMCM	May – June 2008
Review of preliminary stakeholder feedback and planning staff consultation	DOCs/AMCM	4 July 2008
Staff online survey	Staff/AMCM	July 2008
Staff consultations using workshops (Dublin, Tullamore and Cork) and Teleconferencing	Staff/AMCM/DOCs	29-31 July 2008
Draft strategic report prepared and discussed with Directors of Counselling	AMCM/DOCs/HSE	August 2008
Finalising the Strategic Framework, priorities and actions	DOCs/AMCM	September 2008

2. Strategic context of the NCS

The NCS is funded by the Health Service Executive in Ireland. It was set up through legislation by government as a national group to provide a service with priority for institutional abuse. The role of the Directors of Counselling is to manage, lead and supervise staff and to provide consultancy to HSE colleagues in other settings and services e.g. primary care, mental health and social services. Directors of Counselling also carry a clinical case-load.

The HSE has a responsibility to survivor groups. The NCS role is to amend for past failure of the health and social care institutions to provide adequate protection to vulnerable children in their State care.

The NCS was evaluated between September 2004 and April 2006. Feedback from 260 clients was positive about the effectiveness of the service:

- 82% reported a general improvement as result of counselling
- 80% reported they were better able to cope with life and to manage their feelings
- 70% reported they were more confident
- 65% reported improved relationships with others
- 90% reported satisfaction with the qualities of the counsellor.

The HSE NCS is a permanent service which is part of the Primary and Continuing Community Care Directorate of the HSE. At a local level the 10 HSE NCS teams relate to Local Health Office Managers and other professional colleagues. Some HSE NCS work closely with mental health services, others with primary care services and voluntary organisations.

The NCS does not have a strategic planning or commissioning role within the HSE PCCC at present.

The HSE restructured in 2004. There is another restructuring planned in the next few months. Financial pressures affect all services. Currently there is a travel ban in an effort to focus resources on to client work and reduce time and resources spent travelling and in management meetings. Nationally the economic pressures on the public sector means that there is little new investment in HSE services. The challenges for the HSE NCS are how to evolve the service using existing resources.

3. Analysis of the external operating environment

What are the drivers for change? Why can't things remain the way they are? This section outlines a description of the key issues which are likely to affect the service in the future, as well as a description of stakeholder interests and concerns.

3.1 Stakeholder Feedback

As part of the strategy development process the National Counselling Service invited a range of stakeholders across all areas to provide feedback and suggestions for future service development. The stakeholders were identified by the Directors of Counselling and teams. The survey was sent to stakeholders by the Directors. In total 40 stakeholders responded to five questions.

Stakeholders sent their responses to Anne McMurray Consulting Ltd who compiled a summary report. Stakeholders were assured of confidentiality. This section summarises the key messages from their feedback.

This executive summary report has six sections:

- i. NCS Role and Purpose
- ii. What the NCS does well
- iii. Where NCS could improve
- iv. Future needs and provision of service
- v. Stakeholder strategy i.e. priorities for the future
- vi. Stakeholder views on how the NCS should position itself in the future

3.1.1 How do you see the NCS role and purpose?

There was a high level of consistency in the feedback. Stakeholders see the NCS purpose as providing a direct access, free, confidential counselling service to adult survivors of childhood abuse. A number emphasised the 'recovery' aspect of the NCS purpose. A number highlighted the importance of the NCS offering a non-medical treatment alternative to alleviating the symptoms and lifelong impact of childhood trauma.

In regard to the future, stakeholders consistently highlighted the opportunity for the NCS to:

- a) widen the target group, based on a formal needs analysis
- b) support mental health services

- c) develop an educative role with health care professionals and the wider public
- d) develop a preventative role in child abuse through its experience

3.1.2 What does NCS do well?

Stakeholders were very positive about many aspects of the NCS and their own and their clients' experience. These included:

- a) responsiveness to crisis – local and potentially at a national level
- b) accessible, speedy and available in different locations
- c) client focused, non-judgemental – able to work with multi-cultural groups
- d) good leadership
- e) calm, warm, efficient and prepared “to go the extra mile”
- f) professional, consistent, high standards of practice
- g) efficient, good service model, excellent policies
- h) easy to work with, flexible and adaptable
- i) good conferences and excellent research
- j) good staff training and working environment
- k) hope giving

This list is set out in more detail in Appendix One (p. 27). It provides a set of stakeholders' performance indicators which the NCS could use in ongoing plans to assess with stakeholders how well these are being maintained.

3.1.3 How could the NCS improve?

Stakeholders were very consistent in their feedback which reflects positively on the NCS. It indicates how they see the NCS potential for development, based on a relatively short eight year history of existence.

The main areas identified are:

- a) widen the target group ranging from people with special needs to employers and occupational health
- b) network and build relationships with other groups
- c) integrate with primary care services
- d) increase visibility, profile and media presence to raise awareness
- e) reduce waiting times where necessary
- f) modernise the service organisation to increase efficiency
- g) develop mental health promotion activities

- h) use own research and client feedback to develop an evidence base, outcome measures and evolve different models of practice and service delivery

This 'wish list' provides a positive steer for the NCS in terms of service development. It is also leverage to use with the HSE and other service commissioners about resourcing the future development of the NCS.

3.1.4 What do stakeholders see as future needs which impact on the provision of service?

The three main messages from stakeholders are:

- a) more prevention and education activity
- b) increasing access through de-stigmatisation, awareness raising, flexibility, wide range of service models and outreach
- c) more networking, interaction and integration with other services leading to positive partnerships and sharing of expertise

3.1.5 What are your (i.e. the stakeholders) priorities for the future?

The purpose of this question was to ascertain stakeholders' strategic direction in order to identify opportunities for synergy and alignment for the NCS future strategy. This information provides an indication of how the NCS might strategically position itself in relation to its stakeholder base.

Key priorities for stakeholders include:

- a) education, awareness and prevention programmes
- b) outcome evaluations for all service provision and use of defined models which can be shown to 'work'
- c) development of primary care, community based solutions and services to prevent admission to acute services
- d) interagency, multi-disciplinary, seamless services which are client led rather than professional led.
- e) increase access for the 'hard to reach' populations

3.1.6 What should be the NCS priorities for the future?

This final section reinforces many of the responses to the previous questions. There is consistency in many areas. There were five key priorities for development highlighted by stakeholders:

- a) Extend the existing service: age range, target groups to include asylum seekers and refugees, suicide prevention, family and couple work, interventions and support for those people who have experienced life crisis, sexual assault and domestic violence; provide services out of hours
- b) Integration with primary care: position the NCS as the HSE generic provider of counselling and psychotherapy with specialist components delivered to support colleagues in primary care settings or social care networks; supporting other services and staff for example child care and mental health
- c) Awareness raising and public profile: provide simple clear messaging on the purpose of the service, how to access it and what it involves
- d) Research, education and training role: convert the collective experience of the NCS into knowledge and information which can be used to produce articles and publications, to develop skill and abilities in others and to guide the development of preventative strategies
- e) Policy and Protocol development: using experience and knowledge gained to guide protocol development and inform policy making in areas such as child care provision and services for perpetrators

This list serves as a check for the NCS as it plans its future. The criteria the NCS might use to scrutinise the suggested priorities are:

- a) is it in line with our purpose and values?
- b) do we have the capability to do this?
- c) have we/could we secure the resources to do this?
- d) would this have support?
- e) would this help us be sustainable in the future?
- f) would this energise us?

