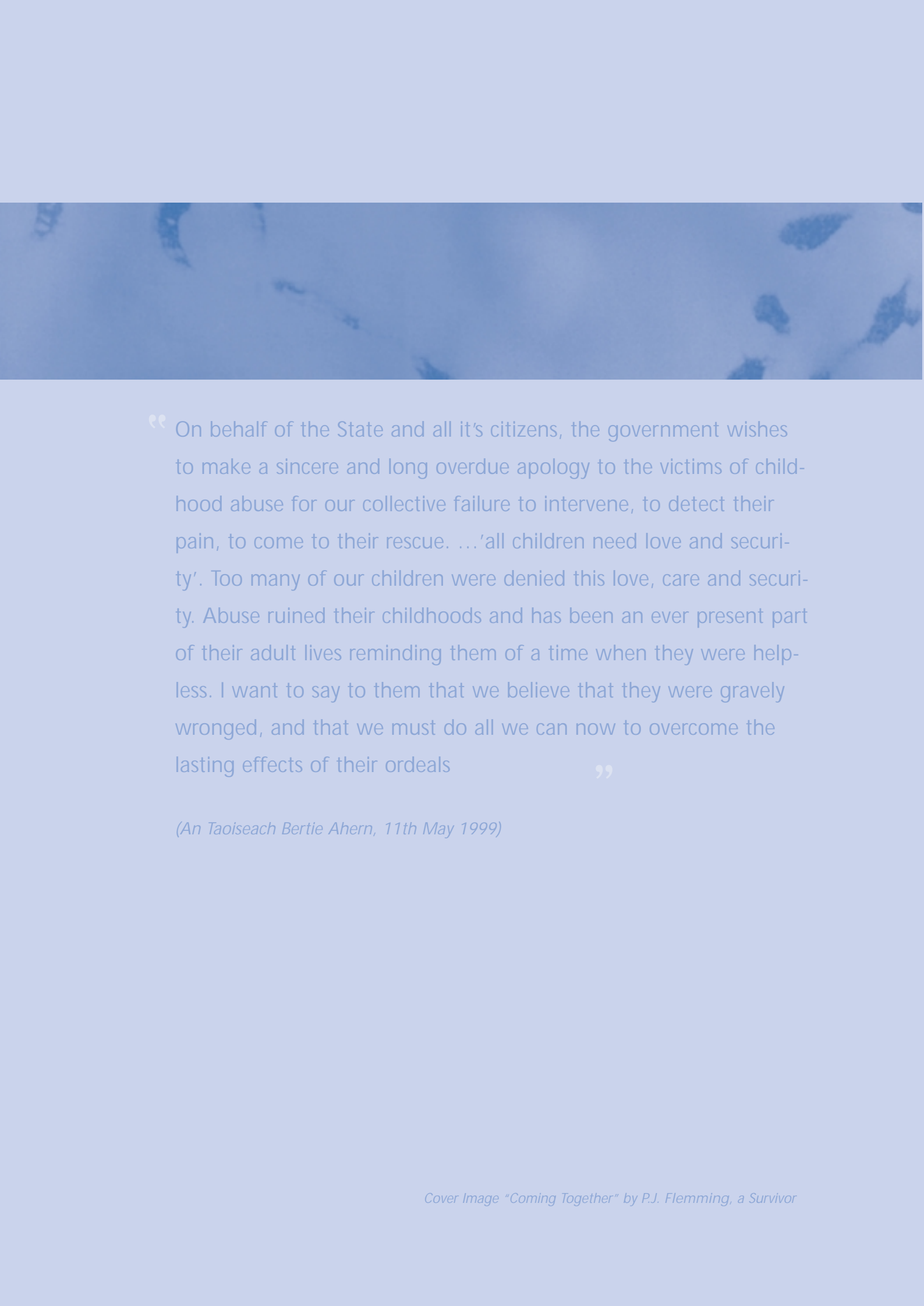


The National Counselling Service for adults who have experienced childhood abuse

First Report



The Health Boards Executive
Working Together for Health



“ On behalf of the State and all its citizens, the government wishes to make a sincere and long overdue apology to the victims of childhood abuse for our collective failure to intervene, to detect their pain, to come to their rescue. ...‘all children need love and security’. Too many of our children were denied this love, care and security. Abuse ruined their childhoods and has been an ever present part of their adult lives reminding them of a time when they were helpless. I want to say to them that we believe that they were gravely wronged, and that we must do all we can now to overcome the lasting effects of their ordeals ”

(An Taoiseach Bertie Ahern, 11th May 1999)

Contents

Foreword	4
Preface	7
 Section 1	
Background to the Establishment of the National Counselling Service:	11
1.1 Introduction	12
1.2 Understanding institutional abuse	12
1.3 The impact of childhood abuse	14
1.4 The contribution of counselling	14
 Section 2	
“Working Together” - Developing a National Counselling Service for Adults who have experienced Childhood Abuse:	17
2.1 Introduction	18
2.2 Cross Health Board working group	18
2.3 Survivor Priorities for National Counseling Service	19
2.4 A National Model of Service	19
2.5 Formal Establishment of the National Counselling Service	20
2.6 Challenges and Benefits of Working Together	20
 Section 3	
National Counselling Service – Purpose and Ethos:	23
3.1 Introduction	24
3.2 Core Purpose of the National Counselling Service	24
3.3 Guiding Principles of the National Counselling Service	24
3.3(a) Accessible services	24
3.3(b) Quality	25
3.3(c) Choice	25
3.3(d) Responsive	25
3.3(e) Integrated	26
3.4 Legal and statutory framework	26
3.4(a) National legislation	26
3.4(b) National guidelines and policies	26
3.4(c) Inquiry Reports	27

Contents

Section 4

What has been Achieved so Far - Service Provision 2000-2001:	29
4.1 Introduction	30
4.2 Current level of service provision	30
4.3 Uptake of the National Counselling Service 2000-2001	32
4.3(a) National Standards for Service Delivery	32
4.3(b) Service Activity	32
4.3(c) Pattern of Referral to NCS	34
4.4 Profile of clients attending the National Counselling Service	34
4.4(a) Clients who experienced Institutional Abuse	34
4.4(b) Gender of clients	36
4.4(c) Age of clients referred to National Counselling Service	36
4.4(d) Length of attendance for counselling	37
4.4(e) Context in which abuse occurred	38
4.4(f) Nature of abuse experienced	39
4.4(g) Reason for seeking counselling	40
4.5 Reporting of abuse to Child Protection Services	41
4.6 Integrated social work service	42
4.7 'Reaching out'	43
4.8 Counsellor Activities	44
4.9 Continuing professional development	45
4.10 Working in partnership	46
4.10(a) Regional integration	46
4.10(b) National links	47
4.10(c) links with Non-statutory organizations	48

Section 5

What has been achieved so far - NCS Policy & Standards:	49
5.1 Introduction	50
5.2 Establishment of National Policies and Standards	50
5.2(a) Good practice standards	50
5.2(b) National Counselling Service Supervision Policy	50
5.3 NCS policy and confidentiality	51

Contents

Section 6	
What has been achieved so far – National Projects:	53
6.1 Introduction	54
6.2 National consultation project with survivors	54
6.3 National Counselling Service Database	55
6.4 Research Project on Counsellor Stress and Burnout	56
Section 7	
Is the NCS making a difference? – Survivors Perspectives on the NCS:	59
7.1 Introduction	60
7.2 Client perspectives	60
7.3 Right of Place – Cork	61
7.4 The Aislinn Centre – Dublin	62
Section 8	
What we have learnt together – emerging themes:	65
Section 9	
National Counselling Service priorities for 2002:	69
9.1 Introduction	70
9.2 Listening and Responding to Client Experiences	70
9.3 Continued support to the Commission to Inquire into Child Abuse	71
9.4 Child abuse prevention and family support	71
9.5 Build on good Practice – Maintain Quality of Service	72
9.6 Implement the National Health Strategy	73
9.7 Highlighting Emerging Areas of need	74
9.8 Contribute to development of therapeutic services	74
9.9 Build links – share the learning	75
9.10 Working together	76
Bibliography	77
Appendix 1 – National Counselling Service regional profiles	79
Appendix 2 – Survivor Groups - Contact Details	87
Appendix 3 – National Counselling Service - Contact Details	89

Foreword

Welcome to the first report on the National Counselling Service (NCS) for adults who have experienced childhood abuse. This report outlines the development of the service and the range of activities it has undertaken. It also has activity figures for the first year, covering the period from its establishment in September 2000 to September 2001.

The National Counselling Service was established in response to the recognition that a large number of adults had been abused as children while in care in institutions in Ireland and following the public apology by An Taoiseach Bertie Ahern T.D. in May 1999, and the announcement of measures to address the needs of those who have been abused as children in institutions.

One of the Government's primary concerns in developing a counselling service for survivors of abuse to establish a dedicated professional service in all regions of the Country and to ensure co-ordination and equity in the provision of such services across the regions. The Government's decision to assist victims of abuse by provision of a national counselling service presented a unique opportunity to develop a broad based counselling service for adults with a wide range of current needs and problems. The importance of working together across Health Boards was essential to ensure a coherent response to what is a national issue for providing appropriate and quality services to those who have experienced abuse in childhood.

It was agreed that the best way to achieve this was in the context of working together across all 10 Health Boards in the country. This work has included development of partnerships with non statutory agencies and private providers at local level. While health boards regularly work together on various issues, the NCS is the first national service that all ten health boards have worked together to develop. Such working together has been ongoing and is set to increase and become a standard feature now that the Health Boards Executive (HeBE) has been formally established on a statutory basis.

As this report indicates, the NCS for adult survivors of childhood abuse has been successful in that it has been set up in all 10 Health Boards, each having a Director, a number of counsellors and support staff providing accessible and user-friendly counselling services to survivors. In addition, each health board has a freephone contact line and at the end of September 2001 more than 3,000 calls had been received by the NCS. The service during this period provided counselling to over 2,000 survivors nationally with Counsellors providing up to 782 hours of counselling. The services are delivered from up to 57 centres across the country. During the year the service worked closely with the Commission to Inquire into Child Abuse receiving referrals from the Commission and also with the National Office for Victims of Abuse (NOVA) since its establishment in February 2001.

This report clearly indicates that significant progress in the development of the NCS was achieved in the first year and that a high quality user-friendly service has been developed throughout the country. The NCS serves as a useful model for working together on future projects given what has been achieved in terms of service development, shared policy and practice. The success of the National Counselling Service is also evidenced in the growing demand for counselling across the country and in order to ensure that we are in a position to respond to this, we are working closely with the Department of Health and Children and other agencies to further develop and enhance the service.

The NCS would not have been established or indeed the success to date recorded without the hard work and dedication of many people. In this regard I would like to begin by thanking each member of the working group for their advice, support and guidance throughout the development of this national service. I also want to thank all the agencies and bodies that we worked with in the development of the service and to express our gratitude to them for their contribution, support and help. I would like to acknowledge and thank all of the management and staff of the Health Boards for their support and their guidance in establishing the NCS in each local area.

I would like to thank the staff of the Nova Office, the Aisling Centre and Right of Place who contributed to this report and a special word of thanks to Mr. P.J. Fleming for allowing the use of his painting for the cover of the report. Most importantly, I would like to pay tribute and thanks to the survivors who have assisted us both locally and nationally in the development of the NCS and who are ensuring that we deliver a service that best meets their needs.

I would like to express our thanks to the Minister for Health and Children Michéal Martin T.D. and the Secretary General of the Department, Mr. Michael Kelly, the Assistant Secretaries and the staff in the Department who worked with us in developing the National Counselling Service.

The service is fortunate to have very skilled, dedicated and committed staff who have worked extremely hard together to develop and deliver a high quality counselling service as is evident from this report and in this regard I would like to register our thanks to all of them.

In conclusion, I have no doubt that with all of us working together, Health Boards, staff, survivors and support groups we will build on our achievements to date so that we continue to deliver a service that will meet the needs of survivors both now and in the future.

Pat Donnelly
Chairperson
NCS Working Group.



Preface

The National Counselling Service was established in September 2000 to provide a service for adults who were abused as children. This is significant for a number of reasons:

- It signals a recognition of the abuse experienced by many adults living in Ireland in particular those who were abused in institutions as children.
- It acknowledges the long term impact of abuse
- It is a recognition of the therapeutic potential of counselling for alleviating the impact of abuse.

The importance of understanding the context in which abuse occurred as well as the secrecy and shattered trust that many survivors share has been highlighted throughout the year by those who have used the National Counselling Service.

Listening, believing and validating these experiences is essential. This has been expressed eloquently by one client who attended the National Counselling Service over the last year,

“At last I feel understood and that what I have to say is important”

(Client attending the National Counselling Service)

Purpose and Outline of this Report

This first report of the National Counselling Service aims to provide:

- An overview of the context which led to the NCS being set up
- What has been involved in establishing a nationwide counselling service for adults in Ireland who experienced abuse as children
- The contribution that counselling can make to alleviating the impact of childhood abuse
- What has been achieved by the National Counselling Service in its first year of operation

Section 1 details the historical context in Ireland and the growing recognition of institutional abuse as well as the subsequent decision to establish the National Counselling Service.

Designing a model for a counselling service based on priorities identified by survivors of abuse is detailed in Section 2. Section 3 describes how these priorities have been translated into the core principles which underpin how the National Counselling Service has been developed and is currently being delivered.

The work that has been undertaken by the National Counselling Service since its formal establishment in September 2000 is outlined in Section 4.

This section highlights:

- Who has used the service so far
- The reasons given for seeking counselling
- The extent of abuse experienced by clients of the National Counselling Service

The courage which is shown by those who contact the National Counselling Service, many often speaking of traumas experienced for the very first time is truly humbling.

Almost 2,000 people have been referred to the National Counselling Service since its inception reflecting the significant need for the service and the number of clients seeking counselling continues to grow, placing increasing demands on the service.

A third of all who attend the National Counselling Service report that they experienced abuse while resident in an institution, while the majority of clients identify that they were abused within their own families. Clients were exposed to a range of abusive and neglectful experiences in childhood, some experiencing multiple abuse.

Clients choose to attend for counselling for a variety of reasons and often because of multiple difficulties in their lives such as feelings of depression and anxiety, relationship difficulties, worries about how they are parenting their own children or problems coping with every day life. Shared amongst those who come to the National Counselling Service is a desire for change, for life to be better.

A very significant proportion of the clients who attend the NCS are men a fact which is welcomed given that traditionally men can find it difficult to access and use counselling services. The National Counselling Service is very aware of the particularly high rate of suicide amongst men in Ireland and concerns that men are reluctant to seek help when distressed. We are hopeful that our experience at the National Counselling Service can contribute to learning about what can be helpful to men in easing their distress and enable them to seek support.

Much has been achieved by the National Counselling Service in the last year, Sections 5 and 6 outline specific projects which are underway as well as the policies and standards which have been developed to date. Has this work made a difference to those who use the National Counselling Service? Section 7 offers some client perspectives, as well as the views of two Support Groups for Institutional Survivors, the Aislinn Centre in Dublin and Right of Place in Cork, on the National Counselling Service.

The National Counselling Service was established and developed by all Ten health boards in the country with the objective of achieving consistent and equitable services for clients across the country. While there has been much learning over the last year, detailed in Sections 8 and 9, the overriding theme has been the importance of working together so that we can learn from the past and make a difference in the future.

The National Counselling Service will only be judged by those who choose to use the Service. The NCS looks forward to its continued work with clients and welcomes all views and comments, positive and negative, in relation to people's experiences. All the staff of the National Counselling Service would like to take this opportunity to extend our thanks and appreciation to all those who have supported the development of a national counselling service for adults and in particular to our clients who continue to help us to listen and learn.

1

Background to the Establishment of the National Counselling Service

1.1 Introduction

Following An Taoiseach's public apology on behalf of the State on the 11th May 1999, the Government announced a series of measures to address the needs of those who had been abused as children while resident in institutions. These included the establishment of a Commission to Inquire into Child Abuse and the development of a National Counselling Service (NCS) which would be dedicated to working with those who had been abused in childhood, in particular those who had experienced abuse while growing up in institutional care.

One of the Government's primary concerns was to establish dedicated professional counselling and related services, in all regions of the country, for people who were victims of Institutional childhood abuse and to ensure co-ordination and equity in the provision of such services across the regions. Four million pounds was subsequently allocated for the development of a National Counselling Service.

Most people are horrified at the thought of children being abused particularly when those children were placed 'in care' away from their families. Difficulty acknowledging such abuse adds to the silence that surrounds these experiences. The establishment of a counselling service in each Health Board area is therefore very significant. It is an acknowledgement by Irish society that such abuse has occurred and is wrong. Such belief and validation is essential to the recovery process for those who experienced abuse and who have been unable to speak about their experiences for fear that they would not be believed.