There is support from stakeholders for a more active national perspective, e.g.

- a) high profile HSE manager to Chair the NCS
- b) production of articles and publications
- c) participation in protocol development nationally on the provision of care services to children
- d) become the HSE provider of counselling and psychotherapy
- e) focus on mental health improvement and the impact on population health and wellbeing outcomes

However, stakeholders also recognise the reality of the current economic climate and that development may not be viable. In this scenario the focus should be on maintaining the service and avoiding staff burn-out.

3.2 Changing nature of demand for the service

As preparation for the strategic development process, staff were asked to review their case loads from the last 12 months to collate the reasons for referrals and identify patterns or changes in the nature of the demand for services which are presenting.

3.2.1 Reasons for Referral

There were similar reasons for referral presenting across all areas, with some local variation. The list below describes what is common across all services:

- Relationship difficulties: couple and family work
- Life coping skills: anger management, stress intolerance, addiction issues
- Mental health issues: panic, anxiety, depression, anxiety and suicidal or self harm tendencies
- Child care and parenting issues
- Sexual identity and psycho sexual issues
- People from other countries i.e. asylum seekers, economic migrants or refugees, who have experienced trauma or abuse
- People with disabilities e.g. deafness

3.2.2 New trends and patterns

These include:

- Decreasing number of cases from institutional care; but an increase in cases of abuse experienced in foster homes or residential care settings.
- Case loads show significant numbers of adults who have experienced sexual abuse within their family, relatives or other "trusted" adults
- Age range extending at both ends of the continuum: from late teens to over 60s
- Expansion of referrals across all socio-economic levels
- Increasing complexity of cases referred
- The need for providing longer term support

3.2.3 Future issues

Future needs for the NCS were as anticipated as including:

- Children internet porn victims in the future
- Publication of the Dublin Dioceses Report 2009 and Commission to Inquire into Child Abuse Reports as a result of media awareness
- The need for early intervention and preventative strategies
- A consistent and skilful approach to closing cases to meet rising demand and manage waiting lists to prevent delayed access to the NCS.

Other issues which were raised through the caseload analysis that may impact on the future are:

- Clients are mostly female (80% F - 20% M)
- The prison population is a potential source of unmet need
- An increasing number of clients who have personality disorders (North West) self referring
- Increase in clients breaking off from therapy with an unplanned ending (South)
- Transgenerational impact of abuse needs to be highlighted
- Eligibility criteria regarding abuse in childhood has to be established early on in client contact and there are questions as to how appropriate this is as some people may not be able to acknowledge their abuse at that point of contact and disengage at referral

4. Analysis of the Internal Operating Environment

4.1 Internal Consultation Process

To assess the internal operating environment an online staff survey was conducted during July 2008. Staff were asked:

- a) to quality assess the development of a purpose statement for the NCS
- b) to quality assess the development of a value base and assess the extent to which the values were put into day-to-day practice
- c) to review organisational capability using the dimensions of:
 - shared purpose and identity
 - resources
 - roles and relationships
 - systems and structures
 - individual needs
 - links with the external environment

There were 76 responses to the survey. Some staff were unable to participate due to holiday or illness leave. The results were aggregated for each of the four HSE areas: Dublin NE, Dublin Mid-Leinster, the West and the South and reports produced for each of these areas. A fifth report collating all 76 responses was produced for the NCS as a whole. The area reports were sent in advance of the staff consultation to the respective staff in each area. The total comprehensive NCS report was sent to everyone.

The results of the staff survey were largely consistent, with some local variations. The information is useful beyond this strategic development process at a local service level to plan future development and improvements. All Directors were advised to plan future sessions to review their area report with their teams and identify actions relevant to their service.

Participation in the staff consultation took the form of either a 2 hour workshop or a 1 hour teleconference, due to the HSE travel restrictions. Relevant information, briefing notes and agenda was sent in advance to assist preparation.

This section will summarise the main points arising from the staff survey. The full reports are available from Directors of Counselling.

4.2 Purpose

An initial purpose statement had been drafted for the survey based on stakeholder feedback and Directors' input. Staff feedback and discussion further refined and expanded the purpose statement to incorporate the two main aspects of the NCS:

- a) direct service provision (first order activity)
- b) education, prevention and policy development (second order activity)

The final version of the purpose statement was agreed by the Directors in September 2008 as:

Purpose Statement

The HSE National Counselling Service helps adults, who have experienced abuse, neglect or trauma in childhood, to cope better with their life and relationships, now in the present and on into the future. The HSE NCS has a track record of providing a confidential, professional and accessible counselling service which clients experience as caring, welcoming and effective.

The HSE NCS works in an integrated way with other health and social care providers to inform, educate and support individuals, organisations and the Irish public in general to prevent future cycles of abuse occurring and to promote positive mental health and well being as a benefit for society.

4.3 Values

There was strong agreement with the list of values which were presented in the survey. Staff were asked to identify any values which they thought were missing and these were identified as:

- self-care by therapists
- dignity, respect for clients
- team-working with colleagues and other professionals
- accountability for work
- compassion and acceptance

The practical application of the value statements include:

- use at recruitment – select for values as well as skills
- use in training, development and supervision to shape and enforce the culture

- team review and development, e.g. through discussing the values in the team context and developing a shared ethos to underpin practice
- link to behaviours and language as this is how values are made explicit

It was agreed that the values be grouped into clusters. The proposed NCS values framework has four key clusters:

<i>Values</i>	<i>Demonstrated by</i>
1. Professionalism	Competence, accountability, reflexive practice, self care
2. Client Centred	Showing respect, validation of the individual, preserving dignity, offering acceptance
3. Team-working	Flexible, co-operative, responsive to others, respect for diversity of approaches
4. Caring	Hope-giving, accessible, confidential, promoting personal agency, non-judgemental

4.4 Organisational Review

The overall results of the survey are contained in Appendix 1. This section will summarise the key issues. Staff were asked to rate the strength of their agreement to statements describing different aspects of how the NCS is organised.

4.4.1 Purpose and Identity

80% of respondents strongly agreed there was a clear purpose and identity

70% of respondents stated there was pride in the NCS identity

The greatest areas of weakness in this section were Leadership and Direction and a Vision for the Future.

4.4.2 Resources

85% of respondents agreed that the Skill Mix of staff and the information and knowledge within the NCS were the strongest resources. The quality of the working environment was also rated highly by some teams. The greatest areas of weakness were finance and partnerships / collaboration with others.

4.4.3 Roles and Relationships

Peer Support and problem solving, role clarity and team working were the top three strengths in this section. Greatest areas of weakness were networking with the NCS and networking with stakeholders.

4.4.4 Systems and Structures

The strongest areas in this section are supervision and support; NCS Protocols (confidentiality, risk, referral) and caseload management. The weakest areas were forward planning, training and development and recruitment and selection. The latter two issues are related to cutbacks due to financial constraints.

4.4.5 Individual Needs

Job Satisfaction and motivation rated most highly. Staff morale is rated lowest.

4.5 Overall Themes Emerging

There was consistency from staff across all areas in regard to how the NCS would be more effective. The recommendations can be summarised as follows:

- (i) Strengthen the leadership and vision of the NCS
- (ii) Developing a plan for the future of the NCS
- (iii) Build external links and networks with other providers
- (iv) Provide evidence to government, policy makers and commissioners about the impact of the NCS through research and publications
- (v) Provide ongoing training and professional development for staff and career pathways
- (vi) Increase public awareness and the national profile of the NCS
- (vii) Reduce waiting lists by a variety of methods i.e. developing different methods, caseload management and staffing levels.
- (viii) Improved internal team working and networking

The Stakeholder and Staff surveys provided a firm basis for consultation and analysis. The next section will set out the strategic recommendations for the development of the NCS.

5. Vision Statement 2012

The NCS is integrated with other HSE services and primary care to provide a counselling and psychotherapy service with specialist components. The NCS is well known for its effectiveness in helping adults come to terms with the psychological impact of abuse, neglect or trauma experienced in childhood.

The NCS staff help their clients process their past experiences and support them to cope effectively with their present day to day lives and relationships. The NCS works with other agencies and disciplines where appropriate to provide a range of services designed on the basis of experience and evidence to meet client needs.

The NCS works with a wide range of people across age, gender, income and nationality boundaries. It has services in every county in Ireland and also provides out of hours support. Waiting times are kept to a minimum. Evidence shows that the NCS is value for money through the demonstrable effectiveness of the service and its modern approach to how it organises.

Staff employed by the NCS have a high level of motivation and job satisfaction. Supervision and training is in place to develop their skills and ability to deal with the variety of individual situations which they respond to.

The NCS develops and upholds standards of counselling and psychotherapy practice in the HSE. It has a benchmarking role with the professional regulatory bodies, nationally and internationally, with a view to safeguarding and promoting good practice.

The NCS invests in mental health promotion activities by contributing to the education of other health care professionals and the wider public about psychological health and well being and preventing the cycle of abuse for continuing through generations. The NCS uses its knowledge to influence and guide policy, as well as developing training and education materials which are available to everyone - from other professionals, individuals, voluntary and community organisations.

The NCS continues to evolve new models of practice and service delivery. These are based on research and client feedback. This knowledge provides an evidence base and outcome measures for the evaluation of impact. The results are used to inform future planning of national and HSE policy and service provision.

6. Strategic Priorities

Based on the analysis of the external and internal environments the strategic priorities for the NCS during 2009-2012 are as follows:

1. Raise awareness of the NCS with the general public and media to increase access for those who need it and to brand the service positively
2. Develop a national profile and strategic presence to influence policy and planning for services for children and vulnerable adults
3. Position within the HSE as a counselling and psychotherapy service integrated with primary care and social care networks, with specialist components which are locally defined
4. Provide knowledge transfer from NCS to other services and professionals through education, preventative initiatives and mental health promotion to stop the cycle of abuse.
5. Build on the capacity and capability of the NCS staff to ensure continuity and quality of the service.
6. Develop a resources plan for 2008-2011 to secure the finance necessary to deliver the service.

These are developed into recommendations for action in the next section.

7. Recommendations for action 2009-2012

This section outlines the recommendations for action 2009-2012. The recommendations will be progressed by the HSE NCS Directors of Counselling in conjunction with the HSE Primary and Community Care Directorate. Many of the recommendations for action need to be locally defined. Those recommendations which are at a national level will be progressed through the relevant government agencies and department by the NCS Directors.

7.1 Raise awareness of the NCS with the general public and media to increase access for those who need it and to brand the service positively

- a) Develop a constructive relationship with local and national media. This involves initiating contact with journalists and providing articles and information which is relevant to social concerns
- b) Plan 10th year anniversary (2010) as a landmark celebration to highlight achievements and impact of the NCS. This would provide an opportunity to hold a prestigious international open conference and the launch of a longitudinal research study to ensure that the lessons learned are disseminated and that the body of knowledge and expertise is built on for the future.
- c) Develop simple clear messaging for the public on counselling, mental health and illness in cooperation with others. Past clients could be engaged as advocates for the NCS and promote the benefits of the services to others. Increased outreach to potential clients would be achieved by placing simple to read literature/e-newsletters about the purpose and value of the service in different settings such as GP surgeries, leisure centres and accident and emergency units. All material should be culture proofed material to ensure it is accessible for non Irish citizens who are potential clients of the service
- d) Plan for response to The Dublin Diocesan Report 2009 as the media attention could lead to a potential renewal of interest in institutional abuse and increase self referrals. Prepare a business case to identify and ring fence resources within the wider HSE for adults who are likely to present with care/organisational or institutional abuse in the future at this point.

7.2 Develop a national profile and strategic presence to influence policy and planning for services for children and vulnerable adults

- a) Appoint a National Director to give strategic leadership and direction to the NCS. The benefits and business case of such a role in terms of leading the integration of the NCS with other HSE services as well as the NGO sector to meet demand, shape future planning and influence policy needs to be negotiated with the HSE. In the meantime strengthen the steering group by appointing a senior executive from the HSE as Chair
- b) Appoint a Research and Policy Development role holder to provide information and evidence from NCS experience to HSE at a strategic level. The role holder would collate knowledge from staff across the HSE NCS about the dynamics of child abuse from individual cases and share this expertise with others through training and dissemination. This would enable the NCS to generate national trend information for policy makers based on the work of the local NCS services
- c) Demonstrate the potential of the NCS contribution to public health through mental health promotion by establishing links with HSE Population Health Directorate and the Institute of Public Health in Ireland
- d) Clarify the NCS role in national emergency planning with the relevant Departments

7.3 Position the NCS within the HSE as a counselling and psychotherapy service integrated with primary care and social care networks, with specialist components as locally defined