As a society, Ireland has recently had to deal with an unprecedented level of disclosure of abuse of children, by members of their families, by the religious and particularly within institutions such as industrial schools and orphanages. This is reflected in national figures for reports of child abuse which have increased by several hundred percent over the last 20 years¹. The acknowledgement of abuse of children within institutions funded by the State and established to care for them, can be seen as a measure of Irish Society's increased willingness to listen to the experiences of those raised in institutional care and to face up to its past. The National Counselling Service hopes to contribute to this process and in so doing to provide opportunities to reflect on what lessons we can learn from the past.

1.2 Institutional Abuse in Ireland

It is acknowledged that abuse of children in care in Ireland went largely unrecognised heretofore (Raftery and O'Sullivan, 1999). Institutional abuse of children has remained hidden for a complexity of reasons, including societal denial of such abuse. In addition aspects of institutional care itself were influential in maintaining abuse:

- Children in institutions were denied access to adults who could receive a child's report of maltreatment in a credible and protective manner.

¹ Department of Health figures for reported cases of child sexual abuse numbered 200 in 1979 and more than 6,500 in 1995

- Isolation from family and support networks.
- The credibility of children with a history of difficult behaviour was not generally accepted.
- Increased vulnerability to abuse because of previous emotional/physical/psychological deprivation.
- The closed nature of institutions allowed abuse to occur and prevented disclosure
(Adapted from Wardhaugh and Wilding 1993)

Research would suggest that children who were placed in care were more vulnerable to abuse and neglect because of their dependency on their carers to have their needs met:

“Children in care are especially vulnerable since they suffer a three fold risk of abuse. The first level they face is on the basis of their status as a child, the second level of risk relates to the abuse or traumatic experiences which led to their entry into care and which are likely to have provoked or deepened a sense of powerlessness or worthlessness. These in turn heighten their vulnerability to abuse, exploitation, or unscrupulous domination. The third level of risk relates to their dependence and isolation in care” (Gilligan, 1994).

Historically, institutional care of children has been viewed as the last resort for children and has often been characterised by low standards of care, provided as cheaply as possible, with minimal external scrutiny (Corby, Doig and Roberts 2001). These factors have contributed to the context which has allowed abuse of children in care to occur.

Abuse of children in care covers a broad spectrum from isolated incidents such as inadequate supervision, to sexual abuse, physical injuries, to death of a child. A lack of systematic research on institutional abuse means it is difficult to obtain an accurate indication of level of prevalence, however available studies indicate significantly higher rates of abuse of children in care than occurs in the general population and that children in institutions tend to experience more abusive and neglectful treatment than those who remain in their families (Rosenthal et al 1991.).

The full extent of abuse of children in institutional care in Ireland can be understood by considering that at the foundation of the Irish State there were approximately 7,599 children cared for in institutions (Raftery and O’Sullivan 1999). While this number reduced to less than 1,000 by the early 1980’s many of those cared for in State institutions are alive to this day having lived very marginalized lives (Ferguson 1995).

The National Counselling Service acknowledges this history and the wider implications which draw attention to the broader issue of childhood abuse and the resultant needs of adults who were abused as children.

1.3 The Impact of Childhood Abuse

“Abuse” is not a single event with predictable effects, it is a complex phenomenon which people experience and react to in different ways. Not all adults perceive themselves to be effected by abuse and individual resilience and capacity to cope with adversity must also be acknowledged.

Child maltreatment is generally categorised as neglect, emotional abuse, physical abuse and sexual abuse. These forms of abuse are not mutually exclusive and often occur in association with each other. The work of the National Counselling Service involves all of these forms of abuse.

Common amongst these different types of experiences, is the impact on the child and over the long-term, on the adult's health and emotional well-being. Shared amongst most people who report abuse as children, are feelings of powerlessness and betrayal, a deep sense of injustice, and a belief that the world and other people cannot be trusted. These feelings may occur whether it is physical, sexual, emotional abuse or neglect that has been experienced. Perhaps most difficult of all to cope with is the damage that can be done to a person's sense of self and identity which can effect every aspect of their life and inhibit their potential for growth.

The effects of abuse are dynamic, that is, the experiences and adaptations children make can become part of their overall developmental process, shaping their view of their world and themselves (Hanks & Strattan, 1995). Ways of coping developed in childhood in response to abuse may become maladaptive in the long-term and can contribute to difficulties in adulthood, such as problems forming and maintaining close healthy relationships, substance abuse, emotional and mental health difficulties and problems coping with normal life events (Corby, 2000).

Further, a history of institutional care is associated with long-term educational and vocational disadvantage, unemployment, as well as a greater likelihood that the victim of institutional abuse may engage in criminal behaviour. Adult survivors frequently report that they did not have the opportunity to reach their full potential. This can result in strong feelings of loss, resentment and low self esteem, (Corby, 2000; Dept. of Health; UK, 1999). The extent of abuse experienced also effects ability to cope and research has evidenced that lasting problems are more likely for those who were seriously, multiply and chronically abused over an extended period of time, where abuse began at an early age and in the absence of an adequate family experience.

1.4 The Contribution of Counselling

“Counselling is one way of opening up the past in a safe environment so that it can be faced, renegotiated, and in some respects even relived, but with ‘a new ending’.”
(Jacobs 1929; quoted in Fahy 1995)

Counselling has a useful contribution to make in working with those who have been abused to find new ways of coping which can help to address the impact of abuse. A dedicated counselling service allows for the explicit recognition of the needs of adults and provides a voice for those who in the past have been unable to speak about their experiences. It is in a very real sense, a breaking of the silence that often surrounds childhood abuse.

Counselling can help to address the impact of abuse on a person's current life whether that impact is expressed through difficulties in relationships, problems in parenting their own children or coping with overwhelming feelings. Counselling is concerned with the whole person and offers people the security of a confidential, therapeutic relationship where feelings and fears can be shared in safety.

At its core counselling is a relationship. The counsellor's role is to help overcome the assault on the client's sense of self by respecting, listening and valuing the personal resources and capacity for self-determination of the client. The development of a 'therapeutic alliance' between client and counsellor is central to achieving positive therapeutic outcomes (Morrison-Dore and Alexander 1996). A therapeutic alliance will only flourish in a context where continuity is maintained and trust established. This may take longer to establish for clients with greater levels of vulnerability.

The effectiveness of different forms of counselling and therapy has been comprehensively researched. A consistent finding from the research being that "therapy works" (McKeown 2000). Research has shown that the client is central to the change process in counselling. Counselling must therefore build on client strengths and resources to achieve change. Counselling therefore has the potential to facilitate considerable positive changes for adults who were abused as children (Dale 1999) and can help to make a difference in the lives of many adults.

The background of the slide is a blue-toned photograph of a large crowd of people, possibly at a public event or protest. The image is slightly out of focus, with the people appearing as a dense, textured pattern of heads and shoulders. The overall color palette is a range of blues, from light sky blue to deep navy blue.

2

“Working Together” -Developing a National Counselling Service for Adults who have Experienced Childhood Abuse

2.1 Introduction

The Government's decision to assist victims of institutional abuse through the provision of a national counselling service, presented a unique opportunity to develop a broad based counselling service for adults with a wide range of current needs and problems. The importance of working jointly across health boards was identified as essential to ensure a coherent response to what is a national issue of providing appropriate and quality services to those who have experienced abuse in childhood. It was agreed that the best way to achieve this was in the context of working together across all health boards in the country.

Working together is regularly undertaken between health boards in relation to specific projects, however the National Counselling Service is the first health board service to be developed and implemented through a working together process. In addition the development of the National Counselling Service is the first structured approach to deriving the organisational and development implications of government decisions and as such provides a unique opportunity for learning.

In the absence of a national framework for the National Counselling Service it is likely that individual health boards would have achieved very different levels of service development and that the same standard of consistency in terms of service delivery and quality could not have been achieved. This would have had significant implications for the nature and type of service clients would have received.

The process of establishing the National Counselling Service has been an opportunity for learning in and of itself and the following section of this report details the development of a National Model of service devised by all ten health boards in the Country based on priorities identified by survivors of abuse. This work has facilitated the development of five key principles Accessibility, Quality, Choice, Responsiveness and Integration. These principles provide the framework which guides the work of the National Counselling Service.

2.2 Cross Health Board Working Group

A Cross Health Board Working Group was established by Denis Doherty, CEO Midland Health Board, on behalf of the Chief Executives of the Health Boards in 1999. Chaired by Mr Pat Donnelly, currently, CEO South Western Area Health Board, this group held its first meeting on the 20th July 1999. The brief of the Conjoint Working Group was to identify what services were currently in place for survivors of childhood abuse and to develop a model for a National Counselling Service which could be applied throughout the country to meet the needs of those who had experienced abuse as children.

The process of establishing the NCS posed a real challenge as it required that local priorities were considered in the context of national demands and the identification of shared objectives regarding how the service should operate.

2.3 Survivor Priorities for a National Counselling Service

Consultation with survivors groups during the planning phase of the National Counselling Service served to identify survivor priorities for a counselling service. These priorities have guided the development of the National Counselling Service at all times.

Counselling was identified by survivors as central to the recovery process for those who had experienced abuse in childhood. Ensuring that clients had access to a professional service with qualified staff that could listen to the experiences of survivors was highlighted.

Choice was identified as essential to the way in which the service should develop, as was the need to address practical issues such as transport, in order to ensure accessibility to all who might need counselling. Support for those who attend the Commission to Inquire into Child Abuse was identified as an additional need.

Survivor representatives emphasised that the National Counselling Service should be integrated with other services so as to facilitate clients needs. Co-ordination of the service across the country so as to prevent fragmentation and ensure the development of standardised procedures and practice was identified as essential. Research to facilitate prevention and early intervention as well as evaluation of the counselling service to ensure it remained effective was also highlighted.

These priorities provided the foundation for a national model for the NCS and the framework for the practice standards which underpin the operation of the National Counselling Service.

2.4 A National Model of Service

In constructing a national model of service the Working Group of the NCS also examined existing models of services and considered responses developed in other countries. Based on this information and the priorities identified by survivors the Working Group concluded that the NCS should have the following characteristics:

- The NCS should be a community based counselling service for adults who have experienced childhood abuse.
- Access to the service should be directly from the client or a referral agency with a freephone contact line within each health board to facilitate direct free access for clients.
- The service would take a holistic approach to clients including linkages with other health and social services to provide for and meet diverse needs such as adoption tracing, child care, family support, general practice, mental health services.
- Models of intervention would be: client centred, respect personal choice and consistent in approach.
- National procedures and protocols would be developed.

- Services would conform to consistent national standards which would include appropriate responses to potential clients and no waiting time for first appointments.
- The NCS would work closely with support groups and survivor networks.
- Services provided would be of high quality.
- The NCS would be staffed by highly qualified counselling/therapy staff reflecting a high standard of professionalism and experience with staff drawn from different health care professions.
- Mechanisms for ongoing supervision as well as continued professional training and development of staff would be in place.
- Mechanisms for ongoing consultation with and feedback from clients including the evaluation of individual experiences of the service and formal consultation would be built into the service.
- There would be a clear process for evaluating the effectiveness and impact of the service.

2.5 Formal Establishment of the National Counselling Service

With an identified model for a counselling service in place, it was clear that development of the service was dependent upon employing an adequate number of appropriately qualified staff together with necessary support systems. In December 1999 a national recruitment campaign was initiated. Following the appointment of Directors of Counselling in Summer 2000, the process of developing the infrastructure for the NCS – including securing suitable office accommodation, establishing referral links, recruitment of counsellor/therapist staff etc - began.

In tandem with the onset of the Commission to Inquire into Child Abuse and the installation of a Free-phone contact line in each health board, the National Counselling Service was formally established on the 11th September 2000.

2.6 Challenges and Benefits of Working Together

One of the greatest challenges for the National Counselling Service has been to work together across Health Boards to achieve a nationally consistent service whilst simultaneously balancing regional and local demands associated with the establishment of a new Health Board service. All ten health boards working together has produced many benefits for the service as well as significant challenges. It has served as a model for integration with other services, enabled individual services to build on the experiences of others and to share that learning for the benefit of clients.

The benefits of working together which are apparent so far have been shown in:

- The development and implementation of consistent good practice protocols across Boards
- Services are facilitated to think more broadly than their individual service or geographical area to ensure that overall objectives in the interests of clients are achieved.
- Greater flexibility between services
- Collation of consistent information across the Boards to enable accurate service planning and national comparison of needs and service use.

Most significantly of all, working together has enabled the National Counselling Service to maintain a greater focus on client needs and experiences.

Working together is not without its challenges however and these include the need to balance local priorities with national demands. This has been an ongoing task over the last year. It is also essential that local diversity is respected whilst ensuring that national consistency on agreed standards and protocols continues to be maintained.

Achieving consensus across Boards is an ongoing challenge given that Ten different perspectives contribute to the working of the National Counselling Service. Good communication and consultation within Board areas is essential to facilitate this working together.

As well as meeting local service commitments, the work of the Directors involves implementing national policy and supporting the process of working together. Work focuses on developing the national model of service and ensuring consistency across Health Board structures. Additional support for working together has been provided through the Office for Health Management.

The contribution and support of each area health board at management and operational level to this working process has also been essential in achieving the current level of progress and development. All ten Health Boards remain committed to the process of working together.

One year on, while the challenges of working together have been significant, the benefits for clients have been demonstrated in the delivery of counselling services which clients can expect to be consistent, accessible in each area of the country and of high quality.



3

National Counselling Service Purpose and Ethos

3.1 Introduction

The NCS national model of service has provided a template for all health boards to work together in order to ensure the development of consistent counselling services across the country for all clients. The practical applications of this model are illustrated throughout this report. Accessibility, quality and an explicit client centred ethos for the service are central to the operation of the NCS and serve as benchmarks from which the National Counselling Service can be evaluated.

This section details how the priorities identified by survivors during the development of the National Counselling Service have been operationalised.

The National Counselling Service exists within a particular legislative and statutory framework which also influences its practice and service development. These influences are detailed in section 3.4.

3.2 Core Purpose of the National Counselling Service

Based on the principles identified by survivors, which guided the early development of the NCS and the foundations laid by the Working Group, a clear mission for the NCS has been identified:

The National Counselling Service 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.

Specifically the NCS is:

- A cross health board project which works effectively with others providing counselling and other support services to adults who have experienced abuse in childhood
- Delivered locally in each health board, is directly accessible, confidential, highly responsive to and informed by those who use the service
- Works to build understanding and trust, create change and prevent further abuse in Ireland.

3.3 Guiding Principles of the National Counselling Service

The NCS aims to provide services which adhere to the national model of service with consistent standards of client-centred practice for all clients.

3.3a Accessible Services

The NCS has been structured within each health board to ensure that the principle of accessibility is operationalised in service delivery through :

- Provision of a freephone contact line in each health board

- A Self-referral system which enables clients to have control over access to the service, maintains client privacy and reduces barriers to the service.
- Use of local press and radio media to inform and encourage potential clients to contact the service

3.3b Quality

Quality of service provided by the National Counselling Service is ensured through:

- Provision of services which respect the dignity, choice, privacy and confidentiality of clients
- High standards for recruitment of staff which require professional training and experience
- A comprehensive supervision and support structure for staff to ensure good practice
- Agreed national standards for case load management
- Development of nationally agreed prioritisation criteria to ensure equity of service delivery in each health board area
- Good practice models of working based on learning nationally and internationally.

3.3c Choice

Clients can choose to attend for counselling from a range of locations in their geographical area according to what is most appropriate to their circumstances. This facility is available across county boundaries and health board regions and helps to facilitate access, ensure anonymity, confidentiality and reduce the feelings of stigmatisation some clients experience.

The National Counselling Service also recognises that some clients choose not to attend the NCS. Alternative choices made by clients who require counselling as a result of abuse within institutional care are facilitated by the NCS as far as possible.

3.3d Responsive

The NCS is committed to ensuring that it openly engages with those who use its service as well as other stakeholders such as referral agents, in order to identify unmet needs and respond to those needs where appropriate and possible. The NCS takes a holistic approach to clients needs, understanding clients within the context in which they live and the diversity of needs with which they may present.

Ongoing consultation and feedback from users of the service including evaluation of experiences of counselling and formal consultation with user groups is a fundamental objective of the NCS. This is achieved in several ways:

- The NCS works closely with support groups and survivor networks at *practical and professional levels, locally and nationally* in order to ensure communication between the NCS and those who represent the needs of many of its clients.
- The National Counselling Service is commissioning an *Independent Consultation Project* with survivors of abuse in order to identify the views and experiences of clients (see Section 6.2).
- The National Counselling Service actively supports the development of survivor support groups in its areas.

3.3e Integrated

The NCS operates on the basis of health boards working together which aims to ensure the integration of the service within each health board area and across health boards nationally. The NCS is delivered locally but functions nationally across each health board to develop protocols and practice so that the service received by clients is consistent and of high quality. Each local counselling service also works with others within its region including other health board services, voluntary agencies and support groups.

The National Counselling Service staff in each health board area comprise of interdisciplinary teams drawn from different health care professions such as psychology, nursing, social work. This facilitates integration of a diversity of skills and resources.

3.4 Legal and Statutory Framework

The work of the National Counselling Service is guided by national legislation, strategies and policies which are outlined below.