- a) Establish a clear role in primary care services through developing links with GPs and Social Care networks to provide counselling services for a locally agreed target percentage of clients with psychological stress or issues. Explain the purpose and use of different therapies and services to referrers. Map networks and target specialist professionals and voluntary services with whom the NCS can partner through the development of memorandum of understanding to better meet client needs
- b) Engage with potential partners and referrers to increase accessibility and range of services and prevention initiatives. This will include redefining eligibility criteria and referral pathways to the NCS and the evaluation of the effectiveness of the service response. Screen all potential referrals to ensure efficient and appropriate allocation or signposting of clients

- c) Develop a wider range of service models for emerging needs such as addictions, domestic violence, sexual harm, family and couple work based on local demand
- d) Monitor case management, review and closure procedures to ensure throughput and the reduction of waiting lists. Identify locally other supports for signposting clients on to post counselling

7.4 Provide knowledge transfer from NCS to other services and professionals through education, preventative initiatives and mental health promotion to stop the cycle of destructive behaviours

- a) Develop a consultancy role in perpetrator service development by exploring the potential for partnership with Probation, Gardai, Prison Service and Psychiatry services based on experience from existing work
- b) Provide consultancy and advice to other services; explore the use of technology and development of software packages to disseminate knowledge and support to others; optimise the use of NCS Community Zero to promote information sharing and knowledge capture
- c) Engage in outreach and preventative work with other agencies as appropriate locally for examples in areas such as suicide prevention or linking with employers and occupational health about prevention of stress and mental health issues leading to absence from work
- d) Use research to refine the range of approaches which are used and widen the range of service models in the NCS

7.5 Build on the capacity and capability of the NCS staff to ensure continuity and quality of the service

- a) Promote self-care to address the impact of vicarious traumatisation through staff meetings and the active use of self care techniques. Monitor staff caseloads to ensure balance and adequate support
- b) Review the NCS Supervision Policy and contract more explicitly addresses issues such as the NCS values and caseload management. Design recruitment and supervision processes e.g. job specifications to reinforce the NCS core values as well as professional skills and competence

- c) Develop career pathways for staff to offer opportunities for progression for example through the development of a senior practitioner role having a three way split between consultancy to others, training and carrying a complex caseload
- d) Ensure each member of staff has a personal development plan which identifies their relevant training needs linked to their job role. Provide support for staff development in areas of expertise relevant to their work roles

7.6 Strategic Goal: Design the future organisational model necessary for the sustainability of the NCS and prepare a resource strategy to secure the finance necessary to make it viable

- a) Carry out an efficiency review across all local teams to audit for waste or duplication and identify areas where savings can be made
- b) Conduct a local stakeholder analysis with each team to identify opportunities for partnering to share resources and achieve mutual benefits
- c) Reconfigure the use of resources and design of job roles to better meet the needs of the NCS, using naturally occurring opportunities such as staff or management exits. Any such opportunity should be discussed at Director Level and a business case proposed before action is taken to ensure that the changes are in the interests of the service nationally as well as locally. The impact of such changes should be scrutinised
- d) Identify and quantify unmet need for the service through pilot studies, analysis of waiting lists, meetings with referrers and profile of local populations to predict future demand and make the business case for additional or new resources
- e) Quantify the economic benefits of counselling using a pilot study of the social accounting research to demonstrate value for money. Benchmark with similar services in Ireland and the UK and use the results to support future service plans and business cases for resource allocation

8. Initial Implementation Actions

The first steps in implementing the strategic recommendations are:

- a) Share the strategy with the HSE and secure commitment to the recommendations
- b) Share the strategy with staff and prepare local implementation plans
- c) Organise local stakeholders workshops to feedback outcomes of the stakeholder consultation and communicate the strategic recommendations and develop local implementation plans
- d) Undertake the social accounting pilot in 2009
- e) Prepare business case for Research and Development Officers with the HSE
- f) Revitalise the National Steering Group and develop a strategic agenda for meetings to progress this framework, under the Chairmanship of a Senior HSE Executive

APPENDIX ONE

RESULTS OF STAKEHOLDERS SURVEY

1 NCS Role and Purpose

Provide counselling to those who have suffered familial abuse and adult survivors of childhood abuse

Provide confidential psychology/counselling service to adults who had been abused as children in institutions in the absence of a major psychiatric disorder

Provide support to patients who have suffered abuse and help them recover from past trauma, restart their lives. This provides GPs with an alternative to medication

Direct access, free and confidential support and counselling service, on a one-to-one or group basis

However there are other population needs out there, which are not being met at present. The service needs to change and expand its terms of reference.

The original brief is too narrow. NCS could widen its role – conduct a needs analysis with the public and other professional groups who respond to many others seeking counselling. The NCS needs to be able to comment authoritatively on the patterns and extent of mental health problems in Ireland today

Mainstream mental health services are supported by this specialist service and that the agency has a responsibility to highlight the whole area of child abuse in general

The NCS also has a role in preventing child abuse and neglect through its direct work with clients and indirectly through educative work with other health care professionals and the wider public.

2 What does the NCS do well?

Responsive at a time of crisis
Provides HSE with a vehicle to respond to m=national or local crisis
Creditable support to NGO sector
Positive experience of engaging with NCS
Positive feedback from patients/clients
Counselling/referral paths; telephone counselling
Excellent policies
Very professional
Excellent research re client satisfaction
National perspective helps coordination
Very good conferences
No long waiting times
Easy to work with (from mental health services)
Flexible and adaptable
Actual counselling beneficial and well paced
Speedy confidential service
Non judgmental
Great leadership by director – extremely skilled positive and open
Able to work with multi cultural groups and Travellers
Warm efficient support staff
Great sense of calm
Very client focused – keep clients central in decisions making; clients feel supported
Good working environment for staff
Efficient at information gathering
Consistency of practice and standards
Team prepared to go the extra mile
Many locations
High standards – recruitment and training
Model of service could be adapted by other services
Provides hope and helps move on chronic maladjustive coping

3 Where could it improve?

This consultation is a positive indicator that the service analyses its work and itself.

Take on those abused in any setting or been abused as adults as well
Waiting times over long – especially for initial assessment
Liaise and network with relevant groups
Greater visibility and media presence – lack of awareness of the service even by professional or potential referrers
Advertise what it offers
Support primary care – become more integrated with primary care
“It would be useful to consider how the NCS sees itself fitting within primary care as it develops. Consideration needs to be given to whether the NCS places itself at a tertiary level offering service to those with more complex problems or makes itself more available to clients with less complex difficulties which could have the effect of widening the client base and could facilitate the NCS to pitch itself as the HSE providers of Counselling and Psychotherapy – obviously this would be a big challenge given current stagnation in terms of staffing and resources but there may be models of service provision that could facilitate this process.”
More up to date and modern delivery of the service – greater range of therapies and promote to GPs
Extend service to people with special needs and other client groups
Liaise with employers and occupational health
Develop visual and tactile materials for clients re what counselling is about/stages and expectations
Develop mental health promotion activities
Follow up of clients
Advocacy
Full access for private and public patients – an assessment point for most patients who require counselling
Greater efficiency in information gathering
Use research to refine the approach and make more use of client feedback during counselling to direct and refine therapeutic work
Develop different models to suit different clients – longer is not always best
Use evidence to develop outcome measures
Communicate better with other agencies involved in the person’s care – give little feedback

4 Future needs and provision of service?

More prevention – through work with children and young people
Awareness of the service is critical
More out of hours access
Software package to access the service of CBT component anytime e.g. as in place for agoraphobics and neurotic conditions
More specialist NCS counsellors
Group counselling
One-to-one counselling
Specialist support provided on a network basis | primary care with some integration of services
NCS too isolated at the moment
Education opportunities and vocational training
Helping people to see that counselling helps - de-stigmatising counselling as a method of helping
Better awareness among mental health professionals of the service
More flexible service delivery and find a role in the overall strategic direction of the HSE – Vision for change, Primary Care Team, network structures
Support a wider range of counselling needs
Focus on evidence based practice and integration of new research into practice
Earlier intervention
Review NCS role with longer term clients whose needs go beyond counselling and require more social care – need for services to progress these clients on to more generic provision
Connect with people who need the service but do not see themselves as abused
Deal with long term aftermaths e.g. PTSD, personality and anger problems, repression and compulsion to abuse others
More interaction with other agencies, role expansion partnership and sharing of expertise

5 What are your strategic priorities for the future?

Child care: family support orientation – able to anticipate and prevent neglect
Increase clinical awareness of the service
Improve patient care, develop care in the community, de stigmatize mental illness; refer people with a history of abuse to appropriate services
Detecting unmet need in the community
Education and awareness programmes
Consideration of the preventative role and how this can contribute to better health outcomes for not just our clients but the wider community
Outcome evaluations for all service provision
Development of primary care teams – including a comprehensive counselling service to support the 70 -80% of client who have psychological difficulties
NCS needs to promote its service to those who have suffered parental addiction services, mental health or other forms of parental neglect
NCS needs to do mental health promotion
Feasibility of staff working term over career wit clients who have very traumatic backgrounds
NCS needs to develop around client needs not the interests and needs of counsellors or therapists
Will continue to use the service ***
Would like to see the service as a normal part of primary care preferably within a GP practice
Realign services with primary care team's networks linking to community services, hospitals voluntary services
Promote interagency working, multi disciplinary service delivery
Develop timely seamless services – avoid people having to retell their story many times before reaching most appropriate point help
Reach out to those who are unable or unwilling to access current services
Align NCS with the report – Role value and effectiveness of Psychotherapy – how it fits with new primary care teams
Area of abuse - Focus on children elderly and violence against women

Integration with the primary care direction of HSE to include linkages with primary care teams
Refining models of working so that there is a more coherent framework that the service works within rather than the type of service the client receives being determined by the counsellor's preferred for model of working.

Develop more defined models based on a review of what is working with clients; extract this knowledge (which currently resides mostly in individuals rather than the NCS as a service) and formally share it on a broader basis.

6 How should the NCS position itself in the future? What should be its priorities for the next 2-3 years?

Move the age band wider
Prevention through engagement with perpetrators
Supporting child care services
Awareness raising, promotion to referrers, public awareness, and more media aware
Extend the service – open to those abused outside institutions/abused in adulthood
Unmet needs of refugees asylum seekers
Networking
Evaluation of client needs
Maintain identity as separate from mental health services
Move towards a generic service model with specialist delivery components at network level within primary care
High profile HSE manager as Chair to position NCS strategically
Provide seminars and training for staff and members of NGOs on mental health promotion and counselling.
Come into the information world to all its stakeholders by providing simple and clear messaging on counselling and mental health and illness matters in co-operation with likeminded organisations.
Retain well qualified staff healthy and satisfied with their careers on a long term basis and monitor the selection criteria for accepting counsellors/therapists into the service.
Write articles and publish on the experience of working in the NCS and another on the experience of Directors' managing services.
Become more externally involved by providing therapy in appropriate settings e.g. mental health, GP practices etc.
Actively promote the service to those who have experienced childhood neglect and abuse but not necessarily associated with CSA ***
Participate in developing protocols and guidelines for provision of care services to children
Longer term services and offer extended services to different groups e.g. services for teenagers (crisis pregnancy, sexuality, exam pressures, etc.), link with suicide prevention office e.g. supports for families, individuals, communities effected or under risk, life crisis e.g. marital breakdown, illness, death, etc., ethnic minorities, e.g. travellers, foreign nationals
Ease of access to public and private clients
Integrate with other services – avoid isolation; position as specialist service within PCCC, primary care and local care networks
In current climate development may not be a reality – focus on maintaining the service and avoiding staff burn out
NCS position as the HSE provider of counselling and psychotherapy

Educate the HSE on role and value of counselling and psychotherapy
Conduct additional research to highlight the impact of the work
Focus on training and development to ensure the future skills supply
NCS should have a role in highlighting the role counselling and therapy can play
in terms of improving overall mental health and thus its significance in improving
health outcomes for the population
More formal communication with acute services, MDTS, joint working with
mental health and outreach
Bring up capacity to meet regular demand
Deepen expertise and collaboration with services for borderline personality and
additional disorders