3.4a National Legislation

- Commission to Inquire into Child Abuse Act, 2000.
This act governs the work of the Commission and is pertinent to the NCS in the standards of confidentiality it guarantees its clients. The parameters of confidentiality guaranteed in the Commission Act have been incorporated into NCS policy on confidentiality (see Section 5.3c) •
- The Protection For Persons Reporting Child Abuse Act, 1998.
In operation since January 1999 this Act ensures immunity from civil liability for any designated person who reports child abuse “reasonably and in good faith”. This act is important for the work of the National Counselling Service given our duty to report concerns about risks to children.
- The Freedom of Information Act, 1997.
Operational since October 1998 this act enables members of the public to obtain access to information in the possession of public bodies. This act has implications for file management and record keeping.
- Health Amendment Act, 1996 (Section 6),
This act has put a clear accountability framework in place, it places a duty on the Health Boards to stay within agreed budgets and to produce an annual report and yearly service plans.

3.4b National Guidelines and Policies

National Health Strategy (2001)

The National Health Strategy “*Quality and Fairness, A Health System For You*”, published in November 2001 highlights four principles: *equity, accountability, a people-centred health service and quality* which will guide the health service to ensure that it supports and empowers users to achieve their full potential.

A key element of the National Health Strategy is the commitment to ensuring that service users “have their say” and are involved in the planning, development and evaluation of health services, a principle which has been built in to the National Counselling Service since its inception.

In line with the national goals of the National Health Strategy (better health, fair access, responsive and appropriate care delivery and high performance), the National Counselling Service is underpinned by the principles of equity, quality and accountability and client centred-ness and seeks to achieve these objectives through accessible services, clear procedures, nationally agreed standards of staff supervision and mechanisms for involvement of service users in service development.

Children First – National Guidelines for the protection and welfare of children.
(DoHC, 1999)

The National Counselling Service operates within the National Guidelines for the Protection and Welfare of Children as well as the *Guidelines on Notification between the Health Boards and the Gardaí*. Nationally agreed procedures and protocols guide practice standards for responding to cases of child abuse that come to the attention of counsellors/therapists in the course of their work with adult survivors of abuse.

Adding Years To Life and Life To Years - Health Promotion Strategy for Older People (1998)
This policy provides a useful framework for the work of the NCS given that a significant percentage of clients attending the NCS are older adults (see Section 4.4c).

Confidentiality, Risk Management and Reporting Procedures
(National Counselling Service, 2000)

A National Policy addressing confidentiality issues, protocols for responding to clients at risk and reporting procedures has been drawn up by the National Counselling Service. This policy has been developed in line with Children First national guidelines and the Commission to Inquire into Child Abuse Act, 2000.

National Policies such as those addressing *suicide prevention, women's health, violence against women, homelessness and inter-agency working* also inform the work of the National Counselling Service.

3.4c Inquiry Reports

The work of the National Counselling Service is informed by the recommendations of Inquiry reports such as the Kilkenny Incest Report (McGuinness 1993) and the Report on the Inquiry into the Operation of Madonna House (DOH 1996).

4

What Has Been Achieved So Far? Service Provision 2000-2001

4.1 Introduction

This section details the work undertaken by the National Counselling Service in the first year of its operation (September 2000 to September 2001). Current levels of service provision in terms of staffing and geographical spread of the service are outlined in Section 4.2. Levels of service uptake and information regarding referral patterns to the NCS are subsequently detailed.

Standards established for service delivery are outlined in Section 4.3 which also deals with nature of the work which has been undertaken by the NCS in the first year of its operation. Analysis of trends in the profile of clients who have contacted the National Counselling Service including age, gender, length of attendance for counselling and nature of abuse as described by clients, together with a discussion of the main reasons clients sought counselling is detailed in Section 4.4.

Sections 4.5 to 4.10 outline the additional work carried out by the staff of the NCS, this includes an analysis of current reporting of Child Protection concerns, the work undertaken to date with the Commission to Inquire into Child Abuse, as well as the links the NCS has developed with the National Office for Victims of Abuse and voluntary agencies such as Rape Crisis Centres.

4.2 Current Level of Service Provision

The NCS was formally established in September 2000 and since January 2001 counselling has been delivered in every health board in the country to adults who experienced abuse.

The NCS provides confidential counselling to those adults who have experienced abuse in childhood. The service is available to any adult (over 18 years of age) who has experienced abuse as a child whether that was emotional abuse, sexual abuse, physical abuse or neglect.

Clients who experienced abuse in institutional settings receive greatest priority. The NCS also operates within prisons, acute hospital and psychiatric settings to ensure access and provision of service to those clients who were abused within institutions who are unable to access service within the community.

National Counselling Service Staff

To date almost 80 staff have been recruited nationally to work in the National Counselling Service. This includes Ten Directors of Counselling, Two Social Workers (working with the Southern and Western Health Boards), administrative support staff and almost 60 counsellor/therapists.

All counsellor/therapists have a health care background in nursing, psychology or social work, an accredited counselling and/or therapy qualification as well as 2 years post qualification experience.

Staff with the NCS bring a wealth of experience to their work with an average of five years working with adults who have experienced abuse prior to joining the National Counselling Service. Recruitment of appropriate staff to the National Counselling Service has been ongoing through the first year of operation with capacity of the NCS in terms of available client contact hours per week for counselling increasing to 782 hours per week by September 2001.

Where is Counselling Available?

The map below illustrates the geographical spread of the national counselling service and the locations where counselling is currently provided.

National Counselling Service Geographical Locations



As can be seen the National Counselling Service is currently available in every health board area with counselling provided from several locations in each health board region. Decisions to develop counselling locations are made in response to level of demand from clients and availability of suitable accommodation.

Counselling locations are chosen to ensure that they provide clients with a private, comfortable and secure place to engage in counselling. In order to facilitate access to the service counselling is provided on site at the National Office for Victims of Abuse in Dublin by the three counselling services in the Eastern Region. [Specific details of the service in each health board area are outlined in Appendix I].

4.3 Uptake of the National Counselling Service September 2000 - September 2001

Between September 2000 and September 2001 almost 2,000 adults who experienced abuse in childhood have sought counselling from the National Counselling Service (in total 1,940 referrals). Of these almost 700 (33%) identified that they were abused as children in institutional settings.

4.3a National Standards for Service Delivery

The NCS is committed to prioritising the clients for whom the service was originally created, that is those who were abused in institutional care. The NCS has agreed the following parameters, which it strives to achieve in its delivery of service:

- *All clients who experienced abuse within institutional settings will be provided with ongoing counselling immediately following their first contact with the NCS.*
- *Any client who has been referred to the National Counselling Service in any area of the country will receive an initial appointment to meet with a counsellor within 1 month of their referral to the service.*
- Once allocated to a counsellor for ongoing counselling all clients are offered a *review appointment* between 6 and 8 weeks after attendance during which clients have the opportunity to review counselling work to date

4.3b Service Activity

Number of Clients Attending for Counselling

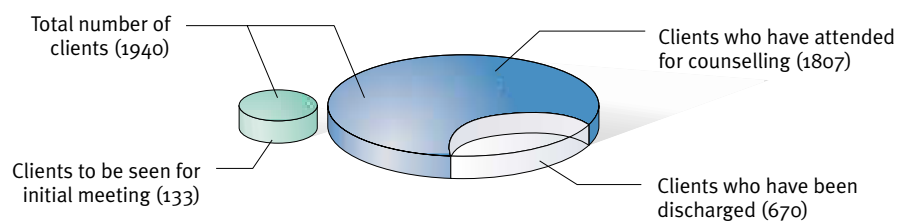
93% of clients referred to the National Counselling Service during 2000-2001 have been seen, that is 1,807 people have attended for counselling throughout the country of whom 647 (33%) reported institutional abuse. Over the course of the first year, 670 clients were discharged from the NCS following conclusion of counselling sessions. This figure includes those clients [292] who chose to discontinue attending for counselling.

In some cases no reason for ceasing counselling was provided, however information available suggests that such early termination of counselling by a client can be associated with factors such

as unexpected changes in life circumstances, lack of readiness to engage in ongoing counselling or competing priority needs which the client needs to address.

All clients who discontinue counselling are invited to make contact again at any stage should their needs change and they wish to re-attend for counselling.

Figure I Summary of NCS Service Activity 2000-2001



Initial Appointments Offered

Between September 2000 and 2001 the National Counselling Service achieved an 80% success rate. The National Counselling Service is hopeful that this figure can be improved on in the coming year.

The initial meeting serves as an introduction to the service and the client has the opportunity to explore whether the NCS can meet their needs. If the counsellor and the client together agree that counselling is appropriate, then a counsellor is allocated to work with the client and sees them for ongoing counselling appointments. *The majority of clients reporting institutional abuse begin counselling immediately following their initial appointment should they choose to do so.*

Increased Demand for Counselling – Impact on Service Delivery

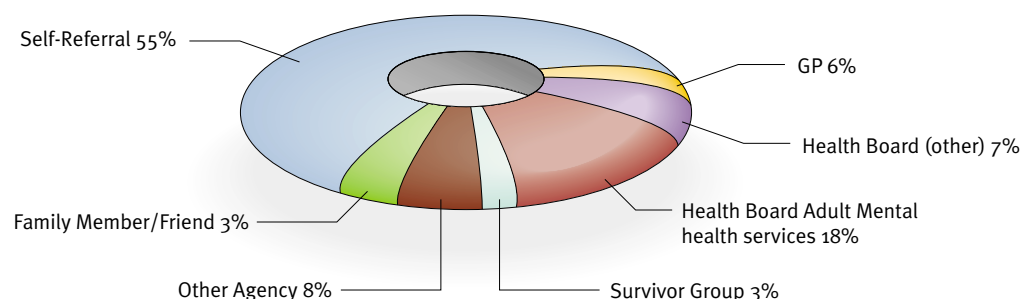
It is important to acknowledge the steadily increasing demand on the National Counselling Service. Since the inception of the National Counselling Service close to 2,000 people have been referred to the service, the vast majority of whom are currently engaged in ongoing counselling. The ongoing work of the Commission to Inquire into Child Abuse, the imminent establishment of the Residential Redress Board to compensate those abused in residential care as well as growing awareness of the National Counselling Service is likely to impact on and increase the demand for counselling. The NCS is aware that this will significantly affect capacity to meet established service delivery targets (as outlined above) and impact the level of service clients receive. The National Counselling Service is in discussion with the Department of Health and Children in relation to the additional resources required to ensure that the NCS continues to deliver a quality service to those who experienced abuse.

4.3c Patterns of Referral to NCS

More than half (55%) of all referrals to the NCS come directly from clients themselves. This figure is significant as it is an indicator of the level to which the NCS is accessible to clients and how far the NCS has achieved its objective of establishing itself as an accessible service. The promotion of the service in national and local print media and on radio, as well as the availability of Free-phone access to the service has contributed to the significant number of people who have referred themselves to the NCS.

Patterns of referral to the NCS are detailed in Figure II below. Analysis of this data indicates that after self-referrals, health board adult mental health services constitute the largest source of referral to the NCS, accounting for almost one fifth of all referrals (18%). This figure combined with referrals from other health board services (7%) indicates that one quarter (25%) of referrals to the NCS in the first year came from health board services. This suggests that the NCS is complementing existing health board services and serving to meet the needs of a large group of clients who require a range of services.

Figure II Patterns of Referrals to NCS September 2000/2001



4.4 Profile of Clients Attending The National Counselling Service

4.4a Clients who Experienced Institutional Abuse

Of all clients attending the National Counselling Service almost 700 (33% of all NCS clients) identify that they were abused while resident in institutions as children. The number of clients with experiences of institutional abuse attending varies between each health board area with the greatest number of clients who report institutional abuse attending for counselling in Dublin and Cork. Some of these clients have come to attend the National Counselling Service through the Commission, others have been encouraged to come for counselling by Survivor Support Groups, still others have taken the courageous step of seeking counselling as a result of information in the media.

Clients attending for counselling who experienced institutional abuse identify a broad range of current difficulties in their lives. The most commonly identified issues include relationship problems and emotional difficulties such as depression or anxiety. Many clients state that they experience multiple problems as well as everyday coping difficulties, all of which impact on their quality of life.

Survivors of institutional abuse frequently identify how their own abuse experiences have also impacted their families to significant degree and support and counselling for family members is frequently requested. The National Counselling Service is happy to respond to such requests and provides counselling to adult family members and information about other available services for those family members such as children who cannot be accommodated within the National Counselling Service.

Clients abused as children in institutions identify abuse experiences of every form, some describe extreme deprivation and neglect, others refer to experiences of sexual abuse by those employed to care for them. Many clients identify that they were subject to severe physical punishment and abuse. A very significant number of clients say they were abused in *multiple* ways.

The disconnection from, and disruption of family relationships as a result of being placed in an institution severely impacts on sense of identity and belonging. This has been highlighted by many clients as continuing to impact on them to the present day. It is difficult to put into words the full extent of the experiences that many clients have survived. It is however, particularly important to emphasise the courage and strength which is constantly shown by those attending the NCS.

Attendance at Commission to Inquire into Child Abuse

Based on figures available up to June 2001 51% of NCS clients who were abused in institutions had made applications to the Commission to Inquire into Child Abuse. This figure indicates that there is a significant number of clients who experienced institutional abuse who had chosen not to attend the Commission to Inquire into Child Abuse. The National Counselling Service provides support to clients who are attending the Commission, this may take the form of accompaniment to hearings, information, preparation work in advance of hearings and counselling support after the client has attended.

The Importance of Survivor Support Groups

The relationship between the National Counselling Service and groups representing institutional survivors is very important, as it provides a mechanism for communication and feedback with survivors and serves as a link for clients to the National Counselling Service. Formal links have been established with the National Office for Victims of Abuse (NOVA) and the survivor groups affiliated to the NOVA office including Right of Place, Aislinn Centre, SOCA UK and the Alliance. Counselling is provided on site at the NOVA offices in Dublin in order to facilitate those clients who choose to attend at the NOVA offices.

Improving Access to Counselling for Clients Abused in Institutions

For many clients, accessing counselling continues to be difficult for a variety of reasons, in particular, other primary needs such as the need for secure housing may be pressing which can mean that counselling is not a priority.

The development of a Social Work Service in the Southern and Western Health Boards has been particularly useful for survivors of institutional abuse in meeting their wider needs including housing, financial entitlements and records tracing. Addressing these issues has meant that some clients have been able to go on to consider attending for counselling. The social work services have been very positively received by survivors and are a significant factor in enabling clients with multiple needs to access counselling.

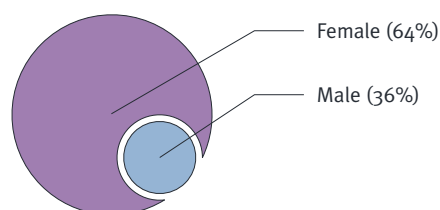
The National Counselling Service is aware that many clients who were abused in institutions as children may be particularly marginalized in society as a result of their abusive experiences with many becoming homeless or spending time in prison. Access to counselling for these individuals is particularly difficult. For this reason the National Counselling Service is developing alternative models of work aimed at making counselling accessible to such groups. One such model of outreach work is outlined in Section 4.7 of this report, "Reaching Out".

4.4b Gender of Clients

As indicated in Figure III, 36% of all clients attending the National Counselling Service are male. The number of men accessing counselling through the NCS is significantly higher than figures generally reported for men seeking therapeutic or counselling services. The factors contributing to the high rate of attendance with the NCS by men are not yet clear, however the NCS link with the Commission to Inquire into Child Abuse which has a majority of male applicants is considered to be one of the factors which has helped to facilitate men's access to counselling with the NCS.

The NCS is aware that the high rate of service uptake by men provides a unique opportunity to learn about men's needs and experiences as well as what helps to facilitate men's access to health services. The NCS has identified this as a priority area for further evaluation (see Section 9.4).

Figure III Gender of Clients Attending NCS 2000-2001



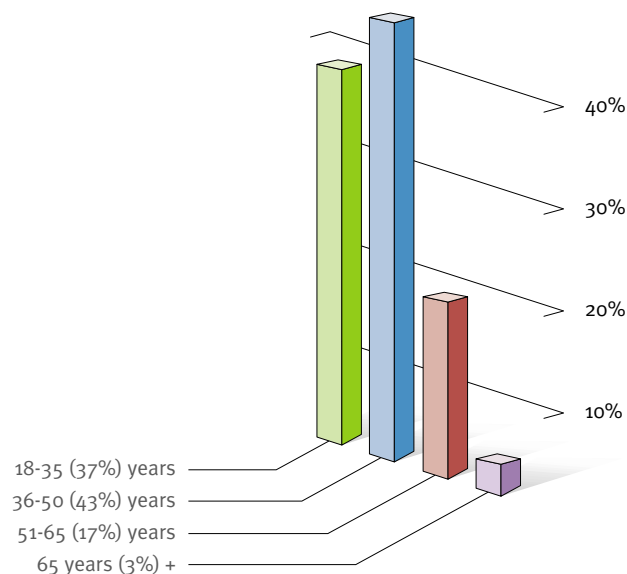
4.4c Age of Clients Referred to National Counselling Service

The NCS is available to all adults, over 18 years, who experienced abuse or neglect in childhood. The age of clients attending the National Counselling Service ranges from 18 years to over 65 years with the majority (43%) of clients aged between 36 years and 50 years. Clients aged between 18 and 35 years represent the next largest group (37%) who seek counselling. One fifth of all clients are over 50 years with 17% aged between 51 and 65.