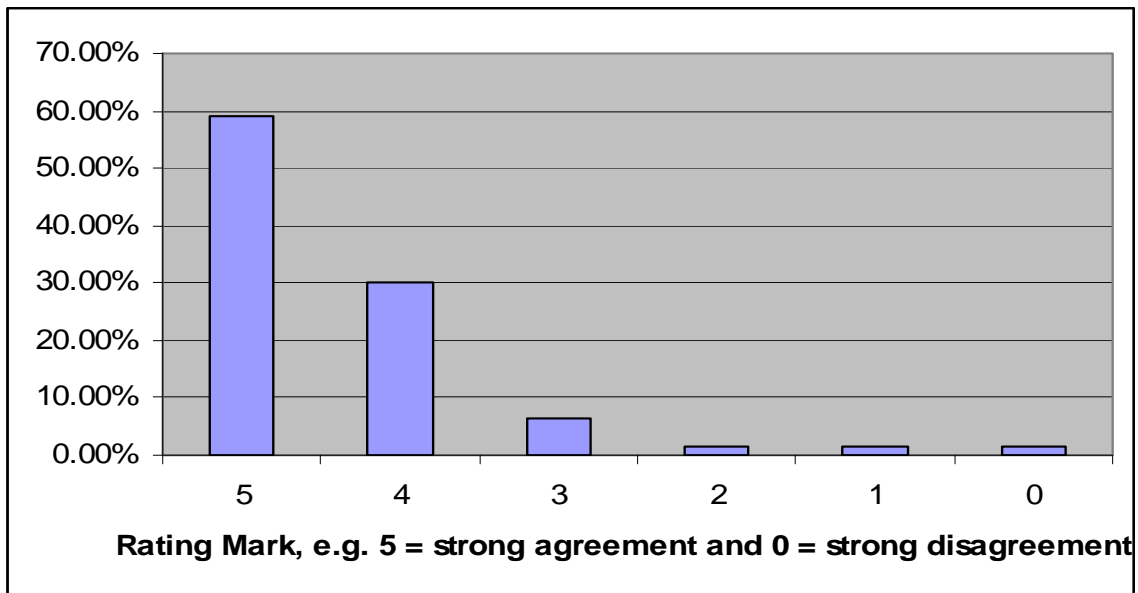
Anne McMurray
July 1, 2008

APPENDIX TWO

**National Counselling Service Staff Survey
All Areas Combined Report - July 2008**

Section One: Purpose and Values

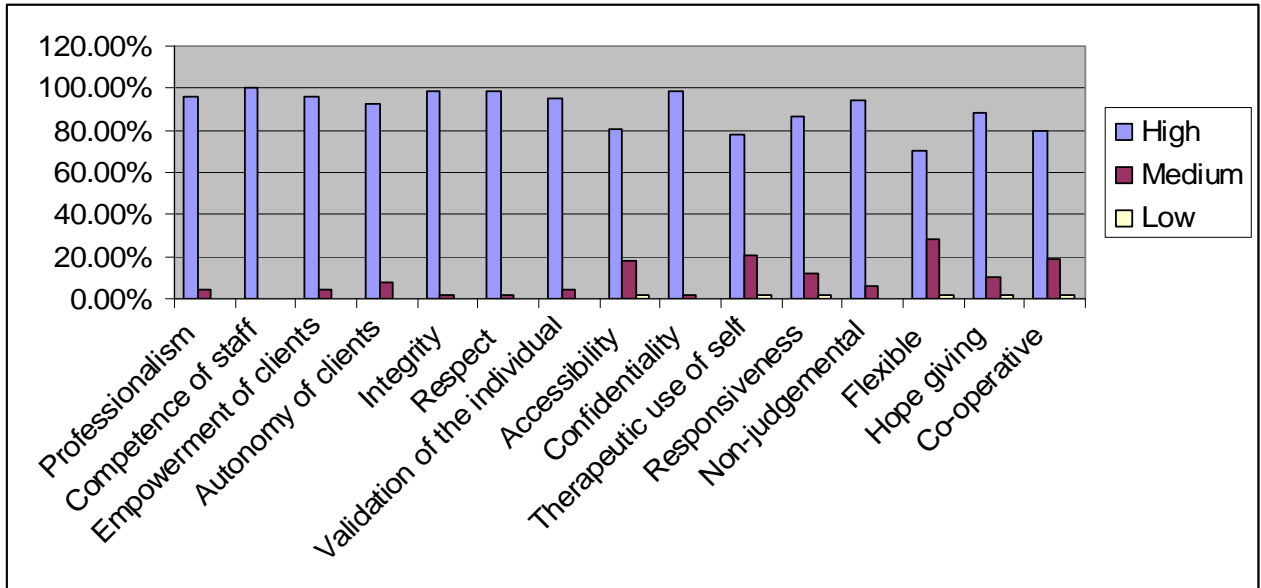
The National Counselling Service provides a direct, free and confidential counselling service for adults who have experienced childhood abuse to help them recover and restart their lives; this provides an effective alternative to medication as a way of alleviating the symptoms of past trauma. (76 responses)



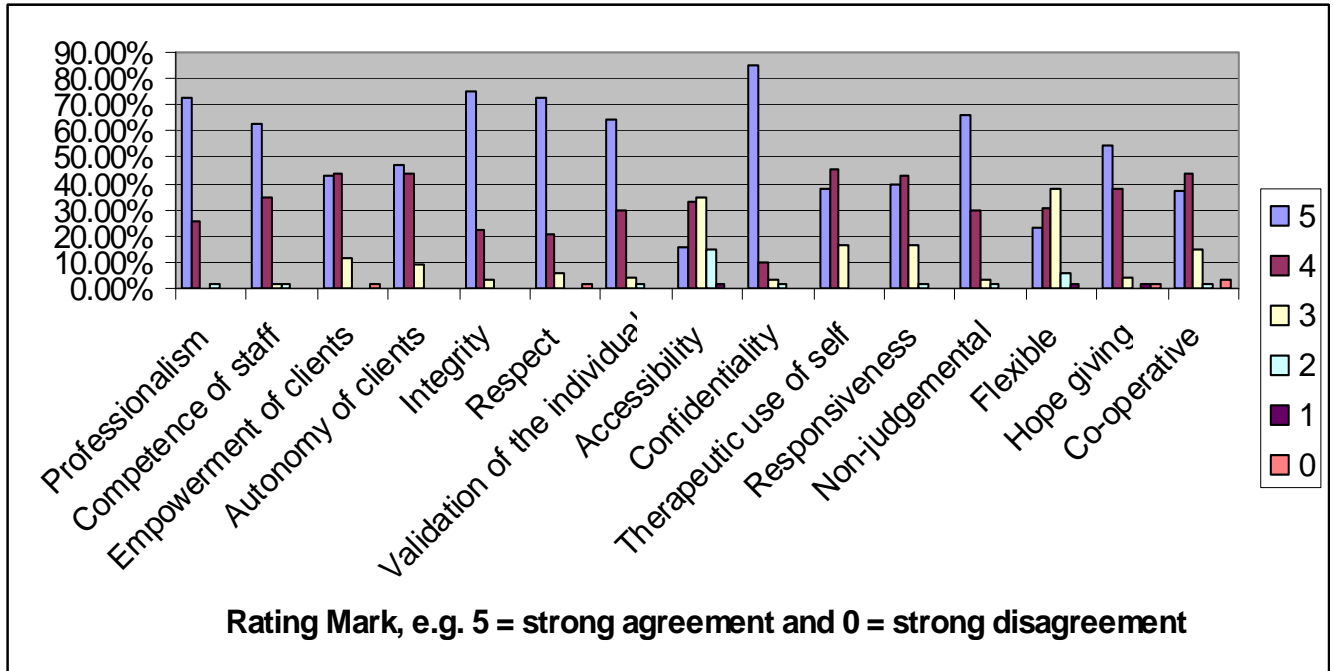
Values

Please indicate: a) how important you think each one is b) the extent to which you think it is real and present in how the NCS operates in your area of the service (where 5 = strong presence; 0 = absent). (71 Responses)