Counselling Needs of Older Adults

Significantly 3% of clients currently attending the National Counselling Service are over 65 years of age. This latter group although relatively small, is significant as their expectations and needs in counselling can differ to other client groups given that they may be at a different developmental stage of life. The Commission to Inquire into Child Abuse in its most recent report (November 2001) identified that 741 (22%) of clients applying to the Commission were aged over 60 years, it is predicted therefore that the percentage of clients in this age range who will go on to attend the NCS will increase. This development is an opportunity for learning and development of skills and knowledge regarding the needs of older adults and the contribution counselling may make to improving quality of life.

Figure IV Age Range of Clients Attending NCS 2000-2001



Gap in Service Provision For 16-18 Year Olds

Over the last year a significant number of contacts/referrals have been made to the National Counselling Service regarding clients aged between 16 and 18 years who have experienced abuse and who require therapeutic services. The NCS does not see clients under 18 years however the demand for a service for this client group highlights the counselling needs of young people and the need to address the gaps in current service provision.

4.4d Length of Attendance For Counselling

In general, counselling sessions last for one hour although initial appointment sessions may be of longer duration. Clients attend appointments at a frequency determined by their need and as agreed with their counsellor (e.g., weekly, fortnightly or three-weekly).

The majority of clients who attend are seen on a weekly basis. Clients may attend on a short term or long term basis, again based on client need.

The majority of clients currently attending (47%) have availed of up to 7 sessions, this figure includes:

- Those clients who attended for short term contracts
- Those who have discontinued counselling
- Those clients who have just begun to attend for ongoing counselling and who are expected to avail of medium and long-term contracts.

Almost 40% (38%) of current clients attended for up to 20 sessions, while 15% of current clients have required long-term counselling of more than 20 sessions and may attend for more than one year's duration.

Given that the NCS has only been in operation for one year it is not yet possible to identify specific trends in length of attendance and client needs in terms of length of counselling contract. Initial information indicates however that 15% of clients require long-term intervention of more than one years duration. This will be factored in to our planning for the future development of the service in order to meet what we know to be an increasing demand for the service.

4.4e Context In Which Abuse Occurred

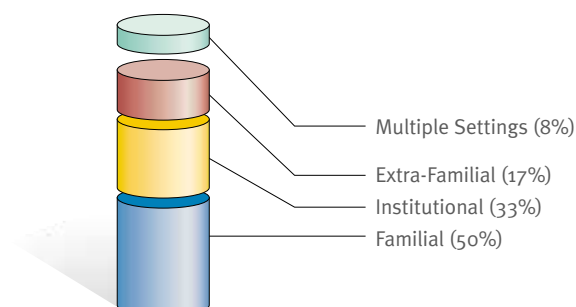
Information regarding the nature of abuse experienced by clients as reported at initial contact and the context in which abuse occurred has been collated in relation to clients currently attending the National Counselling Service. This information is detailed in Figures V and VI below.

One third of all clients who attended the NCS over the last year reported that they experienced abuse in an institutional setting (33%), the number of clients attending across the country varies between each health board area with the highest percentage of clients reporting abuse in institutions located in Dublin and Cork.

The majority of clients accessing the service (46%) identified that they had experienced abuse within their own family. This figure is in line with international prevalence studies relating to childhood abuse which identifies that the majority of abuse experienced in childhood occurs within the family. A significant number of clients attending (15.5%) identified that they experienced abuse by people outside of their families.

Significantly 8% of clients reported that they had experienced abuse in more than one of the above settings, thus experiencing multiple abuses by multiple perpetrators.

Figure V Context in which Abuse Occurred

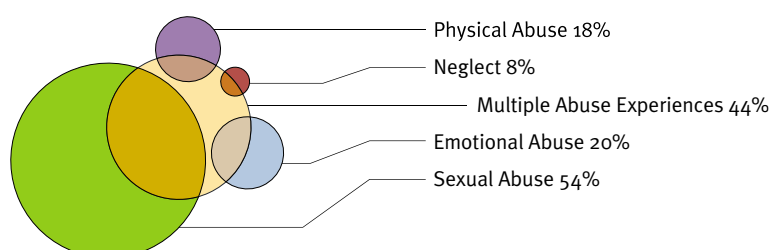


4.4f Nature of Abuse Experienced

The most common form of abuse identified by clients at initial contact was sexual abuse with more than half (54%) of all clients reporting that they experienced sexual abuse in childhood. Emotional abuse which also encompasses witnessing of violent behaviour such as domestic violence or abuse of other children was identified by one fifth of clients (20%). A similar number of clients (18%) reported that they were subject to physical abuse as children. Neglect in childhood which is defined to include neglect of basic needs was reported by 8% of clients.

Significantly, 44% of clients identified that they had experienced two or more forms of abuse/neglect during their childhood.

Figure VI Nature of Abuse Experienced by Client



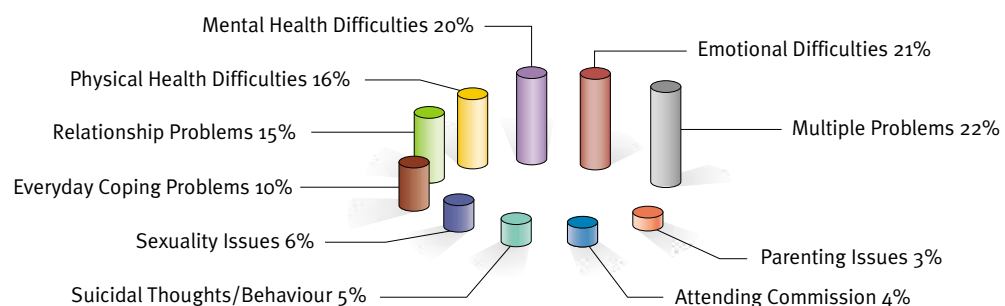
These figures demonstrate that people are seeking counselling as a result of all forms of abuse and neglect. Clinical experience suggests that individuals who report child sexual abuse at initial contact may also have experienced other forms of abuse which have contributed to current difficulties in their lives, such as emotional abuse or neglect of their basic needs in childhood.

Recognition of these experiences generally emerges over time in the context of the counselling relationship. Neglect is the most predominant form of child maltreatment and research has shown neglect to be associated with the most severe long term impacts on quality of life, relationships and mental health in adulthood.

4.48 Reason for Seeking Counselling

Clients attending the National Counselling Service may present with a variety of issues at the time that they initially contact the service. The most prominent areas of difficulty reported by clients as they commence counselling are, emotional difficulties such as depression or anxiety, which was identified by 21% of clients. A significant number of clients (5%) cite suicidal feelings or behaviour as the main reason for seeking counselling. Mental health difficulties such as intrusive thoughts are reported by a fifth of clients while relationship problems such as marital breakdown or difficulty forming close personal relationships are identified by 15% of those attending. Everyday coping problems such as difficulties with employment were reported by one tenth of NCS clients. In addition many clients (16%) report that their experiences of abuse are impacting currently on their physical health and identify specific difficulties for example with sleep, eating or chronic pain.

Figure VII Reason for Seeking Counselling



More than one fifth (22%) of all clients attending the National Counselling Service report that they are experiencing more than one significant problem in their lives at present at the time of attending for counselling.

Support to Family Members

The National Counselling Service also offers support to the family members of those who attend for counselling, this may take the form of individual counselling, referral to other services which are needed or social work intervention in the Southern and Western Health boards where an integrated social work service is available.

Impact of Childhood Abuse On Parenting In Adulthood

Three percent of current clients attending identified specific concerns about their parenting of their children as the reason they chose to seek counselling at this time. The impact of childhood abuse on parenting is recognised in research and was highlighted by a recent Irish report which evaluated the Springboard Family Support projects (McKeown et al 2001)² and drew attention to the strong association between parents abused in childhood and subsequent difficulties parenting their own children.

This report is significant as it highlights the importance of intervening with parents in order to prevent future difficulties for their children and the need to address the abuse parents themselves have experienced as part of a preventative approach. This report and NCS figures themselves highlight the importance of working with parents who have been abused in order to contribute to the prevention of child abuse.

4.5 Reporting of Abuse to Child Protection Services

As previously outlined the NCS operates within Children First National Guidelines and has an agreed national policy on reporting of child protection concerns. All clients are informed when they first attend that where there is a known or suspected current risk to a child that the Child Protection services of the relevant health board will be informed. This is done with the clients' knowledge and whenever possible with the client's consent.

Up to September 2001 a total of eighty-one (81) reports were made to child protection services by the NCS. 88% of these reports related to sexual abuse, 11% to physical abuse while 1% related to child neglect. The majority of reports related to retrospective abuse where there was a concern about a current risk. Although the issue of retrospective abuse is addressed within Children First, the guidelines suggest that local arrangements be developed to facilitate reporting of retrospective abuse cases. This process of liaison between NCS and local child protection services has begun.

Analysis of cases where reports have not been made indicates that in a proportion of cases alleged perpetrators are deceased. In some cases clients do not know the full names of those who have perpetrated against them. In addition some clients attending for counselling have previously reported abuse they experienced to child protection services and/or the Gardai.

In relation to reports of current risks regarding child protection or welfare, the NCS works in conjunction with local child protection services to provide information and support to clients. The needs of clients where child protection reports are made, whether current or retrospective are often highlighted during the reporting process and this can place increased demands on child protection staff. The implications of child protection reporting for the NCS and other services and in particular the needs of clients within this process will continue to be monitored.

² The evaluation identified that 28% of parents experienced emotional abuse as children, 22% had been parented by parents who had alcohol difficulties or where domestic violence was present. In addition 20% of parents in the evaluation reported a history of physical abuse. (Promoting Family Well-being through Family Support Services: Final evaluation of Springboard. McKeown, Haase & Pratschke 2001:117).

Service Provision For Perpetrators Of Abuse

Information to date indicates that there are a significant number of perpetrators of abuse who have therapy and treatment needs. Services for this client group are inadequate at present. The development of the National Counselling Service will contribute to increased identification of those who have perpetrated abuse. This is likely to place further demands on the very limited resources available for this client group and the gaps in provision for those who have perpetrated abuse will be further highlighted. Given our experience to date the National Counselling Service is aware of the need to develop treatment services so that future abuse can be prevented. The NCS supports the development of a comprehensive service for this client group.

4.6 Integrated Social Work Service

In the Southern and Western Health Boards a Social Worker has been employed directly as part of the Counselling Service team. The social worker's role is an important one and the social work services have been actively providing a wide range of services to clients who may or may not choose to attend for counselling.

The Social Work Service at Harbour Counselling Service, Southern Health Board, began in April 2001 in response to an identified need from clients to address wider aspects of their lives so that counselling could then be facilitated. Between April and September 2001 a total of 67 referrals for social work intervention were made. 40% of these clients were referred from Survivor Groups, 36% from counsellors within Harbour Counselling Service and 24% of clients referred themselves. Reason for seeking a social work service related to Housing (85% of clients) issues such as, homelessness issues and housing applications; Social (70%); Family (40%) and Financial (34%). Almost two thirds of clients (72%) sought a social work service for two or more of the above issues. There was an equal use of the service by men and women.

A Social Work Service has been available in the Western Health Board Counselling Service since May 2001. 31 clients were referred during May and June 2001. 61% of these referrals were from clients who experienced institutional abuse and who requested help in dealing with issues such as tracing records while 21% requested social work support for other concerns including family issues, housing and entitlements. 39% of referrals were from clients who experienced abuse within the community/family for a similar range of issues.

The social work services have been involved in tracing information and records for clients, the recent announcement of the development of a national Information and Tracing Service for those who were raised in institutional care is welcomed as it will enable the broadening of the existing social work services to other areas of outreach work such as that outlined below which details a project undertaken by the Western Health Board Counselling Service with prisoners

4.7 Reaching Out – An alternative Model of Counselling Provision

The NCS has given priority to issues of access for all clients and is committed to providing community based services where possible. Access issues differ from area to area, impacted by geography and local facilities. At local level counselling services have developed outreach projects pertinent to their particular geographical areas and client needs that arise within those areas. The National Counselling Service is aware that those who experienced institutional abuse are over-represented in prison populations and that access to counselling can be particularly difficult for this client group. Several initiatives have been established throughout the country in order to meet the needs of prisoners who experienced institutional abuse in childhood. One model for working with prisoners has been developed by the Western Health Board Counselling Service.

The WHB covers a large geographical area including seven inhabited off shore islands as well as Castlerea Prison in County Roscommon. In response to an identified need the Western Health Board Counselling Service has developed an innovative approach to raising awareness of the issue of abuse and accessing clients in prison. This approach, developed in collaboration with a client who has been attending the service, has been successful in reaching out to a group of men who would otherwise have been unlikely to seek help. The WHB initiative is just one of the many similar projects underway throughout the country seeking to inform potential clients of the availability of counselling.

The WHB counselling service through the team social worker undertook an outreach project to ensure that clients who experienced institutional abuse, currently in prison at Castlerea, were aware of the Counselling Service and have access to counselling should they choose to attend.

The assistance of the Governor of Castlerea Prison was enlisted to help with the task of reaching out to clients who had suffered institutional abuse as children. This was achieved with the help of a client currently attending the service, who had spent time in prison and who was interested in facilitating prisoners to access counselling. As this survivor is also an artist this medium was used to engage with prisoners and highlight issues associated with childhood abuse.

Together with the social worker from the WHB counselling service, this client was invited to exhibit his art work to the prisoners at Castlerea. With the help of prison staff a workshop facilitated by the artist and counselling service social worker was subsequently arranged and advertised within the prison. The workshop was attended by 8 prisoners. Telling the story of his life experiences, this man spoke movingly about his life as expressed through his art work, including his own experience of institutional abuse, his response to these experiences and about his life subsequent to his time in prison.

As a result of this workshop six prisoners sought and are currently receiving counselling at Castelrea prison on a weekly basis.

This successful outcome would not have been possible without the help of this client who was able to share his experiences with both staff and prisoners. The involvement of prison staff at all levels was also essential to facilitating the work and access for clients to a private, designated room for counselling, as well access to the prison by the counselling service.

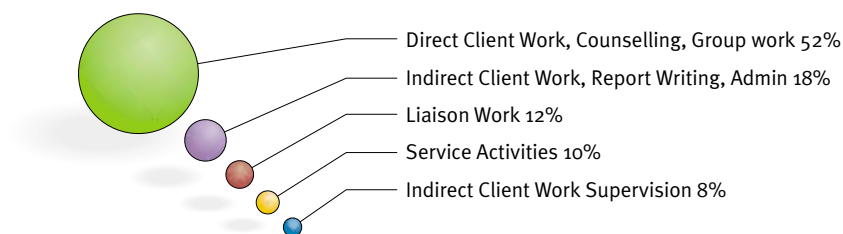
It is hoped to apply the learning from the success of this project with other groups of clients who traditionally do not access counselling services. The importance of working in partnership with agencies and staff providing services to such clients is essential to the future success of such projects.

4.8 Counsellor Activities

As the NCS is a newly established service it has been important to allocate time to the development of local as well as national policies, practices and protocols. These activities, along with management of referrals at team meetings constitute one tenth (10%) of weekly activities. The NCS is striving to be integrated locally and nationally which requires that a proportion of time is allocated to the development of local links and networking with other services, agencies and support groups in order to ensure an integrated and holistic service for clients. Liaison regarding specific client issues in addition to forging inter-agency and service links forms more than one tenth (12%) of average weekly activity.

Analysis of counsellor/therapist activity indicates that 78% of total work time each week is spent on client related activities including individual counselling (52%), supervision (8%) and indirect client related activities such as report writing and record keeping (see Figure VIII). Agreed NCS policy recommends that counsellors have a maximum of sixteen client contact hours in an average week. This national standard, based on international recommendations has been established in order to prevent staff burnout and to ensure that staff continue to deliver a quality service to clients.

Figure VIII Counsellor Activities (%)



4.9 Continuing Professional Development

Ongoing training for staff is essential to the maintenance of a professional and quality service. The National Counselling Service is committed to a programme of ongoing development for all its staff at an individual, local and national level. To date the National Counselling Service has initiated several joint training events between health board counselling services and other disciplines. These have included:

- Clinical issues in working with people with disability who may have experienced childhood abuse
- Issues in working with people who sexually abuse

Additional training has been obtained in areas of practice related to legal issues, management skills, understanding aspects of abuse, as well as specific therapeutic methods including Gestalt therapy and body psychotherapy.

The Directors of Counselling have been engaged in a programme of action learning and development aimed at facilitating the process of working together and supporting the work of the National Counselling Service. This process has been facilitated by the Office for Public Management, UK, through the Office for Health Management.

National Induction Programme And NCS Annual Conference

In addition the National Counselling Service in its first year of operation held a national induction programme for all staff which gave the context for the development of the NCS and highlighted the values and principles underlying how the service operates. This event was very successful in achieving its objectives and a commitment was made to host an annual conference for all staff in order to facilitate sharing of learning between staff and to help maintain a national identity for the service. The National Counselling Service Annual Conference took place in Kilkenny in October 2001.

Provision of Training

In addition staff from the National Counselling Service around the country have been involved in delivering training and sharing of skills in their local health board areas including educational work with residential care workers and involvement in local critical incident response teams.

NCS Contribution To Counsellor/Therapist Training

The National Counselling Service has been involved in the ongoing training of counsellors/therapists both through provision of supervised placements and contribution to teaching on counselling therapy training courses.

4.10 Working In Partnership

The needs of clients attending the National Counselling Service are wide ranging and it has been important for the NCS to forge links with existing services within the health boards as well as other agencies and services in the community in order to ensure that these needs can be met in a coordinated and responsive manner.

Throughout 2001, links have been established within the health boards with adult mental health, child care, child protection, elderly and disabilities services both formally and informally. The National Counselling Service has also been available to contribute on a needs basis in each health board area following critical incidents.

4.10a Regional Integration

Models for integration with existing services have been developed in a number of health board areas such as the establishment of Regional Committee structures in the North Eastern and South Eastern Health Board areas. These committees have involvement from key disciplines/services such as adult mental health, residential child care, General Practitioners and Disability services, Rape Crisis Centres. The role of these regional committees is to facilitate information exchange, coordinate service delivery and integration of the Counselling Service across the area health board region so as to ensure provision of an equitable, quality service to adult survivors of childhood abuse in that health board.

Feedback to date indicates that this model of integration has been very successful in developing mechanisms for communication, sharing of information and learning as well as identifying other areas of client need. These regional structures have also helped to ensure that the potential for duplication of services is avoided. Consideration is being given to extending this model of integration to other health board areas.

NCS Contribution to Critical Incidents

The NCS is an important resource within each of the health boards in the country. Over the last year the NCS has been called upon to be available for more generic counselling on a needs basis following critical incidents. Examples of these situations have included support during the foot and mouth disease crisis, including provision of consultation to Farming Organisations in Co Louth regarding how best to support farmers and their families following the identification of foot and mouth disease in the Cooley Peninsula.

The National Counselling Service was also involved with other parts of the health service in providing a response to the U.S.A. September 11th tragedy. All ten health board counselling services provided a telephone support service utilising our existing Free-phone lines. In addition counselling was provided to some individuals identified as requiring additional therapeutic support as a result of traumatic loss in the USA Tragedy. The NCS will continue to be available for critical incidents as appropriate.

4.10b National Links

Nationally formal links have been established with the Commission to Inquire into Child Abuse and the National Office for Victims of Abuse (NOVA) with regular meetings held throughout the year.

In addition cross-border links have been developed with other counselling services in Northern Ireland, specifically the Nexus Institute, a voluntary agency providing counselling to adults in Northern Ireland who have experienced child sexual abuse. Consideration is currently being given to the hosting of a shared training event between NCS and the Nexus Institute during 2002.

[National Counselling Service Link with the Commission To Inquire Into Child Abuse](#)

Survivor groups and their representatives identified the need for support structures for those attending the Commission and the necessity for on-going counselling and therapy services. Following the establishment of the National Counselling Service a formal link with the Commission to Inquire into Child Abuse was developed.

Quarterly meetings are scheduled between the NCS group of Directors and the Counselling Sub-group of the Commission. These meetings serve as a forum to update the Commission to Inquire into Child Abuse regarding developments in the counselling service as well as client needs.

In addition to ongoing counselling the National Counselling Service offers support sessions to clients before and after scheduled hearings as well as accompaniment to Commission hearings when requested by clients.

The National Counselling Service has made provision for emergency outreach to the Commission. Avoca Counselling Service in the East Coast Area Health Board, currently coordinates this service on behalf of the National Counselling Service and is available *in emergency situations* to provide counselling support to commission applicants.

[Increased Numbers Attending Commission To Inquire Into Child Abuse](#)

The most recent report of the Commission to Inquire into Child Abuse (Interim Report November 2001) indicates that the number of applicants to the Commission now numbers 3,149 and that its work will continue until 2005 at the earliest. The National Counselling Service anticipates an increase in the number of clients seeking counselling as the Commission's work continues as it has already become clear that a significant percentage of clients do not seek counselling until *after* their hearing with the Commission.

The National Counselling Service looks forward to continuing its work with the Commission and acknowledges the support of the commission staff in particular the Witness Support Officers in facilitating ongoing work to the benefit of clients.

[Links with Institutional Survivor Support Groups](#)

The National office for Victims of Abuse (NOVA) established in February 2001, offers support and advice to adult victims of institutional abuse. It provides a drop in center and freephone helpline, information about related services, tracing assistance, education and outreach.

Liaison with the National Office for Victims of Abuse (N.O.V.A.) has been developed by the NCS since NOVA was first established. NOVA and the NCS work closely together to ensure that the needs of clients using NOVA are met. The Manager of the National Office and the three Directors of Counselling of the Eastern Regional Health Authority meet on a regular basis to coordinate a response to the demand for counselling. Counselling is provided at the NOVA office in Dublin four days per week by National Counselling Service staff from the Eastern Region.

In addition strong links have been developed between the National Counselling Service and groups representing institutional survivors such as Aislinn Centre, Right of Place and the Alliance, these links facilitate a greater understanding of the issues for survivors and ensure direct feedback about how the National Counselling Service is developing. Sections 7.3 and 7.4 gives the perspective of some survivors on the National Counselling Service.

4.10c NCS Links with Voluntary Agencies

The massive contribution of voluntary agencies and services which have also been providing services to clients who have experienced abuse throughout the country is acknowledged. Creating and maintaining close working relationship with voluntary agencies is viewed by the NCS as of central importance in meeting client needs across the country. Liaison and cross referral with other agencies who have been involved in meeting the needs of survivors such as Rape Crisis Centres, has been developed and has enhanced the services available to clients. Working in partnership with voluntary agencies is central to facilitating client choice and provision of a range of service options.

Models for working together are currently being explored such as that which has been initiated between the North Western Health Board Counselling Service and Sligo Rape Crisis Centre, where Sligo RCC has contributed to provision of services locally, thus facilitating sharing of existing expertise.



5

What Has Been Achieved So Far? Policies and Standards

5.1 Introduction

This section details how the National Counselling Service has worked together over the last year and the outcomes of that work, including the development of national policies in relation to supervision, confidentiality and good practice standards.

5.2 Establishment of National Policies and Standards

As a result of conjoint working, the NCS has been in a unique position to develop and implement consistent policies and standards across Health Boards. Much has been achieved in the course of one year through the commitment and hard work of the NCS staff. Good practice standards have been established nationally in the context of agreed models for service delivery. National policies on supervision, confidentiality and reporting of child protection concerns have been developed and implemented. Policy development and implementation remains ongoing.

5.2a Good Practice Standards

Standard criteria have been established nationally in order to guide local service delivery in terms of prioritisation, model of working and what clients can expect of their local service.

Specific NCS standards established to date strive to ensure that :

- Priority is given to clients contacting the NCS who experienced childhood abuse in institutions.
- Any client referred to the service in any area of the country has the opportunity to avail of an initial appointment within 1 month of their referral to the service.
- Models of working are regularly reviewed.
- Staff work to agreed practice standards regarding case load management and attendance for supervision, in order to maintain a consistent quality of service

5.2b NCS Supervision Policy

Supervision is key to the development of responsive services. In counselling with adults who were abused as children, supervision provides an essential support structure for work that can be intensive, complex and challenging. The following definition of supervision is utilised by the NCS:

"Supervision is a process by which one worker is given responsibility by the organisation to work with another worker(s) in order to meet certain organisational, professional and personal objectives.

These objectives are:

- *Competent and accountable practice*
 - *Continuing professional development*
 - *Personal Support*
 - *Engagement of the individual within the organisation."*
- (Morrison 2000)*

It is accepted amongst professional bodies of Counselling and Therapy that all counsellor/therapists engaged in ongoing casework should receive regular supervision of their work. Supervision has been shown to yield benefits for counselling staff, the organisation and most importantly for clients. Amongst the benefits to clients is the improved ability of workers to address client strengths, evaluate risks and to help maintain client-focused practice. Supervision also improves quality of counselling to the client and helps to prevent or minimise burnout.

Supervision is therefore a tool through which workers' caseload can be managed and their work with clients supported, it also functions to ensure that workers are clear regarding their roles and responsibilities which helps to facilitate them to meet the needs of clients.

It is widely recognised that there is a need to encompass both personal and case management supervision in order to provide counsellor/therapists with space to explore the impact of their work. This highlights the need for Supervision external to that provided within the organisation. Recognising the importance of supervision to a quality, effective and accountable service, a comprehensive supervision and support structure for staff has been developed and implemented within the National Counselling Service.

Model of Supervision and Staff Support

In line with best practice standards the National Counselling Service considers supervision to include the following elements :

- Provision of line management and case management supervision by the Director of Counselling.
 - Provision of external supervision, with an approved external supervisor who contracts to undertake supervision of counsellor/therapists. This provides staff with the opportunity to address the impact of their work in an independent forum.
 - Peer supervision provides an additional forum in which staff can share experiences, discuss practice and therapeutic issues. Regular peer meetings are scheduled to facilitate this process.
- All counselling/therapy staff are expected to undertake external supervision in addition to internal supervision with the Director of Counselling.

The NCS has agreed as a national minimum standard that all counsellor/therapists should receive supervision once every two weeks.

There is a recognition that supervision is essential at all levels in the service and Directors of Counselling also attend for supervision of their work on an ongoing and regular basis.

5.3 NCS Policy on Confidentiality

NCS acknowledges confidentiality as a fundamental ethical, pragmatic, and legal component of psychotherapy in counselling and recognises the central importance of confidentiality to facilitate the development of a trusting relationship between counsellor and client.

In accordance with the acknowledgement of the suffering caused by abuse and neglect, the NCS is fully committed to its role in child protection and the prevention of child abuse and neglect.

NCS policy, *Confidentiality, Risk Management and Reporting Procedures*, has been developed in line with Children First, National Guidelines for the Protection and Welfare of Children and is built on the following principles:

- Informed Consent and Freedom of Consent
- Responsibility for the Welfare of Clients
- Protection of Children and recognition that the welfare of children is paramount
- Transparency of Procedures and Practice
- Accountability

National Counselling Service policy aims to maintain a balance between clients rights, in particular their right of self determination and need for privacy, the *counsellor/therapists' responsibilities* including, their duty of care towards their clients and responsibility for the prevention of abuse to children which recognises that the welfare of the child is paramount. It also recognises that clients need clarity regarding the boundaries of confidentiality when they choose to attend for counselling. All clients are informed of NCS policy on confidentiality when they first attend the service.

NCS policy addresses three specific areas.

Where there is a concern about:

- A potential risk to a client
- A potential risk by clients to other people
- A potential risk of abuse to children.

Other elements addressed by the policy include staff safety and good practice in order to ensure policy is implemented appropriately and consistently.



6

What has Been Achieved So Far?
National Projects

6.1 Introduction

The focus and remit of working jointly across boards has been to develop the work of the National counselling service across the country in a coordinated manner. The work of the National Counselling Service during 2001 has included several conjoint initiatives such as:

- The development of a national independently commissioned Consultation Project with Survivors of abuse.
- Development of a National Database
- National research project on counsellor stress and burnout
- Joint training events and NCS annual conference (October 2001)
- Submission on behalf of the NCS to the Department of Health & Children in relation to the national health strategy (May 2001)
- Submission to the Compensation Advisory Board in relation to issues of compensation for survivors of institutional abuse (September 2001).

6.2 National Consultation Project with Survivors

The core purpose of the National Counselling Service is to provide a professional, community-based, accessible counselling service to adults who have experienced abuse in childhood. The National Counselling Service aims to be a responsive service, sensitive to the needs of those who use the service. In order to ensure this, it was identified that an *independent mechanism for obtaining the views of clients* was required which would serve to evaluate how far the NCS is achieving its objectives and meeting the needs of its clients.

As previously outlined the National Model of Service developed for the NCS in conjunction with survivor representatives incorporated a number of key principles into its service design, three of the most important being that the service provided by the NCS is *accessible, of high quality and client centred*.

In this context the National Counselling Service has commissioned an *Independent Consultation Project* with those who come for counselling and potential users of the National Counselling Service which will provide an opportunity to reflect on and listen to the experience of clients in order to guide future development of the service.

Tenders were invited from appropriate organisations that could undertake the consultation project in August 2001. All proposals were evaluated using identified selection criteria drawn up by the Directors of Counselling and representatives of the survivor organisations, which included that the project being proposed would take adequate account of the sensitive context of the research and have safeguards in place to protect client confidentiality and welfare.

The Health Services Research Centre, Royal College of Surgeons have been selected to carry out this project which will begin in Spring 2002. A Steering Committee will be established at the start of the project to oversee the implementation of the project and monitor progress. Membership will include representatives of clients who use the service.

The consultation project will explore the experience of service delivery from the perspective of those who use the service, and the degree to which service delivery has managed to adhere to the three core principles identified. Service users will be consulted in all ten Health Boards and it is envisaged that the project will provide an ongoing mechanism for feedback to the service about client experiences, crucial information for future planning of the National Counselling Service at national and local levels.

6.3 National Counselling Service Database

The Need to Learn from the Experiences of the Past

The NCS is the first national service for adults abused in childhood and is in a position to learn about and understand the experiences of people who were abused as children.

During the development of the National Counselling Service groups representing survivors identified the importance of having access to information about the experiences of those who were abused in order to highlight the reality of what people suffered. The importance of learning from these experiences so as to contribute to the prevention of abuse in the future was also highlighted.

Objectives of the National Counselling Service Database

The establishment of a National Counselling Service Database is seen as one mechanism for achieving these objectives. Specifically it was identified that a National Database would enable information to be gathered nationally which would facilitate :

- An understanding of how people have been effected by the abuse they experienced as children
- An increased understanding about how clients are coping at the time they attend for counselling
- Planning and improvement of services
- Learning from client experiences in order to contribute to prevention of abuse of children in the future
- Evaluation of how counselling is helpful to clients who use the NCS.

Development of NCS Database

The design and development of the NCS database has been underpinned by the central principles of the National Counselling Service ie: consistency, quality, accessibility and a holistic approach to client needs.

A national subgroup was established to work on the development of the database in September 2000. Through the National Office for Victims of Abuse (NOVA) representatives of survivor groups were consulted in relation to the development and progress of the database.

Safeguarding Client Rights and Welfare

The consultation process identified the importance of addressing client related concerns to ensure that clients' welfare and interest remain paramount in the use of the database and that client rights are protected.

The NCS Database takes due account of client rights and welfare in its design and operation in the following ways:

- The NCS database is confidential and information on the database is additionally protected by the Data Protection Act.
- Taking part in the NCS database is voluntary. Clients choose whether or not they would like to participate. All clients who attend the NCS are invited to take part in the database.
- Information on the database is held anonymously, clients' names are not used thus maintaining client confidentiality.
- Access to the database is restricted
- A National Information Leaflet For Clients about the database has been developed which provides clients with information about how the database works and their rights
- A National Database Monitoring Committee with representation from survivors is being established in order to safeguard client rights and access to information that may be produced from the database. The committee will have the task of drawing together national ethical and practice guidelines in relation to the NCS Database, which will serve to safeguard client welfare.

The NCS Database therefore provides one mechanism whereby information can be drawn together nationally to help to provide a picture of the experiences of adults in Ireland who were abused as children.

It is recognised that the database will require ongoing revision in order to ensure that it continues to meet the objectives it has been set up to achieve. The National Counselling Service is committed to ensuring that the database is an evolving and reflexive instrument, which will serve the needs of its clients as well as those working within the service. In this regard provision has been made for ongoing feedback about the Database from clients and counselling service staff as well as planned review of its operation.

6.4 Research Project on Counsellor Stress and Burnout

Research has identified that working in the area of child abuse, given the nature of traumatic material being addressed, can engender stress in workers contributing to burnout, a syndrome of emotional exhaustion and depersonalisation. The consequences of burnout are potentially serious for workers and, more significantly, their clients, as it can lead to deterioration in the quality of care/service provided.

The National Counselling Service is conducting a longitudinal examination of the effects of working with issues of child abuse on counsellor/therapists within the National Counselling Service. The research aims to investigate the levels of stress and burnout in response to the counsellor/therapist role and to assess the impact of working with clients who have experienced abuse in childhood.

This will help identify ways of preventing staff burnout and serve to ensure appropriate support structures to reduce burnout are in place.