Importance

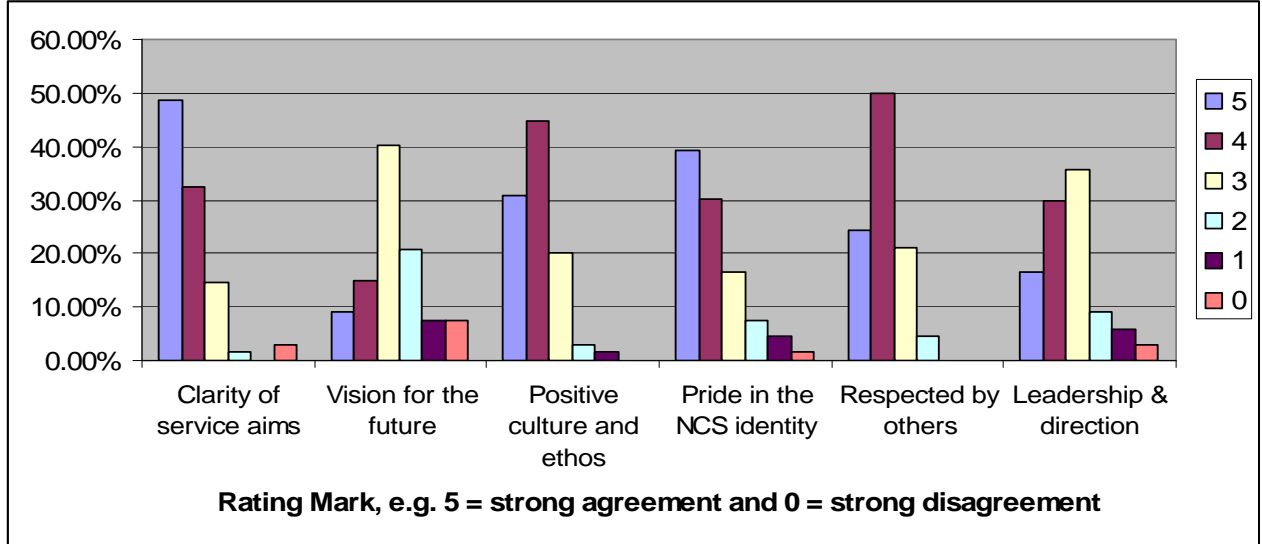


Extent of presence

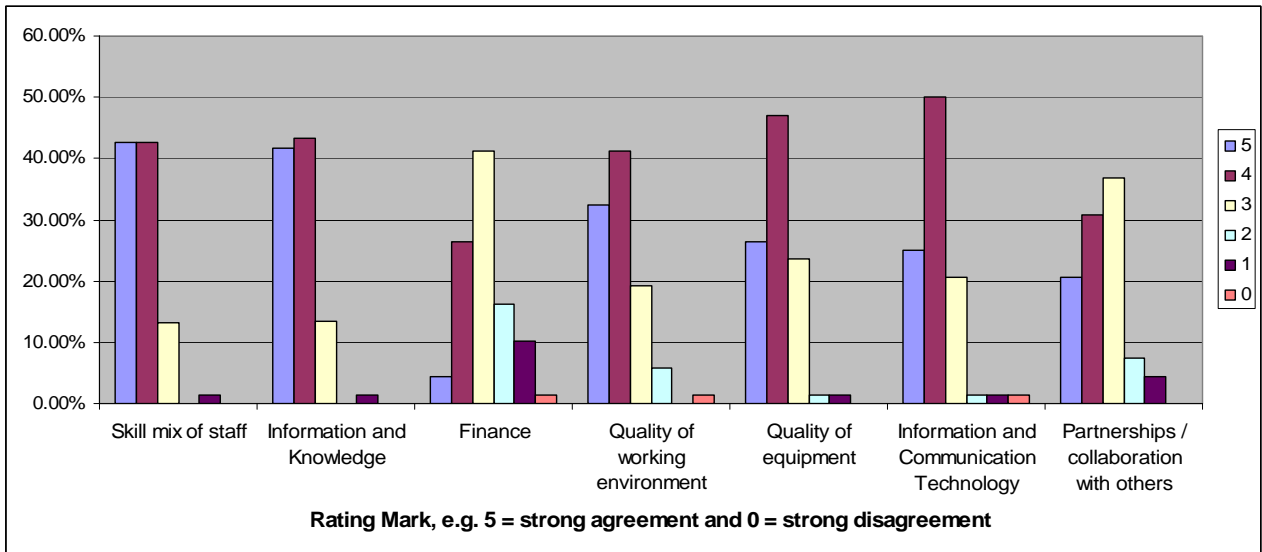


Section Two: Organisational Review

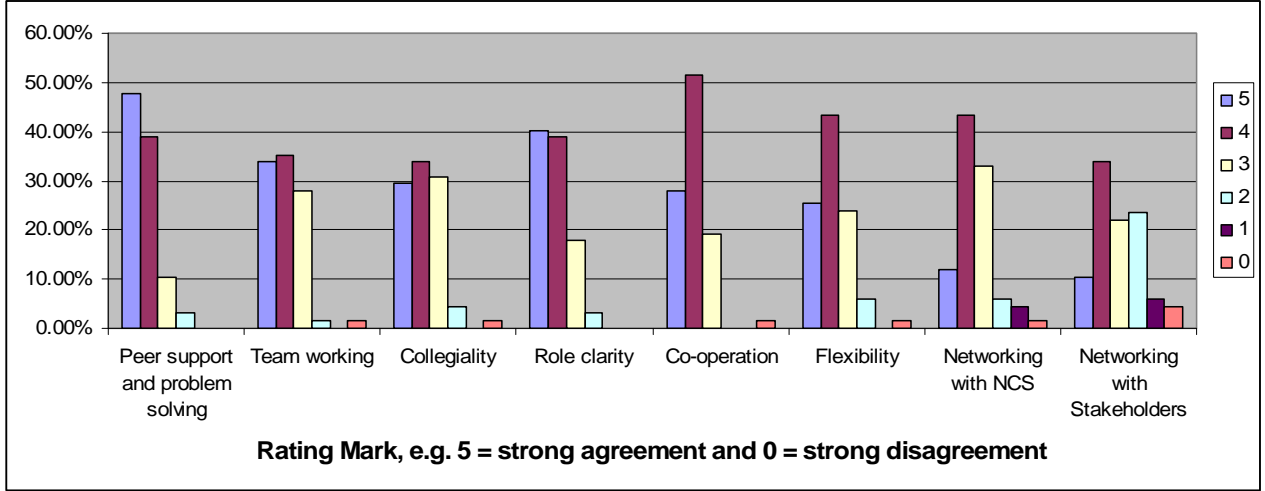
Purpose & Identity: (68 Responses)



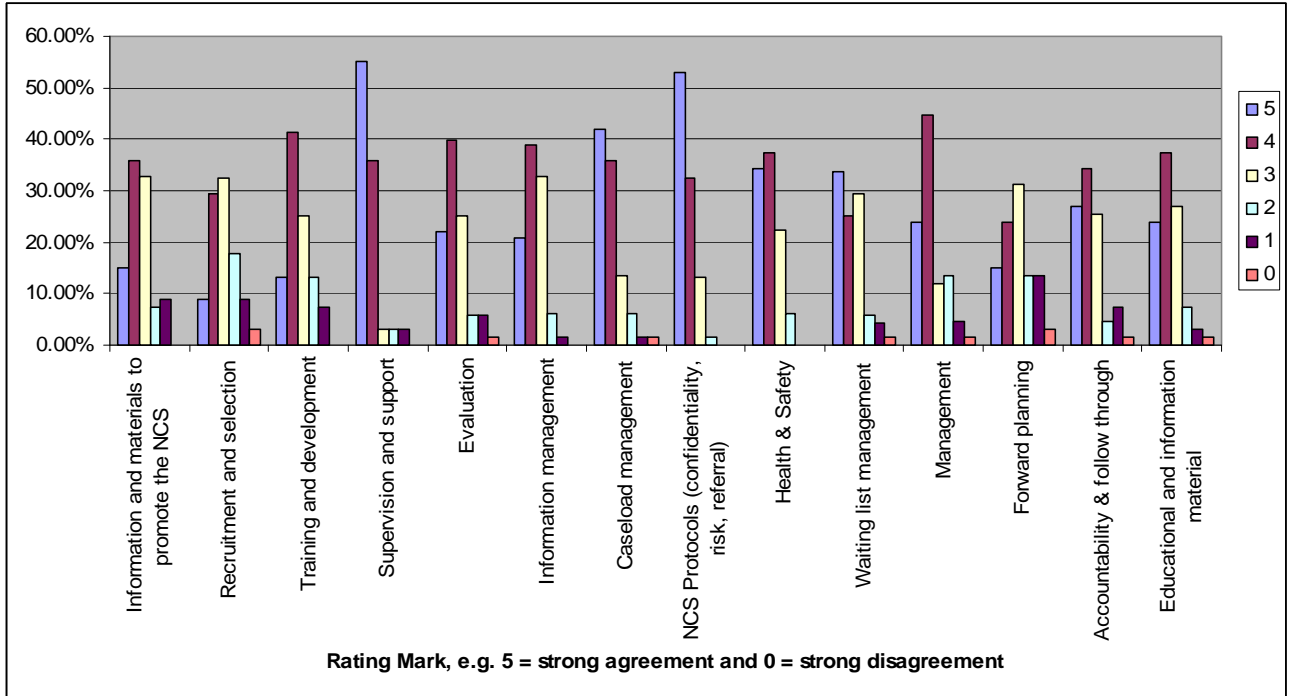
Resources: (68 Responses)



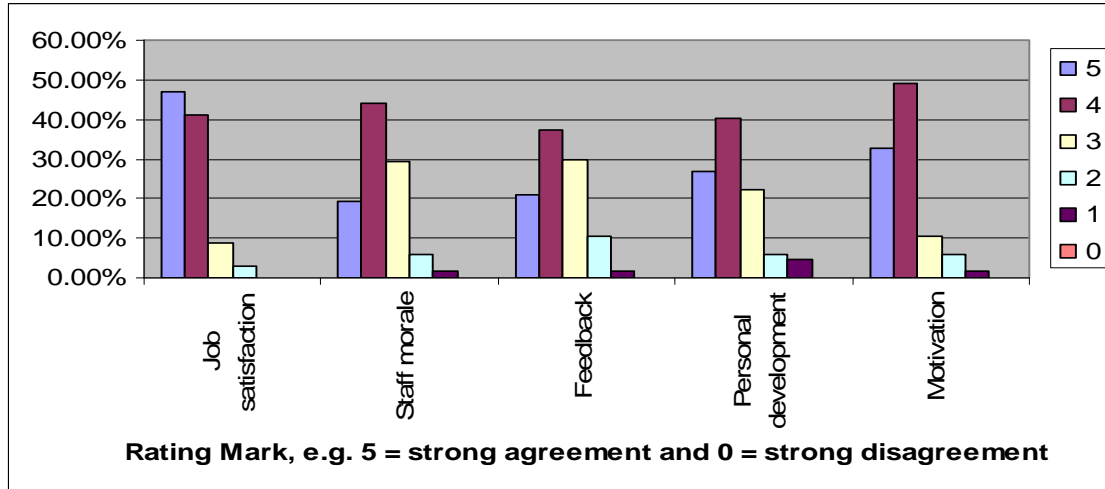
**Roles and Relationships:
(68 Responses)**



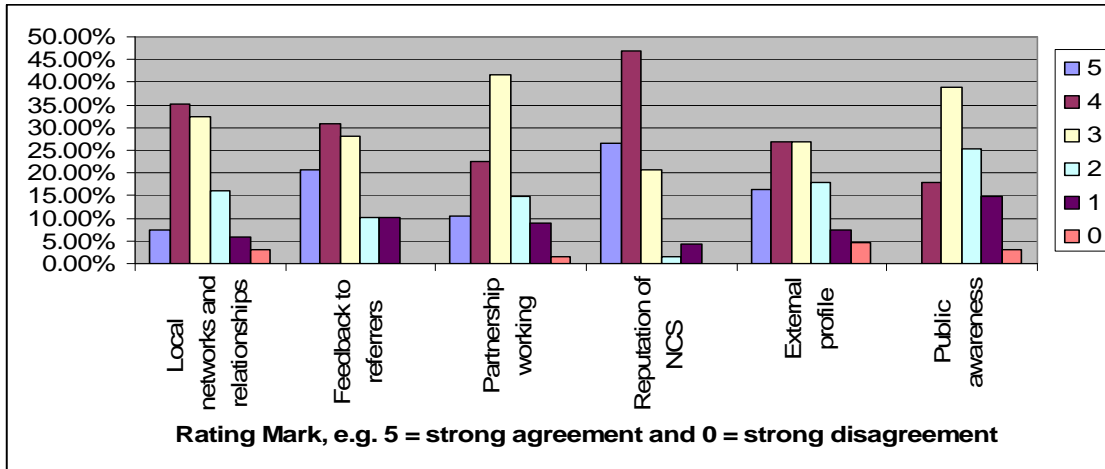
**Systems and Structures:
(68 Responses)**



**Individual:
(68 Responses)**



**Links with external environment:
(68 Responses)**



Anne McMurray
24th July 2008.

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