At the time of the establishment of the National Counselling Service in 2000, a sample of 37 counsellors (5 males and 28 females) participated in the first phase of the research project. Counsellor/therapists completed questionnaires about their general health, stress levels and coping mechanisms for dealing with stress. Comparative information was subsequently obtained in October 2001 for 32 of the original counsellor/therapists, in addition all counsellor/therapists new to the service in 2001 were invited to participate and completed questionnaires.

Counsellor/therapists identified that the following areas contributed to personal feelings of stress:

- Hearing the details of severe abuse recounted during sessions (reported by 30% of Counsellor/therapists)
- The reporting framework for child protection issues
- Working conditions

The majority of counsellor/therapists (88%) reported low or moderate levels of stress in carrying out their work. Comparison of counsellor reports of stress levels between 2000 and 2001 identified no significant increase in stress levels over the year.

The overall figures for levels of stress and burnout as reported by the group of NCS counsellor/therapists is significantly lower than the levels of stress and burnout reported in studies of other health care professionals working in the area of childhood abuse. For example one Irish study (Egan and Hickey 2000) found that 73% of psychologists surveyed reported a negative impact on their personal life from working in this area. This study also compared a group of psychologists who were receiving supervision regularly and a group who were not. The unsupervised group exhibited significantly higher levels of burnout, suggesting that supervision can contribute to reducing staff burnout. While these results are not directly comparable with the NCS study they do suggest that staff within the National Counselling Service are experiencing lower levels of stress and burnout than other groups of professionals and that the provision of structured supports to staff such as ongoing supervision and a managed case load help to minimise the potential impact of the work. Findings from the research will be analysed and disseminated in late 2002.

The background of the slide is a blue-tinted, high-contrast image of a crowd of people. The image is heavily stylized, with the faces and bodies of the people appearing as dark, abstract shapes against a lighter blue background. The overall effect is one of a large, dense group of people, possibly at a public event or protest.

7

Is the National Counselling Service
making a Difference? - Survivor
Perspectives on the National
Counselling Service

7.1 Introduction

Feedback from current clients attending the National Counselling Service over the last year has been gathered for the purposes of this report. Key themes that have emerged relate to client experience of accessing into the service, perceptions of the counselling process and how this has affected them personally. Significantly many clients have commented positively that the State is finally responding to and recognising their needs.

Contributions to this report have also been made from groups representing survivors of institutional abuse through the NOVA office. The Aislinn Centre in Dublin and Right of Place in Cork (Sections 7.3 and 7.4) highlight the potential contribution of counselling in improving the lives of survivors as well as the importance of a sense of justice for recovery of clients.

7.2 Client Perspectives

Respectful and Professional Response

The environment in which counselling is provided has been commented on favourably by many clients. Premises have been described as appropriate and comfortable. This is considered essential in facilitating a sense of trust and safety in the counselling context. In particular clients have spoken positively about the option of self-referral to the service and that the service is free of charge.

Clients have also commented:

- That they are treated with courtesy and respect
- That the offices where they attend for counselling are comfortable and welcoming
- *"You're all so friendly here. I've never experienced anything like this before".*

(Client attending the National Counselling Service)

Many clients have spoken of anxiety about being seen going for counselling by friends or neighbours, particularly in rural communities which is alleviated by facilitating clients choice of location. The flexibility of the National Counselling Service, which facilitates clients to attend in other areas of their own Health Board or in another Health Board region, has been particularly important for this reason.

Being Believed

Clients have expressed their relief at being able to talk to someone who really listens to their experiences. The importance of being believed has been emphasised repeatedly by clients attending across the country:

"I can talk about things here (in counselling) that I can't anywhere else".

"I never believed that I could get such relief from the hurt and pain I felt inside almost every day, now I feel I am free of that for the first time in my life."

(Client attending the National Counselling Service)

The pain that can be involved in thinking about past experiences is not underestimated by clients: *"It was difficult to come but I want to deal with the past. I've stopped antidepressants and started work. I don't want the past to hold me down".*

"It's hard to talk about this stuff, but I just have to get it out of myself".
(Client attending the National Counselling Service)

Hope in the future

Some clients have commented on how counselling has helped them how it has impacted on their lives and in particular helped them to have hope in the future.

"Counselling for me is like having another 'bite at the cherry', by that I mean a second chance with life."
(Client attending the National Counselling Service)

Desire to prevent others being hurt or abused

Above all clients see the important contribution they can make by speaking out about their experiences.

"I hope that by telling you what happened to me, it won't happen to anybody ever again".
(Client attending the National Counselling Service)

7.3 Right of Place – Cork [Right of Place Committee]

Right of Place is a centre for victims of institutional abuse, run by former victims of abuse in partnership with Cork V.E.C. Located at Crawford Commercial Park, Bishop St. Cork, the centre supports clients attending the Commission to Inquire into Child Abuse and provides advice and assistance in an impartial and fair manner.

The centre offers the following services to victims of institutional abuse: Confidential Freephone line; Assistance to persons wishing to trace their records; Family Tracing; Reading and Writing tutorial by trained former victims; Referral to persons wishing to avail of Health Services, Counselling, Education, Repatriation, housing and other appropriate services.

Many of those who contact Right of Place are referred to the National Counselling Service and attend Harbour Counselling Service in Cork. Recently Right of Place surveyed some of its members who are attending for counselling with the National Counselling Service.

Members reported that:

The offices are comfortable and administrative staff are understanding and caring. In particular members have commented that the social work, back up service is superb. Our members have found the counselling provided very beneficial and report that counsellors are very professional in their approach. Our members now accept confidentiality as the norm.

Some negatives were also identified in particular that the waiting time after the initial interview can be too long. For some the waiting time between sessions is too long, especially for members who are living outside the city or major towns and who are more isolated.

Members find the after hours service helpful but believe it should be extended.

The Right of Place Centre extends its personal thanks to Harbour Counselling for the sensitive and professional manner in which they responded to requests for help in dealing with two major incidents during the course of last year:

1. The aggression counselling arranged for the Committee of Right of Place in the Harbour Centre
2. The emergency counselling service arranged for the staff of Right of Place after the suicide of one of our members.

7.4 The Aislinn Centre, Dublin [Christine Buckley, Aislinn Centre]

“What is counselling? How will it help me? It will not bring back my lost childhood and furthermore, how could these counsellors understand when they weren’t in care? Who’s to say that these people would even believe me?”

These were some of the reservations that survivors felt about counselling when Aislinn first opened almost two years ago. They could not comprehend how counselling had allowed me the space to speak about the abuse in a safe and secure atmosphere, where to look at things differently, and to realise that what we had endured in those institutions at the hands of so-called “carers” was totally and absolutely unacceptable. Often I wanted to scream when fellow survivors told me in those early days in Aislinn that I survived because I was “different”. Counselling had made the difference. It enabled me to move on with my life.

Now two years on, thankfully, Aislinn survivors no longer see me as different. They too are changing. Because once they saw how counselling was helping other fellow survivors in the centre they decided on their own initiative to commence counselling. They too, have begun to look at life in a different way. They now recognise that they were innocent vulnerable children who never deserved such ill-treatment.

This is why the Taoiseach’s apology on behalf of the State on the 11th May 1999 was so important to all of us. Finally after years of trying to tell our stories and trying to seek justice, the apology allowed us to be treated with dignity, respect and we were believed for the very first time. The establishment of a nation-wide counselling service for victims of abuse must be commended.

The counsellors that I have met are dedicated, humane and deeply committed. However, I feel that the counselling service is understaffed and I would like to see a shorter waiting list. Furthermore, the issue of counselling for victims of institutional abuse who are incarcerated in prison or who are in long-term care needs to be developed and made more widely available.

Survivors find it extremely painful reliving their painful past. In these institutions friendships were forbidden, siblings suffered loss and separation and childrens' lives were violated, exploited and very often destroyed. In other words our childhood's were blighted and stunted to the core. Abuse, secrecy, terror and extreme deprivation were the daily diet. It has often been said that "The past is ourselves".

When one considers the years and indeed decades that some survivors spent in such abnormal environments then it must be understood that the healing process it will take decades to resolve. I sincerely hope that when Justice Mary Laffoy's Inquiry is complete that it will be made public in its entirety. We the former victims need this transparency in order to come to terms with our past and enable us to move on. Justice is very important in the healing process.



8

What We Have Learnt Together Emerging Themes

8.1 Introduction

Drawing on the learning over the last year it is possible to extract several key themes which have emerged from the work to develop and establish the National Counselling Service.

High Expectations

The National Counselling Service when it was established represented an action by the Government on behalf of the people of Ireland to make reparation for damage to those abused as children in institutions. This has created high expectations of the National Counselling Service and is a difficult task which the NCS cannot undertake in isolation. The National Counselling Service will only be effective by working with other agencies and services, non-statutory and statutory who support survivors. The need to reduce the stigma associated with the experience of childhood abuse and to develop a broader understanding of the impact of abuse forms part of this role and is one to which the National Counselling Service is strongly committed.

Over the last year the National Counselling Service has strived to develop a service which reflects the needs and expectations of clients, potential clients as well as stakeholders in the service. Our experience has been that these expectations and demands can conflict at times. The clear guiding principles based on what clients themselves have identified helped in managing these dilemmas and they serve as signposts to guide us in moving forward.

Solid Foundations

The development of relationships with those organisations and groups that support survivors has been hugely important to the work of the National Counselling Service. Groups such as the Aislinn centre, the Alliance For Healing, Right of Place and the NOVA office as well as independent survivor support groups have provided an essential mechanism for hearing the views and experiences of clients as well as those who have not yet been able to access our service.

It needs to be acknowledged that it can be difficult to 'be all things to all people' and that the NCS has not always been able to meet all expectations, to the disappointment of some. Despite this, the level of positive communication that has been developed and maintained with survivor groups throughout the last year has laid very solid foundations for working together in the future.

Learning from each other

An ongoing challenge for the National Counselling Service has been to achieve a level of integration with other services in each health board area, this is naturally dependent on the development of good working relationships with others involved in delivering health and social services in Ireland.

There has been much learning from working with others both at national and local level in terms of sharing of expertise, information and resources. The flexibility to utilise and draw on resources across the country has been a strength of the National Counselling Service over its first year.

Combined with this has been the challenge to develop local area counselling teams who are committed to their local health board but who can also maintain a national focus and

understanding of broader national issues. It is important to acknowledge the value of the NCS infrastructure now in place across the country which provides a comprehensive framework for the future development of broad based counselling services for adults.

Working Together

The importance of working together has been a recurrent theme of this, the first report of the National Counselling Service, and of the work of the NCS over the last year. Working together is a core function of any effective team. There has been considerable work at local service level to build the teams established in each area reflected at national level through the development of strong working alliances between all ten health boards which has served to guide the work nationally and to influence local service developments.

Establishing good working relationships with existing services and agencies in each health board area is another element of working together which has been prioritised by the National Counselling Service. This also addresses the need for the service to be linked closely with services locally so as to reduce as far as possible the barriers that may exist for clients in accessing services they need, whether that be medical, social or educational. This has been carried through at national level, evidenced in the development of links with the Commission to Inquire into Child Abuse.

The establishment of good working relationships locally and nationally across and within health boards, has been central to achieving the National Counselling Service's current level of development. This work can be considered as mirroring the process of counselling which is founded on the development of trusting and collaborative relationships in order to achieve positive change.

The outcomes of this working together is reflected in the trust clients have placed in the service, evidenced the level of service uptake and increased demand for the service which has become apparent over the year.

Making a Difference?

Has the work of the NCS made any difference to those who actually use the National Counselling Service? This is the question that really measures the success of the NCS. While the service is at an early stage in its development, initial feedback from clients has been positive about many features of the service. In particular clients have commented positively on aspects of the service such as the facility to access the service directly; the flexible nature of the service which helps to ensure client privacy is maintained; the manner in which they are treated; the sensitivity and understanding of the traumas many have survived.

The extent of increasing demands and expectations on the service places the National Counselling Service at risk of becoming overloaded, reactive and unresponsive. The ultimate challenge for the National Counselling Service is therefore to build on current strengths and to maintain existing standards so that clients can continue to receive quality services which they deserve and to which they are entitled.

These themes which have emerged over the course of the last year have highlighted areas of priority which will form the work of the National Counselling Service in 2002. These priorities are detailed in Section 9 below.

The background of the page is a blue-toned photograph of a large crowd of people, possibly at a public event or protest. The image is slightly out of focus, with the people appearing as a dense, textured pattern of heads and shoulders. The blue color is a uniform, medium-toned shade, giving it a cool, official feel.

9

National Counselling Service Priorities For 2002

9.1 Introduction

Drawing on the learning over the last year and the central themes which have emerged the National Counselling Service has identified key areas of priority for 2002. Central to the work of the NCS in 2002 will be the development of a framework for ongoing consultation with clients to ensure that the National Counselling Service remains effective and responsive.

The potential role that the National Counselling Service has in contributing to the prevention of child abuse and neglect has been highlighted and will form a significant part of the work of the NCS throughout the next year. In order to achieve these aims the development and maintenance of current standards of practice will continue. The recent publication of the National Health Care Strategy provides an additional support framework for the work of the National Counselling Service.

Emerging areas of need have been identified in the short period of the NCS operation and the NCS looks forward to working with others to respond to these needs. Finally the benefits which have been apparent from working together over the last year strengthen the commitment of the NCS to working in partnership with others, within and across board areas.

9.2 The NCS will Continue to Listen and Respond to Client Experiences of the Service

Independent Consultation Project with Survivors

One of the key messages during the first year that the NCS has been in operation has been the importance of listening to our clients. Clients have spoken of the destructive impact of not being acknowledged or heard despite telling of abuse as children and adults.

The National Counselling Service recognises its role in validating and listening and learning from the experiences of the clients who use the NCS as well as those who may need our services in the future. A mechanism for hearing the views and identifying the needs of clients is essential to this process. In order to ensure this the National Counselling Service has commissioned an Independent Consultation Project with service users. This process will begin in Spring 2002.

A priority for the National Counselling Service in 2002 is the implementation of the findings of the Independent Consultation Process with survivors and the development of an ongoing framework for client feedback and participation in service development.

The National Counselling Service hopes to host a joint national conference with Survivors of Institutional Abuse which will provide a mechanism for sharing learning and experiences to date, considering the needs of clients and how the National Counselling Service can best meet those needs in the future.

Development of Survivor Helpline

The National Counselling Service recognises the need for a tangible mechanism for listening and responding to those who have experienced abuse in childhood. Discussion with Survivor groups has identified that survivors of institutional abuse have a significant need for access to a confidential support-line outside of normal office hours and in particular, at weekends. Feedback indicates that a primary need is to have access to talk with someone who has experience and understanding of institutional abuse with professional support and back up for those working on the help-line.

The National Counselling Service recommends the establishment of a National Help-line for Survivors and hopes to contribute to the development of a national help-line in the coming year.

9.3 Continued Support to the Commission to Inquire into Child Abuse

The onset of the Investigation Committee hearings of the Commission to Inquire into Child Abuse is welcome. The National Counselling Service will continue to support those clients attending the Commission to Inquire into Child Abuse through accompaniment, provision of an outreach service to the commission and regular liaison meetings with the counselling sub-group of the Commission to Inquire into Child Abuse.

9.4 Child Abuse Prevention and Family Support

The National Counselling Service recognises that it has a key role in child abuse prevention and family support.

Development of links with Child Protection Services

The National Counselling Service is interested in working with child protection services to develop agreed protocols for retrospective reporting, based on Children First, National Guidelines, in order to facilitate consistency in reporting and in particular responses to adults who make reports.

The further development of linkages with child protection services and development of practice protocols is a priority for the National Counselling Service in 2002.

Provision of Counselling to Parents who have been Abused

The importance of intervention with parents who experienced abuse in childhood in order to prevent future difficulties for their children is an area which has been identified as a priority by the National Counselling Service.

The National Counselling Service sees a key role in provision of counselling services to parents and in linking with family support services across the country in order to facilitate ease of access to counselling for parents who have experienced abuse as well as provision of outreach to those vulnerable parents who are unable to access counselling directly.

Learning From Mens Experiences

Significantly, 36% of clients attending the NCS are men, a figure far higher than rates generally reported for men attending therapy. The National Counselling Service has a unique opportunity to learn about the experiences of men who have been abused and how it has impacted on their lives. Specifically there is a dearth of information about the experiences of men as parents and the impact of their own childhood history on their parenting roles.

The National Counselling Service proposes to undertake, in conjunction with male clients, a qualitative exploration of men's experiences as parents and the impact of their childhood abuse on their role as fathers.

9.5 Build On Good Practice - Maintain Quality of Service

The National Counselling Service aims to maintain and develop the national standards of good practice established over the last year. This will continue to be achieved in 2002 through:

- The establishment of a national forum for counsellor/therapists which will facilitate sharing of learning
- The NCS annual conference
- The development of research initiatives
- Review and evaluation of how the NCS is meeting established standards of accessibility and quality and the impact of these standards on the service received by our clients.

A priority for the National Counselling Service is the maintenance of established standards which will continue to be monitored and developed in 2002. In addition evaluation of how agreed standards impact service outcomes and client experiences of the service will be undertaken.

Ongoing Training and Professional Development

Continued professional development and training is key to maintaining good practice standards. The National Counselling Service is committed to ensuring its staff have access to relevant training and to the NCS annual conference as a forum for sharing of learning and resources.

A comprehensive counselling service is now in place with a core group of highly qualified staff who hold a wealth of experience, skills and knowledge. The issue of the employment status of counsellor/therapists is a pertinent one, which needs to be addressed. At present staff are employed on three-year temporary contracts. Uncertainty about the future of the service is engendered by the temporary nature of such contracts.

In order to ensure the future development of the National Counselling Service it is important that consideration is given to establishing permanent positions within the National Counselling Service in order to ensure service stability and retain key staff.

National Counselling Service Database

Significant progress has been made in the development of a nationally agreed information gathering system. The needs and rights of clients are paramount in the ongoing operation of a National Database.

A key priority in 2002 for the National Counselling Service is the establishment of a National Database Monitoring Committee which will oversee the development of national guidelines for the use of the database and access to information and ensure that client rights and welfare remain central to its operation.

Meeting Increasing Demand for Counselling

The NCS is cognisant of increasing numbers of clients seeking counselling. The increased attention to the issue of abuse in the media and greater awareness of abuse and its effects is resulting in more people coming forward to seek counselling. This places increased pressure on existing services.

The NCS is in discussion with the Department of Health and Children with a view to increasing staffing levels and service development in 2002 and the years ahead so as to ensure that the quality and standards established can be maintained and clients continue to receive the service to which they are entitled.

9.6 Implement The National Health Strategy

The National Counselling Service is cognisant of the National Health Strategy recently published by the Government. The National Counselling Service aims to integrate the principles of National Health Strategy into the operation and delivery of service.

The implications of the National Health Strategy will be considered by the National Counselling Service and implications for practice and service delivery identified and implemented.

A comprehensive counselling service for adults who have experienced trauma in childhood is now in place, this is a service which is professional, based on a holistic view of the client. The NCS offers a broad based infrastructure for working with adults who are experiencing a variety of coping difficulties in life which could usefully be expanded to meet other emerging needs.

The development of a primary care strategy as outlined in the National Health Strategy is welcomed and the National Counselling Service sees a valuable role in making a contribution to the development of integrated primary care services.

9.7 Highlight Emerging Areas of Need

Not all client needs can be met through counselling alone, our experience tells us that abuse effects individuals across broad areas of their lives and that needs may range across the spectrum of health and social services. It is essential therefore that the full range of needs is identified and highlighted. The importance of working with other services to ensure that the full range of client needs are met is a priority.

The National Counselling Service is committed to undertaking a mapping of client needs in order to evaluate what needs are not being met, and in relation to potential clients who do not make use of the service, to examine barriers to accessing the National Counselling Service.

Development of Outreach and Expansion of Social Work Service

A dedicated social work service has been established in the Southern and Western Health Board Counselling Services. The social work services are integrated with the counselling service and are provided onsite. They have a clear role in meeting clients additional needs such as tracing of information and records, entitlements and the development of outreach services to more vulnerable clients such as those who are homeless or in prison. Models of outreach work in place throughout the country will be evaluated and consideration given to their development in other areas of the country where similar needs arise.

The National Counselling Service is committed to developing models of outreach for vulnerable groups of clients who currently have difficulty accessing and maintaining a counselling service and to the expansion of the NCS social work service to other board areas where the need is identified.

In line with the National Health Care Strategy which acknowledges the health inequalities for persons currently disadvantaged in their access to health services including those from the Traveller community, those who are homeless and those in prison, the National Counselling Service will work to ensure that current models of work for these clients are extended and that appropriate mechanisms are in place to facilitate access to counselling and to obtain the views of these clients as to their needs.

9.8 Contribute to Development of Therapeutic Services

Services for those who perpetrate abuse

The treatment needs for those who perpetrate abuse has been identified as a priority area by the National Counselling Service. The National Counselling Service acknowledges those services currently providing treatment and support to this client group. However current service provision for this client group and accessibility to appropriate treatment is limited to certain areas of the country.

Ongoing service development in this area is essential in order to ensure future prevention of abuse. There is a need to develop a comprehensive national response which addresses the treatment needs of those who offend, whether male or female, as well as the support needs of their children and families.

The NCS recognises the need for a collaborative and integrated approach to the development of a comprehensive, coordinated, national service for those who have perpetrated abuse.

The National Counselling Service recommends that consideration is given at national level to identifying the level and nature of need for services for those who perpetrate abuse as well as good practice models for service delivery. The National Counselling Service welcomes opportunities to work jointly with others to contribute to the development of a comprehensive service for this client group.

Additional Therapeutic Services for Children and Adolescents

A dedicated service for adults who have experienced abuse is now available on a national basis. Similar attention needs to be given to the development of therapeutic services dedicated to meeting the needs of children and adolescents who have experienced abuse. While excellent services are available in some parts of the country they are not universally accessible. The needs of older adolescents, in particular those aged between 16 and 18 years, need to be addressed in order to facilitate the prevention of further difficulties later in life.

9.9 Build Links – Share the Learning

The National Counselling Service welcomes the recent development of a national *Information and Tracing Service for Adults Raised in Residential Institutional Care*, recently established under the auspices of Barnardos.

The National Counselling Service is committed to working collaboratively with this newly established service and hopes to establish formal links with The National Information and Tracing Service in 2002 in order to ensure that the needs of clients are met.

The National Counselling Service is at an early stage of development but is committed to learning from our clients and to the sharing of that learning.

In order to contribute to the prevention of further abuse of children in care the National Counselling Service proposes to develop formal links with those groups working with and representing young people in care, such as the Irish Social Services Inspectorate, in order to share the learning from our clients and work in partnership with those currently delivering services to young people in care.

The NCS is committed, not just to listening to people's experience of abuse, but also to learning from these experiences to help prevent further abuse in Ireland. There is an identified need for widespread education about the effects of childhood abuse on adult life experience.

The National Counselling Service will contribute to information and awareness raising regarding the impact of childhood abuse in adulthood at local and national levels.

9.10 Working Together

The National Counselling Service acknowledges the challenges of working together across the ten health boards and the demonstrated benefits for our clients in being able to work together across geographical and administrative boundaries.

The National Counselling Service is committed to Working Together and to developing additional models for sharing and learning so that the needs of our clients can be more effectively met in future.

The National Counselling Service welcomes the establishment of the Health Board Executive (HeBE) which will have responsibility for encouraging working together between the health boards.

The National Counselling Service looks forward to working with the Health Board's Executive (HeBE) and to its support in further developing the work of the National Counselling Service.



Bibliography

- Bifulco, A. Moran, P. (1998).
Wednesday's Child: Research into women's experience of neglect and abuse in childhood, and adult depression. Routledge; London.
- Corby, B. (2000).
Child abuse: Towards a knowledge base. Open University Press; Buckingham.
- Corby, B; Doig, A & Roberts, V.(2001)
Public Inquiries into Abuse of Children in Residential Care. Jessica Kingsley Press. London.
- Department of Health (1987).
Child abuse guidelines. Guidelines on procedures for the identification, investigation and management of Child Abuse. Department of Health: Dublin.
- Department of Health (UK). (1999).
Caring for children away from home: Messages from research. Wiley; London.
- Fahy, B. (1995)
The role of counselling in the lives of people raised in care.
Unpublished Masters Research Dissertation, TCD.
- Ferguson, H. (1995)
"Child welfare, child protection and the Child Care Act 1991: Key issues in policy and practice" in H. Ferguson and P. Kenny (eds) On behalf of the child. Dublin. A&A Farmar.
- Gilligan, R. (1994).
Issues in residential child care. Commissioned Paper: Unpublished.
- Hanks, H. & Strattan, P. (1995).
The effects of child abuse: Signs and symptoms. In Wilson, K., & James. A. (Eds.), The child protection handbook.
- Hubble, M. A., Duncan, B. L. and Miller, S. D. (1999).
The heart and soul of change: What works in therapy. American Psychological Association; Washington, DC.
- Morrison-Dore, N & Alexander, L (1996)
"Preserving Families at Risk of Child Abuse & Neglect – The Role of the Helping Alliance" Child Abuse and Neglect. 20:4:349-361.
- McKeown, K., 2000.
Supporting Families: A Guide to What Works in Family Support Services for Vulnerable Families, Dublin: Stationery Office.
- Rafferty and O'Sullivan, E. (1999).
Suffer the little children, New Island Press.
- Rosenthal, J., Motz, J Edmonson, D. & Groze, V. (1991).
A descriptive study of abuse and neglect in out of home placement. Child Abuse and Neglect, 15, 249-260.
- Travers, O. (1999).
Behind the silhouette: Exploring the myth of sexual Abuse. Blackstaff press.



Appendix I

National Counselling Service
Regional Profiles

The National Counselling Service has been developed in every health board in the country, each of these services is described in the following section.

North Western Health Board – North West Regional Counselling Service

The North West Regional Counselling Service covers the counties of Donegal, Sligo and Leitrim with an overall population in excess of 212,000 people. In its first year of development the service has established service bases in Letterkenny Co. Donegal, Sligo Town and Carrick-on-Shannon Co. Leitrim. Outlying clinics have been established in Buncrana, Lifford and Dungloe, Co. Donegal with plans to develop further clinics in Ballyshannon, Co. Donegal and Manorhamilton, Co. Leitrim.

The Donegal Gaelteacht area is covered from clinics in Dungloe and Letterkenny. There is a native Irish speaker on the counselling team who is available to provide counselling to clients through the medium of Irish if required. We have also made good use of this resource to do promotional work on behalf of the new service on Radio Na Gaelteachta. Six counsellor/therapists joined the service in its first year of operation, some working full-time and others working part-time

Developing Links

As part of our commitment to work closely with other services and agencies the North West Regional Counselling Service has worked hard throughout the year to develop relationships with other relevant services including the adult mental health services, social work and psychology services as well as networking with community groups and victim support groups. Some Members of the counselling team are active members of RESTORE which is a regional trauma response group and they have contributed to the ongoing development of this group in the areas of critical incident responses, training and policy development. Contacts have also been established with the local community-based treatment programmes for those who sexually offend – COSC (adult programme) and ATHRÚ (adolescent programme) - plans are in place to further develop this relationship in the coming year. In addition Cross border contacts have been made with voluntary and statutory services in Derry and Fermanagh. Services in Northern

Ireland have shown strong interest in the establishment of the National Counselling Service in the Republic and there is a lot of scope for further co-operation and liaison in the coming year.

The North Western Regional Counselling Service has been working locally with the Sligo Rape Crisis Centre who from the beginning have shown a keen interest in the development of the new statutory service and in making a contribution to the provision of services locally.

Midland Health Board - "The Arches" Adult Counselling Service

The Midland Health Board adult counselling service, "The Arches", is based in Tullamore, Co. Offaly. The service covers the four counties of Laois, Offaly, Longford and Westmeath covering a population of approximately 205,542 people. Counselling is provided from Tullamore, Athlone, Banagher, Birr, Portlaoise, Mullingar and Longford. Plans are in place to establish an additional centre in Edenderry in order to meet the needs of our clients in that area.

Access to the service is a priority for the Arches Adult Counselling Service, counselling is currently provided to clients who are currently in Portlaoise prison on a needs basis.

Since the service was formally established in September 2000 the Arches Counselling Service has worked to establish local policies and procedures regarding client files, record keeping and confidentiality. A locally specific information leaflet has been produced and distributed in the region. An information campaign with local GPs was conducted in order to promote awareness of the service across the region.

Challenges

A key area of work currently being addressed within the counselling team is the challenge of providing a wide level of access to counselling by working in several centres across the region whilst ensuring counsellor/therapists have access to the team support they need to overcome the sense of isolation which can result from working on an outreach basis.

In 2002 The Midland Health Board Counselling Service aims to:

- Promote the availability of the Counselling service both within the Midland Health Board and to outside agencies
- To develop awareness of counselling work within the Midland Health Board region
- To provide education, information and training workshops for other health care professionals. on the counselling process and the specific needs and issues for adults who have experienced abuse as children.

Western Health Board

The Woodquay Centre, Galway is the regional base for the Western Health Board Adult Counselling Service for adult survivors of childhood abuse living in Counties Galway, Mayo and Roscommon serving a population of approximately 351,874. The region is large and predominantly rural with a number of urban areas.

Counselling is available in four designated centres:

- Woodquay, Galway. Outreach to Galway clients who are unable to access the Woodquay centre will be provided as required.
- Roscommon town. The Roscommon counselling staff travel to see clients in Castlerea and Boyle.
- Claremorris and Ballina in Co Mayo. In addition an outreach service is provided for clients in Castlebar.

The Western Health Board Counselling Service Staff Along with the Director of Counselling Services, the Western Health Board Counselling Service employs 6 counsellor/therapists and a social worker. Two counsellor/therapists are based in each community care area.

Integrated Social Work Service

The Western Health Board Counselling Service has an integrated social work service for its clients.

Since May 2001 the regional social worker has provided a social work and support service for any clients who use the service and their families., some of whom are receiving ongoing counselling from a counsellor/therapist in the team. A key area of her work has been the provision of a much-needed tracing service for survivors of institutional abuse.

Outreach Service to Castlerea Prison, The Homeless and The Travelling Community
One counsellor therapist has a particular interest in outreach work.

She and the team social worker have achieved excellent progress in liaising with Castlerea prison, the travelling community and the various agencies for the homeless in Galway. The concern being to reach survivors who would have particular difficulty in accessing the service.

It is known that many survivors of institutions experience homelessness and there is a need for this group to be informed both about the service, but also about the counselling process itself. The Counselling Service is currently liaising with the Galway Travellers Support Group and aims to further develop links with traveller groups to ensure this client group have equitable access to the service.

The Western Health Board Counselling Service was asked to provide counselling help to those effected by a number public concerns throughout the year.

The counselling service was ready to assist:

- Any families effected by the revelations about organ retention in some hospitals in the WHB area
- Any family members of those killed in the recent USA disaster, who were living in the Western Health Board area
- As the counselling service is experienced in dealing with psychological trauma several requests to the service for de-briefing after traumatic incidents – the majority from staff groups- have been made.

East Coast Area Health Board – Avoca Counselling Service

The East Coast Area Counselling Service is located at Baggot Street Community Hospital, 18 Upper Baggot Street, Dublin 4. The service is called AVOCA Counselling – to represent the Adult Voices Of Childhood Abuse. The service covers Community Care Areas 1, 2 and 10 extending south from Ringsend in Dublin to Carnew in South Wicklow and from the East Coast of Wicklow over to the borders of West Wicklow and Carnew. The population of the ECAHB is approximately 325,000 people.

Clients are currently seen for counselling at offices in Baggot Street Community Hospital and in Wicklow Town. Along with the other counselling services in the Eastern region, AVOCA offers counselling two days a week at the National Office for Victims of Abuse (NOVA).

AVOCA Counselling Service Staff

All the Counsellor/Therapists currently working with AVOCA are Counselling Psychologists with experience of working in private practice, the voluntary and corporate sectors. AVOCA has experience of working in critical incident response services, forensic services, drugs/Aids services and community mental health both in Ireland, the UK as well as internationally.

The Counselling Team share an active interest in the area of trauma and a commitment to working with adult survivors of childhood trauma.

The Development of a Counselling Service for Adult Survivors of Childhood Abuse in the ECAHB

- In August 2000, the ECAHB employed a Consultant to begin the work of providing a counselling service to adult survivors of institutional abuse. This person is a Counselling Psychologist with a special interest in this client group. She has provided a counselling and welfare service throughout the Health Board Area.
- In January 2001 with the appointment of the Director of Counselling, the ECAHB refurbished dedicated counselling rooms at Baggot Street Community Hospital to accommodate the National Counselling Service. Counselling to clients from Baggot Street began in March 2001.
- In May 2001 AVOCA Counselling Service was extended to Wicklow Town with the appointment of a part-time Counsellor/Therapist for that area.

Northern Area Health Board - LARAGH Counselling Service

LARAGH Counselling Service, was established in 1993, following the recommendations of the Report of the Kilkenny Incest Investigation in recognition of the long-standing suffering caused by sexual abuse in childhood. Since then, the service has provided an extensive therapeutic programme to male and female adults who have been sexually abused in their childhood or youth.

At present, a team of 7 counsellors with the Director of Counselling and assisted by 2 secretaries provide counselling to adults in the Northern Area Health Board which covers the North inner city and North County Dublin. The Service is community-based, with two counselling bases at Clontarf and the North Circular Road; a third office base has recently been secured in the North Inner City area of Dublin.

Clients choose the location they find easiest to access. Clients with physical disabilities are facilitated in our North Circular Road office.

In the seven years of its existence, more than 1200 clients have availed of counselling with LARAGH and since 1999, more than 80 clients who experienced abuse in institutions, have attended for counselling.

Groups are also facilitated for clients who have previously attended for individual counselling and who would benefit from working in a group setting with other survivors of abuse. At present two therapy groups are operating, one for female clients at the Clontarf office and a second for men and women based at Park House, Phippsborough. In the last year, more than 20 clients have benefited from group therapy.

Key Role in the Development of the National Counselling Service

In May 1999, LARAGH expanded its service to include survivors who had experienced any form of childhood abuse (i.e. sexual, physical, emotional abuse and/or neglect) in institutions and became part of the National Counselling Service.

LARAGH Counselling Service made a significant contribution to the development of the National Counselling Service as it was the only dedicated service of its kind in the Republic prior to the establishment of the National Counselling Service.

Collaboration and Links

LARAGH's work also involves providing information, training, supervision and consultancy to the public and other services. During the last year LARAGH has been involved in:

- On-going collaboration with Our Lady's Hospital for Sick Children, Crumlin, in provision of a support group for parents of sexually abused children
- Individual and Group Supervision for Health Care Personnel, including Psychiatric Nurses and Social Workers
- Provision of an Adult Sexual Abuse Training Programme for the Staff of the Glenmalur Day Centre, Psychiatric Service
- Involvement in training of counselling and clinical psychology Postgraduate students of Trinity College Dublin

- Providing regular inputs into the training programme at St. Vincent's Hospital Fairview for Occupational Therapists and Psychiatric Nurses

Challenges

Due to the cost and demand for accommodation in the Dublin area, finding appropriate counselling accommodation has been an ongoing challenge.

Mid Western Health Board

The Adult Counselling Service of the Mid-Western Health Board covers Counties Limerick, Clare and North Tipperary which has a population of over 317,000 of which 68% (216,178) is over the age of 18.

The service base is in Limerick City and currently counselling is also available in Rathkeale, Co. Limerick, Ennis and Ennistymon, Co. Clare, Nenagh and Thurles, Co. Tipperary.

Collaboration and links

An important link for the service is with the Mental Health Services of the Mid-Western Health Board. This vital contact helps ensure that clients have seamless service when necessary. Other valued connections are with Childcare and other Health Board Services.

A counselling service is available to survivors of institutional abuse in Limerick prison by arrangement with the prison authorities. Clients are also seen as needed at the acute psychiatric unit of the Regional Hospital, and the long stay psychiatric hospitals in Limerick and Clare. To date, any disabled client requesting to be seen at home, has been facilitated.

Clients are not restricted geographically and may be seen at the location of their choice wherever possible.

As a result, many clients living on the Limerick borders of Clare and Tipperary have chosen to attend for counselling in Limerick City.

Mid Western Health Board Counselling Service Staff
At present there are 5 Counsellors/Therapists and a Director of Counselling employed with the Service. Two additional counsellors/therapists have been recruited and are due to take up post in next few months.

Challenges

The most significant development relating to the Service is the provision of outreach services throughout the region as clients demand. To date the Service has responded to demand according to geographical area. It has also been a challenge to manage the extent of demand for counselling

Working with survivors of institutional abuse has been identified by the team as one of the most challenging aspects of the work as this group of survivors have specific needs not generally observed in counselling those who experienced childhood abuse who did not have to leave their families.

Over the next 12 months the Mid Western Health Board Adult Counselling Service aims to extend its outreach services further according to demand. With additional staff due to come on board it is expected that the Service will be in a position to commence group-work and to engage in educational and prevention work throughout the region.

South Western Area Health Board - ALBA Counselling Service

Alba Counselling Service covers the South Western Health Board Area and is responsible for delivery of counselling services to adults living in the South Inner City of Dublin, South County Dublin, Co. Kildare and West Wicklow, a region with a population in excess of half a million people.

'ALBA' is Italian for dawn and was chosen as the name for the counselling service in the South Western Area in order to signify the beginning of new possibilities which can be engendered by the counselling process.

Together with a Director of Counselling 5 counsellor/therapists provide counselling in three counselling centres obtained in response to the expressed need of potential clients. Alba's offices are located at:

- 5 Lord Edward Court, Bride Street, Dublin 8,
- 66 Old Bawn Road, Tallaght, Dublin 24
- 2 McElwain Terrance, Newbridge, Co. Kildare.

Each centre is discreet, accessible and community based

Alba is currently in the process of developing a psychodrama group at the Tallaght office with the aim of offering a creative and diverse approach to people attending the service.

Outreach work

In response to requests from our clients, Alba Counselling now offers a Counselling Service one day each week from the National Office for Victims of Abuse (NOVA)

Collaboration and Links

Since January 2001 Alba has established links with other service providers within the South Western Area Health Board. The aim is to increase awareness about counselling and therapy, to increase accessibility to the service and to develop knowledge within our service of other supports, which may be of benefit to our clients.

Challenges

A current challenge for Alba counselling service is to recruit additional counsellor/therapists in order to meet service demand. It is proposed to further develop group work initiatives currently available in Tallaght to the rest of the region.

South Eastern Health Board – Comhar Adult Counselling Service

Comhar is the South Eastern Health Board part of the National Counselling Service serving counties Carlow, Kilkenny, Tipperary South Riding, Waterford and Wexford and covers a population of over 400,000 people. Comhar is located at two bases, Waterford City and Kilkenny City. From these two bases counselling is provided to Co. Wexford through locations in Wexford town and Enniscorthy, West Waterford through locations in Dungarvan and Lismore.

The base in Waterford serves as a single access point for the service and this has proved popular with clients with over 70% of referrals accessing the service through the freephone. From the Kilkenny City office base counselling is provided from Carlow town, as well as Carrick-on-Suir and Clonmel in Tipperary S.R.

Along with the Director of Counselling five counsellor/therapists work with Comhar. Two bases for the counselling service have been established and it has been possible to plan and implement the counselling service around the region in a systematic and comprehensive manner.

Collaboration and Links

The creation of a new counselling service within the Health Board requires linking with other Health Board services. An additional development has been the establishment of the Protocol Development Group for Counselling Practice. This meeting provides a forum where counselling and psychotherapy service providers within and outside of the South Eastern Health Board can collaboratively work towards identifying best professional practice and quality standards. The initial priority for the group is the liaison between Comhar and the five Rape Crisis Centres within the South Eastern Health Board area, this process is already underway.

Challenges

Building a team identity where individual members come from different disciplines and have differing theoretical perspectives and therapeutic styles is one of the exciting challenges for Comhar counselling service. The diversity of the team enhances the service available to our clients. A healthy supportive team is an important counterbalance to this stress that can be felt in working in the area of abuse and can also help to avoid professional burnout.

An ongoing challenge is ensuring that the service is responsive to the needs of our clients. Feedback from ongoing dialogue with the three survivor support groups within the region and the emerging learning from clinical experience to date indicate a demand for one to one counselling. Feedback and experience has also emphasised the importance of maintaining the anonymity and accessibility of the service as service development continues.

Southern Health Board - Harbour Counselling Service

Harbour Counselling Service covers the Southern Health Board region of Cork and Kerry. Harbour's main office base is on the quays in Cork City close to Cork harbour. The Southern Health Board, comprising large urban and rural populations, covers the second largest geographical area of any health board in Ireland with a population in excess of 555,000.

At Harbour we aim to provide accessible services and in order to cover the large geographical area it has been necessary to base the service in many regional locations. The counselling service is coordinated from our main base at Penrose Wharf in Cork City.

The majority of referrals/contacts to the service are from people living in the North Lee/South Lee catchment areas. A second busy Cork City base in Ballincollig provides an alternative location for people living in the city. Counselling is also provided in North Cork from Mallow, Charleville and Fermoy, while the people of West Cork can access counselling from Bandon, Skibbereen and Bantry. In Kerry the service is available in both Tralee and Killarney. Harbour also incorporates a dedicated Social work service available to all clients who attend the service.

Promotion of the service in order to reach those clients not receiving existing services so as to enable them directly to access counselling was the a primary goal in a comprehensive advertising campaign which was undertaken at the outset of the service. This involved local media, radio advertising and interviews. A significant aspect of Harbour's work to date has been its link with the survivor groups in Cork in particular Right of Place. This has facilitated greater access for clients to counselling and collaborative work to meet the needs of clients who experienced abuse in institutional care.

North Eastern Health Board – Rian Counselling Service

The North Eastern Health Board covers Counties Louth, Meath, Cavan and Monaghan. There is an acknowledged increasing population in Counties Meath and Louth, with a total estimated population in the North Eastern Health Board region of almost 320,000. A team of 5 counsellor/therapists and one Director of Counselling supported by two administrative staff deliver the National Counselling Service in the North Eastern Health Board area.

One third of clients attending Rian Counselling Service are male, this figure is higher than that generally reported for similar services and is a positive indication of service use by men in the North Eastern region.

Rian Counselling Service aims to ensure that the service it provides is integrated across the region with existing health board services. Service integration is also facilitated by Rian Counselling Services' participation on a number of cross-agency/cross-disciplinary committees including the North Eastern Women's Health Implementation Committee, North Eastern Regional Planning Committee on Violence Against Women and Regional Family Support Working Group.

Throughout the first year of its operation Rian Counselling Service has worked to develop links with key agencies in its board area including:

Social Work Services; Family Support Services ; Aftercare Development Officers; Adult Mental Health Services and Voluntary Agencies such as ,Women's Refuges throughout the region, the VEC the Dundalk Institute of Technology and services for the homeless.

The North Eastern Health Board borders four health board and three Northern Ireland Local Authority areas. Cross border links are being developed specifically the Nexus Institute, which provides counselling to adults in Northern Ireland who have experienced sexual abuse. It is hoped to hold a joint training initiative with Nexus in 2002.

In 2002

- Rian Counselling Service has established links with NOVA in order to develop a support network for clients who have experienced institutional abuse in the North Eastern Region.
- Rian Counselling Service hopes to develop its group work initiatives in 2002 with the onset of a therapeutic group for women and the establishment of a men's support group.
- Information evenings for clients are in the final planning stages and it is hoped that these sessions will provide clients with additional support and information.



Appendix 2

Survivor Support Groups

Contact Details Survivor Support Groups

National Office for Victims of Abuse (NOVA)

Manager: Kevin Brady,
19 Upper Ormonde Quay,
Dublin 7,
Freephone: 1800 25-25-24
Tel: 01 8728482, Fax: 01 8728488

The National Office for Victims of Abuse was established by the Government in February 2001 to support survivors of Institutional Abuse. It provides information and advice regarding issues such as tracing records, the commission to Inquire into Child Abuse and the Residential Redress Board and offers a drop in service.

Right of Place
Unit 4, Crawford Commercial Park,
Bishop Street, Cork.

*Office Hours are 9:15 am to 5:15 pm Monday to Thursday, 9:15 am to 4:00 pm Friday.
Closed for lunch 1- 2 pm.*

Freephone line: 1800 200 709
Fax: (021) 4975740
E-mail: upton.stp
Web Site: [www.Right Of Place.com](http://www.RightOfPlace.com)

Aislinn Centre
Christine Buckley
Ormonde House, Ormonde Quay
Dublin 7
Tel: 01-872-5771

Justice and Healing for Institutionally Abused (JHFIA)
Victor Hackett
Dublin
Tel: 01-867-1006

Right of Peace/Clonmel Group
Michael O'Brien
Co. Tipperary
Tel: 052 80880(w), 087 645 4298

SOCA UK
Mick Waters
18 King Edward Rd, Hillfields,
Coventry, CV1 5BT
United Kingdom
Tel: 0044 2476 551952

Organisation for Recovery from
Institutional Abuse
Jo Baker
Co. Meath
01 825 2353

Alliance
Tom Hayes
Co. Armagh
Tel: 04838 871 708
Fax: 04838 871 676

IRISH S.O.C.A.
John Kelly
Dublin
Tel: 01 455 0413, 087 247 5591

Irish Deaf Society
(for those who experienced institutional abuse who have a hearing impairment)
30 Blessington St,
Dublin 4,
Contact: Sinead Braiden, Social Worker
Tel: 01 8601878, Email: ids@indigo.ie
Fax No: 01-8601960



Appendix 3

National Counselling Service
Contact Details

The National Counselling Service - Geographical locations



The National Counselling Service - Geographical locations

1 NORTHERN AREA HEALTH BOARD

Laragh counselling service covers North Co Dublin as far as Balbriggan and including Swords and extends to Blanchardstown and into the North Inner City.

Ms. Isolde Blau,
Director of Counselling,
Laragh Counselling Service,
Northern Area Health Board,
1 Prospect House, Prospect Road,
Glasnevin, Dublin 9.
FREEPHONE 1800 234 110
Tel: 01-8335044, Fax: 01-8334243

2 EAST COAST AREA HEALTH BOARD

Avoca counselling service covers Dublin 1, 2 & 10 extending south from Ringsend, Dublin to Carnew, South Wicklow and from the East Coast of Wicklow over to the borders of West Wicklow and Carnew.

Ms. Rachel Mooney,
Director of Counselling,
AVOCA Counselling Service
East Coast Area Health Board,
Baggot Street Hospital,
Baggot Street, Dublin 2.
FREEPHONE 1800 234 111
Tel: 01 6681742, Fax: 01-6681750
avoca.counselling@erha.ie

3 SOUTH WESTERN AREA HEALTH BOARD

Alba counselling service covers South Inner City Dublin, South County Dublin, Co Kildare & West Wicklow.

Ms. Fiona McCarthy,
Director of Counselling,
ALBA Counselling Service
South Western Area Health Board,
2 McElwain Terrace, Newbridge,
Co. Kildare.
FREEPHONE 1800 234 112
Tel: 045-448176/7, Fax: 045-448179
albacounselling@erha.ie

4 MIDLAND HEALTH BOARD

The Arches regional counselling service covers counties Offaly, West Meath, Laois & Longford

Mr. Jonathan Egan,
Director of Counselling,
The Arches Adult Counselling Service,
Midland Health Board,
21 Church Street, Tullamore, Co. Offaly.
FREEPHONE 1800 234 113
Tel: 0506-27141, Fax: 0506-27617
thearches.counselling@mhb.ie

5 WESTERN HEALTH BOARD

Woodquay counselling service covers counties Mayo, Galway & Roscommon.

Theresa Flacke.
Director of Counselling,
Woodquay Centre Counselling Service,
Western Health Board, 7 Daly's Lane,
Woodquay, Galway.
FREEPHONE 1800 234 114
Tel: 091-561336/8, Fax: No 091-561174
woodquay.counselling@whb.ie

6 MID WESTERN HEALTH BOARD

Adult counselling service covers counties Limerick, Clare & Tipperary North.

Ms. Noreen Harrington,
Director of Counselling,
Mid-Western Health Board,
Adult Counselling Service,
106 O'Connell Street, Limerick.
FREEPHONE 1800 234 115
Tel: 061-411900, Fax: 061-411566
josullivan@mwwhb.ie

The National Counselling Service - Geographical locations

- 7 SOUTHERN HEALTH BOARD
Harbour counselling service covers counties Cork & Kerry.

Dr. Philip Moore,
Director of Counselling,
Harbour Counselling Service,
Southern Health Board, Penrose Wharf,
Penrose Quay, Cork.
FREEPHONE 1800 234 116
Tel: 021-4861360, Fax: 021-4861368
harbour@shb.ie

- 9 SOUTH EASTERN HEALTH BOARD
Comhar counselling service covers Waterford, Kilkenny, Wexford, Carlow & Tipperary South.

Mr. Gerard O'Neill,
Director of Counselling,
Comhar Counselling Service
South Eastern Health Board,
49-50 O'Connell Street, Waterford.
FREEPHONE 1800 234 118
Tel: 051-852122, Fax: 051-852129
lenihanm@sehb.ie

- 8 NORTH EASTERN HEALTH BOARD
Rian counselling service covers counties Meath, Louth, Cavan & Monaghan.

Ms. Fiona Ward,
Director of Counselling,
North Eastern Health Board,
Rian Counselling Service,
34 Brews Hill, Navan, Co. Meath.
FREEPHONE 1800 234 117
Tel: 046-67010, Fax: 046-67016
rian@nehb.ie

- 10 NORTH WESTERN HEALTH BOARD
North West regional counselling service covers counties Donegal, Leitrim & Sligo.

Mr. Tom McGrath,
Director of Counselling,
North Western Health Board,
North West Regional Counselling Service,
1 St. Eunan's Court, Letterkenny, Co. Donegal
FREEPHONE 1800 234 119
Letterkenny: (Tel) 074-67250, (Fax) 074-67252
Sligo: (Tel) 071 42161, (Fax) 07142691



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



ERHA



MIDLAND HEALTH BOARD



Southern Health Board
Bord Sláinte An Deiscirt



North Western Health Board
Bórd Sláinte an Iar-Thuaiscirt



**EAST
COAST
AREA
HEALTH
BOARD**
Bord Sláinte
Uimistíear an
Chósta Thoir



Western Health Board
Bord Sláinte an Iarthair



**northern area
health board**
bord sláinte an
limistéir thuaidh



**North
Eastern
Health
Board**



**MID-WESTERN
HEALTH BOARD**